Patient journey: Non-acute percutaneous coronary intervention (PCI) episode

*Patient experiences non-acute symptoms* (e.g., chest pain when exercising) and contacts PCP

- **Diagnostic angiogram**
- **Patient is referred to cardiologist**
  - Non-invasive Dx

**Non-emergent PCI procedure**¹

- Sources of variation include: setting, anesthesia, site of access, stent type, # of vessels addressed, pharmaceuticals and contrast agents

**Follow-up care**

- Medication
- Visits with PCP and/or cardiologist
- Skilled nursing facility
- Cardiac rehab

**Potential complications**

E.g., stroke, myocardial infarction, acute kidney injury, non-adherence to follow-up care, readmissions

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¹ May be performed in inpatient or outpatient setting
Sources of value: Non-acute percutaneous coronary intervention (PCI) episode

Patient experiences non-acute symptoms (e.g., chest pain when exercising) and contacts PCP

Diagnostic angiogram

Employ appropriate diagnostic tests to inform selection of interventional procedures

Choose appropriate site of service

▪ Sources of variation include: setting, anesthesia, site of access, stent type, # of vessels addressed, pharmaceuticals and contrast agents

Reduce potential for complications due to technical performance (e.g., site of access, type of procedure)

Follow-up care

▪ Medication

Employ evidence-based choice of therapies and medications

Potential complications

Reduce readmissions through coordinated discharge care and patient education

1 May be performed in inpatient or outpatient setting
## Non-acute PCI episode definition (1/2)

<table>
<thead>
<tr>
<th>Area</th>
<th>Episode base definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Episode triggers</strong></td>
<td>- <strong>Professional claim</strong> for a set of PCI-specific Px and an <strong>ED or inpatient facility claim</strong> with a primary non-acute ischemic heart disease-specific Dx (412.X, 413.X, or 414.X)</td>
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<tr>
<td><strong>2 Episode window</strong></td>
<td>- Pre-trigger window begins on the date of the most recent angiogram within <strong>30 days</strong> prior to the triggering PCI procedure</td>
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<td>- Episodes end <strong>30 days</strong> after discharge from the trigger facility</td>
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<td><strong>3 Claims included</strong></td>
<td>- <strong>During the pre-trigger window:</strong> All relevant outpatient, professional, and pharmacy less any occurring during inpatient admissions</td>
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<td>- <strong>During the trigger window:</strong> All inpatient, outpatient, long term care, professional, and pharmacy claims</td>
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<td></td>
<td>- <strong>During post-trigger window:</strong> Relevant diagnoses and complications, relevant imaging and testing procedures, relevant medications and supplies (e.g. cardiomyopathy, diagnostic angiogram, ACE inhibitors, stroke, etc.) and inpatient admissions less BPCI exclusions</td>
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<td><strong>4 Principal accountable provider</strong></td>
<td>- The PAP is the <strong>physician</strong> or <strong>physician group</strong> that performs the PCI</td>
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<td>- The billing provider ID on the triggering professional claim will be used to identify the PAP</td>
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<td>- Payers may alternatively choose to identify the PAP based on the contracting entity responsible for the triggering claim</td>
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1 Listed codes also include all sub-codes
2 If no diagnostic angiogram is performed, the episode does not have a pre-trigger window
3 A full list is available in the detailed business requirements
Non-acute PCI episode definition (2/2)

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| **Risk adjustment and episode exclusion** | ▪ **Risk adjustment:** 8 factors for use in risk adjustment including cardiac arrest during the trigger PCI, complex hypertension, and fluid and electrolyte disorders¹  
▪ **Episode exclusion:** There are three types of exclusions:  
  - Business exclusions:  
    ▫ Members under 18 years old or above 64 years old  
    ▫ 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  
  - Clinical exclusions:  
    ▫ Members with any of 13 clinical factors¹  
    ▫ Members with an unusually large number of comorbidities¹  
    ▫ Members who left treatment against medical advice or died  
  - 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:**  
  - Percent of episodes with adverse outcomes²  
▪ **Quality metrics for reporting only:**  
  - Percent of episodes where the trigger PCI involves multiple vessels, including multiple branches  
  - Percent of episodes with a repeat PCI |

¹ A full list is available in the detailed business requirements  
² Adverse outcomes include AV fistula or dissection of coronary artery, post-operative hemorrhage, post-operative infection, myocardial infarction, pulmonary embolism or vein thrombosis, stent complication, or stroke