

Colposcopy Episode

Executive Summary

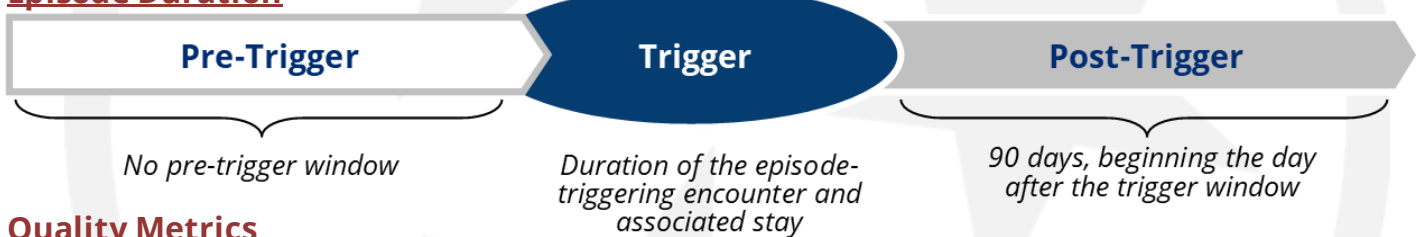
Episode Design

- **Trigger:** colposcopy procedure
- **Quarterback type:** professional (provider who performs the procedure)
- **Care included:** all colposcopy-related care including anesthesia, imaging and testing, medications, pathology, surgical and medical procedures

Sources of Value

- Appropriate use and timing of Pap test
- Appropriate use and timing of HPV test
- Appropriate referral to colposcopy
- Appropriate use of biopsy
- Appropriate selection of biopsy type
- Appropriate care setting
- Appropriate use of pathology and testing
- Appropriate choice of anesthesia
- Appropriate choice of excision type
- Appropriate use of medications
- Appropriate referral to excision procedure
- Timeliness of communication of results and appropriate referral
- Reduction in complications
- Appropriate use of repeat procedures

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- LEEP utilization under 26 years old with no evidence of high grade dysplasia (lower rate is better)
- LEEP utilization with low-grade dysplasia (lower rate is better)

Informational Only

- Cervical cancer screening
- Diagnostic colposcopy
- LEEP utilization, trigger
- LEEP utilization, episode
- Difference in average morphine equivalent dose (MED) per day
- Average morphine equivalent dose per day during pre-trigger opioid window
- Average morphine equivalent dose per day during post-trigger opioid window
- Opioid and benzodiazepine prescriptions

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, cervical cancer, hysterectomy, pregnancy, DCS custody)
- Patient exclusions: age (less than 13 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>.