Patient journey: COPD 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

Admitted as inpatient

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

Potential repeat facility visit
E.g., repeat acute exacerbation, complication
Sources of value: COPD 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)
- Admitted as inpatient

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

Potential repeat facility visit
- Reduce avoidable re-encounters/complications

- Encourage appropriate length of stay
- Treat with appropriate medication
- Home
- Home with nurse visit
- Patient monitoring
- Pulmonary rehab
- Sub-acute setting

Potential episode trigger event
- Reduce avoidable ED visits (value captured by medical home)
- 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
# COPD acute exacerbation episode definition (1/2)

<table>
<thead>
<tr>
<th>Area</th>
<th>Episode base definition</th>
</tr>
</thead>
</table>
| **Episode triggers**              | ▪ An **ED or inpatient facility claim** with a:  
  - Primary Dx in a set of COPD-specific Dx  
  - Primary contingent COPD Dx (518.8) with a secondary confirmatory COPD Dx                                                                                     |
| **Episode window**                | ▪ Episodes begin on the day of admission to the trigger facility  
  ▪ Episodes end **30 days** after discharge from the trigger facility                                                                                             |
| **Claims included**               | ▪ **During the trigger window:** All inpatient, outpatient, professional, and pharmacy claims  
  ▪ **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 |
| **Principal accountable provider**| ▪ The PAP is the first **facility** that treats the patient during the trigger window  
  ▪ The billing provider ID on the triggering facility 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 |

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Episode base definition</th>
<th>Quality metrics linked to gain-sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk adjustment and episode exclusion</td>
<td>▪ <strong>Risk adjustment:</strong> 18 factors for use in risk adjustment including age group, heart disease, respiratory failure, and substance abuse&lt;sup&gt;1&lt;/sup&gt;</td>
<td>▪ <strong>Quality metrics linked to gain-sharing:</strong></td>
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<tr>
<td></td>
<td>▪ <strong>Episode exclusion:</strong> There are three types of exclusions:</td>
<td>▪ Percent of episodes with a follow-up visit within 30 days</td>
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<tr>
<td></td>
<td>▪ Business exclusions:</td>
<td>▪ Percent of episodes with a repeat exacerbation within 30 days</td>
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<tr>
<td></td>
<td>▪ Members under 18 years old or above 64 years old</td>
<td>▪ Percent of episodes in IP vs. ED/Obs treatment setting</td>
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<tr>
<td></td>
<td>▪ 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</td>
<td>▪ Percent of episodes with smoking cessation counselling</td>
</tr>
<tr>
<td></td>
<td>▪ Clinical exclusions:</td>
<td>▪ Percent of episodes with a follow-up visit within 7 days</td>
</tr>
<tr>
<td></td>
<td>▪ Members with any of 18 clinical factors&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>▪ Members with an unusually large number of comorbidities&lt;sup&gt;1&lt;/sup&gt;</td>
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<td></td>
<td>▪ Members who left treatment against medical advice or died</td>
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<tr>
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<td>▪ High cost outlier exclusions: Episode’s risk adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)</td>
<td></td>
</tr>
</tbody>
</table>

1 A full list is available in the detailed business requirements