Gastrointestinal Hemorrhage Episode Executive Summary

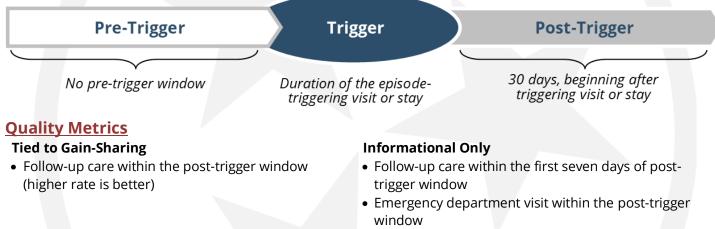
Episode Design

- 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>