Esophagogastroduodenoscopy (EGD) Episode
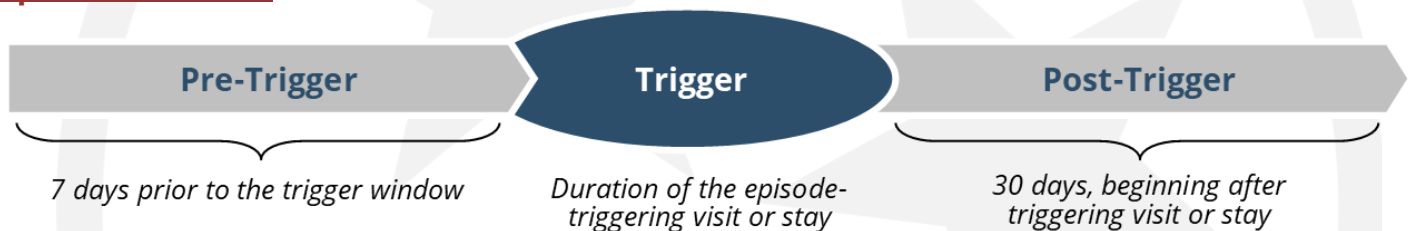## Executive Summary

Episode Design

- **Trigger:** EGD procedure
- **Quarterback type:** professional (clinician or group that performs the EGD)
- **Care included:** all EGD-related care, including anesthesia, imaging and testing, evaluation and management, and medications

Sources of Value

- Effective use of imaging and testing (e.g., only necessary CT scans or other imaging)
- Effective use of anesthesia (e.g., use local anesthesia and only conscious sedation/higher level of anesthesia when necessary)
- Employ evidence-based choice of therapies and medications
- Appropriate site of care and length of observation/stay
- Reduction of repeat procedures
- Reduction of complications (e.g., bleeding and perforation)

Episode Duration

Pre-Trigger	Trigger	Post-Trigger
7 days prior to the trigger window	*Duration of the episode-triggering visit or stay*	*30 days, beginning after triggering visit or stay*

Quality Metrics

Tied to Gain-Sharing

- Emergency department visit within the post-trigger window (lower rate is better)

Informational Only

- Admission within the post-trigger window
- Perforation within upper gastrointestinal tract
- Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus
- 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, colostomy, coma, cystic fibrosis, end stage renal disease, endoscopic ultrasound, gastrointestinal hemorrhage, multiple sclerosis, organ transplant, Parkinson's, active cancer management, DCS custody)
- Patient exclusions: age (less than 1 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.

Corresponds with DBR and Configuration V8.0