Non-operative Ankle Injury Episode
Executive Summary
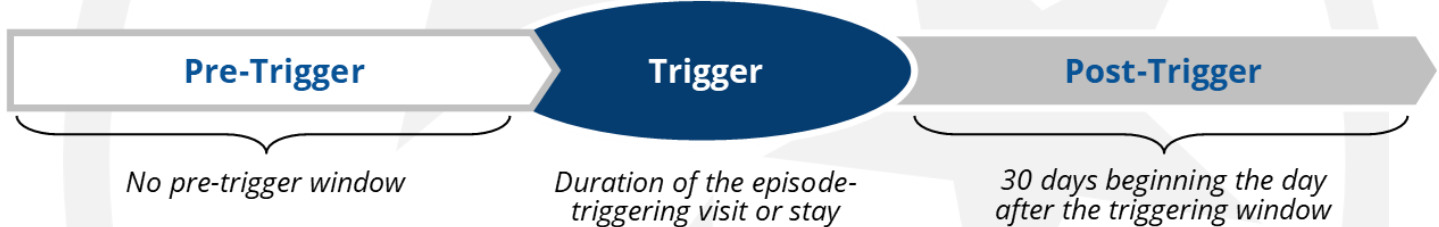
Episode Design

- **Trigger:** visit for non-operative ankle injury
- **Quarterback type:** professional (provider who makes the diagnosis)
- **Care included:** all related care including imaging and testing, medical procedures, and medications

Sources of Value

- Appropriate use of diagnostic imaging and testing (e.g., x-ray, MRI)
- Appropriate site of care and referrals
- Appropriate and evidence-based treatment decisions and use of DME (e.g., braces, crutches)
- Appropriate level of immobilization
- Appropriate non-prescription and prescription medications as pain management (e.g., reduction in opioids where not evidence-based)
- Reduction in potential for complications
- Resolution of symptoms and restoration of functionality

Episode Duration

Pre-Trigger — *No pre-trigger window*

Trigger — *Duration of the episode-triggering visit or stay*

Post-Trigger — *30 days beginning the day after the triggering window*

Quality Metrics

Tied to Gain-Sharing

- Difference in average morphine equivalent dose (MED) per day (higher rate is better)

Informational Only

- Average MED/day during the pre-trigger opioid window
- Average MED/day during the episode opioid window
- X-ray imaging for sprain/strain episodes
- Incremental imaging
- ED visit after initial diagnosis
- Opioid and benzodiazepine prescriptions

Making Fair Comparisons

Exclusions

- Business exclusions: DCS custody, 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 or observation setting during trigger, operative treatment during episode window, two or more concurrent injuries), multi-injury, overlaps
- 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.

Corresponds with DBR and Configuration V7.0