

# Spinal Decompression Without Fusion Episode

## Executive Summary

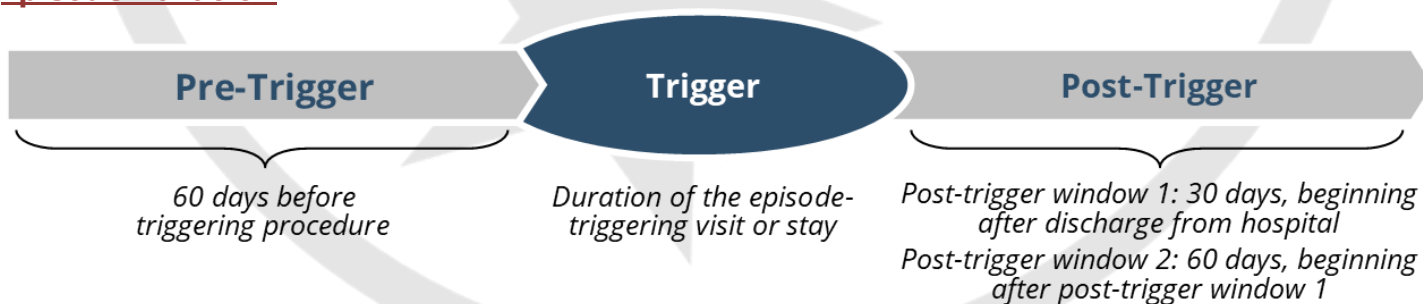
### Episode Design

- **Trigger:** visit for a spinal decompression without fusion procedure
- **Quarterback type:** professional (provider who performs the procedure)
- **Care included:** all related care, including anesthesia, imaging and testing, surgical and medical procedures, evaluation and management, and medications

### Sources of Value

- Appropriate and evidence-based timing, degree, procedure, and decision to intervene
- Appropriate pre-procedural imaging and testing
- Appropriate use of medications
- Appropriate use of non-surgical interventions (e.g. physical therapy)
- Appropriate site of care for interventions
- Appropriate use of orthopedic hardware
- Increased patient education during discharge planning
- Evidence-based choice of therapies and appropriate use of medications
- Reduce recurrent emergency department and inpatient admissions
- Appropriate site of discharge (e.g. discharge to home)
- Proper follow-up visits with the clinical team
- Resolution of symptoms and restoration of functionality
- Reduce direct procedural (e.g. wound complications, CSF leak, infections, spinal nerve injury) and other medical complications (e.g. DVT, pulmonary embolism)
- Evidence-based choice of therapies for chronic back pain management (e.g. use of physical therapy)
- Specialty referrals where necessary (e.g. pain management specialist)

### Episode Duration



### 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 post-trigger opioid window
- Related readmission
- Cervical procedure complication
- Lumbar procedure complication
- Related follow-up care
- Non-surgical management
- Post-discharge physical therapy
- 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, discitis, osteomyelitis, paralysis, spinal fusion procedures, active cancer management, HIV infection)
- Patient exclusions: age (less than 18 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>.