# Gastrointestinal Hemorrhage Episode Executive Summary

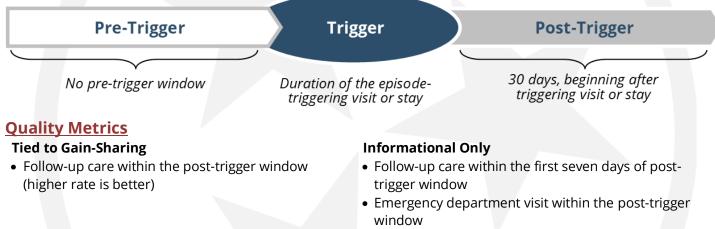
### Episode Design

- Trigger: GI hemorrhage diagnosis
- **Quarterback type:** facility (GI hemorrhage treatment site)
- **Care included:** all GI hemorrhage-related care including anesthesia, imaging and testing, evaluation and management, and medications

### Sources of Value

- Effective use of imaging and testing (e.g., only necessary CT scans or x-rays)
- Employ evidence-based choice of therapies and medications
- Appropriate use of blood transfusions
- Appropriate site of care and length of observation/stay (e.g., ED when possible)
- Reduction of complications (e.g., re-bleeding)

## Episode Duration



- Admission within the post-trigger window
- Follow-up visit versus emergency department visit
- Pseudomembranous colitis within the post-trigger window
- Mortality

### **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, cystic fibrosis, end stage renal disease (ESRD), multiple sclerosis, organ transplant, Parkinson's, active cancer management, 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 <u>https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.</u>