

Acute Kidney & Ureter Stones Episode

Executive Summary

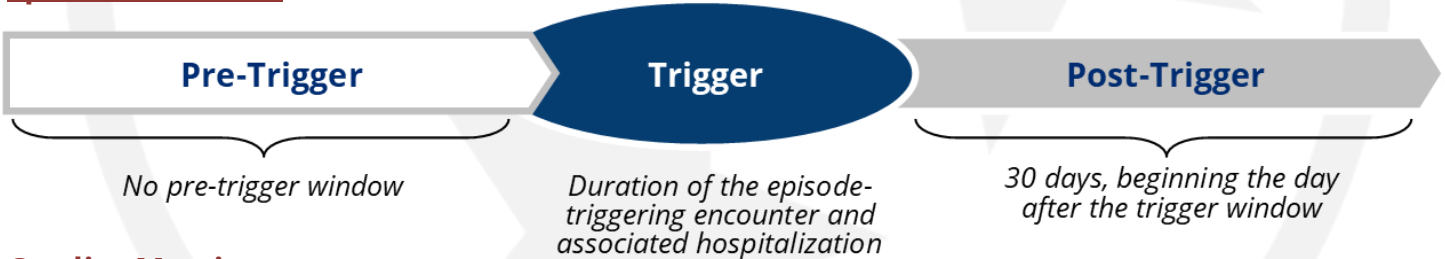
Episode Design

- **Trigger:** acute kidney or ureter stones diagnosis
- **Quarterback type:** facility (acute kidney or ureter stones diagnosis site)
- **Care included:** all acute kidney or ureter stones-related care including imaging and testing, medical procedures, and medications

Sources of Value

- Appropriate site of care for patient presentation and evaluation
- Timely presentation for evaluation
- Appropriate selection of diagnostics (e.g. CT, ultrasound)
- Reduce unnecessary or duplicative diagnostics (e.g. MRI)
- Appropriate treatment plan (medical vs. surgical)
- Appropriate site of care for treatment (e.g. prefer outpatient)
- Appropriate use of anesthesia and/or analgesia
- Appropriate treatment selection (e.g. PNL, URS, or SWL)
- Appropriate prescription of pain medications, especially opioids
- Appropriate selection of antibiotics when indicated
- Appropriate referral and connectivity to further urological 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 is better)

Informational Only

- Average MED/day prior to the trigger window
- Average MED/day during the trigger and post-trigger windows
- Complications
- Kidney & ureter stone removal procedure
- Opioid naïve prescriptions
- Related post-trigger admission
- Related trigger admission
- Repeat CT imaging

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, cardiac disorders, congenital urinary obstructive anomalies, connective tissue disorders, cystic fibrosis, neurological disorders, neuromuscular dysfunction of the bladder, kidney & ureter stone interventional procedures, DCS custody)
- Patient exclusions: age (less than 10 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>.