Division of
Health Care
Finance & Administration

Health Care
Innovation Initiative

Provider Stakeholder Group Meeting
July 15, 2015

Agenda

- **Final Wave 3 episode definitions**
- Call for nominations: Wave 4 TAGs
- Update on the Tennessee Health Care Innovation Initiative
- Primary Care Transformation TAG membership

Overview of EGD episode definition and TAG recommendations

Further detail ahead

Area	Revised EGD episode base definition	Recommendations from TAG
1 **Identifying episode triggers**	• An EGD episode is triggered by a **professional claim**[1] that has one of the **defined procedure codes for EGD**	• Of the initial 44 trigger codes, remove 23 codes and add 7 new codes based on differences/similarities in patient journey
2 **Attributing episodes to QBs**	• The quarterback is the **physician or physician group** that performed the EGD	• The TAG agreed the physician or physician group performing the EGD should be the QB.
3 **Identifying services to include in episode spend**	• **All related care** – such as imaging and testing, follow-up visits and medications – is included in the **episode spend** • The episode **starts 7 days before the triggering EGD** and **ends 14 days after the procedure**	• Shorten the duration of the episode to 7 days before the procedure and 14 days after the procedure (from 30 days before and 30 days after the procedure) as relevant care and complications will happen within that timeframe
4 **Risk adjusting and excluding episodes**	• Episodes affected by **factors that make them inherently more costly than others are risk adjusted** • Episodes which are **not comparable** or affected by factors that make them inherently more costly but that **cannot be risk adjusted** for are **excluded**	• ICU stay was included as it in itself is not enough indication of a critical condition • Several factors were added to the list of risk factors to test for • Add an exclusion for episodes with endoscopic ultrasounds
5 **Determining quality metrics performance**	• **Tied to gain sharing:** Share of EGDs in a facility participating in a QCDR, e.g., GIQuIC • **Reporting only:** Relevant ED visit within the post-trigger window, Relevant admission within the post-trigger window, Perforation within upper gastrointestinal tract, Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus	• The TAG also recommended share of EGDs in facility that is accredited/state licensure as a quality metric. However, this may be better addressed through another policy vehicle

1 EGD episodes can be triggered in any care setting, but are excluded if emergent. Emergent episodes are those that include a primary diagnosis code of GIH, or those that are triggered in inpatient, ED, or observation settings

1 Overview of EGD trigger codes

Type of procedure	Procedure code (CPT)	
Esophago-gastro-duodeno-scopy	• 43233-Egd Balloon Dil Esoph 30Mm/> • 43235-Egd Diagnostic Brush Wash • 43236-Upper Gi Scope W/Submuc Inj • 43239-Egd Biopsy Single/Multiple • 43240-Egd W/Transmural Drain Cyst • 43241-Egd Tube/Cath Insertion • 43245-Egd Dilate Stricture	• 43247-Egd Remove Foreign Body • 43248-Egd Guide Wire Insertion • 43249-Esoph Egd Dilation <30 Mm • 43250-Egd Cautery Tumor Polyp • 43251-Egd Remove Lesion Snare • 43270-Egd Lesion Ablation
Esophago-scopy	• 43180-Esophagoscopy Rigid Trans • 43191-Esophagoscopy Rigid Trnso Dx • 43192-Esophagoscopy Rig Trnso Inj • 43193-Esophagoscopy Rig Trnso Bpsy • 43195-Esophagoscopy Rigid Balloon • 43197-Esophagoscopy Flex Dx Brush • 43198-Esophagoscopy Flex Trnsn Bpsy • 43200-Esophagoscopy Flexible Brush • 43201-Esoph Scope W/Submuc Inj	• 43202-Esophagoscopy Flex Biopsy • 43204-Esoph Scope W/Sclerosis Inj • 43205-Esophagus Endoscopy/Ligation • 43213-Esophagoscopy Retro Balloon • 43214-Esophagoscopy Dilate Balloon • 43216-Esophagoscopy Flex Lesion Remv • 43217-Esophagoscopy Snare Les Remv • 43229-Esophagosopy Lesion Ablate

5 Quality metrics for EGD

EGD quality metrics

- Tied to gain sharing
  - Share of EGDs in a facility participating in a QCDR, e.g., GIQuIC
- For reporting only
  - Relevant emergency department visit within the post-trigger window
  - Relevant admission within the post-trigger window
  - Perforation within upper gastrointestinal tract
  - Biopsy specimens in cases of gastrointestinal ulcers or suspected Barrett's esophagus

Overview of GIH episode definition and TAG recommendations (1/2)

Further detail ahead

Area	Revised GIH episode base definition	Recommendations from TAG
1 **Identifying episode triggers**	• A gastrointestinal hemorrhage (GIH) episode is triggered by **an inpatient admission or ED/Observation outpatient claim** where either ▫ The primary diagnosis is one of the **defined GIH trigger codes**, or ▫ The primary diagnosis is one of the **defined GIH symptom codes, with a secondary diagnosis code from the GIH trigger codes**	• Of the initial 57 trigger codes, remove 24 trigger codes and add 4 new symptom trigger codes based on differences/similarities in patient journey • Allow symptom codes to trigger episodes when a GIH trigger code is present in a secondary field
2 **Attributing episodes to QBs**	• The quarterback is the **facility** that treated the GIH	• The TAG agreed the facility treating the GIH should be the QB.
3 **Identifying services to include in episode spend**	• **All related care** – such as imaging and testing, follow-up visits and medications – is included in the **episode spend** • The episode **starts the day of the triggering GIH** and **ends 30 days after discharge**	• The TAG agreed with the suggested service inclusion definition

Overview of GIH episode definition and TAG recommendations (2/2)

Further detail ahead

Area	Revised GIH episode base definition	Recommendations from TAG
4 **Risk adjusting and excluding episodes**	▪ Episodes affected by **factors that make them inherently more costly than others are risk adjusted** ▪ Episodes which are **not comparable** or affected by factors that make them inherently more costly but that **cannot be risk adjusted** for are **excluded**	▪ ICU stay was included as it in itself is not enough indication of a critical condition ▪ Several factors were added to the list of risk factors to test for
5 **Determining quality metrics performance**	▪ **Tied to gain sharing:** Relevant follow-up care within the post-trigger window ▪ **Reporting only:** Relevant follow-up care within the first seven days of post-trigger window, Relevant ED visit within the post-trigger window, Relevant admission within the post-trigger window, Relevant follow-up visit versus ED visit, Pseudomembranous colitis within the post-trigger window, Mortality	▪ Pseudomembranous colitis rate in the post-trigger window was added as a quality metric for all inpatient episodes

1 Overview of GIH trigger and GIH symptom trigger diagnosis codes

Requires secondary diagnosis from trigger list

Type of diagnosis	GIH trigger diagnosis codes
Specified GI disorders with bleed/ hemorrhage	456.0-Esophageal Varices W Bleed 456.20-Bleed Esoph Varices Ot Dis 530.7-Mallory Weiss Syndrome 531.00-Acute Stomach Ulcer W Hem 531.40-Chron Stomach Ulc W Hem 532.00-Acute Duodenal Ulcer W Hem 532.40-Chron Duoden Ulcer W Hem 533.00-Acute Peptic Ulcer W Hemorr 533.40-Chron Peptic Ulcer W Hem 534.00-Acute Marginal Ulcer W Hem 534.40-Chron Marginal Ulcer W Hem 535.01-Acute Gastritis W Hemorrhag 535.11-Atroph Gastrit W Hemorrg 535.21-Hypertroph Gastritis W Hemor 535.41-Gastritis Ot W Hemorrag 535.51-Gastroduodenit Unsp W Hemor 535.61-Duodenitis W Hemorrhage 535.71-Eos Gastritis W Hem 537.83-Angiodysplasia Up Gi W Hemor 537.84-Dieulafoy Les Stom/Duodenum 562.02-Divrticulos Sm Int/Hemor 562.03-Divrticulit Sm Int/Hemor 562.12-Divrticulos Colon/Hemor 562.13-Divrticulit Colon/Hemor 569.85-Intest Angiodysplas W Hemor
Specified location of GIH	569.3-Hemorrhage Rectum/Anus 530.82-Esophageal Hemorrhage
Unspec. GIH	578.9-Gastrointestinal Hem Unspec

Type of diagnosis	GIH symptom trigger diagnosis codes
Anemia	280.0-Iron Deficiency Anemia Blood Loss 285.1-Acute Posthemorrhagic Anemia
Shock	276.52-Hypovolemia
Other GIH symptoms	578.1-Blood in Stool 578.0-Hematemesis

5 Quality metrics for GIH

GIH quality metrics

- Tied to gain sharing
  - Relevant follow-up care within the post-trigger window
- For reporting only
  - Relevant follow-up care within the first seven days of post-trigger window
  - Relevant emergency department visit within the post-trigger window
  - Relevant admission within the post-trigger window
  - Relevant follow-up visit versus emergency department visit
  - Pseudomembranous colitis within the post-trigger window
  - Mortality

Overview of respiratory infection episode definition and TAG recommendations (1/2)

Further detail ahead

Area	Revised RI[1] episode base definition	Recommendations from TAG

1 **Identifying episode triggers**	• A respiratory infection episode is triggered by a **professional claim** where either
	  • The primary diagnosis is one of the **defined RI trigger codes**, along with an **E&M code** for an office, outpatient, or ED setting, or
	  • The primary diagnosis is **unspecified viral infection, with a secondary diagnosis code from the respiratory infection trigger codes**
		• Of 31 initial trigger codes, remove 16 codes and add 1 new code based on differences/similarities in patient journey
		• Remove 10 E&M trigger codes related to observation setting
		• Allow unspecified viral infection to trigger episodes when a RI trigger code is present in a secondary field

2 **Attributing episodes to QBs**	• The quarterback is the **clinician or clinician group** that diagnosed the respiratory infection	• The TAG agreed the physician or physician group diagnosing the RI should be the QB.
3 **Identifying services to include in episode spend**	• **All related care** – such as imaging and testing, follow-up visits, and medications – is included in the **episode spend** • **Facility fees** associated to the E&M visit on the **day the RI was diagnosed**, are **not included** in spend • The episode **starts with the triggering event** and **ends 14 days after the diagnosis**	• Shorten the duration of the episode to 14 days after the diagnosis (from 30 days after the diagnosis) as relevant care and complications will happen within that timeframe • Remove the cost of vaccinations from included spend as they are preventive measures that should be incentivized

1 TAG recommended changing the name of the episode to Respiratory Infection episode from Upper Respiratory Infection episode

Overview of respiratory infection episode definition and TAG recommendations (2/2)

Further detail ahead

Area	Revised RI[1] episode base definition	Recommendations from TAG
4 **Risk adjusting and excluding episodes**	• Episodes affected by **factors that make them inherently more costly than others are risk adjusted** • Episodes which are **not comparable** or affected by factors that make them inherently more costly but that **cannot be risk adjusted** for are **excluded**	• Exclude episodes with inpatient admissions one day after the triggering visit (in addition to excluding episodes with inpatient admissions the same day as the triggering visit) • Lessen the minimum age exclusion from 1 year to 90 days as the patient journey is the same as for 91 days and 365 days old • Several factors were added to the list of risk factors to test for
5 **Determining quality metrics performance**	• **Reporting only:** Relevant emergency department visit within the post-trigger window, Relevant admission within the post-trigger window, Antibiotic injection for Strep A sore throat, Steroid injection for Strep A sore throat	• The TAG recommended no quality metrics tied to gain sharing

1 TAG recommended changing the name of the episode to Respiratory Infection episode from Upper Respiratory Infection episode

1 Overview of respiratory infection trigger codes

Requires secondary diagnosis from trigger list

Type of diagnosis	RI Trigger diagnosis code
RI - Other	460 - Acute Nasopharyngitis (Common Cold) 463 - Acute Tonsillitis 464.00 - Acute Laryngitis Without Obstruction 464.01 - Acute Laryngitis With Obstruction 465.8 - Acute Upper Respiratory Infections Of Other Multiple Sites 465.9 - Acute Upper Respiratory Infections Of Unspecified Site 466.0 - Acute Bronchitis
Pharyngitis	034.0 - Streptococcal Sore Throat 462 - Acute Pharyngitis 465.0 - Acute Laryngopharyngitis
Sinusitis	461.0 - Acute Maxillary Sinusitis 461.1 - Acute Frontal Sinusitis 461.2 - Acute Ethmoidal Sinusitis 461.3 - Acute Sphenoidal Sinusitis 461.8 - Other Acute Sinusitis 461.9 - Acute Sinusitis Unspecified

Type of diagnosis	RI symptom trigger diagnosis codes
Unspecified Viral Infection	079.99 - Unspecified Viral Infection

5 Quality metrics for respiratory infection

Respiratory infection quality metrics

- For reporting only
  - Relevant emergency department visit within the post-trigger window
  - Relevant admission within the post-trigger window
  - Antibiotic injection for Strep A sore throat
  - Steroid injection for Strep A sore throat

Overview of PNA episode definition and TAG recommendations (1/2)

Further detail ahead

Area	Revised PNA episode base definition	Recommendations from TAG

1 **Identifying episode triggers**	• A pneumonia (PNA) episode is triggered by an **inpatient admission or an ED/observation outpatient claim** where either
	  • The primary diagnosis is one of the **defined PNA trigger diagnosis codes**, or
	  • The primary diagnosis is one of the **defined septicemia codes, with a secondary diagnosis code from the PNA trigger codes**
		• Of 47 initial trigger codes, remove 13 codes based on differences in patient journey
		• Allow specific septicemia codes to trigger episodes when a PNA trigger code is present in a secondary field. This is a recommendation from the UTI TAG.

2 **Attributing episodes to QBs**	• The quarterback is the **facility** that treated the PNA	• The TAG agreed the facility treating the PNA should be the QB.
3 **Identifying services to include in episode spend**	• **All related care** – such as imaging and testing, follow-up visits, and medications – is included in the **episode spend** • The episode **starts with the triggering event** and **ends 30 days after discharge**	• The TAG agreed on 30 day episode duration • Remove the cost of vaccinations from included spend as they are preventive measures that should be incentivized

Overview of PNA episode definition and TAG recommendations (2/2)

Further detail ahead

Area	Revised PNA episode base definition	Recommendations from TAG
4 **Risk adjusting and excluding episodes**	• Episodes affected by **factors that make them inherently more costly than others are risk adjusted** • Episodes which are **not comparable** or affected by factors that make them inherently more costly but that **cannot be risk adjusted** for are **excluded**	• ICU stay was included as it in itself is not enough indication of a critical condition • Lessen the min. age exclusion from 1 year to 90 days as the pt. journey is the same between 91 and 365 days • Several factors were added to the list of risk factors
5 **Determining quality metrics performance**	• **Tied to gain sharing:** Relevant follow-up care within the post-trigger window • **Reporting only:** Relevant follow-up care within the first seven days of the post-trigger window, Relevant emergency department visit within the post-trigger window, Relevant admission within the post-trigger window, Relevant follow-up visit versus relevant emergency department visit, Pseudomembranous colitis within the post-trigger window	• The quality metric pseudomembranous colitis is a suggestion of the UTI TAG as a quality metric for all episodes with inpatient stays

1 Overview of PNA trigger and septicemia trigger diagnosis codes

Requires secondary diagnosis from trigger list

Type of diagnosis	PNA trigger diagnosis codes
Bacterial PNA, unsp.	• 482.9-Bacterial pneumonia, unspecified
Viral PNA, unsp.	• 480.9-Viral pneumonia, unspecified
PNA, org. unsp.	• 486-Pneumonia, organism unspecified
Other PNA	• 466.11-Acute Bronchiolitis Rsv • 466.19-Acute Bronchiol Ot org • 480.0-Adenoviral Pneumonia • 480.1-Resp Syncyt Viral Pneum • 480.2-Parinfluenza Viral Pneum • 480.8-Viral Pneumonia Ot • 481-Pneumococcal Pneumonia • 482.0-K Pneumoniae Pneumonia • 482.1-Pseudomonal Pneumonia • 482.2-Hinfluenzae Pneumonia • 482.30-Strep Pneumonia Unspec • 482.31-Group A Strep Pneumonia • 482.32-Group B Strep Pneumonia • 482.39-Strep Pneumonia Ot • 482.40-Pneumonia Uns Staph • 482.41-Ms Pneumonia Staph Aureus • 482.42-Mr Pneumonia Staph Aureus • 482.49-Ot Staph Pneumonia • 482.81-Pneumonia Anaerobes • 482.82-E Coli Pneumonia • 482.83-Gram Neg Pneumonia Ot • 482.89-Bacterial Pneumonia Ot • 483.0-Mpneumoniae Pneumonia • 483.1-Pneumonia Chlamydia • 483.8-Pneumonia Organism Ot • 484.3-Pneumonia In Whoop Cough • 484.8-Pneumonia In Infect Dis Ot • 485-Broncopneumonia Org Unspec • 487.0-Influenza With Pneumonia • 514-Pulm Congest/Hypostasis • 516.8-Other Alveolar Pneumonopathy

Type of diagnosis	Septicemia trigger diagnosis codes
Septicemia	• 038.0-Streptococcal septicemia • 038.2-Pneumococcal septicemia • 038.10-Staphylococcal septicemia, unspecified • 038.11-Staphylococcus aureus septicemia • 038.12-MRSA septicemia • 038.19-staphylococcal septicemia, other • 038.41-h. influenza septicemia

5 Quality metrics for PNA

PNA quality metrics

- Tied to gain sharing
  - Relevant follow-up care within the post-trigger window
- For reporting only
  - Relevant follow-up care within the first seven days of the post-trigger window
  - Relevant emergency department visit within the post-trigger window
  - Relevant admission within the post-trigger window
  - Relevant follow-up visit versus relevant emergency department visit
  - Pseudomembranous colitis within the post-trigger window

Overview of Outpatient UTI episode definition and TAG recommendations (1/2)

Further detail ahead

Area	Revised Outpatient UTI episode base definition	Recommendations from TAG

1 **Identifying episode triggers**	• An Outpatient UTI episode is triggered by a **professional claim** where either
	  • The primary diagnosis is one of the **defined UTI trigger codes** along with an **E&M code** for an office, outpatient, or ED setting, or
	  • The primary diagnosis is one of the **defined UTI symptom codes, with a secondary diagnosis code from the UTI trigger codes**
		• Of the initial 26 trigger codes, remove 7 codes on differences in patient journey
		• Remove 10 E&M trigger codes related to observation setting
		• Allow specific symptom codes to trigger episodes when a UTI trigger code is present in a secondary field

2 **Attributing episodes to QBs**	• The quarterback is the **clinician or clinician group** that diagnosed the UTI	• The TAG agreed the physician or physician group diagnosing the UTI should be the QB.
3 **Identifying services to include in episode spend**	• **All related care** – such as imaging and testing, follow-up visits and medications – is included in the **episode spend** • **Facility fees** associated to the E&M visit on the **day the UTI was diagnosed**, are **not included** in spend • The episode **starts the day the UTI was diagnosed** and **ends 14 days after the diagnosis**	• Shorten the duration of the episode to 14 days after the diagnosis (from 30 days after the diagnosis) as relevant care and complications will happen within that timeframe • Remove the cost of vaccinations from included spend as they are preventive measures that should be incentivized

Overview of Outpatient UTI episode definition and TAG recommendations (2/2)

Further detail ahead

Area	Revised Outpatient UTI episode base definition	Recommendations from TAG
4 **Risk adjusting and excluding episodes**	• Episodes affected by **factors that make them inherently more costly than others are risk adjusted** • Episodes which are **not comparable** or affected by factors that make them inherently more costly but that **cannot be risk adjusted** for are **excluded**	• ICU stay was included as it in itself is not enough indication of a critical condition • Exclude admissions in the trigger window and one day after the trigger window • Several factors were added to the list of risk factors to test for
5 **Determining quality metrics performance**	• **Tied to gain sharing:** Admission within the trigger window for ED triggered episodes, Admission within the trigger window for non-ED triggered episodes • **Reporting only**: Emergency department visit within the post-trigger window, Admission within the post-trigger window, Pseudomembranous colitis within the post-trigger window, Urinalysis, Urine culture versus urinalysis[1], Renal ultrasound for children under two years old within 30 days	• The TAG recommended adding pseudomembranous colitis, urinalysis rate, and combined UC and UA rate, as well as removing office visits in the post trigger window as tied to gain sharing

1 Rate of episodes with both urine culture and urinalysis as a percent of total episodes with urinalysis

1 Overview of Outpatient UTI trigger and symptom trigger diagnosis codes

Requires secondary diagnosis from trigger list

Type of diagnosis	Outpatient UTI trigger diagnosis codes
UTI with urethra conditions	597.80 - Uns Urethritis 597.81 - Urethral Syndrome Other 597.89 - Oth Urethritis 598.00 – Urethral Str Uns Infection 598.01 – Urethral Str due to Inf Diseases
UTI with bladder conditions	595.0 - Acute Cystitis 595.2 - Oth Chronic Cystitis 595.3 - Trigonitis 595.4 - Cystitis In Ot Disease 595.81 - Cystitis Cystica 595.89 - Other Types Cystitis 595.9 - Uns Cystitis
UTI with kidney conditions	590.10 - Ac Pyelonephritis 590.11 - Ac Pyelonephritis W Medullary Nec 590.3 - Pyeloureteritis Cystica 590.80 - Uns Pyelonephritis 590.81 - Pyelitis/Pyelonephritis In Disease 590.9 - Uns Infection Kidney
UTI (unspecified)	599.0 - Urinary Tract Infection Unspec

Type of diagnosis	Outpatient UTI symptom trigger diagnosis codes
Dysuria	788.1 Dysuria
Hematuria	599.70– Hematuria Unspecified 599.71 – Microscopic Hematuria 599.72 – Gross Hematuria
Frequency of urination	788.41– Urinary Frequency 788.42– Polyuria 788.43– Nocturia 788.63 – Urgency of Urination
Urinary Incont-inence	788.30 – Urinary Incontinence Unspec 788.31 – Urge Incontinence 788.32 – Stress Incontinence Male 788.33 – Mixed Incontinence 788.34 – Incontinence Wo Awareness

NOTE: The following diagnosis codes have been removed from the trigger list based on the feedback from the TAG: 597.0, 595.1, 595.82, 590.2, 590.00, 590.01

5 Quality metrics for Outpatient UTI

Outpatient UTI quality metrics

- Tied to gain sharing
  - Admission within the trigger window for ED triggered episodes
  - Admission within the trigger window for non-ED triggered episodes
- For reporting only
  - Emergency department visit within the post-trigger window
  - Admission within the post-trigger window
  - Pseudomembranous colitis within the post-trigger window
  - Urinalysis
  - Urine culture versus urinalysis[1]
  - Renal ultrasound for children under two years old within 30 days

1 Rate of episodes with both urine culture and urinalysis as a percent of total episodes with urinalysis

Overview of Inpatient UTI episode definition and TAG recommendations (1/2)

Further detail ahead

Area	Revised Inpatient UTI episode base definition	Recommendations from TAG

1 **Identifying episode triggers**	• An Inpatient UTI episode is triggered by **an inpatient admission or observation outpatient claim** where either
	  • The primary diagnosis in one of the **defined UTI trigger codes**, or
	  • The primary diagnosis is one of the **defined septicemia codes, with a secondary diagnosis code from the UTI trigger codes**
		• Of the initial 26 trigger codes, remove 7 codes based on differences in patient journey
		• Allow observation outpatient claims to be episode triggers
		• Allow specific septicemia codes to trigger episodes when a UTI trigger code is present in a secondary field

2 **Attributing episodes to QBs**	• The quarterback is the **facility** that treated the UTI	• The TAG agreed the facility treating the UTI should be the QB.
3 **Identifying services to include in episode spend**	• **All related care** – such as imaging and testing, follow-up visits and medications – is included in the **episode spend** • The episode **starts the day of the triggering UTI** and **ends 30 days after discharge**	• Removed vaccinations and preventive visits from the list of codes included in spend • The TAG agreed with a 30 day episode duration

Overview of Inpatient UTI episode definition and TAG recommendations (2/2)

Further detail ahead

Area	Revised Inpatient UTI episode base definition	Recommendations from TAG
4 **Risk adjusting and excluding episodes**	• Episodes affected by **factors that make them inherently more costly than others are risk adjusted** • Episodes which are **not comparable** or affected by factors that make them inherently more costly but that **cannot be risk adjusted** for are **excluded**	• ICU stay was included as it in itself is not enough indication of a critical condition • Several factors were added to the list of risk factors to test for
5 **Determining quality metrics performance**	• **Tied to gain sharing**: Relevant follow-up care within the post-trigger window • **Reporting only**: Relevant follow-up care within the first seven days of the post-trigger window, Relevant emergency department visit within the post-trigger window, Relevant admission within the post-trigger window, Relevant follow-up visit versus relevant emergency department visit, Pseudomembranous colitis within the post-trigger window	• The TAG recommended adding pseudomembranous colitis, and removing antibiotic prescription fill rate, urine culture rate, and urinalysis rate

1 Overview of Inpatient UTI trigger and septicemia trigger diagnosis codes

Requires secondary diagnosis from trigger list

Type of diagnosis	Inpatient UTI trigger diagnosis codes
UTI with urethra conditions	597.80 - Uns Urethritis 597.81 - Urethral Syndrome Other 597.89 - Oth Urethritis 598.00 – Urethral Str Uns Infection 598.01 – Urethral Str due to Inf Diseases
UTI with bladder conditions	595.0 - Acute Cystitis 595.2 - Oth Chronic Cystitis 595.3 - Trigonitis 595.4 - Cystitis In Ot Disease 595.81 - Cystitis Cystica 595.89 - Other Types Cystitis 595.9 - Uns Cystitis
UTI with kidney conditions	590.10 - Ac Pyelonephritis 590.11 - Ac Pyelonephritis W Medullary Nec 590.3 - Pyeloureteritis Cystica 590.80 - Uns Pyelonephritis 590.81 - Pyelitis/Pyelonephritis In Disease 590.9 - Uns Infection Kidney
UTI (unspecified)	599.0 - Urinary Tract Infection Unspec

Type of diagnosis	Inpatient UTI septicemia trigger diagnosis codes
Gram Negative Septicemia	038.40 Gram Neg Septicemia Unspec 038.42 E Coli Septicemia 038.43 Pseudomonas Septicemia 038.44 Serratia Septicemia 038.49 Gram Negative Septicemia Ot

NOTE: The following diagnosis codes have been removed from the trigger list based on the feedback from the TAG: 597.0, 595.1, 595.82, 590.2, 590.00, 590.01

5 Quality metrics for Inpatient UTI

Inpatient UTI quality metrics

- Tied to gain sharing
  - Relevant follow-up care within the post-trigger window
- For reporting only
  - Relevant follow-up care within the first seven days of the post-trigger window
  - Relevant emergency department visit within the post-trigger window
  - Relevant admission within the post-trigger window
  - Relevant follow-up visit versus relevant emergency department visit
  - Pseudomembranous colitis within the post-trigger window

Agenda

Final Wave 3 episode definitions

Call for nominations: Wave 4 TAGs

Update on the Tennessee Health Care Innovation Initiative

Primary Care Transformation TAG membership

Call for nominations: Wave 4 TAGs (1/3)

- The Tennessee Health Care Innovation Initiative is seeking nominees for clinical experts to advise on the design of Wave 4 of episodes of care. We are pleased to announce the next six episodes of care to be designed and implemented in Tennessee will be:
  - Attention deficit hyperactivity disorder,
  - Opposition defiance disorder,
  - Coronary artery bypass graft,
  - Valve replacement and repair,
  - Acute exacerbation of congestive heart failure, and
  - Bariatric surgery.
- Reports to providers on these episodes will begin mid-2016 and the performance period for these episodes will begin January 2017.
- Please nominate clinical experts in Tennessee to join a Technical Advisory Group (TAG) to provide clinical advice on episode topics including the patient journey and care pathways, the components of the episode, the definition of the principle accountable provider (or quarterback), any aspects of care delivery in that are unique to Tennessee, components of the episode of care, and appropriate quality measures.

Call for nominations: Wave 4 TAGs (2/3)

Nominees should be available to attend all TAG meetings (for the topic they are nominated) in Nashville at the times listed below.

TAG topic	TAG member specialties	TAG schedule
Attention deficit hyperactivity disorder (ADHD) and opposition defiance disorder (ODD)	Pediatrician, psychiatrist, pediatric psychiatrist, or licensed mental health provider	Wednesday, September 16th (9AM – 12PM CT) Wednesday, October 7th (9AM – 12PM CT) Wednesday, October 28th (9AM – 12PM CT)
Coronary artery bypass graft (CABG) and valve repair and replacement	Cardiothoracic surgeons, anesthesiologist, interventional cardiologist, cardiologist, or cardiac rehab specialist	Wednesday, September 23rd (9AM – 12PM CT) Wednesday, October 14th (9AM – 12PM CT) Wednesday, November 4th (9AM – 12PM CT)
Acute exacerbation of congestive heart failure	Cardiologists (general and heart failure specialists), critical care lung specialist, or nephrologist	Monday, October 12th (1PM – 4PM CT) Tuesday, November 3rd (9AM – 12PM CT)
Bariatric surgery	General surgeon that performs bariatric surgery, cardiologist, endocrinologist, nutritionist/dietician, bariatrician, or anesthesiologist	Wednesday, September 30th (9AM – 12PM CT) Wednesday, October 21st (9AM – 12PM CT)

Call for nominations: Wave 4 TAGs (3/3)

For each nominee, please provide the following information. All nominations are due to payment.reform@tn.gov by **Friday, July 24**.

- Nominee name:
- Name of TAG nominated for:
- Email address:
- Phone number:
- Nominee specialty and subspecialty:
- Practice location (City):
- Practice name/Facility affiliation:
- A brief description (one paragraph is fine) of why the nominee would be a good TAG member:

Agenda

Final Wave 3 episode definitions

Call for nominations: Wave 4 TAGs

Update on the Tennessee Health Care Innovation Initiative

Primary Care Transformation TAG membership

Update on Health Care Innovation Initiative (1/3)

- As part of the state's SIM grant, we are providing funding TMA to hire an outreach specialist. TMA has hired Jackie Woeppel to fill this position. Her role will include responsibilities such as:
  - Liaise and streamline communication among physicians, medical practice administrators and managers, the TennCare Bureau/HCFA and its contractor, TennCare MCOs, and all payers participating in the Initiative across the state to help physician practices meet implementation requirements.
  - Analyze data reports for individual practices and offer guidance and strategies for reducing cost associated with particular episodes of care.
  - Connect physician practices to resources available to support episode-based and patient–centered integrated care.
- Please contact Jackie if you would like to invite her to speak at an upcoming meeting or event:
  - Telephone: 615-460-1651
  - Email: Jackie.Woeppel@tnmed.org

Update on Health Care Innovation Initiative (2/3)

- CMS Comprehensive Care for Joint Replacement Model
  - Last week, CMS released a proposed rule to test a new payment methodology for lower extremity (hip and knee) joint replacement. The retrospective episode of care model will be tested in nationally in 75 MSAs, including Nashville and Memphis.
  - Key highlights from the proposed rule:
    - The facility where the procedure is completed will be accountable for the cost and quality outcomes of the episode of care.
    - The episode will begin an admission for joint replacement and extend 90 days after discharge.
    - Facilities will be compared against a target procedure price set by CMS based historical facility performance and regional spending on joint replacement episodes. Facilities that perform below the target price will receive a reconciliation payment. Downside risk for providers exceeding the target price will be phased in year 2 of the model.
    - To receive a reconciliation payment, each facility will need to achieve quality performance requirements on complication rates, 30-day readmission rates, and HCAHPS results,

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- CMS Comprehensive Care for Joint Replacement Model (continued)
  - More information is available at http://innovation.cms.gov/initiatives/ccjr/. The proposed rule can be found at https://www.federalregister.gov/articles/2015/07/14/2015-17190/medicare-program-comprehensive-care-for-joint-replacement-payment-model-for-acute-care-hospitals.
  - Comments requested by 5 p.m. ET on September 8, 2015.
- Wave 2 episode of care definitions:
  - Detailed wave 2 episode of care definitions are now available on our website (http://www.tn.gov/hcfa/topic/episodes-of-care). The new information includes a more detailed definition and code summary of each of the wave 2 episodes of care, including acute COPD exacerbation, screening and surveillance colonoscopy, outpatient and non-acute inpatient cholecystectomy, acute PCI and non-acute PCI.

Agenda

Final Wave 3 episode definitions

Call for nominations: Wave 4 TAGs

Update on the Tennessee Health Care Innovation Initiative

Primary Care Transformation TAG membership

PCMH TAG membership

Name	Affiliation
Chandler Anderson	Right Care, Inc.
Dr. Suzanne Baker	Common Table Health Alliance
Dr. Deanna Bell	Centennial Children's Hospital
Dr. Suzanne Berman	Plateau Pediatrics
Dr. Ann Brown	Methodist Healthcare Primary Care Group
Jorge V. Boero	Athena Consulting and Psychological Services
Dr. David Boles, Sr.	CovenantCare Family Medicine
Mary Bufwack	Neighborhood Health
Dr. Harold Chertok	Cumberland Center for Healthcare Innovation
Dr. James K. Geraughty	Unity Medical Clinics
Dr. James (Jim) D. King	Prime Care Medical Center
Parinda Khatri	Cherokee Health Systems
Dr. George Mangle	CareMore Behavioral Health
Dr. Jeffrey R. Merrill	Mountain States Medical Group (MSMG)
Dr. Barron Patterson	Monroe Carell Jr. Children’s Hospital at Vanderbilt
Caroline Portis-Jenkins	University Community Health Services, Inc.
Dr. Fred Ralston, Jr.	Fayetteville Medical Associates
Dr. Stephanie Shults	Shults Pediatrics
Tricia Strong	Cumberland River Medical Center
Dr. Keith Williams	Jackson Clinic

Health Home TAG membership

Name	Affiliation
Jennifer Barut	Vanderbilt
Robin Bradley	Unity Medical Clinics
Pam Brillhart	Neighborhood Health
Brian Buuck	Ridgeview Psychiatric Hospital and Center Inc.
Andrea Chase	Carey Counseling Center
Janice Davidson	Alliance
Dennis S. Freeman	Cherokee Health Systems
Florence Hervery	CMI, Inc.
Teresa M. Kidd	Frontier Health
Mary Moran	Centerstone
Melissa Myrick	Mental Health Cooperative
Phyllis Persinger	Volunteer Behavioral Health Care System
Mark B. Potts	Peninsula, a Division of Parkwest Medical Center
Rebecca Rahman	LifeCare
Dr. Karen H. Rhea	Centerstone
Carla Slayden	CareMore Behavioral Health
Martha Williams	Professional Care Services (PCS) of West Tennessee
Pam Womack	Mental Health Cooperative