Ohio | Department of Medicaid

John R. Kasich, Governor
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Episode design updates

Webinar
October 23, 2018

http://medicaid.ohio.gov/provider/PaymentInnovation/episodes

Ohio's Value-Based Alternatives to Fee-for Service

Ohio's State Innovation Model (SIM) focuses on (1) increasing access to comprehensive primary care and (2) implementing episode-based payments

Fee for service	Pay for Performance	Patient-Centered Medical Home	Episode-Based Payment	Accountable Care Organization
Payment for services rendered	Payment based on improve-ments in cost or outcomes	Payment encourages primary care practices to organize and deliver care that broadens access while improving care coordination, leading to better out-comes and a lower total cost of care	Payment based on performance in outcomes or cost for all of the services needed by a patient, across multiple providers, for a specific treatment condition	Payment goes to a local provider entity responsible for all of the health care and related expenditures for a defined population of patients

Ohio Payer Partners in Payment Innovation

Anthem

MEDICAL MUTUAL

aetna

UnitedHealthcare

CareSource

MOLINA HEALTHCARE

PARAMOUNT ADVANTAGE

buckeye health plan

Ohio payment innovation progress to-date

Comprehensive Primary Care (CPC) program

1M+ unique patients included in the CPC model for 2018[1]

$66.5 million in enhanced payment delivered to support primary care practices[2]

145 CPC practices in program year 2018 (up from 111 in 2017)

~10,000 primary care practitioners (PCPs) participating in CPC[1]

1,800+ reports sent to CPC practices capturing patient panel, cost and quality measures[4]

Episodes of care program

1M+ unique patients covered in 43 episodes in 2018

13,000+ Medicaid providers receiving reports as an episode principle accountable provider (PAPs)[3]

56,000+ reports delivered including episode performance on cost and quality measures[3]

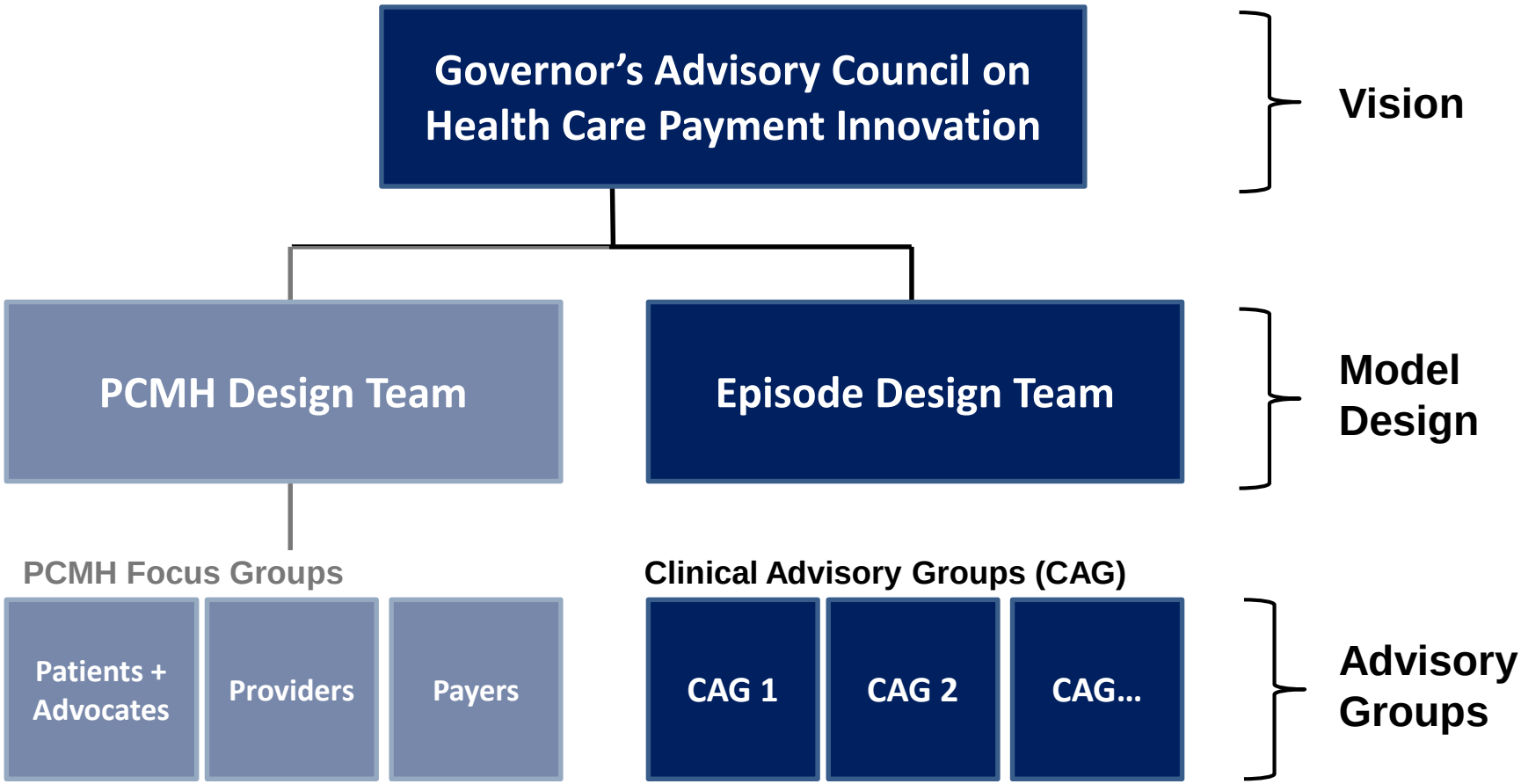
1 Information as of September 1, 2017.
2 Includes PMPM payments made to participating practices in CY2017 and Q1, Q2 and Q3 of 2018.
3 All PAPs must have at least 1 valid episode to receive a report.
4 From launch through January 2018.

SOURCE: Ohio Medicaid claims data; valid and invalid episodes ending in Jan – Jun 2017

Contents

- **Overview of clinical update process**
- Overview of provider comment sessions
- Next steps and questions

Stakeholder process to design innovation models



Clinical Advisory Group process

1. State calls for nominations of clinical experts from around the state to advise on Episode of Care design. Nominations are solicited from relevant specialty societies, Medical Associations, provider organizations, hospitals, and private practitioners. Nominations are limited to providers who practice in a specialty related to a given episode (e.g., obstetricians for the perinatal episode)

2. Providers are notified of their nomination into the CAG.

3. CAGs meet 3 – 4 times (~2 hour meetings) over the course of 6 - 8 weeks to discuss the 'base definition' and provide input on elements of the episode definition, including quality measures
   - Nationally syndicated quality measures are considered when developing Episode of Care base definitions
   - CAGs operate like consensus-based entities , using clinical guidelines to refine quality measures specific to each episode
   - Analytics on quality measures are performed to model how PAPs perform on quality measures as defined, based on historical data.

4. CAG members provide input on all elements of the base definition and final episode definitions incorporate CAG recommendations.

Example:
Asthma / COPD exacerbation Clinical Advisory Group

Timeframe: November 2013 – January 2014
Number of meetings: 4
Number of clinical experts participating: 25-30

Comprehensive clinical design process to design 9 episodes linked to payment

For the 9 episodes Ohio has linked to payment to date…

- Asthma acute exacerbation
- COPD acute exacerbation
- Perinatal
- Cholecystectomy
- Colonoscopy
- Esophagogastroduodenoscopy (EGD)
- GI hemorrhage (GIH)
- Upper respiratory infection (URI)
- Urinary tract infection (UTI)

… 5 distinct Clinical Advisory Groups (CAGs) were convened, comprised of:

- 120+ clinical participants
- 20 in person meetings
- Representation from large provider systems across the state (e.g., Cleveland Clinic, Ohio State, Ohio Health, TriHealth, Promedica)
- Representation from large provider associations (e.g., Ohio Hospital Association, Ohio State Medical Association, Ohio Association of Family Physicians, Ohio Osteopathic Association, ACOG, Ohio Children's Hospital Association, American College of Emergency Physicians, American College of Surgeons, etc.)

During the CAG process, clinicians were asked to provide input on all elements of the episode definition, including quality measures, bringing in input from their colleagues

Process to gather provider input for episodes launched for reporting in 2017

For 18 episodes Ohio launched for reporting in 2017…

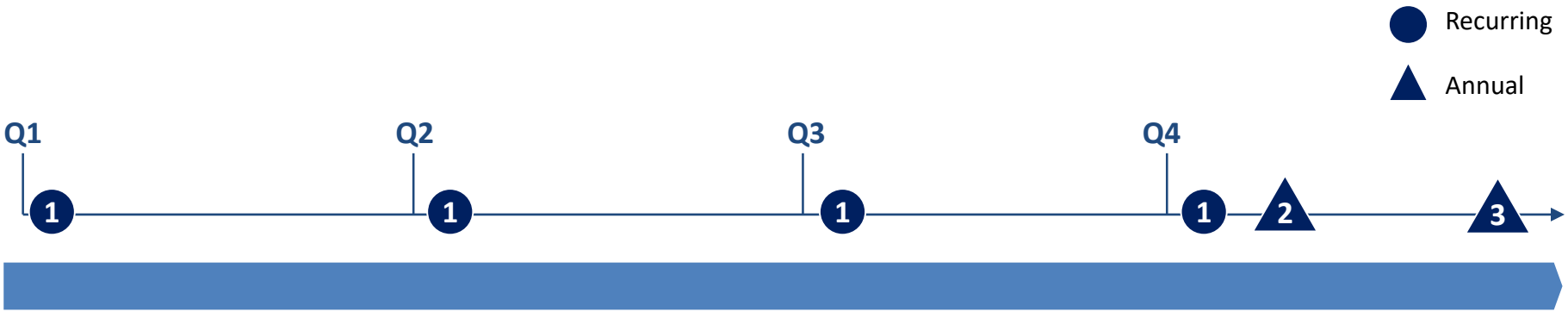
- Cardiac valve
- Coronary artery bypass graft
- Congestive heart failure exacerbation
- Tonsillectomy
- Otitis media
- Pediatric acute lower respiratory infection
- Headache
- Low back pain
- Skin and soft tissue infections
- Hysterectomy
- Diabetic ketoacidosis (DKA)
- Pancreatitis
- Hip/ pelvic fracture procedure
- Knee arthroscopy
- Knee, ankle, shoulder, and wrist sprain/strain

… ODM gathered input via an accelerated initial design process and subsequent provider comment sessions

- Provider outreach prior to episode launch to seek initial clinical input
- 2 in person meetings for provider comment sessions after launch
- Representation from a range provider systems across the state
- Representation from provider specialties covering the clinical scope of episodes launched

During the initial design process and provider comment sessions, clinicians were asked to provide input on all elements of the episode definition

Annual episode update process beginning 2019



Objective	Foster clinical engagement through provider engagement sessions to receive feedback on episodes design and communicate decisions to implement clinical recommendations to update the episode design

Key milestones

1. Email sent to providers soliciting feedback on episode design[1]
2. Invitation sent to providers for annual provider sessions with at least 1 month's notice
3. ODM will host sessions to communicate episode design updates to providers based on provider feedback received throughout the year
   - Provider sessions may be episode-specific or grouped by similar conditions (e.g., GI episodes)

- ODM will hold additional meetings with providers as needed to:
  - Address any major concerns or urgent topics
  - Share urgent/ critical information from ODM

1 Feedback received in Q4 of a calendar year will be considered for implementation the following year

Sample agenda: annual episode design update meeting

Sample agenda for each episode

- High-level overview of episode*
- Summary of episode statistics
- Overview of each dimension
  - Feedback for each dimension
  - Changes based on feedback
  - Rationale
- Q&A
- Next steps and resources

**Provider sessions may be episode-specific or grouped by similar conditions (e.g., GI episodes)*

Providers can continue to contribute ongoing clinical feedback on episode design via email

- **Providers may submit feedback via email** year-round at EpisodeReports@Medicaid.ohio.gov
- All submissions will be reviewed on an ongoing basis
- Submissions will be prioritized and considered for implementation in consultation with ODM episodes and clinical staff
- Changes will be implemented during an **annual episode update process**[1]

1 Urgent design changes will be implemented on an ad-hoc basis, outside of the formal annual update process

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Overview of provider comment sessions

Context

- Recognizing the benefit of providers understanding the episode through their own data, the state sought significant provider input for a number of episodes through planned sessions after the episodes had launched for reporting

Process

- The state invited feedback from providers for 18 Wave 3 episodes
- 9 providers attended 2 sessions to provide feedback in November 2017 and January 2018
- All sessions were led by Dr. Mary Applegate

Outcome

- The state considered all suggestions from providers and performed additional analyses to inform design changes to the episode
- Episode design updates were implemented for 17 out of 18 episodes open for consideration in the provider comment sessions
- All episode design changes from provider comment sessions were implemented in the spring and reflected in the June 2018 reports

Provider comment sessions sought input on 18 episodes

	Episodes included in comment session
Session 1: November 2017	▪ Cardiac valve ▪ Coronary artery bypass graft (CABG) ▪ Congestive heart failure (CHF) exacerbation ▪ Tonsillectomy ▪ Otitis media ▪ Pediatric acute lower respiratory infection (LRI) ▪ Headache ▪ Low back pain (LBP) ▪ Skin and soft tissue infections ▪ Hysterectomy ▪ Diabetic ketoacidosis (DKA)/hyperosmolar hyperglycemic state ▪ Pancreatitis
Session 2: January 2018	▪ Hip/pelvic fracture procedure ▪ Knee arthroscopy ▪ Knee sprain/strain ▪ Ankle sprain/strain ▪ Shoulder sprain/strain ▪ Wrist sprain/strain

Episode design updates: provider comment sessions (1/5)

Update to quality metric linked to payment

Updates to episode definitions based on provider feedback

	Episode design decision	Details
Otitis media	• Added 1 QM tied to payment	• Decongestant fill rate
	• Added 2 informational QMs	• Rate of first-line antibiotic usage among episodes with antibiotics, overall antibiotics rate
	• Removed 6 informational QMs	• OME without antibiotics, non-OME with antibiotics, non-OME with macrolides, OME without oral corticosteroids, follow-up encounter rate, indicated tympanostomy rate
	• Updated code list for 1 risk factor, updated risk-adjusted model accordingly	• Developmental disorders risk factor
Pediatric acute lower respiratori infection	• Added 2 informational QMs	• Chest x-ray utilization, bronchodilator utilization in bronchiolitis
Skin and soft tissue infection	• Removed 2 informational QMs	• ED visits in post-trigger window, Readmission in the post-trigger window
	• Updated code list for 1 QM	• Ultrasound code list for ultrasound imaging rate QM

Episode design updates: provider comment sessions (2/5)

Update to quality metric linked to payment

Updates to episode definitions based on provider feedback

	Episode design decision	Details
Tonsillectomy	• Added 2 risk factors	• Concurrent tympanostomy, Bleeding disorders
	• Removed 1 QM tied to payment	• Antibiotic absence rate
Headache	• Added 1 QM tied to payment	• Difference in MED/day
	• Added 2 informational QMs	• MED/day before episode, MED/day after episode
Hysterectomy	• Updated trigger list	• Removed cancer-related trigger codes
	• Removed 1 QM tied to payment	• Post-operative infection
	• Added 1 QM tied to payment	• Difference in MED/day
	• Added 2 informational QMs	• MED/day before episode, MED/day after episode
	• Consolidated 3 surgical approach QMs into single QM	• New QM: abdominal hysterectomy rate
	• Updated episode spend code list and logic	• Changed trigger to all-inclusive spend Updated pre-trigger and post-trigger spend inclusion codes to be more specific and clinically relevant to episode

Episode design updates: provider comment sessions (3/5)

Update to quality metric linked to payment

Updates to episode definitions based on provider feedback

	Episode design decision	Details
Low back pain	• Added 1 QM tied to payment	• Difference in MED/day
	• Added 2 informational QMs	• MED/day before episode, MED/day after episode
	• Updated code list for 1 exclusion	• Congenital spinal cord disorder exclusion
	• Updated code list for 1 QM	• Steroid injection rate QM
Diabetic ketoacidosis/ hyperosmolar hyperglycemic state	• Updated trigger site of care	• Trigger on observation setting
	• Added 2 risk factors	• Shock and cholecystitis
	• Removed 1 informational QM	• ICU utilization rate
	• Updated code list for 1 QM	• Imaging rate QM
Pancreatitis	• Updated trigger site of care	• Trigger on observation setting
	• Added 1 informational QM	• CT imaging
	• Removed 1 informational QM	• Nutritional counselling
	• Added 1 risk factor	• ERCP risk factor

Episode design updates: provider comment sessions (4/5)

Update to quality metric linked to payment

Updates to episode definitions based on provider feedback

	Episode design decision	Details
Knee arthroscopy	• Remove 1 informational QM	• Physical therapy
	• Update spend inclusion code list	• Removed chemotherapy and pathological findings due to neoplastic disease
	• Added multiple risk factors	• ACL sprains, other indications for non-ACL repairs, substance abuse
Hip and pelvis fracture	• Added 1 informational QM	• Rate of discharge to post-acute setting
	• Removed 2 informational QMs	• Concurrent opioid and benzodiazepine, mortality rate
	• Updated risk-adjustment model	• Updated risk-adjustment model to reflect differences between trigger groups
	• Updated spend inclusion code list	• Removed codes for malunion and nonunion of fractures
Sprains, strains, and non-operative fractures	• Updated spend code lists	• For ankle, knee, and shoulder episodes
	• Updated facility code lists	• For ankle, wrist episodes

Episode design updates: provider comment sessions (5/5)

Update to quality metric linked to payment

Updates to episode definitions based on provider feedback

	Episode design decision	Details
Spinal fusion	• Update spend inclusion code list	• Removed codes indicating a different patient journey such as spirometry, corneal abrasion
Spinal decompression	• Update spend inclusion code list	• Removed codes indicating a different patient journey such as spirometry, neoplastic fractures
Coronary artery bypass graft	• Added 1 informational QM	• Cardiac rehabilitation
	• Updated code list for 1 exclusion	• DKA/HHS exclusion
Congestive heart failure exacerbation	• Added 2 informational QMs	• Cardiac rehabilitation, spironolactone utilization
	• Added 1 exclusion	• ICD implant during episode window
	• Updated code list for 1 exclusion	• DKA/HHS exclusion
Valve surgery	• Added 1 informational QM	• Cardiac rehabilitation
	• Added 1 exclusion	• Episodes with infectious endocarditit procedure during pre-trigger window
	• Updated code list for 1 exclusion	• DKA/HHS exclusion

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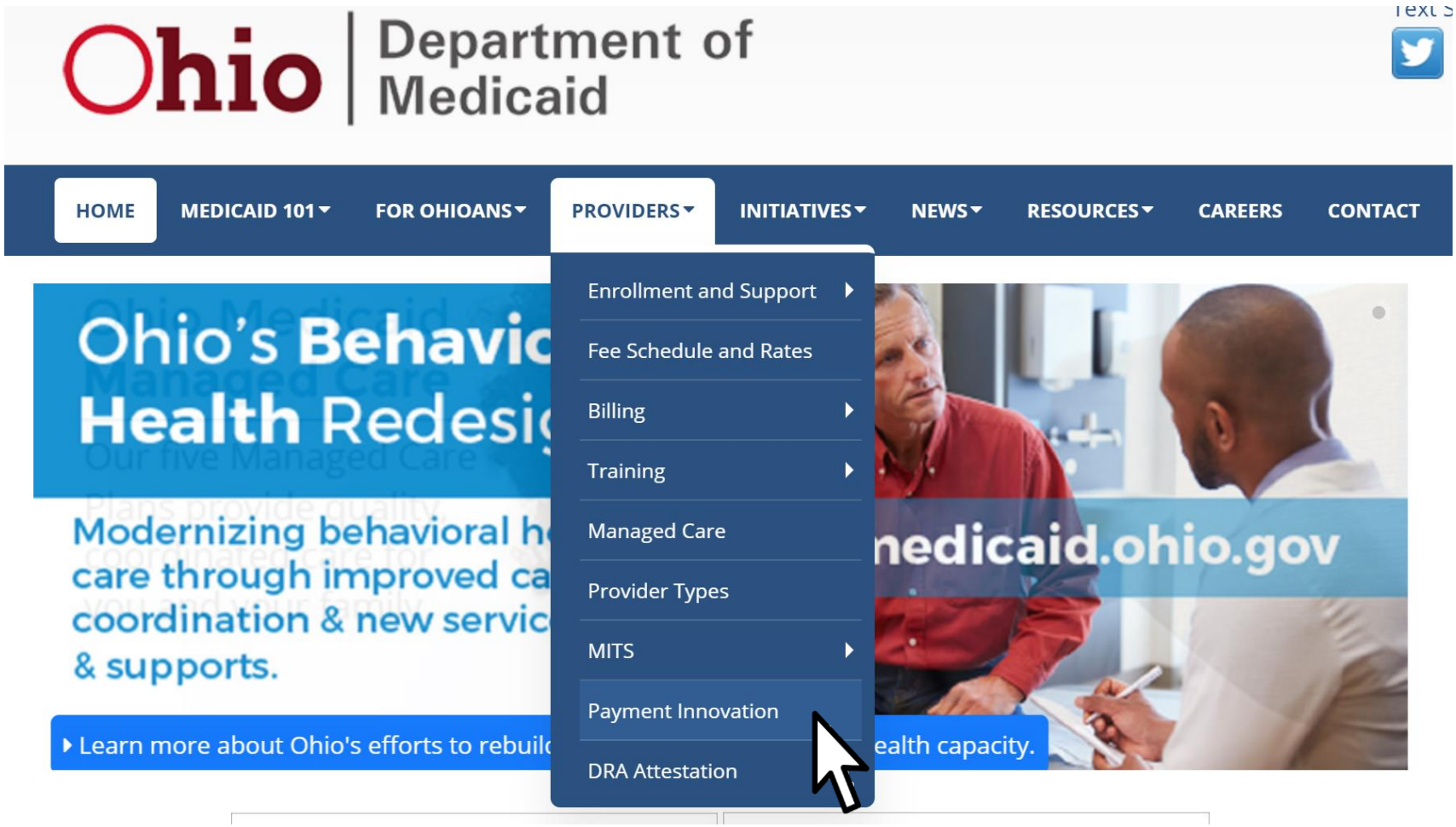
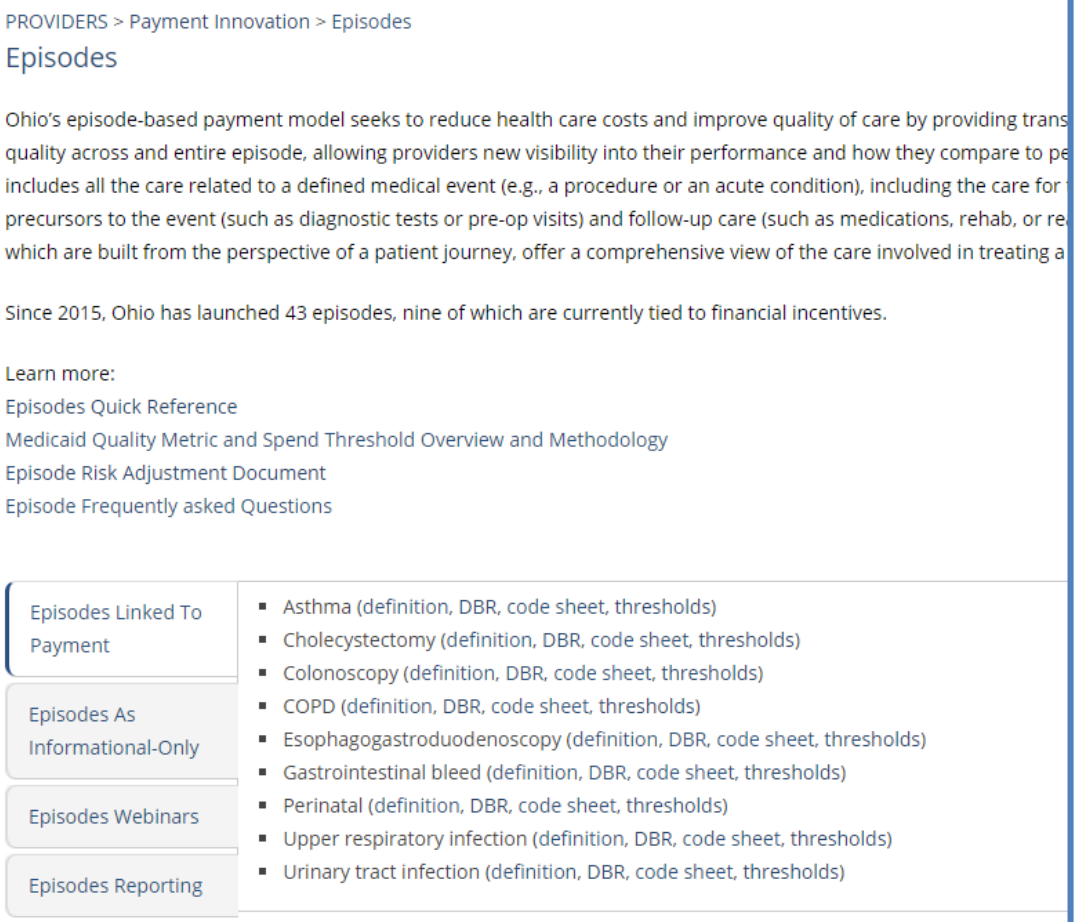
Episode information can be found on the ODM website



SOURCE: Ohio Department of Medicaid website:http://medicaid.ohio.gov/provider/PaymentInnovation/episodes

Additional episode details can be found on the updated Episodes page online



PROVIDERS > Payment Innovation > Episodes

Episodes

Ohio's episode-based payment model seeks to reduce health care costs and improve quality of care by providing trans
quality across and entire episode, allowing providers new visibility into their performance and how they compare to pe
includes all the care related to a defined medical event (e.g., a procedure or an acute condition), including the care for
precursors to the event (such as diagnostic tests or pre-op visits) and follow-up care (such as medications, rehab, or re
which are built from the perspective of a patient journey, offer a comprehensive view of the care involved in treating a

Since 2015, Ohio has launched 43 episodes, nine of which are currently tied to financial incentives.

Learn more:
Episodes Quick Reference
Medicaid Quality Metric and Spend Threshold Overview and Methodology
Episode Risk Adjustment Document
Episode Frequently asked Questions

Episodes Linked To Payment
Episodes As Informational-Only
Episodes Webinars
Episodes Reporting

- Asthma (definition, DBR, code sheet, thresholds)
- Cholecystectomy (definition, DBR, code sheet, thresholds)
- Colonoscopy (definition, DBR, code sheet, thresholds)
- COPD (definition, DBR, code sheet, thresholds)
- Esophagogastroduodenoscopy (definition, DBR, code sheet, thresholds)
- Gastrointestinal bleed (definition, DBR, code sheet, thresholds)
- Perinatal (definition, DBR, code sheet, thresholds)
- Upper respiratory infection (definition, DBR, code sheet, thresholds)
- Urinary tract infection (definition, DBR, code sheet, thresholds)

The Ohio Department of Medicaid website includes links to the following documents for each episode (http://www.medicaid.ohio.gov/Providers/PaymentInnovation/Episodes.aspx):

- **Concept paper**: Overview of episode definition and design dimensions, patient journey, and sources of value
- **Detailed business requirements (DBR)**: Detailed technical definition by design dimension
- **Code sheet**: Medical, pharmacy, and other related codes that define the episode, to be referenced with the DBR
- **Thresholds**: Spend thresholds and quality metric targets (available for episodes that are linked to payment)

Additional tabs include information from past Episodes Webinars as well as Episodes Reporting materials such as how to read your episode reports

SOURCE: Ohio Department of Medicaid website:http://medicaid.ohio.gov/provider/PaymentInnovation/episodes

Upcoming episodes webinars

Past webinar

Upcoming webinar

Dates

- August 29th
- September 26th
- October 23th
- November 28th

Topics

- Update on the Episodes program
- Understanding your episode and PAP referral reports
- Update on episodes launched in 2017
- Updates relevant for the 2019 performance year

Ohio's reporting and performance years by episode wave

Linked to payment[1]

Wave	Episodes	2015	2016	2017	2018	2019	2020
W1	• Acute PCI, **Asthma exacerbation**, **COPD exacerbation**, Non-acute PCI, **Perinatal**, Total joint replacement	Reporting only	Perfor-mance Y1	Perfor-mance Y2	Perfor-mance Y3	Perfor-mance Y4	
W2	• Appendectomy, **Cholecystectomy**, **Colonoscopy**, **EGD**, **GI bleed**, **URI**, **UTI**		Reporting only	Perfor-mance Y1	Perfor-mance Y2	Perfor-mance Y3	
W3	• Ankle sprain/strain, ADHD, Breast biopsy, Breast cancer surgery, Breast medical oncology, CABG, Cardiac valve, CHF exacerbation, Dental: tooth extraction, Diabetic ketoacidosis (DKA) / hyperosmolar hyperglycemic state, Headache, Hip/pelvic facture procedure, HIV, Hysterectomy, Knee arthroscopy, Knee sprain/strain, Low back pain, Neonatal (high-risk), Neonatal (low-risk), Neonatal (moderate-risk), ODD, Otitis media, Pancreatitis, Pediatric acute lower respiratory infection, Shoulder sprain/strain, Skin and soft tissue infection, Spinal decompression (without fusion), Spinal fusion, Tonsillectomy, Wrist sprain/strain			Reporting only[2]		Perfor-mance Y1	

1 Payment episode status only determined for W1 and W2; W3 episodes will be tied to payment through 3-stage implementation with 10 episodes in the first stage in 2019
2 Reporting for Wave 3 episodes extended to CY2018 given need to incorporate physician feedback through reactive clinical process into episode design prior to performance periods

Planned program update: Timeline to link select episodes launched in 2017 to payment

The State will implement a **phased approach** to tie **episodes launched in 2017 to payment** from 2019-2021:

Episode name	Episode name	Episode name
• ADHD	• Spinal fusion	• Femur and pelvis fracture
• Neonatal - Low	• Neonatal - Medium	• Tonsillectomy
• Skin and soft tissue infections	• Spinal decompression	• Knee arthroscopy
• Low Back Pain	• Diabetic ketoacidosis	• Hysterectomy
• Pediatric acute LRI	• Ankle Sprain/Strain	• Breast biopsy
• Tooth Extraction	• Knee Sprain/Strain	
• Congestive heart failure acute exacerbation	• Shoulder Sprain/Strain	
• Otitis Media		
• Oppositional defiant disorder		
• Headache		

Additional Questions?