Acute Percutaneous Coronary Intervention (PCI) Episode
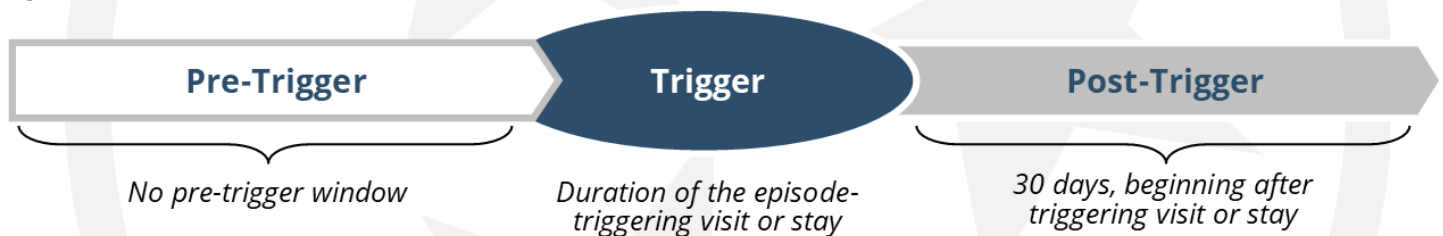## Executive Summary

Episode Design

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

Sources of Value

- Employ appropriate diagnostic tests to inform selection of interventional procedures
- Door-to-balloon time of 90 minutes or less and door-to-door-to-balloon time as short as possible
- Appropriateness of procedure
- Choose appropriate anesthesia, follow procedure protocol, make the most efficient use of patient stay, and minimize waiting for procedures and tests
- Reduce potential for complications due to technical performance (e.g., site of access, type of procedure)
- Employ evidence-based choice of therapies and medications
- Reduce admissions through coordinated discharge care and patient education

Episode Duration

Pre-Trigger	Trigger	Post-Trigger
No pre-trigger window	*Duration of the episode-triggering visit or stay*	*30 days, beginning after triggering visit or stay*

Quality Metrics

Tied to Gain-Sharing

- Hospitalization in the post-trigger window (lower rate is better)

Informational Only

- Multiple-vessel PCI
- Staged PCI
- Difference in average morphine equivalent dose (MED) per day

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, arteritis, cardiogenic shock, circulatory congenital anomalies, coma, cystic fibrosis, end stage renal disease, multiple sclerosis, organ transplant, paralysis, Parkinson's, sickle cell anemia, active cancer management)
- 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.