

Acute Gastroenteritis Episode

Executive Summary

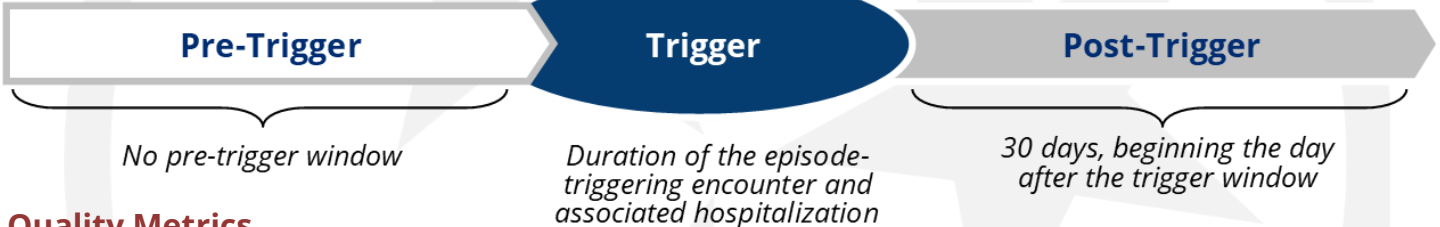
Episode Design

- **Trigger:** acute gastroenteritis diagnosis
- **Quarterback type:** facility (acute gastroenteritis diagnosis site)
- **Care included:** all acute gastroenteritis-related care including imaging and testing, medical procedures, evaluation and management, and medications

Sources of Value

- Appropriate determination of differential diagnosis
- Rapid stabilization
- Appropriate use of diagnostic imaging and testing
- Appropriate site of continued care
- Appropriate length of stay
- Appropriate treatment(s) to address underlying causes
- Patient education and counseling to facilitate recovery and prevent repeat events
- Appropriate follow-up care – additional treatment, monitoring response to treatment
- Appropriate use of antibiotics
- Prevention of complications
- Restoration of functionality

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- Abdominal or pelvic CT or MRI in adults (lower rate is better)
- Abdominal or pelvic CT or MRI in children (lower rate is better)
- Antibiotics utilization (lower rate is better)

Informational Only

- Difference in average morphine equivalent dose (MED) per day
- Average morphine equivalent dose per day during the pre-trigger opioid window
- Average morphine equivalent dose per day during the post-trigger opioid window
- Complications
- Related admission
- Related ED visit
- Stool culture in adults

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, gastrointestinal dysmotility, end-stage renal disease, genetic immunodeficiency, inflammatory bowel disease, short bowel syndrome, active cancer management, DCS custody)
- Patient exclusions: age (less than 7 months 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>.