Episodes of Care

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AFMC Provider Representative

AFMC has partnered with the initiative to provide communication design and printing.
Overview
The model rewards a principal accountable provider (PAP) for leading and coordinating services and ensuring quality of care across providers

<table>
<thead>
<tr>
<th>PAP role</th>
<th>What it means…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core provider for episode</td>
<td>▪ Physician, practice, hospital or other provider in the best position to influence overall quality/cost of care for episode</td>
</tr>
</tbody>
</table>
| Episode ‘Quarterback’     | ▪ Leads and coordinates the team of care providers  
                            ▪ Helps drive improvement across system (e.g., care coordination, early intervention, patient education, etc.) |
| Performance management    | ▪ Rewarded for leading high-quality, cost-effective care  
                            ▪ Receives performance reports and data to support decision-making |

PAP selection:
▪ Payers review claims to see which providers patients chose for episode related care  
▪ Payers select PAP based on main responsibility for the patient’s care
### Two types of quality metrics for providers

<table>
<thead>
<tr>
<th>#</th>
<th>Quality metric(s) “to track” are not linked to payment</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1 | Quality metric(s) “to pass” are linked to payment     | ➢ **Core measures** indicating basic standard of care was met  
➢ **Quality requirements** for these metrics: a provider must meet required level to be eligible for incentive payments  
➢ In select instances, quality metrics must be entered in a portal (heart failure, ADHD) |

Key to understand overall quality of care and quality improvement opportunities  
Shared with providers but **not linked to payment**
Providers that meet quality standards and have average costs below the commendable threshold will share in savings up to a limit.

- **Year 2:** Performance period
- **Individual providers**, in order from highest to lowest average cost
- **Shared savings**
- **Shared costs**
- **No change**

- **Acceptable**
- **Commendable**
- **Gain sharing limit**
Overview of episodes
Upper respiratory infection

• PAP
  – First provider to diagnose with URI
• Trigger
  – Primary diagnosis of URI
• Duration
  – 21 days
• Quality metric
  – Strep testing for pharyngitis - minimum 47%
Perinatal

• PAP
  – Provider performing delivery

• Trigger
  – Live birth on a facility claim

• Duration
  – 40 weeks prior to 60 days after delivery

• Quality metric
  – HIV screening – minimum 80%
  – Group B strep (GBS) – minimum 80%
  – Chlamydia – minimum 80%
ADHD

- **PAP**
  - Provider with largest number of claims within the episode

- **Trigger**
  - Level 1: Two medical claims and primary diagnosis of ADHD or a medical claim with a primary diagnosis of ADHD and a pharmacy claim

- **Duration**
  - 12 months

- **Quality metric**
  - Completion of continuing care of quality assessment certification – minimum 90%
Design of ADHD episode includes two levels of severity with required certifications and partial episodes

**Level I episode**
- Partial or full 365 days
- Patients included:
  - ADHD-only; no BH comorbid conditions
  - Positive response to Rx treatment
- Treatment:
  - 4-6 physician visits/year
  - Rx stimulants and other first line medication
  - Parent/Teacher Behavior support

**Price for Level 1**

**Level II episode**
- 365 days
- Patients included:
  - ADHD-only; no comorbid conditions
  - Inadequate response to Rx treatment; other complications
- Treatment:
  - 6 physician visits/year
  - Rx stimulants and non-stimulants
  - Parent/Teacher Behavior support
  - Psychosocial therapy

**Price for Level 2**

- **Client diagnosed as ADHD**
- **‘Quality assessment’ certification**
- **‘Severity’ certification**
- **‘Continuing care’ certification**
- Participating providers submit on Provider Portal
  - PAP to submit on Provider Portal
Cholecystectomy

• PAP
  – Surgeon performing cholecystectomy

• Trigger
  – Laparoscopic procedure and related primary or secondary diagnosis

• Duration
  – Day of procedure to 90 days post-procedure

• Quality metric
  – CT scan prior to cholecystectomy – below 44%
Colonoscopy

- **PAP**
  - Provider performing colonoscopy
- **Trigger**
  - Outpatient procedure with primary or secondary diagnosis
- **Duration**
  - Initial consult (within 30 days prior to procedure) to 30 days after procedure
- **Quality metric**
  - Cecal intubation rate – minimum 75%
  - Withdrawal time greater or equal to 6 minutes – minimum 80%
Tonsillectomy

• PAP
  – Provider performing tonsillectomy/adenoidectomy

• Trigger
  – Outpatient tonsillectomy, adenoidectomy or adeno-tonsillectomy procedure with primary or secondary diagnosis

• Duration
  – Initial consult (within 90 days prior to procedure) to 30 days after procedure

• Quality metric
  – Administration of intra-operative steroids – minimum 85%
Congestive heart failure

• PAP
  – Admitting hospital

• Trigger
  – Inpatient admission with primary diagnosis for heart failure

• Duration
  – Inpatient admission to latter of 30 days after the date of discharge for any inpatient readmission initiated within 30 days of the initial discharge

• Quality metric
  – LVSD patients who are prescribed an ACEI or ARB at hospital discharge – minimum 85%
Hip and knee

- **PAP**
  - Orthopedic surgeon

- **Trigger**
  - Surgical procedure for total hip or total knee replacement

- **Duration**
  - 30 days prior to surgery admission to 90 days after the date of discharge

- **Quality metric**
  - Only tracking metrics at this time
Oppositional defiant disorder (ODD)

- **PAP**
  - Provider responsible for largest number of claims within the episode

- **Trigger**
  - Three medical claims with a primary diagnosis of ODD

- **Duration**
  - 90-day period beginning at the time of the first trigger exam

- **Quality metric**
  - Completion of CC or QA – minimum 90%
  - Percentage of new episodes for which bene received BH medications – maximum 20%
  - Percentage of repeat episodes with BH medications received – 0%
  - Percentage of episodes resulting in remission – minimum 40%
Asthma

- PAP
  - Hospital facility where the initial trigger event occurred

- Trigger
  - ER or inpatient claim with primary diagnosis related to an acute exacerbation and must be preceded by a 30-day clean period

- Duration
  - Trigger diagnosis in hospital to 30 days after discharge or until the end of the readmission

- Quality metric
  - Rate of corticosteroid usage – minimum 59%
  - Outpatient physician visit within 30 days of initial discharge – minimum 38%
Coronary artery bypass graft (CABG)

- **PAP**
  - Physician performing the CABG

- **Trigger**
  - CABG procedure

- **Duration**
  - Date of surgery to 30 days post-discharge from the facility stay

- **Quality metric (must satisfy at least two)**
  - Patients with stroke in 30 days post-procedure – 0%
  - Patients with deep sternal wound infection 30 days post-procedure – 0%
  - Patients with post-operative renal failure 30 days post-procedure – 0%
## Medicaid Little Rock Clinic 123456789 April 2013

### Summary – ADHD: Level I closed episodes

<table>
<thead>
<tr>
<th>1 Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total episodes: 262</td>
</tr>
<tr>
<td>Total episodes included: 233</td>
</tr>
<tr>
<td>Total episodes excluded: 29</td>
</tr>
</tbody>
</table>

### Cost of care compared to other providers

**Gain/Risk share**

<table>
<thead>
<tr>
<th>Commandable</th>
<th>Acceptable</th>
<th>Not acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,549-9,222</td>
<td>$1,549-9,222</td>
<td>$1,549-9,222</td>
</tr>
</tbody>
</table>

You will not receive gain or risk sharing.

- Selected quality metrics: N/A
- Average episode cost: Acceptable

### Quality summary

**You achieved selected quality metrics**

Linked to gain sharing

There are no quality metrics linked to gain sharing generated from claims data. Selected quality data submitted on the Provider Portal will generate additional quality metrics for future reports.

### Cost summary

**Your average cost is acceptable**

<table>
<thead>
<tr>
<th></th>
<th>Your total cost, $</th>
<th>Average cost, $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>512,300</td>
<td>466,000</td>
</tr>
<tr>
<td>You (adjusted)</td>
<td>2,900</td>
<td>1,750</td>
</tr>
<tr>
<td>You (unadjusted)</td>
<td>2,900</td>
<td>1,750</td>
</tr>
<tr>
<td>All providers</td>
<td>2,900</td>
<td>1,750</td>
</tr>
</tbody>
</table>

### Key utilization metrics

<table>
<thead>
<tr>
<th>Average number of visits per episode</th>
<th>Average number of psychosexual visits per episode</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You</strong></td>
<td><strong>All providers</strong></td>
</tr>
<tr>
<td>4.1</td>
<td>3.9</td>
</tr>
<tr>
<td>62</td>
<td>38</td>
</tr>
</tbody>
</table>
# Quality and utilization detail – ADHD: Level I closed

<table>
<thead>
<tr>
<th>Metric</th>
<th>You</th>
<th>25th</th>
<th>50th</th>
<th>75th</th>
<th>Percentile 0</th>
<th>Percentile 25</th>
<th>Percentile 50</th>
<th>Percentile 75</th>
<th>Percentile 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>% with completed certification</td>
<td>92%</td>
<td>50%</td>
<td>75%</td>
<td>85%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of episodes with medication</td>
<td>48%</td>
<td>40%</td>
<td>52%</td>
<td>67%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of episodes that are Level I</td>
<td>25%</td>
<td>20%</td>
<td>30%</td>
<td>40%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg. physician visits per episode</td>
<td>4.1</td>
<td>2.3</td>
<td>3.9</td>
<td>4.3</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% non-guideline concordant</td>
<td>28%</td>
<td>10%</td>
<td>30%</td>
<td>50%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% non-guideline no rationale</td>
<td>15%</td>
<td>5%</td>
<td>15%</td>
<td>25%</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You achieved selected quality metrics

### Utilization metrics: Performance compared to provider distribution

<table>
<thead>
<tr>
<th>Metric</th>
<th>You</th>
<th>25th</th>
<th>50th</th>
<th>75th</th>
<th>Percentile 0</th>
<th>Percentile 25</th>
<th>Percentile 50</th>
<th>Percentile 75</th>
<th>Percentile 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of visits per episode</td>
<td>4.1</td>
<td>2.3</td>
<td>3.9</td>
<td>4.3</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of psychosocial visits per episode</td>
<td>62</td>
<td>15</td>
<td>38</td>
<td>74</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Total episode included = 233

<table>
<thead>
<tr>
<th>Care category</th>
<th># and % of episodes with claims in care category</th>
<th>Average cost per episode when care category utilized, $</th>
<th>Total vs. expected cost in care category, $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient professional</td>
<td>233, 100%</td>
<td>550, 100%</td>
<td>128,150, 100%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>230, 99%</td>
<td>500, 100%</td>
<td>116,500, 100%</td>
</tr>
<tr>
<td>Emergency department</td>
<td>221, 95%</td>
<td>2,415, 100%</td>
<td>525,450, 100%</td>
</tr>
<tr>
<td>Outpatient lab</td>
<td>184, 79%</td>
<td>2,400, 100%</td>
<td>552,000, 100%</td>
</tr>
<tr>
<td>Outpatient radiology / procedures</td>
<td>21, 75%</td>
<td>117, 75%</td>
<td>2,457, 120%</td>
</tr>
<tr>
<td>Inpatient professional</td>
<td>16, 78%</td>
<td>70, 75%</td>
<td>1,200, 120%</td>
</tr>
<tr>
<td>Inpatient facility</td>
<td>12, 5%</td>
<td>69, 3%</td>
<td>828, 3%</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>1, &lt;1%</td>
<td>97, &lt;1%</td>
<td>97, &lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>7, 3%</td>
<td>25, 4%</td>
<td>175, 4%</td>
</tr>
</tbody>
</table>

You
All provider average
### Detailed ADHD Level I closed episode cost information for Dr. Joe Smith

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>John Doe</td>
<td>01/01/2023</td>
<td>02/28/2023</td>
<td>$500</td>
<td>$200</td>
<td>$120</td>
<td>$50</td>
<td>$80</td>
<td>$1000</td>
<td>$200</td>
<td>$150</td>
<td>$700</td>
</tr>
<tr>
<td>789012</td>
<td>Jane Smith</td>
<td>03/01/2023</td>
<td>04/30/2023</td>
<td>$400</td>
<td>$150</td>
<td>$110</td>
<td>$40</td>
<td>$60</td>
<td>$900</td>
<td>$150</td>
<td>$120</td>
<td>$800</td>
</tr>
<tr>
<td>345678</td>
<td>Michael Lee</td>
<td>05/01/2023</td>
<td>06/30/2023</td>
<td>$600</td>
<td>$300</td>
<td>$180</td>
<td>$60</td>
<td>$80</td>
<td>$1200</td>
<td>$200</td>
<td>$200</td>
<td>$1000</td>
</tr>
</tbody>
</table>

**Note:** The table above provides a summary of costs associated with closed episodes for Dr. Joe Smith. The costs include Medicare Part A, B, and hospital costs for inpatient and outpatient services. The table is meant to highlight the financial implications of managing ADHD at Level I.