Patient journey: Asthma acute exacerbation episode

Patient experiences difficulty breathing
May attempt home/self treatment

Patient contacts PCP/Pulmonologist/Allergist
E.g., consultation, treatment, before ER visit

Emergency department
or
Observation room

Follow-up care
▪ Home
▪ Home with nurse visit
▪ Patient monitoring
▪ Pulmonary rehab
▪ Sub-acute setting

Admitted as inpatient

Potential repeat facility visit
E.g., repeat acute exacerbation, complication
Sources of value: Asthma acute exacerbation episode

- Patient experiences difficulty breathing
  - May attempt home/self treatment

- Patient contacts PCP/Pulmonologist/Allergist
  - E.g., consultation, treatment, before ER visit

### Emergency department

- Reduce avoidable ED visits (value captured by medical home)

### Follow-up care

- Prescribe appropriate follow-up care & increase compliance (e.g., medications, education, counseling)

### Potential repeat facility visit

- Reduce avoidable re-encounters/complications

- Admitted as inpatient
- Reduce avoidable ED visits
- Reduce avoidable inpatient admissions
- Treat with appropriate medication
- Encourage appropriate length of stay
- Prescribe appropriate follow-up care & increase compliance (e.g., medications, education, counseling)
- Reduce avoidable re-encounters/complications

- Home
- Home with nurse visit
- Patient monitoring
- Pulmonary rehab
- Sub-acute setting

- Emergency department or Observation room
- Follow-up care
- Potential repeat facility visit
- Emergency department or Observation room
# Asthma acute exacerbation episode definition (1/2)

## Area Episode base definition

<table>
<thead>
<tr>
<th>Episode triggers¹</th>
<th>Any ED or inpatient facility claim with a:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>– Primary asthma-specific Dx (493.X)</td>
</tr>
<tr>
<td></td>
<td>– Primary Dx in a set of contingent asthma Dx with a secondary confirmatory asthma Dx</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Episode window</th>
<th>Episodes begin on the day of admission to the trigger facility</th>
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<tbody>
<tr>
<td></td>
<td>Episodes end <strong>30 days</strong> after discharge from the trigger facility</td>
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<table>
<thead>
<tr>
<th>Claims included²</th>
<th>During the trigger window: All inpatient, outpatient, professional, and pharmacy claims</th>
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<tbody>
<tr>
<td></td>
<td>During post-trigger window: Spend associated with relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications and supplies (e.g. pneumonia, chest x-rays, nebulizers, decongestants, etc.) and inpatient admissions less BPCI exclusions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principal accountable provider</th>
<th>The PAP is the first facility that treats the patient during the trigger window</th>
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<tbody>
<tr>
<td></td>
<td>The billing provider ID on the triggering facility claim will be used to identify the PAP</td>
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<tr>
<td></td>
<td>Payers may alternatively choose to identify the PAP based on the contracting entity responsible for the triggering claim</td>
</tr>
</tbody>
</table>

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1 Listed codes also include all sub-codes
2 A full list is available in the detailed business requirements
Asthma acute exacerbation episode definition (2/2)

**Episode base definition**

- **Risk adjustment**: 28 factors for use in risk adjustment including age group, allergic reactions, respiratory failure, and viral infections

- **Episode exclusion**: There are three types of exclusions:
  - Business exclusions:
    - Members under 2 years old or above 64 years old
    - Others: Multiple payers, third party liability, inconsistent enrollment, PAP out of State, exempt PAP, no PAP, dual eligibility, long-term care, long hospitalization, missing APR-DRG, and incomplete episodes
  - Clinical exclusions:
    - Members with any of 15 clinical factors
    - Members with an unusually large number of comorbidities
    - Members who left treatment against medical advice or died
  - High cost outlier exclusions: Episode’s risk adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)

**Quality metrics linked to gain-sharing**:
- Percent of episodes with a follow-up visit within 30 days
- Percent of episodes with filled prescription for controller medication

**Quality metrics for reporting only**:
- Percent of episodes with a repeat exacerbation within 30 days
- Percent of episodes in IP vs. ED/Obs treatment setting
- Chest x-ray utilization rate
- Percent of episodes with smoking cessation counseling
- Percent of episodes with a follow-up visit within 7 days

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1 A full list is available in the detailed business requirements