Screening and Surveillance Colonoscopy Episode Executive Summary

Episode Design

- Trigger: colonoscopy procedure
- Quarterback type: professional (physician who performs the colonoscopy)
- Care included: all colonoscopy-related care, including anesthesia, imaging and testing, evaluation and management, and medications

Sources of Value

- Reduction in the frequency of inappropriate interval procedures
- Increase adenoma detection rate
- Appropriate (e.g., split-prep kit) and complete bowel preparation
- Effective use of sedation
- Use of guideline concordant care (e.g., cecal intubation)
- Appropriate site of care
- Appropriate facility accreditation
- Appropriate use of biopsy during procedure
- Reduction of repeat procedures (e.g., repeat colonoscopy
- Reduction of complications (e.g., intestinal bleeding)

Episode Duration

Pre-Trigger

Duration of the

Trigger

Post-Trigger

30 days prior to the trigger window

episode-triggering visit

14 days, beginning after the trigger window

Quality Metrics

Tied to Gain-Sharing

None

Informational Only

- Perforation of colon
- Post-polypectomy/biopsy bleed
- Prior Screening or Surveillance Colonoscopy
- Prior Diagnostic Colonoscopy
- Repeat colonoscopy
- Emergency department visit within the post-trigger
- Difference in average morphine equivalent dose (MED) per day

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, colonoscopy through stoma, colonoscopy with stent, coma, cystic fibrosis, end stage renal disease, ileostomy and enterostomy, inflammatory bowel disease, multiple sclerosis, organ transplant, paralysis, Parkinson's, active cancer management, DCS custody)
- Patient exclusions: age (less than 18 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.

