Division of TennCare

Health Care Innovation Initiative

Executive Summary

Knee Arthroscopy Episode

Corresponds with DBR and Configuration file V1.0

Updated: June 8, 2018

OVERVIEW OF A KNEE ARTHROSCOPY EPISODE

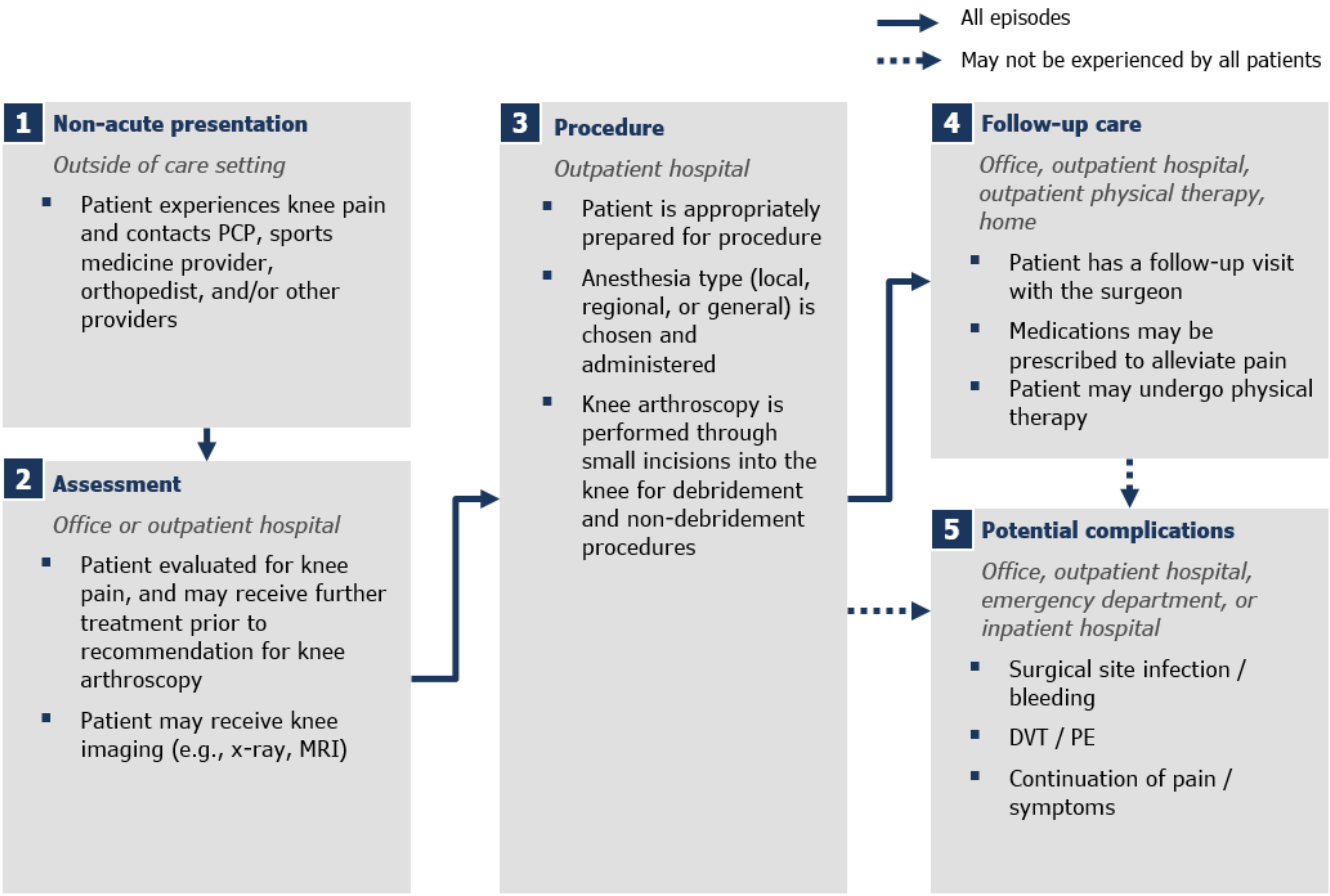
The knee arthroscopy episode revolves around patients who receive a knee arthroscopy procedure. The trigger event is an outpatient visit with a knee arthroscopy procedure. All related care – such as anesthesia, imaging and testing, evaluation and management, and medications – is included in the episode. The quarterback, also called the principal accountable provider or PAP, is the clinician or group performing the knee arthroscopy. The knee arthroscopy episode begins 60 days before the triggering procedure and ends 60 days after discharge.

CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during a knee arthroscopy episode to improve the quality and cost of care. Important sources of value include the provider's decision to perform a knee arthroscopy only when clinically indicated, choosing effective pain medications (e.g., nonsteroidal anti-inflammatory drugs (NSAIDS) instead of opioids), and reducing unnecessary imaging. Additionally, providers can ensure that patients receive necessary counseling (e.g., smoking cessation treatment programs) and educate patients to foster proper healing and avoid re-injury.

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.

Illustrative Patient Journey



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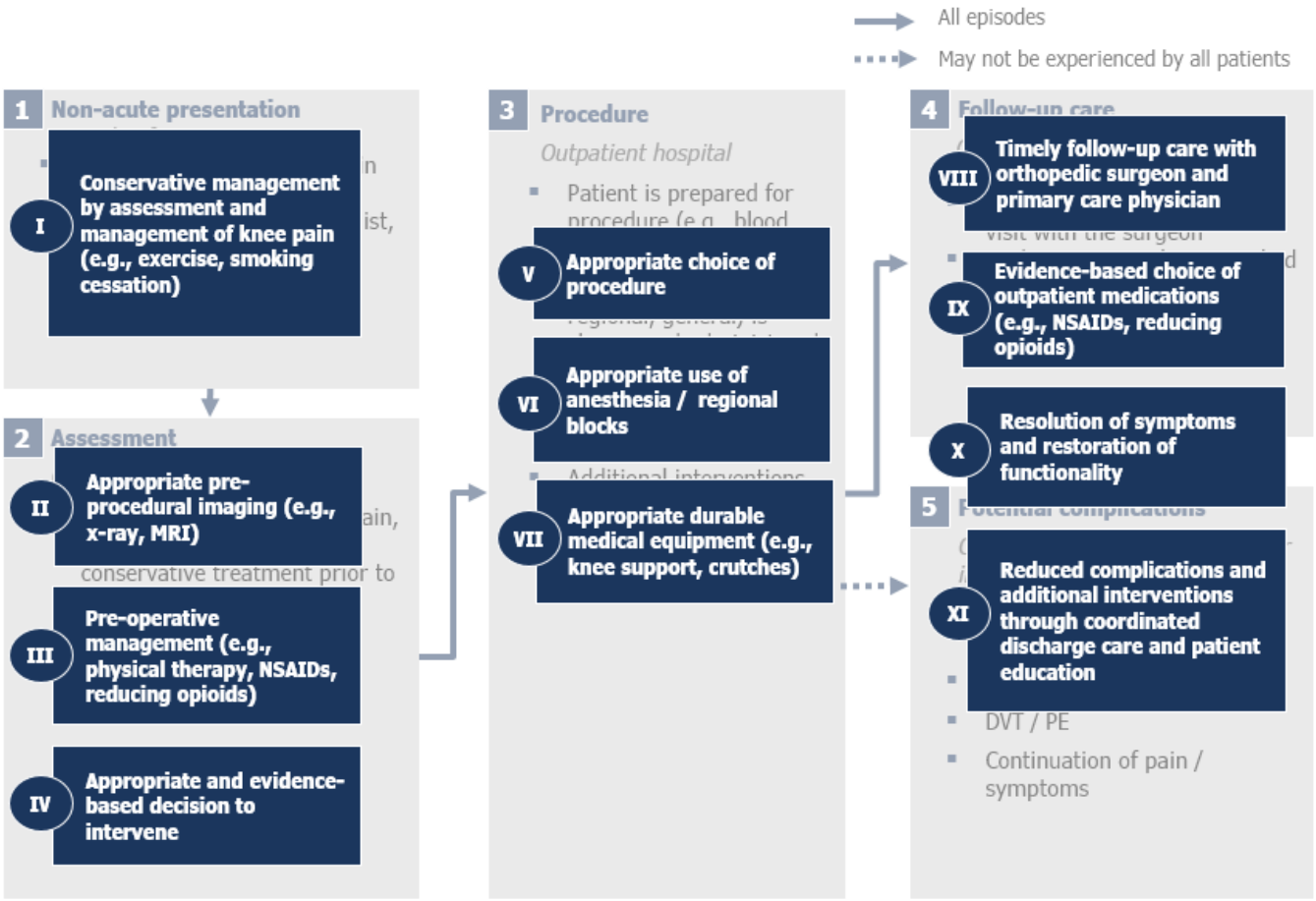
Potential Sources of Value



ASSIGNING ACCOUNTABILITY

The quarterback of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For the knee arthroscopy episode, the quarterback is the clinician or group who performed the procedure. The contracting entity or tax identification number of the clinician or group performing the knee arthroscopy will be used to identify the quarterback.

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MAKING FAIR COMPARISONS

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Inclusion of only the cost of services and medications that are related to the knee arthroscopy in calculation of episode spend.
- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete.
- Risk adjusting episode spend to account for the cost of more complicated patients.

The pre-trigger window of the knee arthroscopy episode includes related evaluation and management visits and specific imaging and testing. During the trigger window, care for specific diagnoses, specific anesthesia, related evaluation and management visits, specific imaging and testing, and specific medications are included. The post-trigger window 1 includes care for specific diagnoses, specific anesthesia, related evaluation and management visits, specific imaging and testing, specific medications, and specific surgical and medical procedures. The post-trigger window 2 includes opioid medications only.

Some exclusions apply to any type of episode, i.e., are not specific to a knee arthroscopy. For example, an episode would be excluded if more than one payer was involved in a single episode of care, if the patient was not continuously insured by the payer during the duration of the episode, or if the patient had a discharge status of 'left against medical advice'. An example of the exclusion criteria specific to the knee arthroscopy includes patients who receive a total knee arthroplasty during the trigger window. These patients have significantly different clinical courses that the episode does not attempt to risk adjust. Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs.

For the purposes of determining a quarterback's cost of each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk factors captured in recent claims data in order to be fair to providers caring for more complicated patients. Examples of patient factors likely to lead to the risk adjustment of a knee arthroscopy episode include coagulation and hemorrhagic disorders, chronic kidney disease, or osteoporosis. Over time, a payer may adjust risk factors based on new data.

MEASURING QUALITY

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A quarterback must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The quality metrics linked to gain sharing for the knee arthroscopy are:

- **Average difference in MED/day:** Average difference in morphine equivalent dose (MED)/day during the 31-60 days prior to the trigger window and average MED/day during the post-trigger window 2, across valid episodes (lower rate indicative of better performance)

The quality metrics that will be tracked and reported to providers but that are not tied to gain sharing are:

- **Average MED/day during the 31-60 days prior to the trigger window:** Average morphine equivalent dose (MED)/day during the 31-60 days prior to the trigger window, across valid episodes (lower rate indicative of better performance)
- **Average MED/day during the post-trigger window 2:** Average morphine equivalent dose (MED)/day during the post-trigger window 2, across valid episodes (lower rate indicative of better performance)

- **Non-indicated diagnosis:** Percentage of valid episodes with a non-indicated primary diagnosis on the trigger claim (lower rate indicative of better performance)
- **Pre-operative physical therapy:** Percentage of valid episodes triggered on a diagnosis of patellofemoral conditions with physical therapy in the pre-trigger window (higher rate indicative of better performance)
- **Multiple MRIs:** Percentage of valid episodes with more than one MRI during the pre-trigger window (lower rate indicative of better performance)

It is important to note that quality metrics are calculated by each payer on a per quarterback basis across all of a quarterback's episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a quarterback ineligible for gain sharing with that payer for the performance period under review.