# Hernia Repair Episode Executive Summary

### Episode Design

- Trigger: hernia repair procedure
- Quarterback type: facility (hernia repair procedure site)
- **Care included:** all hernia repair-related care including imaging and testing, medications, pathology, surgical and medical procedures

### Sources of Value

- Appropriate pre-procedural imaging and testing
- Appropriate site of care
- Appropriate peri-operative care
- Appropriate procedure selection
- Appropriate choice of mesh
- 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 Pre-Trigger** Trigger **Post-Trigger** Duration of the triggering procedure and 30 days, beginning the day 30 days prior to the trigger window after the trigger window associated hospitalization **Quality Metrics** Tied to Gain-Sharing **Informational Only** Difference in average morphine equivalent dose Average morphine equivalent dose per day during (MED) per day (higher rate is better) the pre-trigger opioid window Average morphine equivalent dose per day during the post-trigger opioid window • Opioid and benzodiazepine prescriptions Use of mesh Related follow-up care Related admission • ED visit for related pain • ED visit for other related reason

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, conditions that result in bowel resection, end-stage renal disease, gangrenous hernia, vascular insufficiency of the bowel, DCS custody)
- Patient exclusions: age (less than 6 months 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-</u><u>care/searchable-episodes-table.html.</u>