

# Acute Gastroenteritis Episode

## Executive Summary

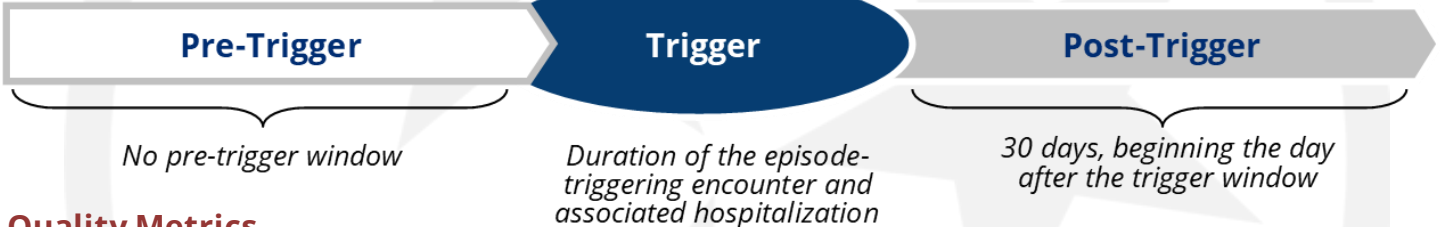
### Episode Design

- **Trigger:** acute gastroenteritis diagnosis
- **Quarterback type:** facility (acute gastroenteritis diagnosis site)
- **Care included:** all acute gastroenteritis-related care including imaging and testing, medical procedures, evaluation and management, and medications

### Sources of Value

- Appropriate determination of differential diagnosis
- Rapid stabilization
- Appropriate use of diagnostic imaging and testing
- Appropriate site of continued care
- Appropriate length of stay
- Appropriate treatment(s) to address underlying causes
- Patient education and counseling to facilitate recovery and prevent repeat events
- Appropriate follow-up care – additional treatment, monitoring response to treatment
- Appropriate use of antibiotics
- Prevention of complications
- Restoration of functionality

### Episode Duration



### Quality Metrics

#### **Tied to Gain-Sharing**

- Abdominal or pelvic CT or MRI in adults (lower rate is better)
- Abdominal or pelvic CT or MRI in children (lower rate is better)
- Antibiotics utilization (lower rate is better)

#### **Informational Only**

- Difference in average morphine equivalent dose (MED) per day
- Average morphine equivalent dose per day during the pre-trigger opioid window
- Average morphine equivalent dose per day during the post-trigger opioid window
- Complications
- Related admission
- Related ED visit
- Stool culture in adults

### 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, gastrointestinal dysmotility, end-stage renal disease, genetic immunodeficiency, inflammatory bowel disease, short bowel syndrome, active cancer management, DCS custody)
- Patient exclusions: age (less than 7 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>.