Hysterectomy Episode Executive Summary

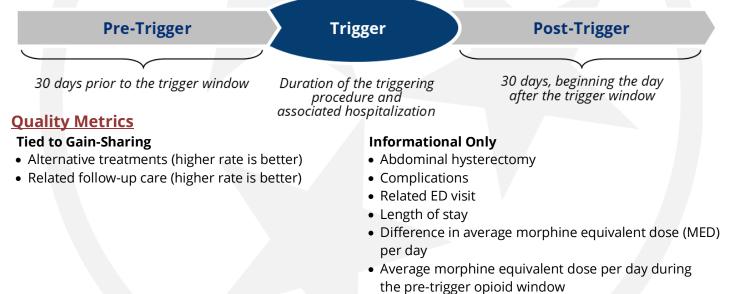
Episode Design

- Trigger: hysterectomy procedure
- **Quarterback type:** professional (provider who performs the procedure)
- Care included: all hysterectomy-related care including imaging and testing, medications, pathology, surgical and medical procedures

Sources of Value

- Appropriate hysterectomy candidate selection
- Appropriate pre-operative imaging and testing
- Appropriate site of care
- Appropriate surgical approach
- Appropriate choice of anesthesia
- Appropriate use of concurrent procedures
- Appropriate length of stay
- Appropriate use of medications
- Appropriate post-discharge site of care
- Appropriate follow-up care including imaging and testing
- Appropriate follow-up visits
- Reduction of complications and readmissions

Episode Duration



- Average morphine equivalent dose per day during the post-trigger opioid window
- Opioid and benzodiazepine prescriptions

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, emergent hysterectomy, gynecologic cancer, pelvic fracture or trauma, pregnancy and delivery, DCS custody)
- Patient exclusions: age (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>