EGD AND COLO

Patient journey: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes

Potential episode trigger event

Patient has clinical indications that require a non-emergent esophagogastroduoden-oscopy (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

EGD AND COLO

Sources of value: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes

Potential episode trigger event

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

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

Appropriate use of biopsies

pnysician depending on where the patient seeks care

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

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

Reduction of repeat procedures

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

Reduction of complications. e.g., bleeding and perforation

gastrointestinal tract

- Perforations
- Readmissions



Colonoscopy episode definition (1/2)

Area	Episode base definition
1 Episode triggers ¹	Professional claim for colonoscopy
2 Episode window	 Episodes begin 7 days before the colonoscopy procedure Episodes end 14 days after the colonoscopy procedure or discharge from hospital Clean period is 21 days
3 Claims included ¹	 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, septicemias, anemias, antidiarrheals) and inpatient admissions less BPCI exclusions
Principal 4 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

Colonoscopy episode definition (1/2)

Area

Risk

adjustment

exclusion

and episode

Episode base definition

- Risk adjustment: 22 factors for use in risk adjustment including intestinal infections, upper GI conditions, lower GI conditions, and urinary conditions¹
- **Episode exclusion:** There are three types of exclusions:
 - **Business exclusions:**
 - Members under 1 years old or above 64 years old
 - Emergent (ED and inpatient) scopes
 - Clinically indicated concurrent EGD
 - Screening colonoscopies with concurrent EGD
 - 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 17 clinical factors¹
 - Members with an unusually large number of comorbidities¹
 - 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 gainsharing

- Share of colonoscopies in a facility participating in QCDR, e.g., GIQuiC
- ED visit rate in the post-trigger window
- **Quality metrics for reporting only**
 - Perforation rate
 - Percent of valid episodes with a repeat colonoscopy within 60 days
 - Post-polypectomy/biopsy bleeding rate