Asthma Acute Exacerbation Episode
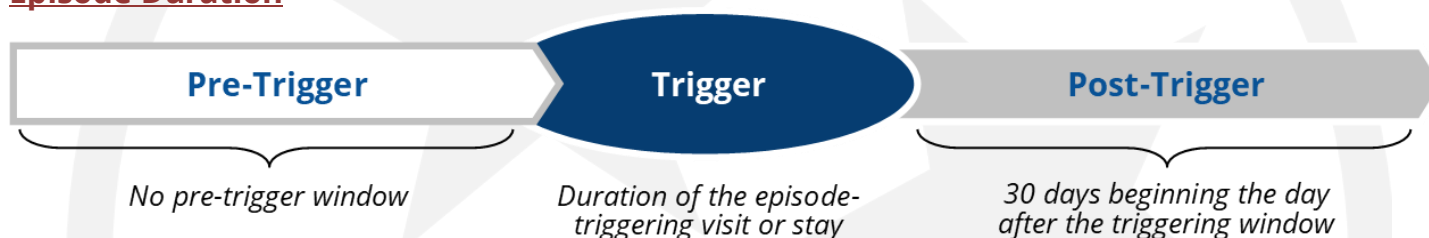## Executive Summary

Episode Design

- **Trigger:** asthma acute exacerbation treatment
- **Quarterback type:** facility (asthma acute exacerbation treatment site)
- **Care included:** all asthma-related care, including drug therapy and home health visits

Sources of Value

- Reduce avoidable ED visits (value captured by medical home)
- Reduce avoidable inpatient admissions
- Treat with appropriate medication
- Encourage appropriate length of stay
- Prescribe appropriate follow-up care & increase compliance (e.g., medications, education, counseling)
- Reduce avoidable re-encounters / complications

Episode Duration

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

Quality Metrics

Tied to Gain-Sharing

- Follow-up care within the post-trigger window (higher rate is better)
- Appropriate medications within the trigger and post-trigger (higher rate is better)

Informational Only

- Repeat acute exacerbation within the post-trigger window
- Inpatient setting of acute exacerbation
- Smoking cessation counseling
- Patient education on exacerbations
- Chest x-ray utilization
- Follow-up care for newly-diagnosed asthma cases

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, chronic airway obstruction, cystic fibrosis, HIV, hemophilia and other clotting disorders, intubation, malignant cancer, multiple sclerosis, pulmonary hypertension, sickle cell disease, supplemental oxygen, tracheostomy, active cancer management, DCS custody)
- Patient exclusions: age (less than 2 or 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.