Back/Neck Pain Episode
Executive Summary

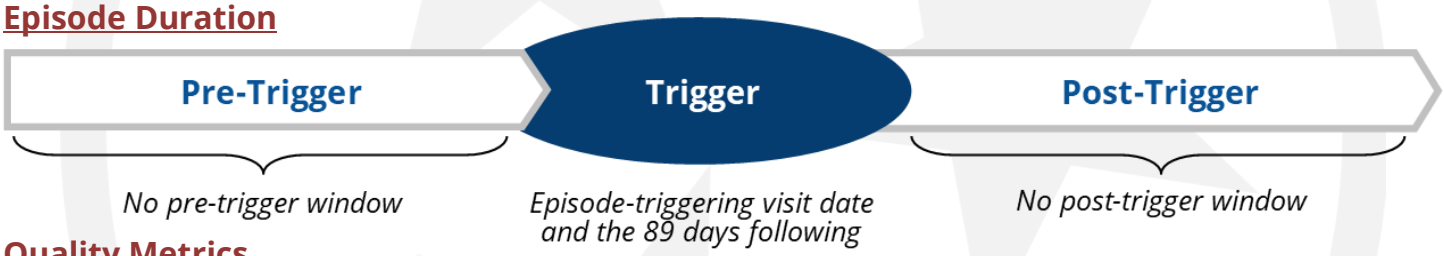
Episode Design

- **Trigger:** visit for back/neck pain
- **Quarterback type:** professional (provider with the plurality of E&M visits)
- **Care included:** all related care, such as imaging and testing, surgical and medical procedures, and medications

Sources of Value

- Appropriate use of imaging and testing (e.g., MRI)
- Appropriate diagnosis of the underlying condition
- Appropriate use of medications
- Increased patient education and self-management of back or neck pain
- Appropriate use of non-surgical interventions (e.g., physical therapy)
- Appropriate use of interventional treatment
- Evidence-based choice of therapies and appropriate use of medications
- Reduce recurrent emergency department visits and inpatient admissions
- Resolution of symptoms and restoration of functionality
- Specialty referrals where necessary (e.g., pain management specialist)

Episode Duration



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
- Non-surgical management
- Absence of spine x-ray imaging
- Absence of spine MRI imaging
- Non-axial back/neck pain
- Drug screen
- 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, ankylosing spondylitis, discitis, nonaxial back or neck pain, osteomyelitis, paralysis, spine surgeries, HIV infection, active cancer management)
- Patient exclusions: age (less than 18 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.

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Corresponds with DBR and Configuration V7.0