

Patient journey: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes

■ Potential episode trigger event

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

Sources of value: Esophagogastroduodenoscopy (EGD) and colonoscopy episodes

■ Potential episode trigger event

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

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 evidence based choice of therapies and medications
- Appropriate site of care

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

Esophagogastroduodenoscopy (EGD) episode definition (1/2)

EGD

Area	Episode base definition
1 Episode triggers	<ul style="list-style-type: none"> Professional claim for EGD
2 Episode window	<ul style="list-style-type: none"> Episodes begin 7 days before the EGD procedure Episodes end 14 days after the EGD procedure Clean period is 21 days
3 Claims included ¹	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

Esophagogastroduodenoscopy (EGD) episode definition (2/2)

EGD

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: 15 factors for use in risk adjustment including heart disease, gastritis and duodenitis, and specific GI and abdominal conditions¹ ▪ Episode exclusion: There are three types of exclusions: <ul style="list-style-type: none"> — Business exclusions: <ul style="list-style-type: none"> ▫ Members under 1 years 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: <ul style="list-style-type: none"> ▫ Members with any of 12 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)
<p>6 Quality metrics</p>	<ul style="list-style-type: none"> ▪ Quality metrics linked to gain-sharing: <ul style="list-style-type: none"> — Share of EGDs in a facility participating in QCDR, e.g., GIQuiC ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> — Perforation rate — Biopsy specimens taken in cases of gastric ulcers or suspected Barrett’s esophagus — ED visit rate in the post-trigger window

¹ A full list is available in the detailed business requirements