

Cystourethroscopy Episode

Executive Summary

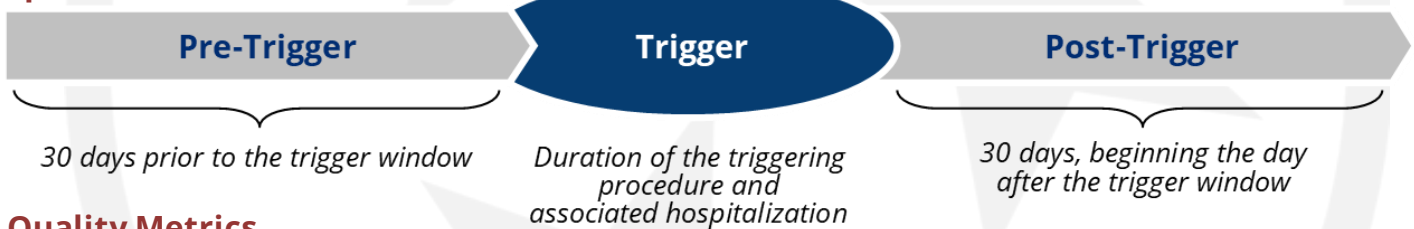
Episode Design

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

Sources of Value

- Appropriate site of care for patient presentation and evaluation
- Timely presentation for evaluation
- Appropriate selection of diagnostics (e.g., imaging, labs)
- Reduce unnecessary or duplicative diagnostics
- Appropriate treatment plan (e.g., therapeutic procedures)
- Appropriate site of procedure (e.g., office)
- Appropriate use of anesthesia and/or analgesia
- Appropriate prescription of pain medications, especially opioids
- Appropriate selection of antibiotics when indicated
- Appropriate referral and connectivity to further related care
- Reduction of repeat procedures
- Reduction of complications related to procedure (e.g., bleeding)

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- Difference in average morphine equivalent dose (MED) per day (higher rate is better)
- Related ED visit (lower rate is better)
- Repeat cystourethroscopy (lower rate is better)

Informational Only

- Average MED/day during the pre-trigger opioid window
- Average MED/day during the trigger and post-trigger window
- Complications
- Opioid naïve prescriptions
- Related follow-up care
- Related post-trigger admission

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 of the prostate or urinary tract management, bilateral inguinal hernia, cardiac disorders, congenital genitourinary malformations, hydrocele, neurological disorders, neuromuscular dysfunction of bladder, vesicoureteral-reflux without reflux nephropathy, DCS custody)
- Patient exclusions: age (less than 6 months 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>.