



Division of
**Health Care
Finance & Administration**

Health Care
Innovation Initiative

A large, light gray graphic consisting of a circle containing three five-pointed stars arranged in a triangular pattern.

Executive Summary

Esophagogastroduodenoscopy (EGD) Episode
Corresponds to DBR and Configuration file V1.1

Updated: January 11, 2017

OVERVIEW OF AN ESOPHAGOGASTRODUODENOSCOPY (EGD) EPISODE

The esophagogastroduodenoscopy (EGD) episode revolves around patients who receive an EGD. The trigger event is an inpatient admission, observation stay, emergency department visit, or outpatient visit with an EGD procedure¹. All related care – such as anesthesia, imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the clinician or group who performs the EGD. The EGD episode starts 7 days before the procedure and ends 14 days after the procedure.

CAPTURING SOURCES OF VALUE

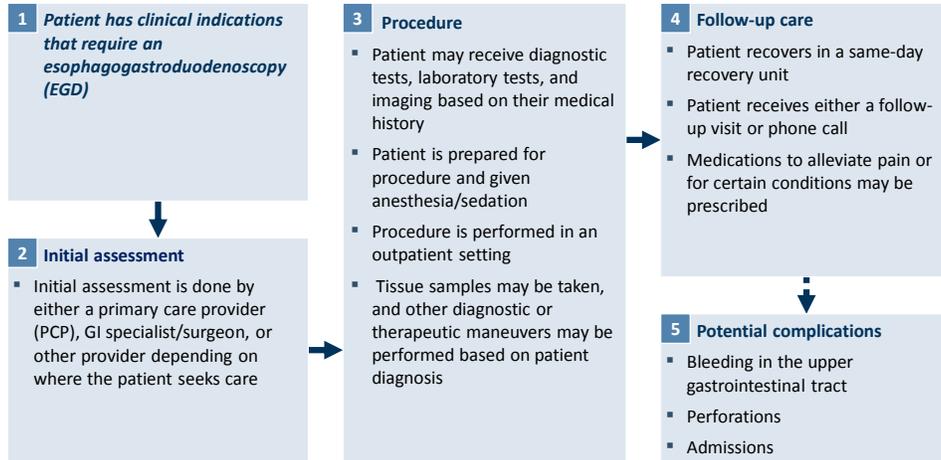
Providers have multiple opportunities during an EGD to improve the quality and cost of care. Example sources of value include the effective use of imaging and testing and the effective use of anesthesia. In addition, based on the patient diagnosis, providers can employ an evidence based choice of therapies and medications. Providers may also be able to select an appropriate site of care and length of observation/stay for the procedure. Furthermore, providers can reduce the need for repeat procedures and reduce complications.

To learn more about the episode's design, please reference the following documents on our website at www.tn.gov/hcfa/topic/episodes-of-care:

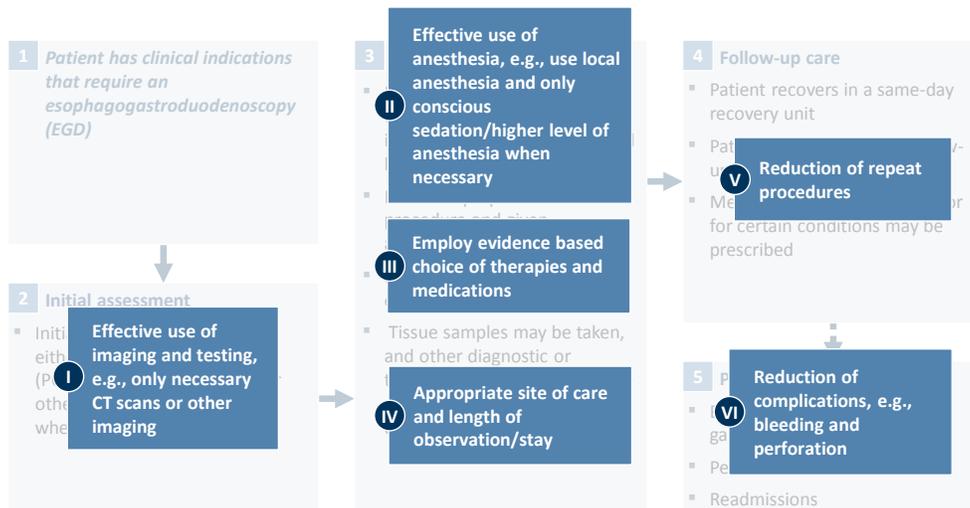
- *Detailed Business Requirements: Complete technical description of the episode*
<http://www.tn.gov/assets/entities/hcfa/attachments/DBREsophagogastroduodeno.pdf>
- *Configuration File: Complete list of codes used to implement the episode*
<http://www.tn.gov/assets/entities/hcfa/attachments/ConfigEGD.xlsx>

¹ EGD procedures performed in an inpatient, observation, or emergency department setting are considered emergent and are excluded from this episode.

Illustrative Patient Journey



Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the EGD episode, the quarterback is the clinician or group who performed the EGD. The contracting entity of the professional trigger claim will be used to identify the quarterback.

MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the EGD in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The pre-trigger window includes only specific evaluation and management visits to the quarterback. The trigger window includes specific anesthesia, specific evaluation and management visits, specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures. The post-trigger window includes care for specific complications, specific anesthesia, specific evaluation and management visits, specific imaging and testing, specific medications, specific pathology, and specific surgical and medical procedures.

Some exclusions apply to any type of episode, i.e., are not specific to an EGD episode. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. Other examples of exclusion criteria specific to the EGD episode include a patient who has an endoscopic ultrasound or an organ transplant. These patients have significantly different clinical courses that cannot be risk adjusted. Furthermore, there

may be some factors with a low prevalence that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs. For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of EGD episodes with factors likely to be impacted by risk adjustment include those patients with a history of asthma, digestive congenital anomalies, or noninfectious gastroenteritis. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

There are no quality metric linked to gain sharing for the EGD episode.

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Participation in a QCDR:** Percent of valid episodes performed in a facility participating in a Qualified Clinical Data Registry (e.g., GIQuIC) (higher rate indicative of better performance).
- **Emergency department visit within the post-trigger window:** Percent of valid episodes with a relevant ED visit within the post-trigger window (lower rate indicative of better performance).
- **Admission within the post-trigger window:** Percent of valid episodes with a relevant admission or relevant observation care within the post-trigger window (lower rate indicative of better performance).
- **Perforation within upper gastrointestinal tract:** Percent of valid episodes with a perforation within the upper gastrointestinal tract within the trigger or post-trigger window (lower rate indicative of better performance).

- **Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus:** Percent of valid episodes with a biopsy specimen in cases of gastrointestinal ulcers or suspected Barrett's esophagus within the trigger window (higher rate indicative of better performance).

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.