

# Gastrointestinal (GI) Obstruction Episode

## Executive Summary

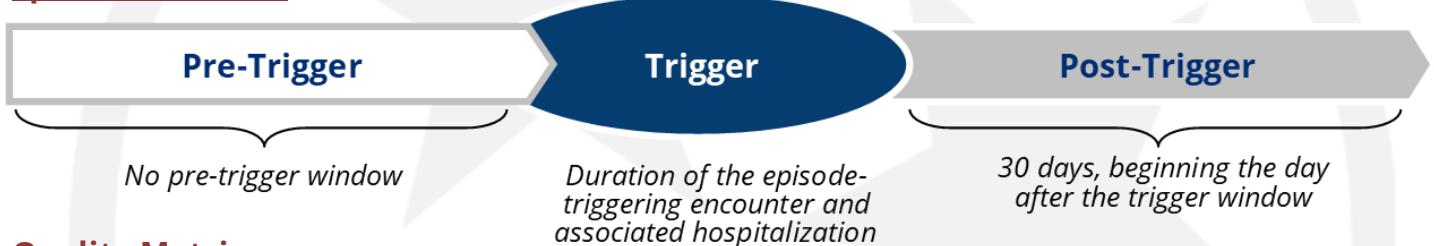
### Episode Design

- **Trigger:** GI obstruction diagnosis
- **Quarterback type:** facility (GI obstruction diagnosis site)
- **Care included:** all GI obstruction-related care including anesthesia, imaging and testing, surgical and medical procedures, pathology, evaluation and management, and medications

### Sources of Value

- Appropriate imaging and testing
- Appropriate medical management
- Appropriate decision on whether to intervene surgically
- Appropriate peri-operative care
- Appropriate procedure selection
- Appropriate length of stay
- Appropriate follow-up care including imaging and laboratory tests
- Appropriate use of medications
- Appropriate post-acute care setting
- Reduction of complications and readmissions

### Episode Duration



### Quality Metrics

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

- Related follow-up care (higher rate is better)
- Difference in average morphine equivalent dose (MED) per day (higher rate is better)

#### **Informational Only**

- Average morphine equivalent dose per day during the pre-trigger opioid window
- Average morphine equivalent dose per day during the post-trigger opioid window
- Opioid and benzodiazepine prescriptions
- Surgical treatment
- Abdominopelvic CT scans in inflammatory bowel disorder
- Abdominopelvic MRI scans in inflammatory bowel disorder
- Related admission
- Related ED visit
- Complications

### 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, end-stage renal disease, DCS custody)
- Patient exclusions: age (less than 1 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>.