PCo2 CAM (Chart Abstracted Measure) and eCQM Comparison

Reporting Year 2023

PC-02 Cesarean Birth (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth)

	Chart Abstracted	eCQM	Potential for Mismatch
	Measure (CAM)		Between CAM & eCQM
Initial Patient Population	Patients admitted to the hospital for inpatient acute care are included in the PC Mother Initial sampling group if they have: ICD-10-PCS Principal or Other Procedure Codes as defined in Appendix A, Table 11.01.1 Delivery, a Patient Age >= 8 years and < 65 and a Length of Stay \leq 120 days	Inpatient hospitalizations for patients age >=8 years and < 65 admitted to the hospital for inpatient acute care who undergo a delivery procedure that ends during the measurement period.	Minimal. The LOS qualifier was removed from the eCQM to accommodate PC07. It is a rare event that PC02 patients have LOS >= 120 days.
Denominator	Nulliparous patients delivered of a live term singleton newborn in vertex presentation	Inpatient hospitalizations for nulliparous patients delivered of a live term singleton newborn >= 37 weeks' gestation	None. Vertex position is modeled implicitly in the eCQM, as the measure excludes deliveries with abnormal presentation.
Denominator/Nulliparous	V2023A1 (discharges 1/1/23 through $6/30/23$):Evaluates the data element "Previous Live Births". If the answer is "yes", the patient will be excluded from the denominator. If a patient had a previous stillbirth or fetal demise, the abstractor is instructed to answer "no", and the patient will remain in the denominator.V2023B (discharges $7/1/23$ through $12/31/23$):"Previous Live Births" data element renamed to "Previous Births" and definition now reads "documentation that the patient $>=$ 20 weeks gestation	The measure description states, "nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth". ACOG defines nulliparous as a woman with a parity of zero. The eCQM logic concludes that a patient is nulliparous when ONE of the following is true: 1. Parity = 0 2. Gravidity = 1 3. Preterm and term births both = 0	Discharges 1/1/23 through 6/30/23): Potential impact. The denominator description in the eCQM has the following note: The eCQM and chart- based measure slightly digress in the denominator logic. A patient with a previous stillbirth or fetal demise > 20 weeks, will be included in the CAM denominator, however excluded from the eCQM as parity, gravidity, preterm and term births ignore outcome. Discharges 7/1/23 through 12/31/23): Minimal impact as CAM and eCQM now align on definition of nulliparous.

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	regardless of outcome (i.e., parity >0) prior to the current hospitalization.		
Denominator/Gestational Age	Denominator excludes GA < 37 weeks or UTD.	Denominator includes >=37 weeks gestation. If calculated or estimated GA is null, excluded from the measure.	None.
Denominator/Gestational Age Assessment Timing	No timing requirement regarding assessment of GA	GA assessment must occur less than 24 hours or concurrent with time of delivery	Minimal.
Denominator Exclusion/ Abnormal Presentation or Placenta Previa	ICD-10-CM Principal Diagnosis Code or ICD-10-CM Other Diagnosis Codes for multiple gestations and other presentations as defined in Appendix A, Table 11.09 Multiple Gestations and Other Presentations. Placenta previa is included on this table.	Inpatient hospitalizations for patients with abnormal presentation or placenta previa during the encounter.	None.
Denominator Exclusion/ Multiple Gestation	Excludes patients with multiple gestations from the denominator.	Multiple gestations are mutually exclusive of the denominator requirement of live singleton newborn and therefore the eCQM does not address multiple gestation in the denominator exclusions.	None. The denominator requires singleton, therefore no need to exclude multiple gestations.
Numerator	Patients with cesarean birth	Patients who deliver by cesarean section.	None.