

Chronic Obstructive Pulmonary Disease (COPD) Acute Exacerbation Episode Executive Summary

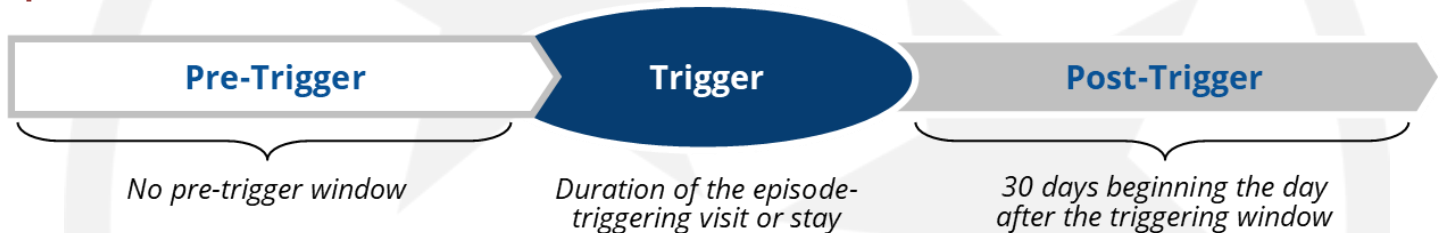
Episode Design

- **Trigger:** COPD treatment
- **Quarterback type:** facility (COPD treatment site)
- **Care included:** all COPD-related care including imaging and testing, evaluation and management, and medications

Sources of Value

- Reduce avoidable ED visits (value captured by medical home)
- Reduce avoidable inpatient admissions
- Treat with appropriate medication
- Encourage appropriate length of stay
- Prescribe appropriate follow-up care & increase compliance (e.g., medications, education counseling)
- Reduce avoidable re-encounters / complications

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- Follow-up care within the post-trigger window (higher rate is better)

Informational Only

- Repeat acute exacerbation within the post-trigger window
- Inpatient setting of acute exacerbation
- Smoking cessation counseling

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, active cancer management, active cancer management, blood clotting disorders such as hemophilia, bronchiectasis, cystic fibrosis, end stage renal disease (ESRD), HIV, intubation, lung cancer, DCS custody)
- Patient exclusions: age (less than 18 or greater than 64 years), 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>.