Knee Arthroscopy Episode Executive Summary

Episode Design

- Trigger: knee arthroscopy procedure
- Quarterback type: professional (provider who performs the procedure)
- Care included: all related care, including anesthesia, imaging and testing, surgical and medical procedures, evaluation and management, and medications

Sources of Value

- Conservative management by assessment and management of knee pain
- Appropriate pre-procedural imaging (e.g., x-ray, MRI)
- Appropriate and evidence-based decision to intervene
- Appropriate choice of procedure
- Appropriate use of anesthesia / regional blocks
- Appropriate durable medical equipment (e.g., knee brace)
- Timely follow-up care with orthopedic surgeon and/or primary care physician
- Evidence-based choice of post-surgical medications (e.g., NSAIDs, reducing opioids)
- Resolution of symptoms and restoration of functionality
- Reduced complications and additional interventions

Episode Duration

Pre-Trigger

Trigger

Post-Trigger

60 days before triggering procedure

Duration of the episodetriggering visit or stay Post-trigger window 1: 30 days, beginning at discharge from hospital Post-trigger window 2: 60 days, beginning at end of post-trigger window 1

Quality Metrics

Tied to Gain-Sharing

 Difference in average morphine equivalent dose (MED) per day (higher rate is better)

Informational Only

- Average MED/day during the pre-trigger opioid window
- Average MED/day during the episode post-trigger opioid window
- Non-indicated diagnosis
- Pre-operative physical therapy
- Multiple MRIs
- Opioid and benzodiazepine prescriptions

Making Fair Comparisons

Exclusions

- Business exclusions: DCS custody, 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, total knee replacement)
- Patient exclusions: age (less than 18 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.

