Respiratory Infection Episode
Executive Summary

Episode Design
- **Trigger:** RI diagnosis
- **Quarterback type:** professional (provider who makes the diagnosis)
- **Care included:** all RI-related care including imaging and testing, evaluation and management, and medications

Sources of Value
- Patient diagnosis in the most cost-effective place of service
- Effective use of imaging and tests (e.g., X-rays, CT scans, blood work, Strep A test) only when suspicion of a more serious event (e.g., epiglottitis, secondary bacterial infection, pneumonia)
- Use of antibiotics only when clinically indicated (e.g., confirmed streptococcal pharyngitis)
- Minimizing use of generally less or ineffective treatments (e.g., antitussives, expectorants)
- Efficient follow up services and care
- Reduction of complications

Episode Duration

Pre-Trigger	Trigger	Post-Trigger
No pre-trigger window	*Duration of the episode-triggering visit or stay*	*14 days beginning the day after the triggering visit*

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
- Antibiotic injection for Strep A sore throat
- Steroid injection for Strep A sore throat
- Antibiotic utilizations

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 epiglottis, admission during the trigger window or one day after, cancer under active management, coma, cystic fibrosis, end stage renal disease, multiple sclerosis, organ transplant, Parkinson's, supraglottitis, DCS custody)
- Patient exclusions: age (less than 90 days old 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