

RESPIRATORY INFECTION: A PATIENT'S JOURNEY THROUGH THE EPISODE

In TennCare's Episodes of Care program, an "episode" encompasses all the services provided to treat a clinical condition or procedure within a specific period of time across a continuum of care. This document refers to the episode of care that is attributed to the physician who diagnoses a respiratory infection.



TONY

"My nose is running, my head is stuffed up, and I'm coughing up whitish phlegm. I should see Dr. Wilson."

DIAGNOSIS
("TRIGGER")



"Given your lack of fever, lack of sore throat, lack of tender lymph nodes, and normal lung sounds, you most likely have a viral illness."

The clinician who diagnoses the patient, referred to as the **Quarterback**, is financially accountable for the episode. In this case, it's Dr. Wilson.

TREATMENT

QUALITY METRIC
Number of steroid injections for Strep A sore throat

QUALITY METRIC
Number of antibiotic injections for Strep A sore throat



SUMMARY OF VALUE OPPORTUNITIES



- Select diagnostic tests based on clinical suspicion
- Perform tests in cost-effective sites
- Limit use of antibiotics to clinically indicated cases
- Ensure all ICD-10 codes are submitted on claims
- Reduce complications with efficient follow-up services and care
- Limit the use of the ED to true emergencies

"Since you most likely have a viral illness, we can avoid a strep test or chest X-ray and instead treat supportively."



Whenever possible, clinicians can improve the cost of care by selecting appropriate diagnostic tests based on clinical suspicion and performing those tests in cost-effective sites.

"You need rest, fluids, and congestion treatments. Please call if you don't feel better in 7 – 10 days. We can give you the right care here; I only recommend the ED for emergencies."

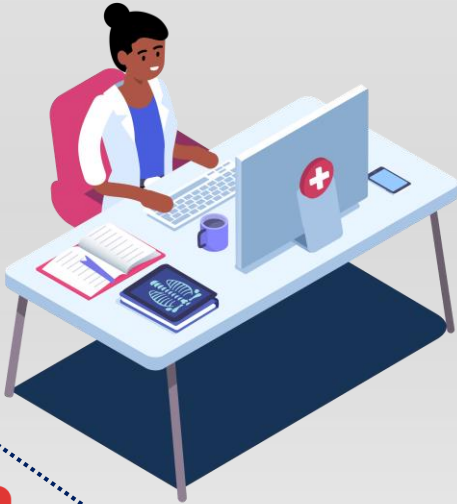


High-value care limits the use of antibiotics to cases where they are clinically indicated. Consider also using this time in the visit for patient education about appropriate ED use.

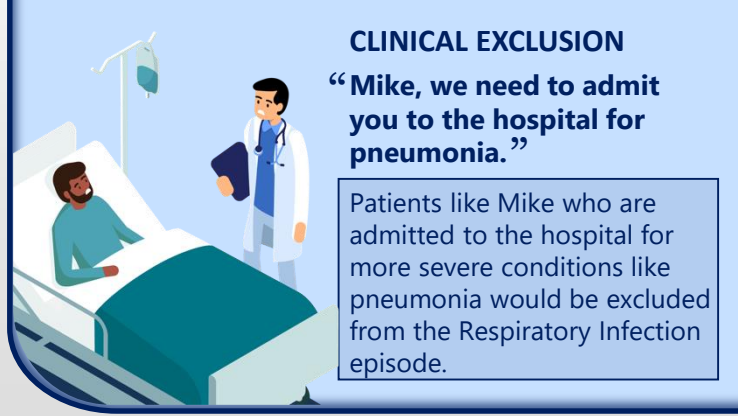
“Given Tony’s history, I’ll be sure to include the ICD-10 code for asthma for today’s visit.”



There is an opportunity to ensure all appropriate ICD-10 codes are submitted on the claim.



MCOs each run their own risk algorithm to fairly compare quarterbacks’ episode spend.



CLINICAL EXCLUSION

“Mike, we need to admit you to the hospital for pneumonia.”

Patients like Mike who are admitted to the hospital for more severe conditions like pneumonia would be excluded from the Respiratory Infection episode.



If Tony returns within 14 days of leaving for a follow-up related to a complication of the respiratory infection, the visit is counted as part of the episode (the “post-trigger window”).

FOLLOW UP



QUALITY METRIC
Admission rate within the post-trigger window

QUALITY METRIC
Number of ED visits within the post-trigger window

“Tony, I’m sorry to hear that you’re wheezing and having an asthma attack! Use your inhaler for flare-ups and let’s get you scheduled to come in for the flu shot this year.”



Efficient follow-up services and care help reduce complications.

BACK TO HEALTH



“Wow, I’m so glad I have Dr. Wilson looking out for me!”



BUSINESS EXCLUSION

“Dr. Wilson, your patient Tony has dual coverage in Medicaid and Medicare.”

An episode is excluded if a patient has dual coverage by Medicaid and Medicare at any time during the episode window.