

## CA Prenatal Screening Program

# NT Quarterly Bulletin

### Inside the CA PNS Program's Quality Assurance Process

#### Updates:

As of February 1, 2012, **Medi-Cal** requires NT related claims to be submitted with documentation that states: "The physician performing or supervising the NT ultrasound is credentialed by either NTQR or FMF." A memo was sent to NT practitioners on March 19 regarding this update. If you did not receive this memo, please email Jamie Matteson at [Jamie.Matteson@cdph.ca.gov](mailto:Jamie.Matteson@cdph.ca.gov).

If you have questions about the memo, please email Sara Goldman at [Sara.Goldman@cdph.ca.gov](mailto:Sara.Goldman@cdph.ca.gov).

The California Prenatal Screening Program (the Program) works closely with the Fetal Medicine Foundation (FMF) and the Nuchal Translucency Quality Review Program (NTQR) to conduct quality assurance on all NT practitioners. While all participating practitioners have been credentialed by FMF or NTQR, studies have shown that the measurements of even very experienced practitioners can drift over time. As such, in order to identify areas for improvement, the Program conducts monitoring on all NT data on a quarterly basis, calculating standard deviation, median NT MoM (multiples of the median) values, and trends in NT measurement over gestational age. If any of these values is out of the acceptable range, the practitioner is flagged to be reviewed by the credentialing agencies. FMF and NTQR then review data and, if necessary, work with practitioners to identify how imaging and measuring techniques can be improved. This may involve reviewing educational materials, submittal of images to the credentialing agency, and/or working with another practitioner. In most cases, practitioners can continue to submit data to the state during this remediation process.

The Program's monitoring process is conducted in addition to the annual credentialing process, meaning that you may be requested to participate in remediation even if you are not due for reaccreditation. This is not intended as a punitive measure, but is designed to maintain the highest standard of care for the women participating in our Program.

Every measurement that NT practitioners submit to the Program influences a woman's screening result, and we appreciate your commitment to providing the California Prenatal Screening Program with quality data.

#### We're Online

Visit our website for instructions on how to enter NT data online; tools for calculating the valid gestational age window; and various guidance documents for NT practitioners.

<http://www.cdph.ca.gov/programs/pns/pages/ntpractitioner.aspx>

#### Questions or Comments?

Contact Jamie Matteson  
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### Every Measurement Counts

NT values are converted to a "Multiple of the Median (MoM)" before being used to calculate a patient's risk. The MoM is a ratio between the measured NT value and the expected NT measurement at a given Crown Rump Length (CRL). The expected NT measurement is calculated based on each NT practitioner's individual median equation. As such, the accuracy of all NT data, including the NT and CRL measurements and the correct NT practitioner ID, are critical to the calculation of the MoM and to screening accuracy.

The table to the right demonstrates the impact that small changes to the NT and CRL measurements can have on screening results. As shown, the screening result for this patient is Screen Positive with a risk assessment of 1:102. Small changes to the NT and the CRL alter the NT MoM, resulting in a Screen Negative result.

	Actual Values	Under-measured NT	Over-measured CRL
<b>CRL</b>	59.1	59.1	60.6
<b>NT</b>	1.7	1.5	1.7
<b>NT MoM</b>	1.06	0.93	1.04
<b>Down syndrome Risk</b>	1:102	1:131	1:107
<b>Screening Result</b>	Positive	Negative	Negative

All inputs to the risk calculation were held constant with the exception of the under-measured NT or the over-measured CRL.

Down syndrome risks are rounded to the nearest 10, so risks of up to 1:104.9 are considered Screen Positive.