Patient journey: Upper respiratory infection (URI) episode

**Patient has symptoms that indicate a possible upper respiratory infection (URI)**

**Diagnosis**
- Initial assessment is performed by a PCP or other clinician during an office, outpatient, or emergency department visit
- Patient is diagnosed with a URI (trigger event)
- Additional tests (e.g., Strep A test, blood work, imaging) may be appropriate if there is suspicion of a more serious condition

**Treatment**
- Symptomatic therapies may be provided, e.g., antihistamines and decongestants
- In some cases where certain bacterial infections, e.g., strep A for pharyngitis, are suspected, antibiotics may be appropriate

**Follow-up care**
- Patient may be seen by a PCP and may be vaccinated for influenza

**Potential complications**
- Rheumatic fever
- Superinfections
- Meningitis
Sources of value: Upper respiratory infection episode

- Effective use of imaging and testing (e.g., X-rays, CT scans, blood work, Strep A test) only when suspicion of a more serious event (e.g., pneumonia)

- Potential complications
  - Rheumatic fever
  - Superinfections
  - Meningitis

- Diagnosis
  - Initial assessment is performed by a PCP or other clinician during an office, outpatient, or emergency department visit
  - Patient is diagnosed with a URI (trigger event)
  - Additional tests (e.g., Strep A test, blood work, imaging) may be appropriate if there is suspicion of a more serious condition

- Treatment
  - Symptomatic therapies may be provided, e.g., antihistamines and decongestants
  - In some cases where certain bacterial infections, e.g., strep A for pharyngitis, are suspected, antibiotics may be appropriate

- Follow-up care
  - Patient may be seen by a PCP and may be vaccinated for influenza

- Potential episode trigger event
  - Effective use of imaging and testing (e.g., X-rays, CT scans, blood work, Strep A test) only when suspicion of a more serious event (e.g., pneumonia)

- Efficient follow-up care through patient education, e.g., reduced ED visits, telephonic and e-visits rather than office consults

- Potential complications
  - Use of antibiotics only when clinically indicated, e.g., confirmed streptococcal pharyngitis
  - Increase generic/over the counter medication use as appropriate, e.g., antitussives, expectorants
  - Leverage NPs, PAs and other clinician support staff where appropriate

- Reduction of complications
# Upper respiratory infection (URI) episode definition (1/2)

## Area Episode base definition

### 1 Episode triggers
- **Professional claim for an office, ED, or urgent care visit** with either:
  - A primary Dx in a set of specific URI Dx
  - A primary Dx in a set of contingent URI Dx and a confirmatory secondary URI Dx in a set of specific URI Dx

### 2 Episode window
- Episodes begin on the day of the triggering visit; post-trigger window is **14 days**
- Clean period is the same length as post-trigger window

### 3 Claims included
- **During the day the URI was diagnosed:** Relevant E&M professional and facility claims (excluding ED facility fees at initial visit), relevant procedures, relevant medications (e.g. nasal endoscopy, immunoassays, expectorants, decongestants)
- **During post-visit period:** Relevant E&M visits, relevant procedures, relevant medications, and spend associated with diagnoses for relevant complications (e.g. acute bronchitis, respiratory failure, antibiotics)

### 4 Principal accountable provider
- The PAP is the **clinician or group** that diagnosed the patient
- 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

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1 A full list is available in the detailed business requirements
### Upper respiratory infection (URI) episode definition (2/2)

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|   | **Risk adjustment:** 85 factors for use in risk adjustment including heart disease, diabetes, hypertension, asthma, acute bronchitis, and acute and chronic tonsillitis\(^1\)  
|   | **Episode exclusion:** There are three types of exclusions:  
|   |   - Business exclusions:  
|   |     ▪ Members under 6 months or above 64 years  
|   |     ▪ Episodes with inpatient admissions during episode window  
|   |     ▪ 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 27 clinical factors\(^1\)  
|   |     ▪ Members with an unusually large number of comorbidities\(^1\)  
|   |   - 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:**  
|   |   - Antibiotics fill rate in the absence of a Strep test (tied to gain-sharing)\(^\)  
|   | **Quality metrics for reporting only:**  
|   |   - Influenza vaccination rate  
|   |   - Strep test rate for episodes with strep diagnosis  
|   |   - ED visit rate during post-trigger  
|   |   - Office follow-up rate after initial ED visit during post-trigger  
|   |   - Strep test rate for episodes with antibiotics filled and pharyngitis diagnosis  
|   |   - Antibiotics fill rate in bronchitis episodes\(^2\)  
|   |   - Antibiotics fill rate in episodes triggered by sinusitis\(^2\)  

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1 A full list is available in the detailed business requirements  
2 Only applies to adult episodes (18 years of age or older)