

Episodes of Care Annual Feedback Session

May 20th, 2020

Welcome!

- The event will start at **8:05 am CST/9:05 am EST**.
- Upon logging in, all participants will be automatically muted with cameras disabled.
- Please use the **chat function** within WebEx to submit your feedback anytime during the presentation. Please remember to include your **name** and the **episode type**.



EPISODES OF CARE ANNUAL FEEDBACK SESSION

May 20, 2020

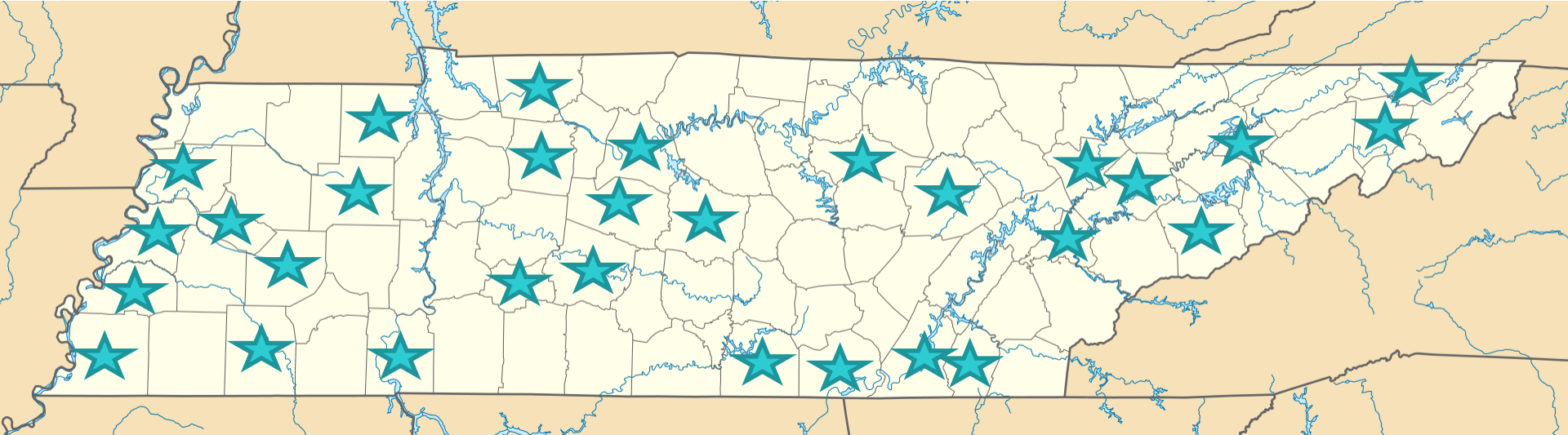
Episodes of Care Annual Feedback Session

Approach and Process

1. **May 2020:** Gather feedback from stakeholders across the state on all 48 episodes now in performance
2. **Summer 2020:** Conduct analyses to inform how to incorporate feedback
3. **Fall 2020:** Release memo to public with responses to all proposed episode changes
4. **January 2021:** Accepted changes are implemented for 2021 performance period

**Stakeholder feedback is important to TennCare
and integral to the success of the Episodes
program!**

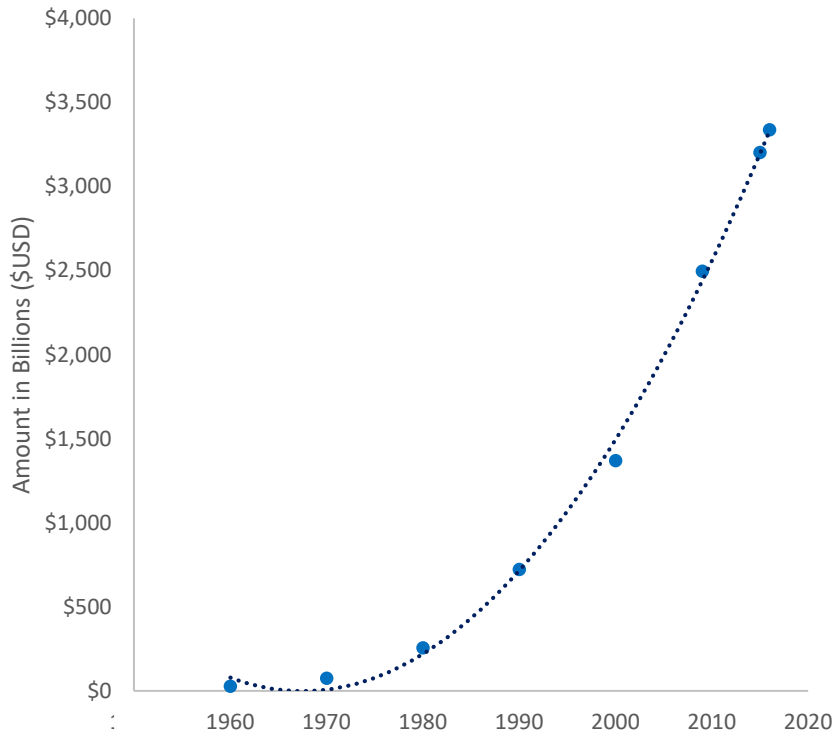
2020 Feedback Session Registrations



Providers from all across the state have registered for today's event!

U.S. Healthcare Costs & Utilization are Rising

NATIONAL HEALTH EXPENDITURES 1960 - 2016¹



Healthcare costs are increasing at a rapid pace



“About 30 percent of health spending in 2009—roughly \$750 billion—was wasted on unnecessary services, excessive administrative costs, fraud, and other problems.”
(Institute of Medicine)

“Patients with a herniated disc could be treated with non-surgical treatments... and yet the frequency of back surgery has not declined”
(Forbes)



“a dermatological procedure called Mohs surgery... tends to be overused with an increase of 400% in the last decade”
(Management Science)

“Walmart discovered 50 percent of its employees who volunteered to travel for spine surgery ended up not undergoing the procedures because they were not necessary.”
(Becker’s Spine Review)



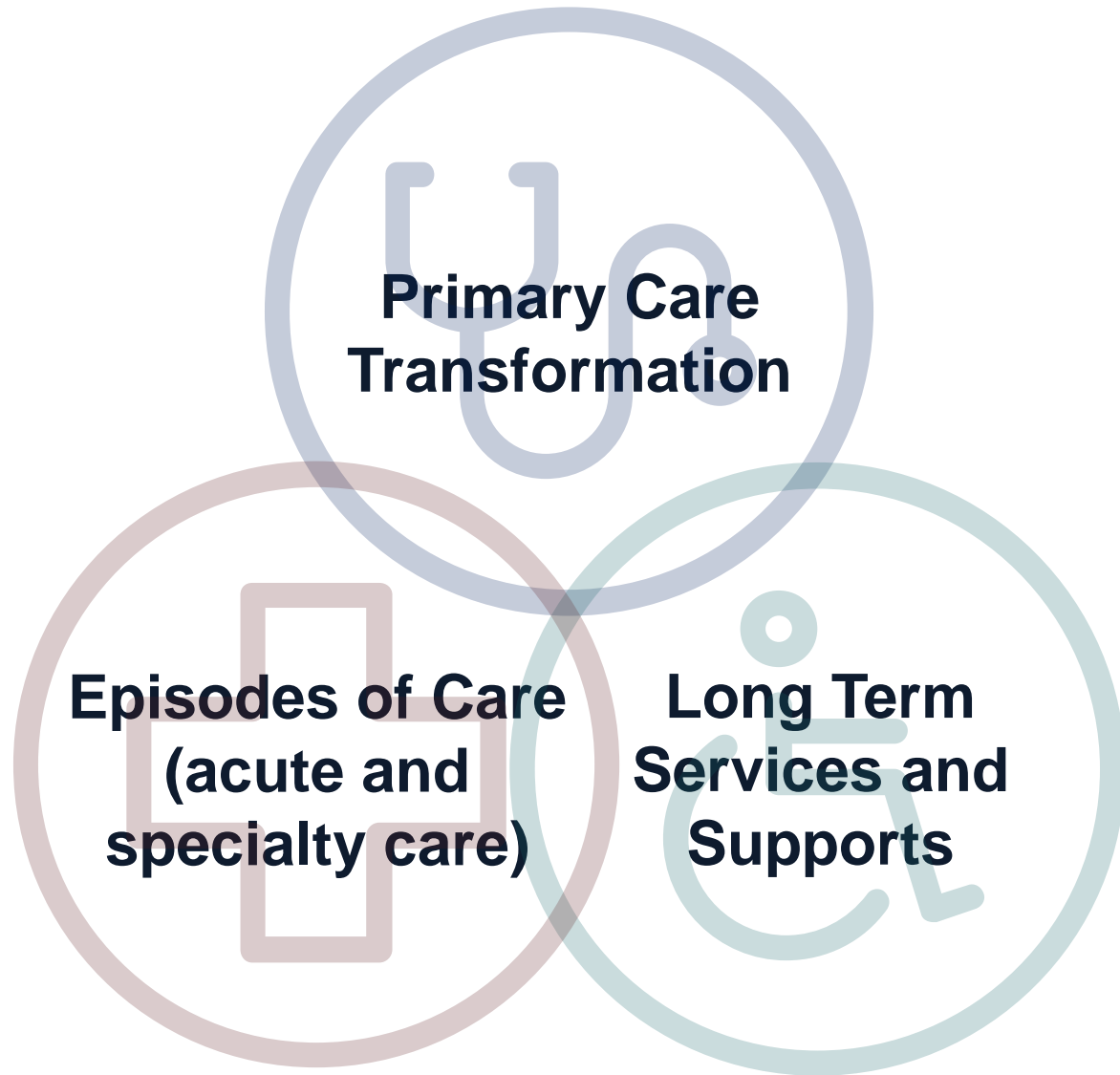
“This reimbursement structure has produced many unintended consequences, one of which is likely a role in the over- prescription of opioids.”
(Liebert Publications)

“...the primary cause of McAllen’s extreme costs was, very simply, the across-the-board overuse of medicine”
(Atul Gawande, The New Yorker)

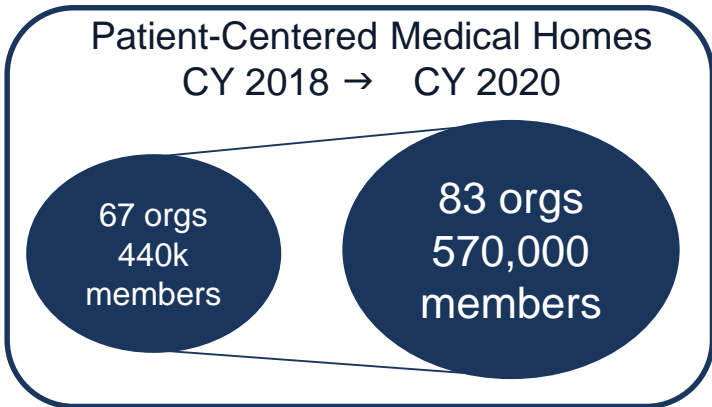


1. U.S. Health Expenditures. <https://www.cdc.gov/nchs/fastats/health-expenditures.htm>

Tennessee Delivery System Transformation Strategies



Tennessee's Value Based Payment Strategies



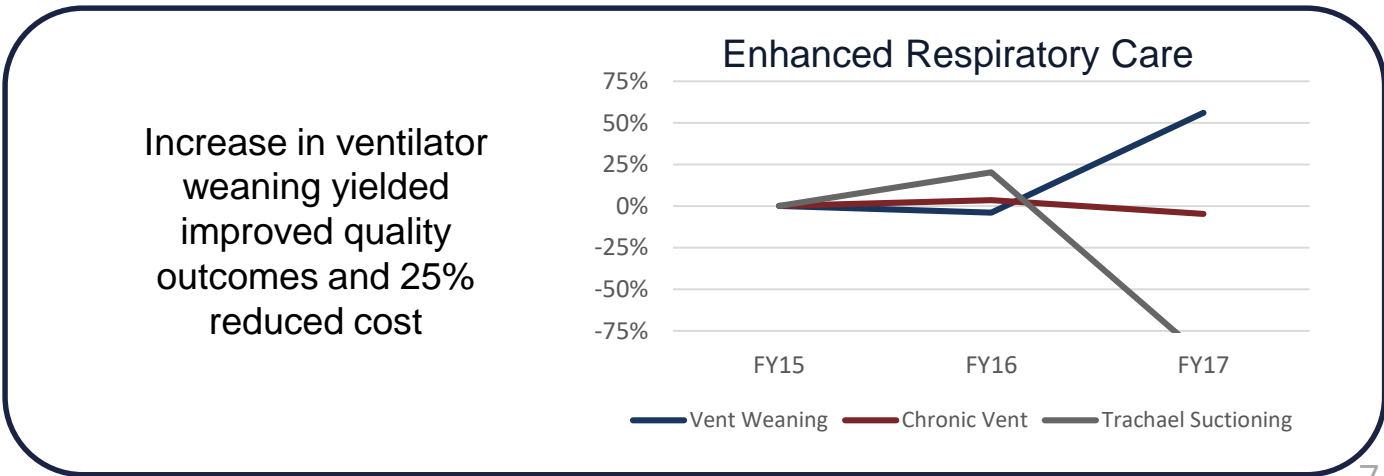
19 Tennessee Health Links serving 74,000 TennCare members with significant mental health needs

CCT provides real-time ADT data from 100% of hospitals statewide.



Quarterly cost and quality performance reports to providers for 48 episodes in 2019

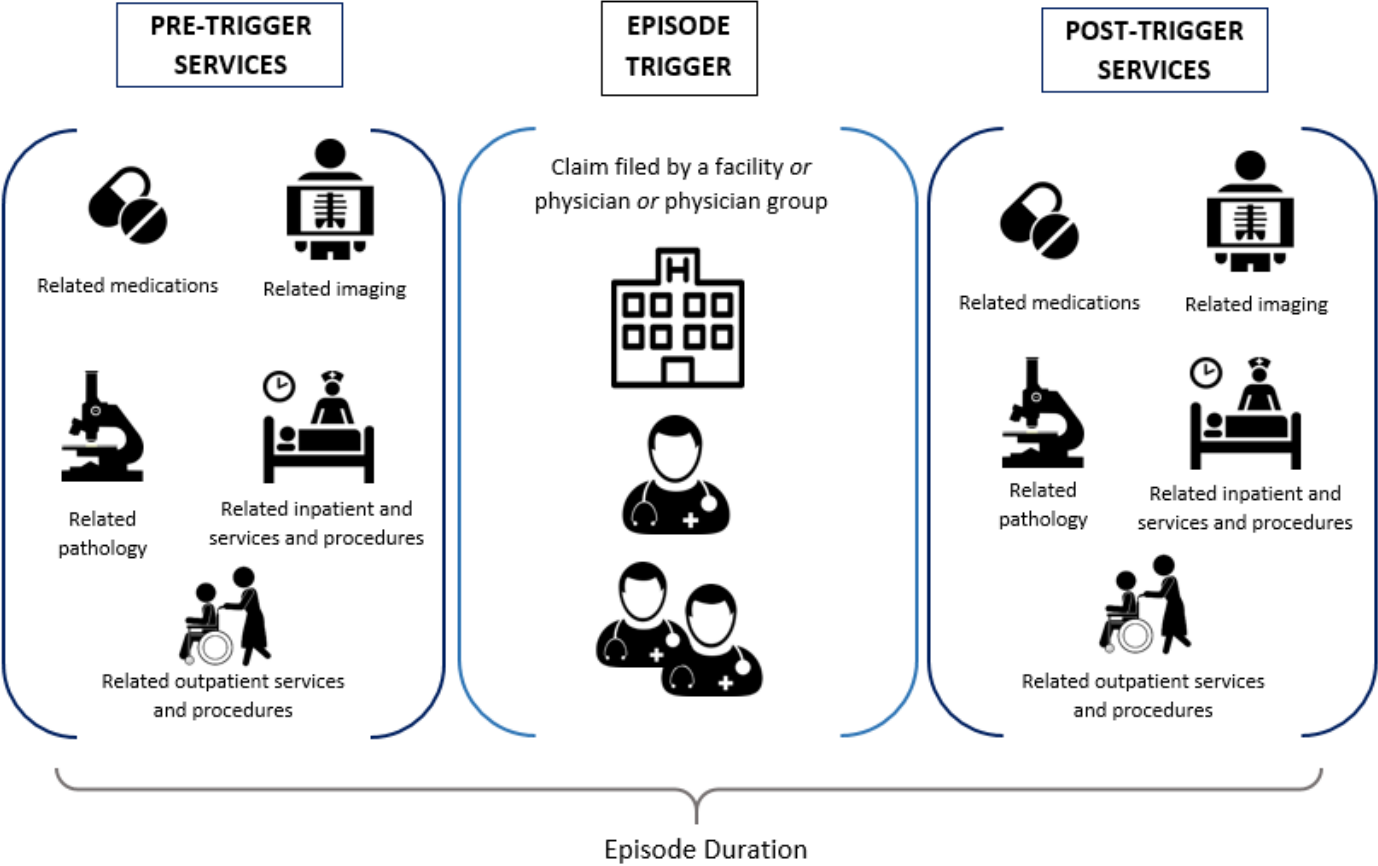
\$38.3 million estimated savings for CY 2018 while quality was maintained or improved in most episodes



Episodes of Care Definition

An **Episode of Care** is a defined set of services designed by TN clinical experts that allows for fair comparisons across providers state-wide.

The purpose is to increase data sharing, best practices adoption, and quality of care across the state, all for the benefit of the patients receiving the care.



Each episode is different according to its own design.

Key Principles



- **Coordinated care** for all services related to a specific condition
- Providers are **accountable** for all pre-specified services across the episode
- High quality, cost-efficient care is **rewarded** beyond current reimbursement

48 TennCare Episodes of Care

All 48 episodes in performance for 2020!

Status	Wave	Episode
In Performance	1	Asthma acute exacerbation
		Perinatal
		Total joint replacement
	2	Cholecystectomy
		Colonoscopy
		COPD acute exacerbation
		PCI – acute
		PCI – non acute
		EGD
	3	GI hemorrhage
		Pneumonia
		Respiratory infection
		UTI – inpatient
		UTI – outpatient
		ADHD
	4	Bariatric surgery
		CABG
		CHF acute exacerbation
		ODD
		Valve repair and replacement

Status	Wave	Episode
In Performance	5	Breast biopsy
		Otitis media
		Tonsillectomy
	6	Diabetes acute exacerbation
		HIV
		Pancreatitis
		Skin and soft tissue infections
		Back / neck pain
		Femur / pelvic fracture
		Knee arthroscopy
	7	Non-operative ankle injury
		Non-operative knee injury
		Non-operative shoulder injury
		Non-operative wrist injury
		Spinal decompression
		Spinal fusion

Status	Wave	Episode
In Performance	8	Acute gastroenteritis
		Acute seizure
		Appendectomy
		Bronchiolitis
		Colposcopy
		Gastrointestinal obstruction
		Hernia repair
		Hysterectomy
	Pediatric pneumonia	
	Syncope	
	9	Acute kidney and ureter stones
		Cystourethroscopy

Episodes Impact on Quality of Care

Oppositional Defiant Disorder:

Episodes in which children receive unnecessary medication decreased from 24.6% to 3.7% (2015 – 2017)



Gastrointestinal Hemorrhage:

Follow-up care within the post-trigger window increased from 49.0% to 51.9% (2016 – 2017)



Perinatal: Group B

Streptococcus screening increased from 87.8% to 95.5% (2014 – 2017)



Asthma:

Patient on appropriate medication increased from 60.3% to 65.4% (2016 – 2017)*

*Metric changed in 2016

Asthma:

Avoidable hospital admissions decreased from 6.0% to 3.1% (2014 – 2017)

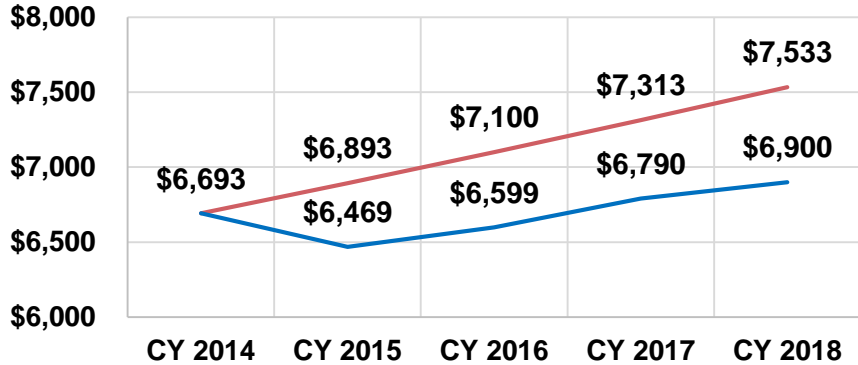
Chronic Heart Failure:

Follow-up care within the post-trigger window increased from 56.2% to 57.2% (2016 to 2017)

Episodes Impact on Healthcare Spend

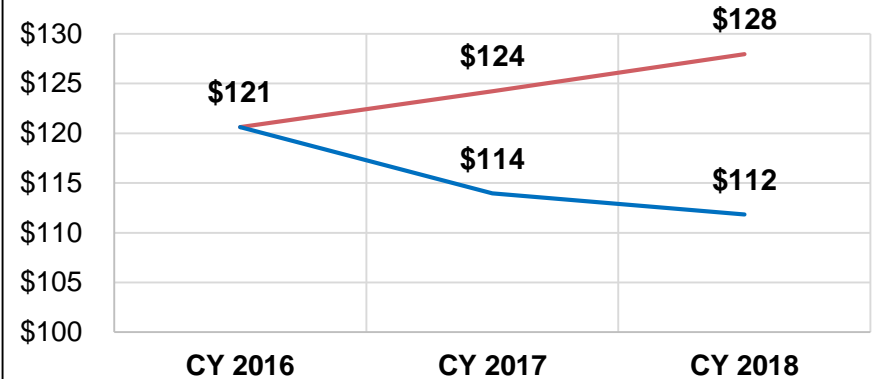
Perinatal

Analysis of Risk-Adjusted Cost Trend,
CY 2014 - CY 2018



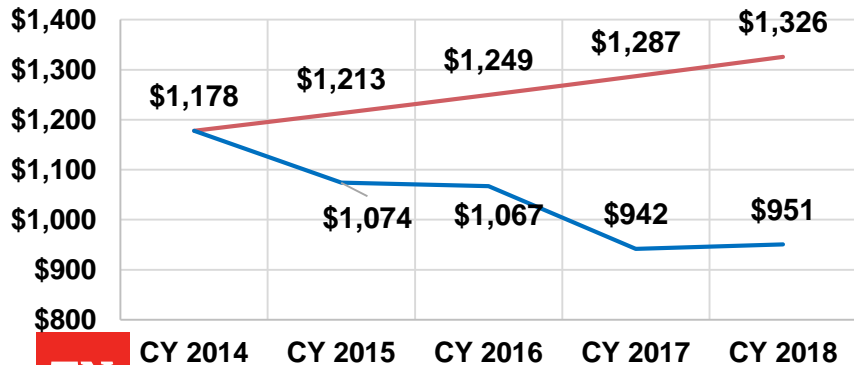
Respiratory Infection

Analysis of Risk-Adjusted Cost Trend,
CY 2016 - CY 2018



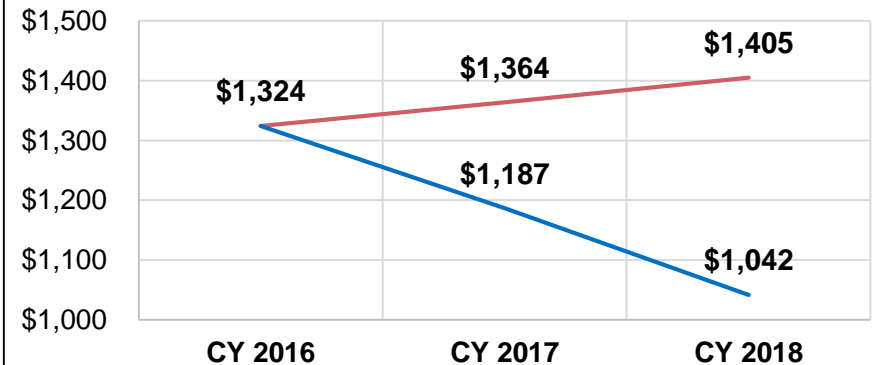
Asthma Acute Exacerbation

Analysis of Risk-Adjusted Cost Trend,
CY 2014 - CY 2018



Oppositional Defiant Disorder

Analysis of Risk-Adjusted Cost Trend,
CY 2016 - CY 2018



TN

— Projected

— Actual

11
Projected costs are based
on a 3% annual growth rate

Results of Episodes of Care Program

CY 2015	CY 2016	CY 2017	CY 2018
<p><i>Estimated Savings*:</i> \$10.8 million</p> <ul style="list-style-type: none"> Providers and hospitals reduced costs while maintaining quality of care Gain sharing payments to providers exceeded risk sharing payments by \$280,000 <p>Episodes included: perinatal, total joint replacement (TJR), acute asthma exacerbation (asthma)</p>	<p><i>Estimated Savings*:</i> \$14.5 million</p> <ul style="list-style-type: none"> Quality metrics improved for perinatal, total joint replacement, and COPD, and were mostly maintained for the remaining episodes Gain sharing payments to providers exceeded risk sharing payments by \$395,000 <p>Episodes included: perinatal, TJR, asthma, colonoscopy, acute PCI, non-acute PCI, cholecystectomy, COPD</p>	<p><i>Estimated Savings*:</i> \$28.6 million</p> <ul style="list-style-type: none"> Quality metrics improved or maintained for most episodes Gain sharing payments to providers exceeded risk sharing payments by \$206,900 <p>Episodes included: perinatal, TJR, asthma, colonoscopy, acute PCI, non-acute PCI, cholecystectomy (CHOLE), COPD, GI hemorrhage (GIH), EGD, respiratory infection (RI), pneumonia, UTI outpatient (UTI-O), UTI inpatient (UTI-I), CHF, ODD, CABG, valve, bariatric</p>	<p><i>Estimated Savings*:</i> \$38.3 million</p> <ul style="list-style-type: none"> Quality metrics improved or maintained for most episodes Gain sharing payments to providers exceeded risk sharing payments by \$686,000 <p>Episodes included: perinatal, TJR, asthma, colonoscopy, acute PCI, non-acute PCI, CHOLE, COPD, GIH, EGD, RI, pneumonia, UTI-O, UTI-I, CHF, ODD, CABG, valve, bariatric, ADHD, breast biopsy, otitis media, tonsillectomy, SSTI, HIV, pancreatitis, and acute diabetes exacerbation</p>

*Compared to 3% projected medical cost trend

Continuous Improvement through Listening to Stakeholders

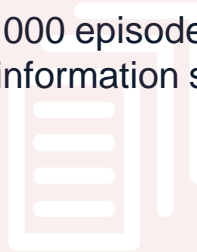
Technical Advisory Groups

26 Technical Advisory Groups with over 360 providers



Provider Reports

Over 230,000 episodes reports with new information sent to providers



Episode Design

Made over 100 changes to episode design based on Stakeholder feedback:

- Pause new episode design
- Low volume exclusions
- Perinatal inpatient facility reconsideration

Stakeholders

More than 1500 stakeholder meetings

- 5 annual episodes design feedback sessions in 6 cities
- Bi-monthly meetings with TAMHO on episodes and TN Health Link
- Additionally, hundreds of meetings per quarter between MCOs and providers

“I do feel 100% that I have been allowed to voice my opinions and to voice my concerns, to see the positives and the negatives. And I’ve always felt that you and your staff have always been very listening and approachable.”

An orthopedic provider

“I felt like we actually had a significant input and changed a few ideas, again to avoid unintended consequences.”

A general surgeon

Continuous Improvement through Listening to Stakeholders: Episodes Website Redesign

The TennCare Episodes of Care website has a new look!

Visit <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care.html> to find:

The screenshot shows the TennCare website's 'Episodes of Care' page. At the top is a navigation bar with the TN logo and links for Members/Applicants, Providers, Policy & Guidelines, Long-Term Services & Supports, This is TennCare, Newsroom, and Contact Us. The main heading is 'Episodes of Care'. Below it is a paragraph describing the program's goals: transforming specialty and acute healthcare services by incentivizing high-quality, cost-effective care, promoting evidence-based clinical pathways, encouraging care coordination, and reducing ineffective or inappropriate treatments. A second paragraph explains that episodes involve acute or specialized patient interactions over a specific time period, assigning a single principal accountable provider (or 'quarterback') who has the most impact on the overall cost and quality of a patient's treatment within an episode. Contact information is provided as payment.reform@tn.gov.

A 'News and Announcements' box contains three items:

- [Success in Delivery System Transformation](#)
- [Sign up for the Episodes of Care Newsletter](#)
- Episodes Annual Feedback Session will be held via WebEx on May 20th, 2020. Register here to receive the meeting password and submit your written feedback: https://stateofennessee.formstack.com/forms/new_episodes_design_feedback_session_2020

Four featured sections are displayed in a grid:

- Introduction to Episodes:** Visit this page for educational materials about TennCare's Episodes of Care program. Information includes frequently asked questions, what is an episode, how to read your provider report, and more. [Read More](#)
- Events & Webinars:** Visit this page for opportunities to learn about the Episodes of Care program, engage with TennCare's three managed care organizations, and meet other providers in the program. [Read More](#)
- Results & Changes:** Visit this page for Episodes of Care program results by performance year, design changes for the upcoming performance year, and more. [Read More](#)
- Technical Documents:** Visit this page for each episode's Detailed Business Requirements (DBR), Configuration File, and Executive Summary. This page also has the Episodes of Care cost and quality thresholds by performance year. [Read More](#)



Continuous Improvement through Listening to Stakeholders: Episodes Website Redesign

The TennCare Episodes of Care website has a new look!

Visit <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care.html> to find:



Resources to Learn about the Program



Webinars



Opportunities to Learn In-Person



Videos



MCO Contact Information



Continuous Improvement through Listening to Stakeholders: Episodes Website Redesign

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Introduction to Episodes

The materials on this page are designed to provide you with an introduction to the Episodes of Care program. An episode focuses on the health care delivered in association with an acute health care event and is triggered by specific claims filed by a facility, provider group or individual provider. The episode duration, or episode window, can include the time before the trigger (pre-trigger), during the trigger period and after the trigger (post-trigger). The episode can include services from multiple providers, but the episode is designed to only include spend relevant to the episode.

Have an idea for additional content? Contact us at payment.reform@tn.gov

- * [Tips for Success](#)
- * [Respiratory Infection: A Patient's Journey Through the Episode](#)
- * [48 Episodes by Wave](#)
- * [Episodes of Care: For Your Patients & For Your Practice](#)
- * [Episodes of Care FAQs - What You Need to Know](#)
- * [Introduction to Episodes of Care](#)
- * [TennCare episode of care program description](#)
- * [Sample provider episode of care report](#)
- * [Guide to Reading Your Episode of Care Report](#)

PRE-TRIGGER SERVICES

- Related medications
- Related imaging
- Related pathology
- Related inpatient and services and procedures
- Related outpatient services and procedures

EPISODE TRIGGER

Claim filed by a facility or physician or physician group

POST-TRIGGER SERVICES

- Related medications
- Related imaging
- Related pathology
- Related inpatient and services and procedures
- Related outpatient services and procedures

Episode Duration

Each episode is different according to its own design.
To learn more about each episode, please refer to the episode descriptions.

We've added new educational materials!

RESPIRATORY INFECTION: A PATIENT'S JOURNEY THROUGH THE EPISODE

In TennCare's Episodes of Care program, an "episode" encompasses all the services provided to treat a clinical condition or procedure within a specific period of time across a continuum of care. This document refers to the episode of care that is attributed to the physician who diagnoses a respiratory infection.

TONY

"My nose is running, my head is stuffed up, and I'm coughing up whitish phlegm. I should see Dr. Wilson."

DIAGNOSIS ("TRIGGER")

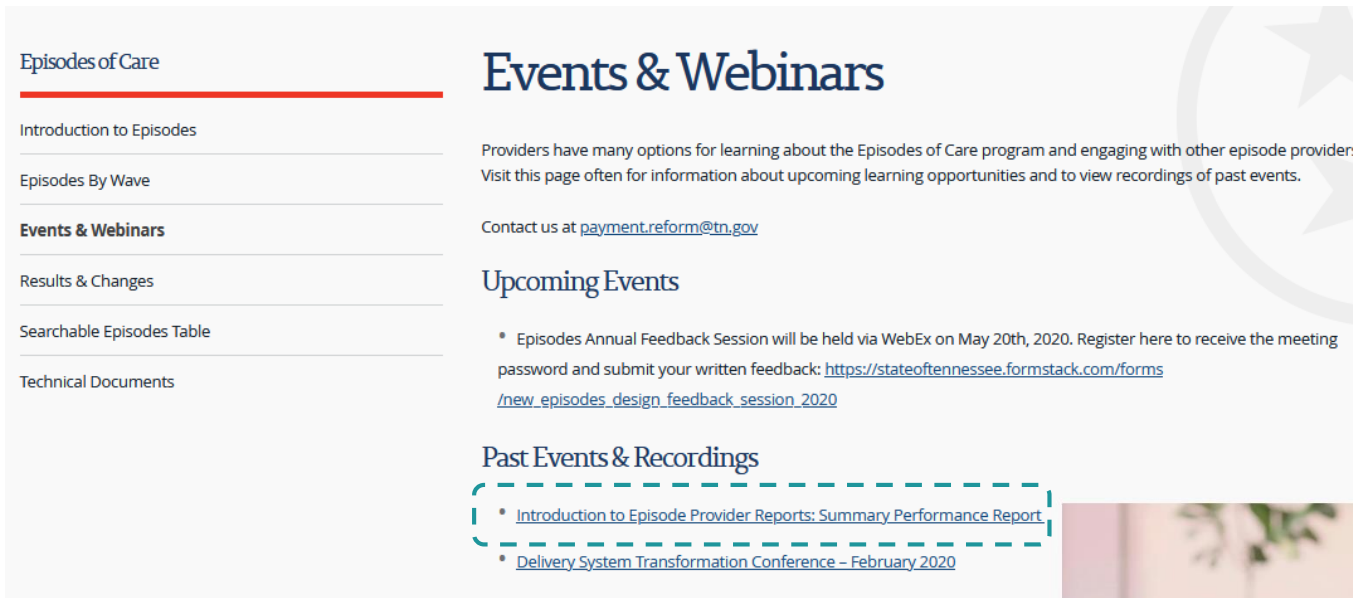
SUMMARY OF VALUE OPPORTUNITIES

- Select diagnostic tests based on clinical suspicion
- Perform tests in cost-effective sites
- Limit use of antibiotics to clinically indicated cases
- Ensure all ICD-10 codes are submitted on claims
- Reduce complications with efficient follow-up services and care
- Limit the use of the ED to true emergencies

Continuous Improvement through Listening to Stakeholders: Episodes Website Redesign

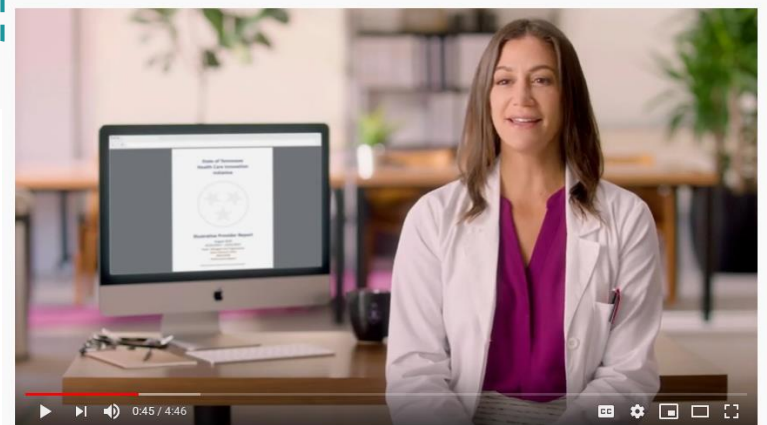
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The screenshot shows the website's navigation menu on the left with the following links: Episodes of Care (highlighted with a red underline), Introduction to Episodes, Episodes By Wave, Events & Webinars, Results & Changes, Searchable Episodes Table, and Technical Documents. The main content area features a large heading for 'Events & Webinars' with a sub-heading 'Upcoming Events' and a list of events. A dashed teal box highlights the 'Past Events & Recordings' section, which contains two links: 'Introduction to Episode Provider Reports: Summary Performance Report' and 'Delivery System Transformation Conference - February 2020'. A large teal arrow points from this section towards the video player on the right.

Check back often for new events and recordings!



Summary of Program Changes for 2020

Episode Type(s) Impacted	Change to Episode Design
All	Add an additional list of global clinical exclusions that apply to all episodes. This list will exclude episodes where patients have rare, high-cost conditions, such as paralysis and coma.
All	Update the overlapping episode exclusion hierarchy for 2020 to include episodes new to a performance period in 2020: acute gastroenteritis, cystourethroscopy, and acute kidney and ureter stones.
All episodes with facility quarterbacks	Update the episode transfer logic across all episode types with facility quarterbacks for 2020.
Acute Percutaneous Coronary Intervention (PCI)	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Acute Seizure	Add an episode exclusion for head trauma.
Appendectomy	Add an episode exclusion for abdominal trauma.
Attention Deficit and Hyperactivity Disorder (ADHD)	Extend the temporary level 1 case management exclusion.
Back and Neck Pain	Add episode exclusions for traumatic brain injury and other trauma related to the head, neck, and spine.
Bariatric Surgery	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Breast Biopsy	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Cholecystectomy	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Chronic Obstructive Pulmonary Disease (COPD) Acute Exacerbation	Expand the "follow-up care" quality metric to include hospice visits.
Colonoscopy	Add an informational quality metric (not tied to gain-sharing) for "ED visit within the post-trigger window".
Colonoscopy	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Congestive Heart Failure (CHF) Acute Exacerbation	Expand the "follow-up care" quality metric to include hospice visits.
Coronary Artery Bypass Graft (CABG)	Remove the informational metric "Participation in a Qualified Clinical Data Registry (QCDR)".
Coronary Artery Bypass Graft (CABG)	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Esophagogastroduodenoscopy (EGD)	Change the existing "ED visit within the post-trigger window" quality metric to be tied to gain-sharing.
Esophagogastroduodenoscopy (EGD)	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Femur and Pelvic Fracture	Add an episode exclusion for head trauma related to the hip, pelvis, and femur.

Summary of Program Changes for 2020

Episode Type(s) Impacted	Change to Episode Design
Gastrointestinal (GI) Obstruction	Add episode exclusions for abdominal trauma, bowel disorders, spinal cord injuries, spine trauma, and spine fractures.
Hernia Repair	Add an episode exclusion for abdominal trauma.
Hysterectomy	Update the “alternative treatments” quality metric to include birth control use.
Hysterectomy	Update the “alternative treatments” quality metric to exclude episodes with enlarged uteruses.
Hysterectomy	Add CPT code 58558 to the list of accepted alternative treatments for the hysterectomy episode.
Hysterectomy	Add ICD-10 codes to the configuration file for family history of uterine cancer and referrals to genetic counseling/genetic testing for genes associated with uterine cancer.
Knee Arthroscopy	Add episode exclusions for burns or systemic trauma.
Non-acute Percutaneous Coronary Intervention (PCI)	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Non-operative Ankle Injury	Add an episode exclusion for systemic trauma in addition to the joint injury.
Non-operative Knee Injury	Add an episode exclusion for systemic trauma in addition to the joint injury.
Non-operative Shoulder Injury	Add an episode exclusion for systemic trauma in addition to the joint injury.
Non-operative Wrist Injury	Add an episode exclusion for systemic trauma in addition to the joint injury.
Pancreatitis	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Respiratory Infection	Change the existing quality metric “ED visit within the post-trigger window” to be tied to gain-sharing.
Respiratory Infection	Add an informational quality metric (not tied to gain-sharing) for “Antibiotic use”.
Spinal Decompression	Add an episode exclusion for trauma related to the head, neck, and spine.
Tonsillectomy	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Total Joint Replacement	Change the existing quality metric “Admission within post-trigger window” to be tied to gain-sharing.
Total Joint Replacement	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Valve Repair and Replacement	Add an informational quality metric (not tied to gain-sharing) for "Difference in MED/day".
Valve Repair and Replacement	Remove the informational metric “Participation in a Qualified Clinical Data Registry (QCDR)”.

We're Listening: 2020 Stakeholder Feedback Received Thus Far

Breast Biopsy Episode: Extend the pre-trigger window to overlap with the trigger window so the provider can meet the quality metric when both the diagnostic and biopsy procedures happen in the same day.

Perinatal Episode: Change the gain-sharing C-section quality metric to exclude patients for whom the C-section is medically necessary.

All Episodes: Update providers on the status of improvement of reporting to include actual cost by service.

All Episodes: Thank you to the program leaders within TennCare and the MCOs. Your engagement and willingness to help our team understand and navigate the program has been invaluable. We are grateful for your partnership!

All Episodes: Create greater transparency with the risk adjustment process between MCOs when some providers only service pediatric patients for a particular episode type.

Back and Neck Pain Episode: Separate the episode into different low back pain and neck pain episodes. Sometimes low back pain and neck pain are completely different issues.

We want to hear from you!

- **Now:** Use the **chat** function on WebEx (remember to include your **name** and the **episode type**)
- **Later:** Send an email to Payment.Reform@tn.gov
- **Always:** Contact your MCO representative

Next Steps Following this Feedback Session

- **Review** all feedback received both prior and during the feedback session
- **Analyze** the potential changes and possible impact on episode design
- **Release** memo summarizing changes to episode design
- **Incorporate** changes that need to be made for the 2021 performance period

Thank you for participating!

Please email payment.reform@tn.gov with any questions.

Visit our website at:

<https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care.html> to get more information and **sign up for the Episodes newsletter**