Patient journey: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes

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 has clinical indications that require a non-emergent esophagogastroduodenoscopy (EGD) or colonoscopy
Sources of value: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes

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

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

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

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

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

Bleeding in the upper gastrointestinal tract

- Perforations
- Readmissions

Potential episode trigger event
## Colonoscopy episode definition (1/2)

<table>
<thead>
<tr>
<th>Area</th>
<th>Episode base definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Episode triggers¹</td>
<td>- Professional claim for colonoscopy</td>
</tr>
</tbody>
</table>
| 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 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, septicemias, anemias, antidiarrheals) 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
## Colonoscopy episode definition (1/2)

### Area

<table>
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<tr>
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<tbody>
<tr>
<td><strong>Risk adjustment</strong>: 22 factors for use in risk adjustment including intestinal infections, upper GI conditions, lower GI conditions, and urinary conditions¹</td>
</tr>
<tr>
<td><strong>Episode exclusion</strong>: There are three types of exclusions:</td>
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<tr>
<td>- Business exclusions:</td>
</tr>
<tr>
<td>▫ Members under 1 years old or above 64 years old</td>
</tr>
<tr>
<td>▫ Emergent (ED and inpatient) scopes</td>
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<tr>
<td>▫ Clinically indicated concurrent EGD</td>
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<tr>
<td>▫ Screening colonoscopies with concurrent EGD</td>
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<tr>
<td>▫ 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</td>
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<tr>
<td>- Clinical exclusions</td>
</tr>
<tr>
<td>▫ Members with any of 17 clinical factors¹</td>
</tr>
<tr>
<td>▫ Members with an unusually large number of comorbidities¹</td>
</tr>
<tr>
<td>- High cost outlier exclusions: Episode's risk-adjusted spend is 3 standard deviations above the mean (after business and clinical exclusions)</td>
</tr>
</tbody>
</table>

### 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

1 A full list is available in the detailed business requirements