Outpatient and Non-Acute Inpatient Cholecystectomy Episode
Executive Summary

Episode Design

- **Trigger:** cholecystectomy procedure
- **Quarterback type:** professional (surgeon who performs the procedure)
- **Care included:** all cholecystectomy-related care including anesthesia, imaging and testing, evaluation and management, and medications

Sources of Value

- Early involvement of the general surgeon to direct care
- Employ appropriate diagnostic tests to inform selection of procedure
- Appropriateness of procedure
- Choose appropriate site of services, make the most efficient use of patient stay, and minimize waiting for procedures and tests
- Reduce potential for complications due to technical performance (e.g., hepatic laceration)
- Employ evidence-based choice of post-operative therapies and medications
- Reduce readmissions through coordinated discharge care and patient education

Episode Duration

Up to 90 days, beginning with primary accountable provider (PAP) visit, if any; if no PAP visit, there is no pre-trigger window

Duration of the episode-triggering visit or stay

30 days, beginning after discharge from hospital

Quality Metrics

Tied to Gain-Sharing

- Hospital admission in the post-trigger window (lower rate is better)

Informational Only

- Intraoperative cholangiography
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Average length of stay
- Difference in average morphine equivalent dose (MED) per day

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, acute pancreatitis, chronic pancreatitis, active cancer management, cirrhosis, cholangitis, cystic fibrosis, end-stage renal disease, laparotomy, multiple sclerosis, organ transplant, pregnancy, DCS custody)
- 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 V8.0