



Division of
**Health Care
Finance & Administration**

Health Care
Innovation Initiative

A large, light gray graphic consisting of a circle containing three five-pointed stars arranged in a triangular pattern.

Executive Summary

Oppositional Defiant Disorder Episode
Corresponds with DBR and Configuration file V1.2

Updated: January 11, 2017

OVERVIEW OF AN OPPOSITIONAL DEFIANT DISORDER EPISODE

The oppositional defiant disorder episode revolves around patients who are diagnosed with oppositional defiant disorder (ODD). The trigger event is either a professional claim with a primary diagnosis for ODD, or a professional claim with a primary diagnosis for ODD specific symptoms and a secondary diagnosis code for ODD, along with a procedure code that is for assessments and testing, case management, E&M and medication management, or therapy visits. Only care with a primary diagnosis of ODD, or a primary diagnosis for ODD specific symptoms and a secondary diagnosis code for ODD, as well as a specific list of medications, are included in the episode spend. The quarterback, also called the principal accountable provider or PAP, is the provider with the plurality of visits for ODD during the episode window. The ODD episode begins on the day of the triggering visit and extends for an additional 179 days.

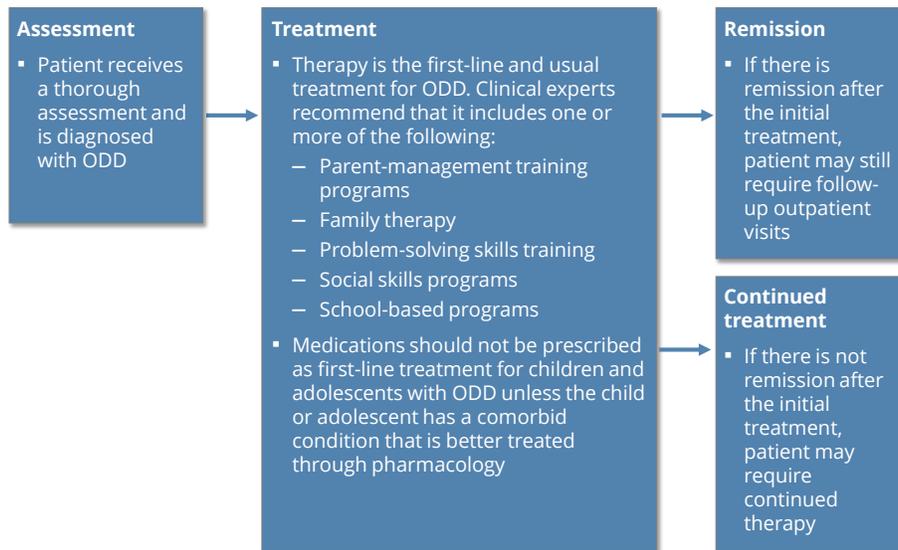
CAPTURING SOURCES OF VALUE

Providers have multiple opportunities during an ODD episode to improve the quality and cost of care. Example sources of value include the effective use of assessments to ensure the diagnosis is accurate and the age-appropriateness of treatment. Additionally, providers can reduce the use of medication for non-comorbid ODD patients and can ensure an efficient and cost effective use of case management. Furthermore, there is opportunity for providers to ensure efficient and cost-effective follow-up treatment. Overall, appropriate treatment can increase the probability of patient remission.

To learn more about the episode's design, please reference the following documents on our website at www.tn.gov/hcfa/topic/episodes-of-care:

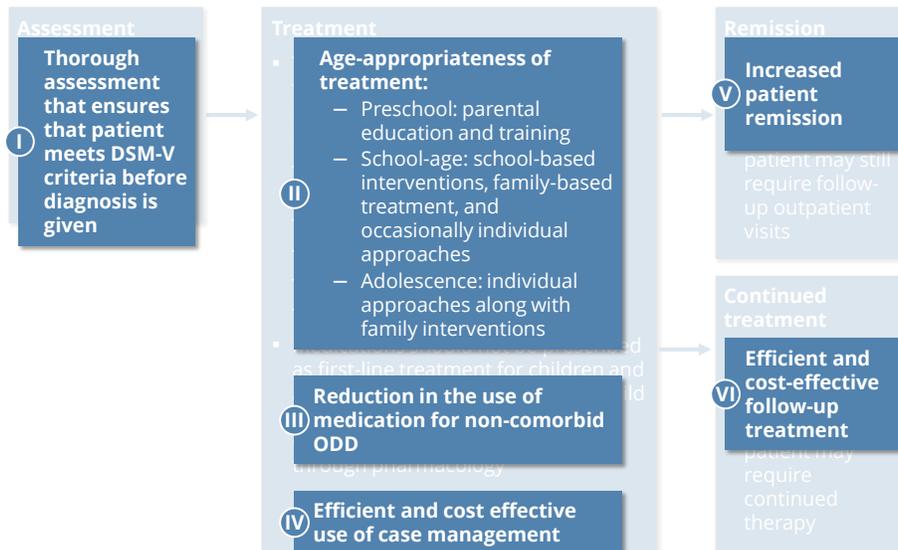
- *Detailed Business Requirements: Complete technical description of the episode*
<http://www.tn.gov/assets/entities/hcfa/attachments/OppositionalDefiantDisorder.pdf>
- *Configuration File: Complete list of codes used to implement the episode*
<http://www.tn.gov/assets/entities/hcfa/attachments/ODD.xlsx>

Illustrative Patient Journey



Source: Clinical experts, TDMHSAS (2013). *Best Practice Guidelines: Disruptive Behavior Disorders in Children and Adolescents*

Potential Sources of Value



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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 ODD episode, the quarterback is the provider with the plurality of visits for ODD during the episode window. The contracting entity or tax identification number with the plurality of ODD visits will be used to identify the quarterback.

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 ODD episode 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 ODD episode has no pre-trigger window. During the trigger window the following services are included in episode spend: services with a primary diagnosis for ODD, services with a primary diagnosis for a symptom of ODD and a secondary diagnosis for ODD, and pharmacy claims with HIC3 codes for specific medications. The ODD episode has no post-trigger window.

Some exclusions apply to any type of episode, i.e., are not specific to an ODD episode. 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'. Other examples of exclusion criteria specific to the ODD episode include a patient who has psychoses or PTSD. 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 ODD episodes include residential treatment center stays or learning disabilities. 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 metric linked to gain sharing for the ODD episode is:

- **Minimum care requirement:** Percentage of valid episodes that meet the minimum care requirement. The minimum care requirement is set at 6 therapy and/or level I case management visits during the episode window (higher 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:

- **Medication with no comorbidity:** Percentage of valid episodes with no coded behavioral health comorbidities for which the patient received behavioral health medications (lower rate indicative of better performance).
- **Prior ODD diagnosis:** Percentage of valid episodes that had a claim with ODD as the primary diagnosis in the prior year (rate not indicative of performance).

- **Utilization (excluding medication):** Average number of visits (E&M and medication management, therapy, and case management) per valid episode (rate not indicative of performance).
- **Utilization of therapy and level I case management:** Average number of therapy or level I case management visits per valid episode (rate not indicative of 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.