

Gastrointestinal (GI) Obstruction Episode

Executive Summary

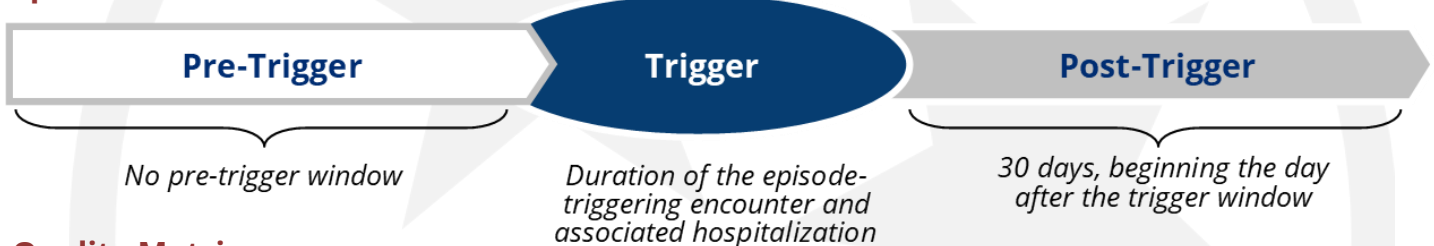
Episode Design

- **Trigger:** GI obstruction diagnosis
- **Quarterback type:** facility (GI obstruction diagnosis site)
- **Care included:** all GI obstruction-related care including anesthesia, imaging and testing, surgical and medical procedures, pathology, evaluation and management, and medications

Sources of Value

- Appropriate imaging and testing
- Appropriate medical management
- Appropriate decision on whether to intervene surgically
- Appropriate peri-operative care
- Appropriate procedure selection
- Appropriate length of stay
- Appropriate follow-up care including imaging and laboratory tests
- Appropriate use of medications
- Appropriate post-acute care setting
- Reduction of complications and readmissions

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- Related follow-up care (higher rate is better)
- Difference in average morphine equivalent dose (MED) per day (higher rate is better)

Informational Only

- Average morphine equivalent dose per day during the pre-trigger opioid window
- Average morphine equivalent dose per day during the post-trigger opioid window
- Opioid and benzodiazepine prescriptions
- Surgical treatment
- Abdominopelvic CT scans in inflammatory bowel disorder
- Abdominopelvic MRI scans in inflammatory bowel disorder
- Related admission
- Related ED visit
- Complications

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, end-stage renal disease, 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 <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.