

Patient journey: Gastrointestinal (GI) bleed episode

GI BLEED

■ Potential episode trigger event

Patient has symptoms that are representative of gastrointestinal bleed, and presents in an inpatient setting or emergency department setting

Diagnosis

- Initial assessment is done by either a GI specialist or other physician depending on where the patient seeks care
- Patient may receive a physical examination, laboratory tests, and general support
- Evidence of upper or lower GI bleed and severity of bleed are identified (trigger)

Treatment

- Patient is moved to ICU, inpatient, or outpatient facility if appropriate
- Patient is given supplemental oxygen by nasal cannula, fluid resuscitation, blood transfusion, NGT lavage, and medications if necessary
- Patients with evidence of lower GI bleed may be given a colonoscopy
- Patients with evidence of upper GI bleed may be given an EGD
- Treatment follows differing paths depending on diagnosis/source of hemorrhage

Follow-up care

- Specific follow-up care varies depending on the identified source of the GI bleed and procedures given e.g., if patient is given an EGD, the patient recovers in an inpatient or outpatient recovery unit, then receives a follow-up phone call or visit

Potential Complications

- Re-bleeding
- Complications of endoscopy (e.g., perforation)
- Other complications of hospitalization

Sources of value: Gastrointestinal (GI) bleed episode

GI BLEED

■ Potential episode trigger event

Patient has symptoms that are representative of gastrointestinal bleed, and presents in an inpatient setting or emergency department setting

Diagnosis

Effective use of imaging and testing, e.g., only necessary CT scans or x-rays

- seeks care
- Patient may receive a physical examination, laboratory tests, and general support
- Evidence of upper or lower GI bleed and severity of bleed are identified (trigger)

Treatment

- Employ evidence based choice of therapies and medications, including anesthesia
- Appropriate use of blood products and ICU care
- Appropriate site of care and length of observation/stay, e.g., ED when possible

- be given a colonoscopy
- Patients with evidence of upper GI bleed may be given an EGD
- Treatment follows differing paths depending on diagnosis/source of hemorrhage

Follow-up care

- Specific follow-up care varies depending on the identified source of the GI bleed and procedures given e.g., if patient is given an EGD, the patient recovers in an inpatient or outpatient recovery unit, then receives a follow-up phone call or visit

Reduction of complications, e.g., re-bleeding

- re-bleeding
- Complications of endoscopy (e.g., perforation)
- Other complications of hospitalization

Gastrointestinal (GI) bleed episode definition (1/2)

GI BLEED

Area	Episode base definition
<p>1 Episode triggers</p>	<ul style="list-style-type: none"> ▪ An ED or inpatient facility claim with a: <ul style="list-style-type: none"> – Primary Dx in a set of specific GI bleed Dx – Primary Dx in a set of contingent GI Bleed Dx with a secondary Dx in a set of confirmatory GI Bleed Dx
<p>2 Episode window</p>	<ul style="list-style-type: none"> ▪ Episodes begin on the day of the triggering visit; post-trigger window is 30 days ▪ Clean period is the same length as post-trigger window
<p>3 Claims included¹</p>	<ul style="list-style-type: none"> ▪ During the trigger window: All professional and facility medical services and all medications ▪ During post-trigger: Spend associated with complication diagnoses, relevant evaluation and management, relevant procedures, imaging, and testing, relevant anesthesiology and pathology, relevant medications (e.g. cholera, diabetes, colonoscopy, immunoassays) and inpatient admissions less BPCI exclusions
<p>4 Principal accountable provider</p>	<ul style="list-style-type: none"> ▪ The PAP is first facility that treats the patient for GI Bleed ▪ The billing provider ID on the triggering facility 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

Gastrointestinal (GI) bleed episode definition (2/2)

GI BLEED

Area	Episode base definition
<p>5 Risk adjustment and episode exclusion</p>	<ul style="list-style-type: none"> ▪ Risk adjustment: Factors for use in risk adjustment will be provided later in 2015 ▪ 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 ▫ 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 11 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"> – Office visit rate in post-trigger window ▪ Quality metrics for reporting only: <ul style="list-style-type: none"> – Readmission rate in the post-trigger window – ED visit rate in the post-trigger window – ED to office visit ratio in the post-trigger window – Mortality rate – Surgery rate – Re-bleeding Rate – Use of interventional radiology – Rate of treatment of H. Pylori – Rate of NSAID prescriptions filled in post-trigger window

¹ A full list is available in the detailed business requirements