# Non-operative Ankle Injury Episode Executive Summary

#### **Episode Design**

- Trigger: visit for non-operative ankle injury
- **Quarterback type:** professional (provider who makes the diagnosis)
- **Care included:** all related care including imaging and testing, medical procedures, and medications

## **Sources of Value**

- Appropriate use of diagnostic imaging and testing (e.g., x-ray, MRI)
- Appropriate site of care and referrals
- Appropriate and evidence-based treatment decisions and use of DME (e.g., braces, crutches)
- Appropriate level of immobilization
- Appropriate non-prescription and prescription medications as pain management (e.g., reduction in opioids where not evidence-based)
- Reduction in potential for complications
- Resolution of symptoms and restoration of functionality

# **Episode Duration**

Pre-Trigger

Trigger

Post-Trigger

No pre-trigger window

Duration of the episodetriggering visit or stay

30 days beginning the day
after the triggering window

## **Quality Metrics**

#### Tied to Gain-Sharing

• Difference in average morphine equivalent dose (MED) per day (higher rate is better)

# Informational Only

- Average MED/day during the pre-trigger opioid window
- Average MED/day during the episode opioid window
- X-ray imaging for sprain/strain episodes
- Incremental imaging
- ED visit after initial diagnosis
- Opioid and benzodiazepine prescriptions

## **Making Fair Comparisons**

#### **Exclusions**

- Business exclusions: DCS custody, 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, inpatient or observation setting during trigger, operative treatment during episode window, two or more concurrent injuries), multi-injury, overlaps
- Patient exclusions: age (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 <a href="https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html">https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html</a>.

