Patient has clinical indications that require a non-emergent esophagogastroduodenoscopy (EGD) or colonoscopy

**Initial assessment**
- Initial assessment is done by either a primary care provider (PCP), GI specialist or surgeon, or other physician depending on where the patient seeks care

**Procedure**
- Patient may receive diagnostic testing, laboratory tests, and imaging based on their medical history
- Patient is prepared for procedure and given anesthesia
- Procedure is performed in an office or outpatient setting
- Tissue samples may be taken, and other diagnostic or therapeutic maneuvers may be performed based on patient diagnosis

**Follow-up care**
- Patient recovers either in a same-day recovery unit or an inpatient recovery unit
- Patient receives either a follow-up visit or phone call
- Medications to alleviate pain or for certain conditions may be prescribed

**Potential Complications**
- Bleeding in the upper gastrointestinal tract
- Perforations
- Readmissions

Patient journey: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes
Sources of value: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes

Patient has clinical indications that require a non-emergent esophagogastroduodenoscopy (EGD) or colonoscopy

- Appropriate use of imaging and testing e.g., only necessary CT scans or other imaging
- Appropriate use of biopsies

Appropriate use of anesthesia, e.g., use local anesthesia and only conscious sedation/higher level of anesthesia when necessary
- Employ evidence based choice of therapies and medications
- Appropriate site of care

Reduction of repeat procedures
- Patient receives either a follow-up visit or phone call
- Medications to alleviate pain or for certain conditions may be prescribed

Reduction of complications, e.g., bleeding and perforation
- Tissue samples may be taken, and other diagnostic or therapeutic maneuvers may be performed based on patient diagnosis

Gastrointestinal tract
- Perforations
- Readmissions
**Esophagogastroduodenoscopy (EGD) episode definition (1/2)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Episode base definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>① Episode triggers</td>
<td>- Professional claim for EGD</td>
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</tbody>
</table>
| ② Episode window | - Episodes begin **7 days** before the EGD procedure  
- Episodes end **14 days** after the EGD procedure  
- Clean period is **21 days** |
| ③ Claims included¹ | - **During the pre-procedure period**: Relevant procedures, relevant E&M care, and relevant medications  
- **During the visit for the procedure**: Relevant procedures, relevant E&M care, and relevant medications  
- **During post-procedure window**: Relevant procedures, relevant E&M care, relevant medications, spend associated with complication diagnoses (e.g. anesthesia procedures, blood in stool, pulmonary embolism, anti-ulcer preparations, analgesics) and inpatient admissions less BPCI exclusions |
| ④ Principal accountable provider | - The PAP is the **physician or group** that performs the surgery  
- The billing provider ID on the triggering professional claim will be used to identify the PAP  
- Payers may alternatively choose to identify the PAP based on the contracting entity responsible for the triggering claim |

¹ A full list is available in the detailed business requirements
### Risk adjustment and episode exclusion

- **Risk adjustment**: 15 factors for use in risk adjustment including heart disease, gastritis and duodenitis, and specific GI and abdominal conditions

- **Episode exclusion**: There are three types of exclusions:
  - **Business exclusions**:
    - Members under 1 year old or above 64 years old
    - Emergent (ED and inpatient) scopes
    - Concurrent colonoscopies
    - Others: Third party liability, inconsistent enrollment, PAP out of State, No PAP, dual eligibility, long-term care, long hospitalization, missing APR-DRG, and incomplete episodes
  - **Clinical exclusions**:
    - Members with any of 12 clinical factors
    - Members with an unusually large number of comorbidities
  - **High cost outlier exclusions**: Episode’s risk adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)

### Quality metrics

- **Quality metrics linked to gain-sharing**:
  - Share of EGDs in a facility participating in QCDR, e.g., GIQuIC

- **Quality metrics for reporting only**:
  - Perforation rate
  - Biopsy specimens taken in cases of gastric ulcers or suspected Barrett’s esophagus
  - ED visit rate in the post-trigger window

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1 A full list is available in the detailed business requirements