

The Oregon Maternal Data Center (OMDC)

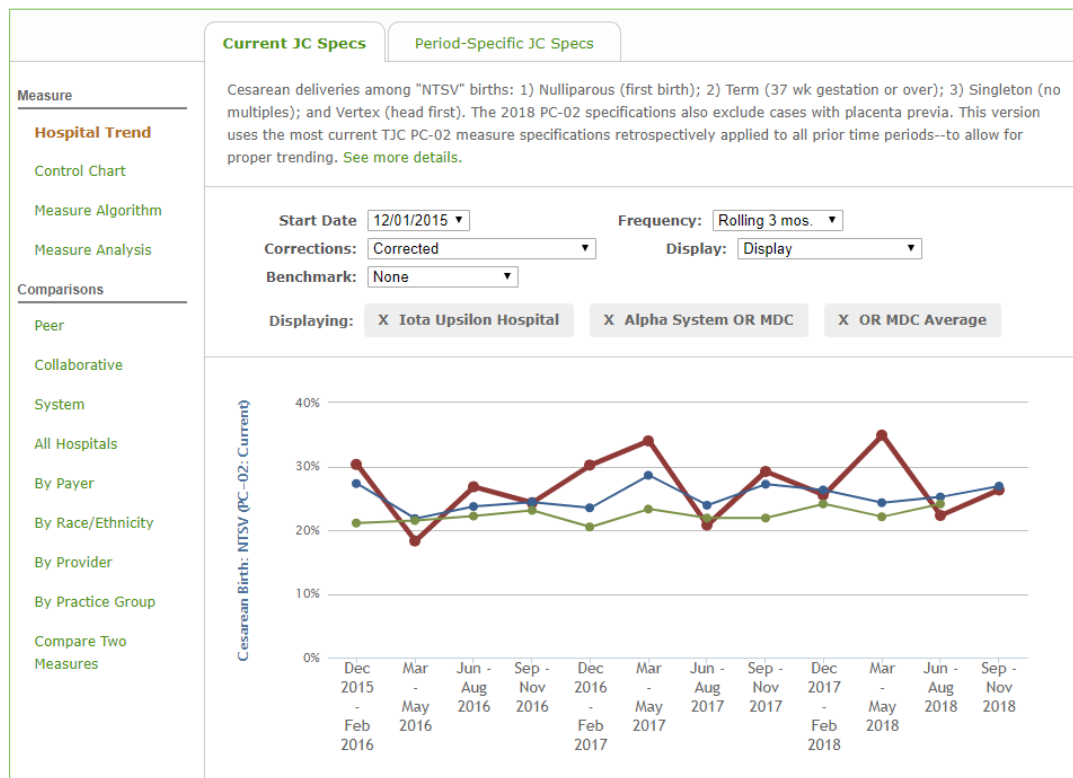
A statewide initiative of Comagine Health, the March of Dimes and the Oregon Perinatal Collaborative

What is the Oregon Maternal Data Center?

The Oregon Maternal Data Center (OMDC) is a dynamic, Web-based tool launched in 2015 that helps hospitals calculate, report and *improve* performance, in a way that is low burden and low cost. Participating hospitals submit patient discharge data—which they already collect—along with a limited set of clinical data to the OMDC’s secure website, which automatically generates a wide range of perinatal performance metrics and patient-level drill-down information.

Comagine Health (formerly HealthInsight/Oregon Health Care Quality Corporation) and the March of Dimes are the lead sponsors for the OMDC. Comagine Health manages the development, hospital enrollment and operations of the OMDC. Twenty-six Oregon hospitals, covering 75% of Oregon hospital births, are currently submitting data to the OMDC.

The backbone of the OMDC is based on the California Maternal Data Center (CMDC), designed by Dr. Elliott Main and colleagues at the California Maternal Quality Care Collaborative (CMQCC), housed at Stanford University. Comagine Health has contracted with CMQCC to license the CMDC for use in Oregon. A sample screen shot is provided below.



What are the benefits to participating in the OMDC?

Fingertip Access to Perinatal Quality Metrics and Patient-Level Drill Down Data. Clinical and quality departments have “on-demand” access to perinatal data via the OMDC website. The OMDC not only enables hospitals to drill down from the overall performance metric to the patient level, but also provides “Measure Analysis” tools to help hospitals identify their unique quality improvement opportunities. (See attached list of over 40 measures and statistics included.)

Provider-Level Metrics. Hospitals receive provider-specific rates for 11 different measures, including the two Joint Commission (TJC) measures that are part of the AMA-PCPI maternity care measure set. These provider-level metrics can be used for the Ongoing Physician Practice Evaluation (OPPE) standard required by TJC.

Benchmarking. Hospitals receive detailed benchmarking data comparing their facility with regional, statewide, like-hospital and system averages. These benchmarks are based on participating hospitals.

Identifying Data Quality Issues that Impact Performance Results. The quality of a hospital’s data can have a substantial impact on TJC measure performance and emerging public reporting initiatives. Hospitals receive data quality metrics to identify hospital-specific coding issues that affect their measure results. Hospitals can drill down to patient-level information to inform discussion and education of coders and birth clerks.

Facilitated Performance Reporting. OMDC can facilitate reporting of perinatal care metrics to CMS’ Inpatient Quality Reporting Program, the Leapfrog Group, and the Oregon Partnership for Patients program.

Population-Based Metrics. Many hospitals choose to calculate their TJC perinatal measures based on samples of patients to minimize data collection burden. However, sample-based rates can easily be skewed. By combining your hospital discharge data with birth certificate data, OMDC calculates the TJC perinatal measures based on the entire population of deliveries and reduces data collection burden. These population-based results are more robust and more meaningful to providers.

Whom do I contact for more information about the OMDC?

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Hospital Account Metrics

Measure	Hospital-Level Rates	Patient Level Drill Down	Provider Level Rates	Averages-System, Delivery Volume and/or Region ¹	By Payer and Race-Ethnicity	Benchmarks-OMDC	Averages or Benchmarks-OMDC, WSHA-MDC, and California Statewide ²
3rd/4th Laceration-Vaginal Delivery w/ Instrument (AHRQ PSI 18)	✓	✓	✓ ³	✓	✓	✓	✓
3rd/4th Laceration-Vaginal Delivery w/o Instrument (AHRQ PSI 19)	✓	✓		✓	✓	✓	✓
Antenatal Steroids (PC-03, LF)	✓	✓		✓	✓	✓	✓
Birth Trauma - Injury to Neonate (AHRQ PSI 17)	✓	✓		✓	✓	✓	✓
C-section rate for inductions of labor in Nulliparous women (RM)	✓	✓		✓	✓	✓	✓
C-section rate for inductions of labor in Multiparous women (RM)	✓	✓		✓	✓	✓	✓
Cesarean Section—Nulliparous, Term, Singleton, Vertex (PC-02, LF, RM)	✓	✓	✓	✓	✓	✓	✓
Cesarean Section—Nulliparous, Term, Singleton, Vertex, Age and BMI Adj.	✓					✓	✓
Cesarean Section—Nulliparous, Term, Singleton, Vertex, Age Adj.	✓						✓
Cesarean Rate—Overall	✓	✓	✓	✓	✓	✓	✓
Cesarean Section-Primary (Standard)	✓	✓	✓	✓	✓	✓	✓
Cesarean Section—Primary (AHRQ IQI 33, RM)	✓	✓	✓	✓	✓	✓	✓
Cesarean Section: SMFM Low-Risk	✓	✓		✓	✓		✓
Cesarean Section—Term, Singleton, Vertex (AHRQ IQI 21)	✓	✓		✓	✓	✓	✓
Cesareans after Labor Induction	✓	✓	✓	✓	✓	✓	✓
Chorioamnionitis	✓	✓		✓	✓	✓	✓
DVT Prophylaxis in Women Undergoing C-Section (LF)	✓	✓		✓	✓	✓	✓
Elective Delivery <39 Weeks (PC-01, CMS, LF)	✓	✓	✓	✓	✓	✓	✓
Episiotomy Rate (NQF, LF)	✓	✓	✓	✓	✓	✓	✓
Exclusive Breastfeeding (PC-05)	✓	✓		✓	✓	✓	✓
Hemorrhage: Total Transfusions (RM)	✓	✓		✓	✓	✓	✓
Hemorrhage: Massive Transfusions (RM)	✓	✓		✓	✓	✓	✓
Hemorrhage: Maternal Transfusion Rate	✓	✓		✓	✓	✓	✓

Measure	Hospital- Level Rates	Patient Level Drill Down	Provider Level Rates	Averages- System, Delivery Volume and/or Region ¹	By Payer and Race- Ethnicity	Bench- marks- OMDC	Averages or Benchmarks- OMDC, WSHA-MDC, and California Statewide ²
Hemorrhage Risk Assessment on Admission	✓	✓		✓	✓	✓	✓
ICU Days for Maternal Cases	✓	✓		✓	✓	✓	✓
Induction Rate	✓	✓	✓	✓	✓	✓	✓
Maternal ICU: Admission rate among deliveries	✓	✓		✓	✓	✓	✓
Newborn Bilirubin Screening Prior to Discharge (LF)	✓	✓		✓	✓	✓	✓
Newborn Bloodstream Infections (PC-04)	✓	✓		✓	✓	✓	✓
Operative Vaginal Delivery (RM)	✓	✓	✓	✓	✓	✓	✓
Preeclampsia: ICU Days	✓	✓		✓	✓	✓	✓
Preeclampsia: ICU Admissions	✓	✓		✓	✓	✓	✓
Severe Maternal Morbidity	✓	✓		✓	✓	✓	✓
Severe Maternal Morbidity among Hemorrhage Cases	✓	✓		✓	✓	✓	✓
Severe Maternal Morbidity among Pre-Eclampsia	✓	✓		✓	✓	✓	✓
Term Shoulder Dystocia with Newborn Injury	✓	✓		✓	✓	✓	✓
Timely Treatment for Severe HTN	✓	✓		✓	✓	✓	✓
Unexpected Newborn Complications (NQF, RM)	✓	✓		✓	✓	✓	✓
VLBW (<1500g) NOT delivered at a Level III NICU (NQF)	✓	✓		✓	✓	✓	✓
Vaginal Birth After Cesarean (VBAC), (IQI 22)	✓	✓		✓	✓	✓	✓
Vaginal Birth After Cesarean (VBAC), (AHRQ IQI 34)	✓	✓	✓ ⁴	✓	✓	✓	✓
VBAC Attempt	✓	✓		✓	✓	✓	✓
VBAC Success	✓	✓		✓	✓	✓	✓
Apgar Score of 0	✓	✓		✓	✓	✓	✓
ICD-10 Induction Coding Errors - Among All Births	✓	✓		✓	✓	✓	✓
ICU Admission Rate among SMM Cases	✓	✓		✓	✓	✓	✓
Missing / Inconsistent Birth Weight (among <2500 g)	✓	✓		✓	✓	✓	✓
Missing 5 Minute APGAR	✓	✓		✓	✓	✓	✓
Missing Birth Weight in Newborn Clinical Files	✓	✓		✓	✓	✓	✓
Missing Delivery BMI	✓	✓		✓	✓	✓	✓
Missing Delivery Provider	✓	✓		✓	✓	✓	✓

Measure	Hospital-Level Rates	Patient Level Drill Down	Provider Level Rates	Averages-System, Delivery Volume and/or Region ¹	By Payer and Race-Ethnicity	Benchmarks-OMDC	Averages or Benchmarks-OMDC, WSHA-MDC, and California Statewide ²
Missing GA in Maternal Clinical Files	✓	✓		✓	✓	✓	✓
Missing Liveborn Infant Diagnosis Code	✓	✓		✓	✓	✓	✓
Missing Parity in Maternal Clinical Files	✓	✓		✓	✓	✓	✓
Missing / Inconsistent GA (< 37weeks)	✓	✓		✓	✓	✓	✓
Mothers Not Identified as JC Deliveries	✓	✓		✓	✓	✓	✓
Transfusions: Missing / Inconsistent Coding	✓	✓		✓	✓	✓	✓
Unlinked Mothers	✓	✓		✓	✓	✓	✓
Multiple Statistics, including the below:	✓	✓		✓	✓	✓	✓
5 Minute APGAR <7	✓	✓		✓	✓	✓	✓
Maternal length of stay postpartum (>4 days for vaginal, >6 days for CS)	✓	✓		✓	✓	✓	✓

Notes:

- 1 System-level and regional metrics included as part of initial implementation; volume-based metrics and regional metrics to be implemented in future as requested by Comagine Health.
- 2 Contingent on data source availability and relevant approvals; e.g. numerous metrics cannot be calculated from CA Statewide data; WSHA approval required for WSHA-MDC metrics.
- 3 Physician Level Rate encompasses all 3rd/4th degree lacerations; not divided out by whether instrument delivery or not.
- 4 Physician Level Rate is only for AHRQ IQI 34-VBAC All (Not VBAC-Uncomplicated).