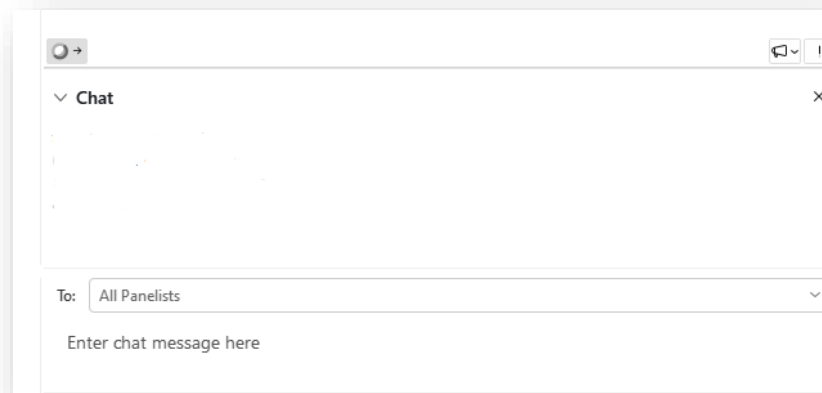# Episodes of Care
# Annual Feedback Session
## May 19ᵗʰ, 2021

## Welcome!

- The event will start at **9:00 am CST/10:00 am EST.**

- Upon logging in, all participants will be automatically muted with cameras disabled.

- Please use the **chat function** within WebEx to let us know you'd like to speak. The moderator will grant you control of your mute button when it's your turn.

# EPISODES OF CARE
## ANNUAL FEEDBACK SESSION

**May 19th, 2021**

# Episodes of Care Annual Feedback Session

| Agenda |
| --- |
| 1. Welcome/Introduction |
| 2. Feedback from Specialist Providers |
| 3. Feedback from Facility Providers |
| 4. Feedback from Behavioral Health Providers |
| 5. Feedback from Primary Care Providers |
| 6. Feedback from Miscellaneous Stakeholders |

**The Feedback Session will end once all stakeholders have had an opportunity to speak. We anticipate the event will take one hour.**

# Episodes of Care Annual Feedback Session

# We want to hear from you!

## Ways to Share Your Feedback:

- **Now:** Use the **chat** function on WebEx to tell us you would like to speak. The moderator will introduce you and unmute you.
- **Always:** Send an email to Payment.Reform@tn.gov
- **Always:** Contact your MCO representative
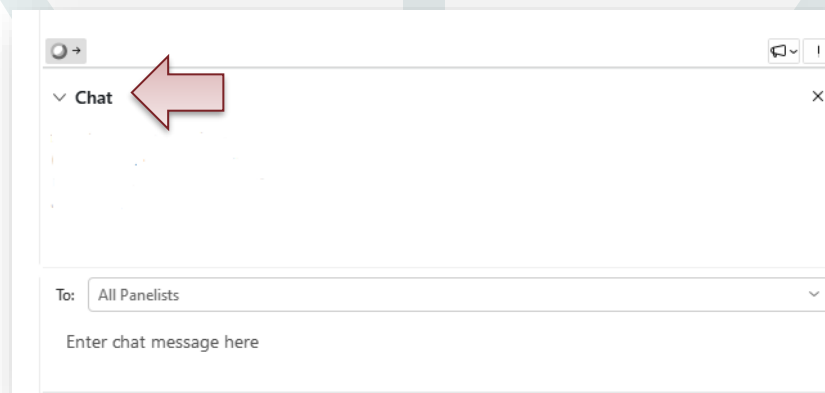
# TennCare Episodes of Care Team

- **Jessica Hill**: Director of Strategic Planning & Innovation

- **Johnny Lai**: Episodes Strategy Manager

- **Dr. Vaughn Frigon**: Episodes Medical Director

- **Carl Mueller**: Episodes Data Scientist

- **Mathias Schreiner:** Episodes Data Analyst

- **Beth DeWeese**: Episodes Strategy Specialist / Provider Engagement Lead

# Tennessee Delivery System Transformation Strategies

Primary Care Transformation

Episodes of Care (acute and specialty care)

Long Term Services and Supports
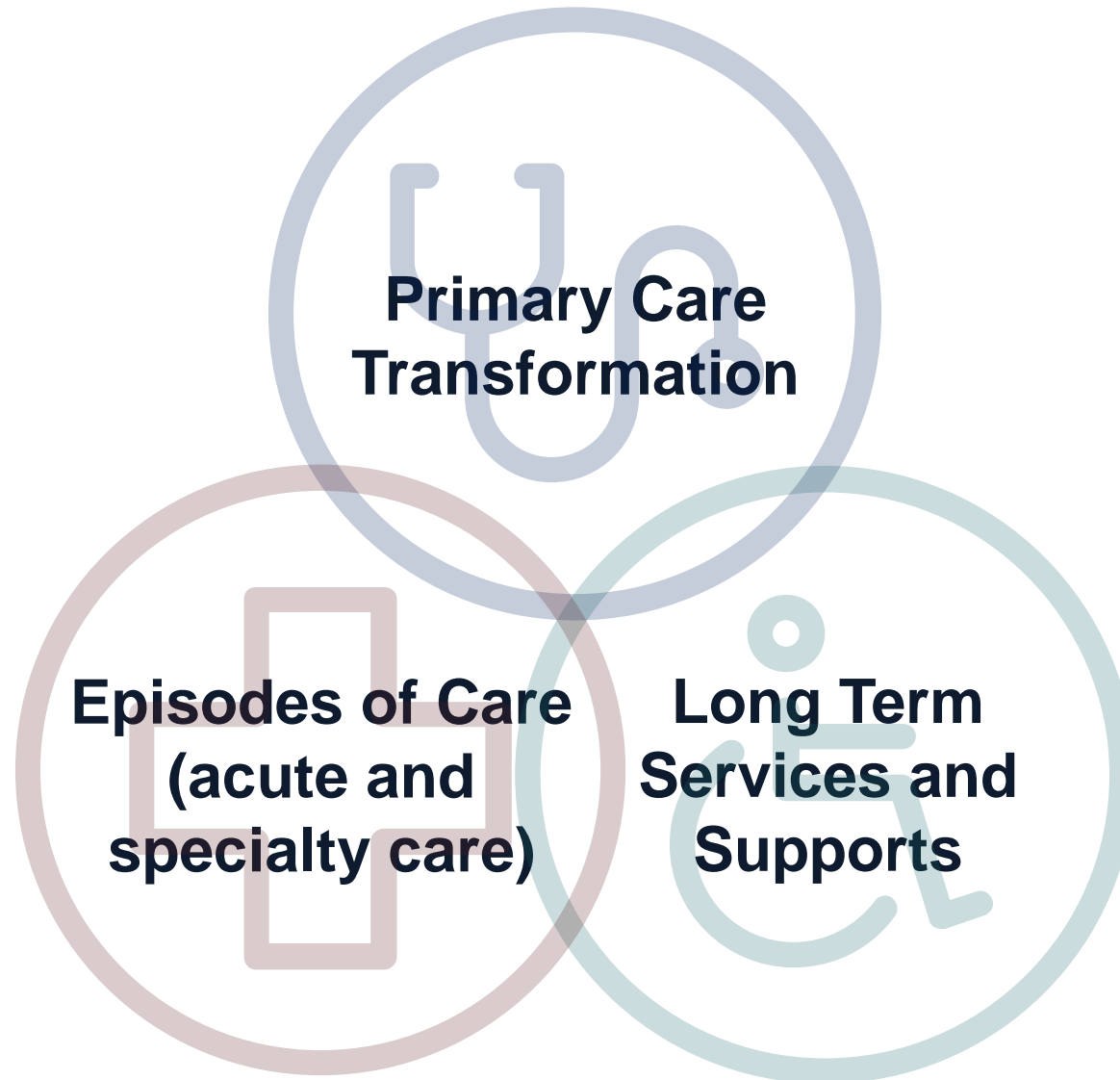
# Episodes of Care Definition

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.
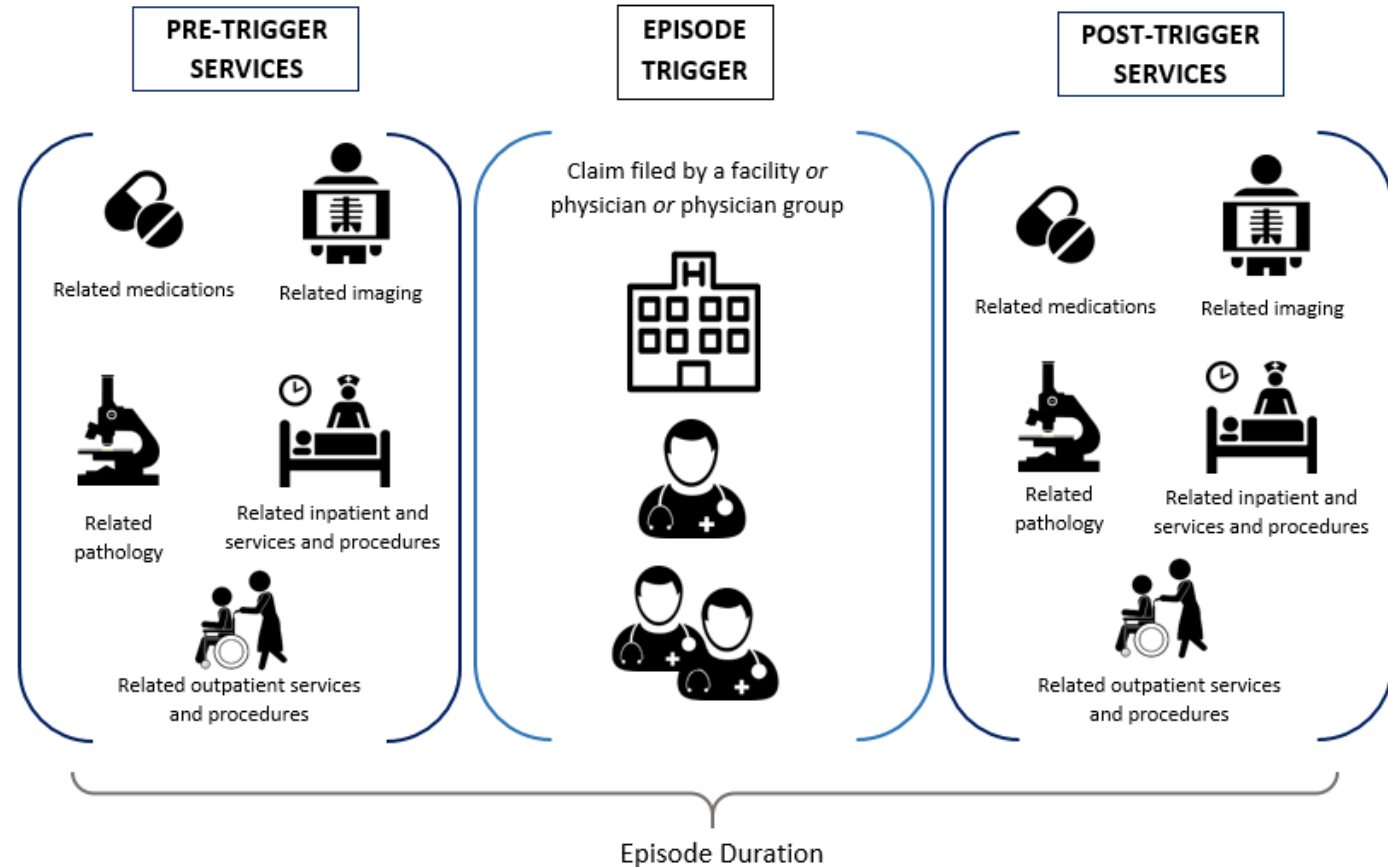


*Each episode is different according to its own design.*

## 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

7

# 48 TennCare Episodes of Care

| Status | Wave | Episode |
|---|---|---|
| In Performance | 1 | Asthma acute exacerbation |
| | | Perinatal |
| | | Total joint replacement |
| | 2 | Cholecystectomy |
| | | Colonoscopy |
| | | COPD acute exacerbation |
| | | PCI – acute |
| | | PCI – non acute* |
| | 3 | EGD |
| | | GI hemorrhage |
| | | Pneumonia |
| | | Respiratory infection |
| | | UTI – inpatient |
| | | UTI – outpatient |
| | 4 | ADHD |
| | | 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 |
| | 7 | Back / neck pain |
| | | Femur / pelvic fracture* |
| | | Knee arthroscopy |
| | | 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 |

*Episode type will shift to informational-only reporting beginning in January 2021.

*Current as of May 2021*

# Results of the Episodes of Care Program

| CY 2015 | CY 2016 | CY 2017 | CY 2018 | CY 2019 |
|---------|---------|---------|---------|---------|
| *Estimated Savings\*:* **$10.8 million** | *Estimated Savings\*:* **$14.5 million** | *Estimated Savings\*:* **$28.6 million** | *Estimated Savings\*:* **$38.3 million** | *Estimated Savings\*:* **$45.2 million** |
| • Providers and hospitals reduced costs while maintaining quality of care<br>• Gain sharing payments to providers exceeded risk sharing payments by **$280,000** | • Quality metrics **improved** for perinatal, total joint replacement, and COPD, and were mostly maintained for the remaining episodes<br>• Gain sharing payments to providers exceeded risk sharing payments by **$395,000** | • Quality metrics **improved** or maintained for most episodes<br>• Gain sharing payments to providers exceeded risk sharing payments by **$206,900** | • Quality metrics **improved** or maintained for most episodes<br>• Gain sharing payments to providers exceeded risk sharing payments by **$686,000** | • Quality metrics **improved** or maintained for most episodes<br>• Gain sharing payments totaled **$1.9 million**<br>• Due to COVID-19, all risk-sharing payments have been waived for the 2019 performance period |
| Includes the 3 episodes in performance in CY 2015 | Includes the 8 episodes in performance in CY 2016 | Includes the 19 episodes in performance in CY 2017 | Includes the 27 episodes in performance in CY 2018 | Includes the 45 episodes in performance in CY 2019 |

*\*Compared to 3% projected medical cost trend*

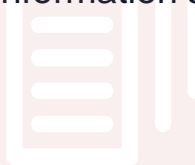# Continuous Improvement Through Listening to Stakeholders

## Technical Advisory Groups

26 Technical Advisory Groups with over 360 providers

## Provider Reports

Over 260,000 episodes reports with new information sent to providers

## Episode Design

Made over 150 changes to episode design based on Stakeholder feedback:

- Updated quality metric definitions
- Low volume exclusions
- Overlapping episode exclusion

## Stakeholders

More than 1,500 stakeholder meetings

- 7 annual episodes design feedback sessions
- Bi-monthly meetings with TAMHO on episodes and TN Health Link between 2017-2019
- 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*

# COVID-19 and Episodes of Care

MCOs **will waive** all episodes of care risk-sharing payments for the **2020** performance year while still paying out gain-sharing payments.

- Thank you for your continued dedication to provide quality care to TennCare members during the COVID-19 pandemic. The state recognizes that COVID-19 has created an unprecedented health and economic crisis for the provider community, including financial pressures on many providers.

# How the Episodes Team Processes Your Feedback

## Approach and Process

1. **May 2021:** Gather feedback from stakeholders across the state on all 48 episodes

2. **Summer 2021:** Conduct analyses to inform how to incorporate feedback

3. **Fall 2021:** Release memo to public with responses to all proposed episode changes

4. **January 2022:** Accepted changes are implemented for 2022 performance period. Providers will see this year's changes reflected in their August 2022 reports, which capture Q1 2022 performance data.

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

# Summary of Program Changes (2021)

| Episode Type(s) Impacted | Change to Episode Design |
|---|---|
| Coronary Artery Bypass Graft (CABG); Femur/Pelvic Fracture; Human Immunodeficiency Virus (HIV) Infection; Non-acute Percutaneous Coronary Intervention (PCI); Valve Repair and Replacement | Shift episodes to informational only reporting beginning with the 2021 performance period |
| All episodes | Update the FQHC/RHC exclusion from an episode-level exclusion to a quarterback-level exclusion |
| Attention Deficit Hyperactivity Disorder (ADHD) | Update the attribution logic to increase specificity in identifying the quarterback |
| Attention Deficit Hyperactivity Disorder (ADHD) | Continue the temporary level 1 case management exclusion |
| Breast Biopsy | Extend the Appropriate Diagnostic Workup Rate quality metric pre-trigger window to overlap with the trigger window |
| Hysterectomy | Update the denominator of the Alternative Treatments quality metric to exclude those women who have a history of uterine prolapse (N81.3) |
| Hysterectomy | Update the Related follow-up care quality metric to include additional related diagnoses that count towards the quality metric (Z09 and Z48.816) |
| Hysterectomy | Update the denominator of the Alternative Treatments quality metric to remove uterine polyps (N84.1) |
| Hysterectomy | Update the Alternative Treatments quality metric to include LEEP, cold knife conization, and colposcopy procedures |
| Knee Arthroscopy | Change the duration of the pre-trigger opioid window to days 1 - 60 prior to the trigger window start date |
| Perinatal | Update the code list for episode triggers in the perinatal episode |
| Perinatal | Remove Screening for Hepatitis B Specific Antigens informational quality metric |
| Perinatal | Add Screening for Hepatitis C as an informational quality metric |

# 2021 Stakeholder Feedback Received Thus Far

**ADHD Episode: Allow telephone calls encouraging patients to make/keep follow-up care visits count toward the Minimum Care Requirement quality metric.**

**Perinatal Episode: GBS culture should not be performed in the 3rd trimester in patients with GBS bacteriuria during pregnancy. Can the idea of universal GBS cultures be revisited?**

**All Episodes: While they all contain the same data and have similar report format they are just enough different it makes it difficult to aggregate our data across the different MCO's to produce a total TennCare report that we can then analyze by MCO by internal location. It would be nice to get a CSV file from each MCO in a standard format that allows us to utilize our own tools to do further analytics.**

**All Episodes: Please continue to encourage all three MCOs to share rolled up information (meaning if you represent a health system or a very large group, it is helpful to see an executive summary in order to affect changes for your organization).**

**Perinatal Episode: Can breech and transverse fetal position be included as exclusion criteria for c-sections?**

# How to Learn More About Episodes of Care

- **Contact your MCO reps**
  - **Amerigroup**
    - AGPEpisode.Reporting@Amerigroup.com

  - **BlueCross BlueShield**
    - Darlene Smith-Darlene_Smith@bcbst.com
    - Scott Fontana-Scott_Fontana@BCBST.com
    - Janelle Ring-Janelle_Ring@bcbst.com

  - **UnitedHealthcare**
    - SE_Government_Programs@uhc.com

- **Delivery System Transformation Conferences**
  - Conferences are free for providers and hosted every spring, summer, and fall
  - Next conference: July 27-28, 2021

- **Our Website (Check frequently for new content!)**
  - Visit tn.gov/tenncare/health-care-innovation/episodes-of-care.html

- **Email us any time at payment.reform@tn.gov**

# New Content on the Episodes of Care Website!

- We are excited to share new Executive Summaries for all 48 episodes!

- Please visit the **Episodes By Wave** page to see the new executive summaries.

- https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/episodes-by-wave.html



## 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., 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 V5.0*

# Looking Ahead for Episodes of Care

- Evolving Episode Design Based on Stakeholder Feedback

- New Episodes Educational Materials

- MCOs Launching Journey Pilot in Q2 2021 for Bariatric Surgery and TJR

# Polling Question #1

*Please take a moment to find the polling panel in your WebEx window and submit your answer.*

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**TN**

# We want to hear from you!

- **Now:** Use the **chat** function on WebEx to tell us you would like to speak. Type the following items in your message:

  1. **Your name**
  2. **Your practice/organization name**

- The **moderator** will introduce you and unmute you when it is your turn to speak.

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# Episodes of Care: Managed Care Organization Contacts



**Annie B Ninan
MA(Eco), MBA,
MSN, RN-FNP (BC)**
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Community
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@Amerigroup.com



**Darlene C. Smith**
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**Amber Huggins**
*Director of
Government
Programs, SE Region*

SE_Government_Programs
@uhc.com

# Episodes of Care Annual Feedback Session

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# Polling Question #2

*Please take a moment to find the polling panel in your WebEx window and submit your answer.*

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# Episodes of Care Annual Feedback Session

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- The **moderator** will introduce you and unmute you when it is your turn to speak.

# 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**

**This WebEx will remain open to allow any last-minute feedback to be entered into the chat box.**