Skin and Soft Tissue Infections (SSTI) Episode
Executive Summary
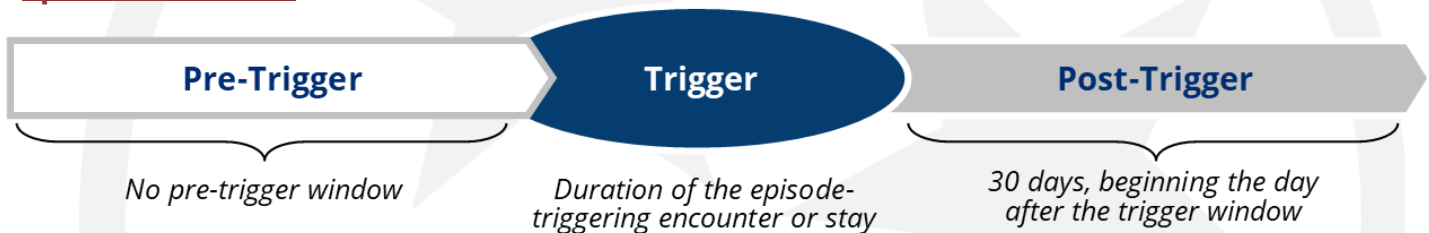
Episode Design

- **Trigger:** SSTI diagnosis
- **Quarterback type:** professional (provider who makes the diagnosis)
- **Care included:** all SSTI-related care, including imaging and testing, surgical and medical procedures, and medications

Sources of Value

- Appropriate use of laboratory testing and imaging
- Appropriate triage based on comorbidities and severity
- Appropriate setting of care
- Appropriate antibiotic choice and duration
- Appropriate use of procedures by initial treating clinician
- Appropriate follow-up care
- Reduction in complications
- Appropriate management of complications

Episode Duration

Pre-Trigger	Trigger	Post-Trigger
No pre-trigger window	*Duration of the episode-triggering encounter or stay*	*30 days, beginning the day after the trigger window*

Quality Metrics

Tied to Gain-Sharing

- Bacterial cultures when incision and drainage (I&D) performed (higher rate is better)
- SSTI episodes with a first-line antibiotic (higher rate is better)

Informational Only

- Infection recurrence
- Hospitalizations after initial diagnosis
- Emergency department (ED) visits after initial diagnosis
- Ultrasound imaging
- Non-ultrasound imaging
- Incision and drainage

Making Fair Comparisons

Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., COVID-19, inpatient setting at or on the day of initial diagnosis, complicated skin and soft tissue infections such as necrotizing fasciitis, sepsis, shock, diabetic and pressure ulcers, gangrene, post-surgical wound infections, second and third degree burns, multiple myeloma, birth during the episode, active cancer management, DCS custody)
- Patient exclusions: age (greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.