The Episode Quality Improvement Program

Stakeholder Monthly Subgroup

October 22nd, 2021

October 22nd EQIP Subgroup

- Enrollment Update and Next Steps
- PY2 Episode Development
  - Discuss PY2 procedural and acute episodes to determine stakeholder interest
  - Discuss chronic episode interest and potential methodology considerations
  - Emergency department episode development discussion

- Contact bfitzgerald@medchi.org for zoom/EQIP Subgroup
- Contact EQIP@crisphealth.org for EQIP policy and enrollment

Scope of EQIP in Performance Year One

EQIP Episodes Cover:

- **$1.03** B of Medicare Parts A and B spending
- **4,600** unique physicians
- **123,980** unique episodes of care

Enrollment as of September 1st:

- **2,400** Care Partners submitted for CMS vetting* and involved in interventions
- **54** EQIP Entities
- *Participation will not be final until 1/1/22

Through the end of 2022, the HSCRC and CRISP will work with participants to:

- Final CMS vetting results
- Complete contracting and payment operations with UMMS
- Develop a learning system and quality improvement supports for participant for success

Performance Year One Enrollment – Next Steps

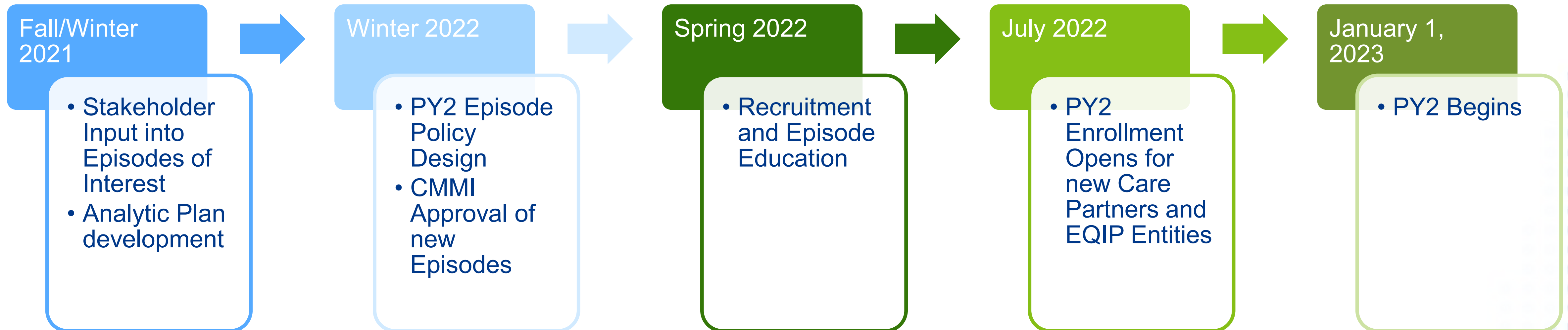
- EQIP Entities were audited to ensure at least 75% of Care Partners had at least one claim connected to a baseline episode
  - EQIP Entities who did not reach this threshold were asked to edit their Care Partner lists, edits due by 10/15
  - If your Entity was not contacted, the threshold was met
- Results from PECOS vetting from CMS will be available in EEP 10/25
  - Care Partners who did not pass PECOS screening are not permitted to participate in PY1
  - Program Integrity and Law Enforcement CMS vetting is still ongoing, impact should be smaller
- Care Partner Arrangements will be sent out to EQIP Entity Lead Care Partners and Administrative Proxies starting 11/1
  - Email will come from the CRP Entity, University of Maryland Medical System EQIP@umm.edu
  - Contracts will be pre-filled and standardized across the state, no changes will be allowed
  - If you have questions, please direct them to EQIP@crisphealth.org

Care Partner Arrangements must be signed and returned by December 31st, 2021

Episodes for PY1, Episode Type, Length

Cardiology	Gastroenterology and General Surgery	Orthopedics and Neurosurgery
Pacemaker / Defibrillator – Procedure, 30	Colonoscopy – Procedure, 14	Hip Replacement & Hip Revision – Procedure, 90
Acute Myocardial Infarction – Acute, 30	Colorectal Resection – Procedure, 90	Hip/Pelvic Fracture – Acute, 30
CABG &/or Valve Procedures – Procedure, 90	Gall Bladder Surgery – Procedure, 90	Knee Arthroscopy – Procedure, 90
Coronary Angioplasty – Procedure, 90	Upper GI Endoscopy – Procedure, 14	Knee Replacement & Knee Revision – Procedure, 90
		Lumbar Laminectomy – Procedure, 90
		Lumbar Spine Fusion – Procedure, 180
		Shoulder Replacement – Procedure, 90

Performance Year Two Development Process



What Makes an Ideal Episode?

- High Cost of Care or High Volume
- Cost or Quality Variance Across the State or Other Disparities in Care
- Procedural or Acute
- Potentially Avoidable Episode Costs
- Alignment with Commercial Episode of Care Programs
- Stakeholder Interest
- Exclusive Episodes

Potential Acute PY2 Episodes

	High Cost/Volume?	Variance	Potentially Avoidable Episode Costs	Commercial Alignment
Diverticulitis (DIVERT)		1.68	32.5%	**Yes**
Pneumonia (PNE)	High Volume	1.27	27.8%	No
Stroke (STR)	High Cost, Volume	0.87	15.2%	No
Upper Respiratory Infection (URI)	High Volume	1.05	15.7%	No

High Cost = >$10,000
High Volume = >10,000 episodes

Potential Procedural PY2 Episodes

	High Cost/Volume?	Variance	Potentially Avoidable Episode Costs	Commercial Alignment
Bariatric Surgery (BARI)	High Cost	0.40	2.6%	**Yes**
Breast Biopsy (BSTBIO)		0.66	0.1%	No
Cataract Surgery (CTRTSU)	High Volume	0.33	0.5%	**Yes**
Gall Bladder Surgery (GBSURG)	High Cost	0.75	8.3%	No
Hysterectomy (HYST)	High Cost	0.46	3.7%	**Yes**
Lung Resection (LNGSRG)	High Cost	0.45	3.8%	No
Mastectomy (MSTCMY)	High Cost	0.47	3.0%	**Yes**
Prostatectomy (PRSCMY)	High Cost	0.36	3.5%	**Yes**
Transurethral resection prostate (TURP)		0.66	8.5%	**Yes**

High Cost = >$10,000
High Volume = >10,000 episodes

maryland health services cost review commission

Other Episodes Available in Prometheus

	High Cost/Volume?	High Variance?	Potentially Avoidable Episode Costs	Commercial Alignment
Breast Cancer (BRSTCA)	High Cost	0.53	3.1%	NO
Colon Cancer (CLNCAN)	High Cost	0.45	9.3%	NO
Gynecological cancers (GYNCAN)		1.39	11.7%	NO
Hepatitis C (HCV)		1.56	34.1%	NO
Lung Cancer (LNGCAN)	High Cost	0.67	6.5%	NO
Preventive Care (PREVNT)	High Volume	0.92	0.1%	NO
Prostate Cancer (PRSTCA)	High Cost	0.44	1.5%	NO
Rectal Cancer (RCLCAN)	High Cost	0.45	7.9%	NO

High Cost = >$10,000
High Volume = >10,000 episodes

PY2 Chronic Episodes

- Prometheus also contains episodes surrounding the management of chronic conditions
  - These episodes could compliment existing acute and procedural episodes to enhance patient care and outcomes
  - Additionally, chronic episodes could be implemented to ensure this episodic program does not create perverse incentives to grow volume
- However, HSCRC staff need to understand analytically how chronic episodes interact with the financial incentive structure under EQIP
  - Chronic episodes are relatively low cost compared to procedural and acute episodes that would fall underneath.
  - These episodes also do not have a set post-trigger duration, determining the cut point for performance measurement may be arbitrary

Prometheus Chronic Episodes

Allergic Rhinitis/Chronic Sinusitis (RHNTS)	Gastro-Esophageal Reflux Disease (GERD)
Arrhythmia / Heart Block / Condn Dis (ARRBLK)	Glaucoma (GLCOMA)
Asthma (ASTHMA)	Heart Failure (HF)
Attention Deficit / Oppositional	Hypertension (HTN)
Bipolar Disorder (BIPLR)	Low Back Pain (LBP)
Chronic Obstructive Pulmonary Disease (COPD)	Osteoarthritis (OSTEOA)
Coronary Artery Disease (CAD)	Schizophrenia (SCHIZO)
Crohn's Disease (CROHNS)	Substance Use Disorder (SUDS)
Depression & Anxiety (DEPANX)	Trauma & Stressors Disorders (PTSD)
Diabetes (DIAB)	Ulcerative Colitis (ULCLTS)

Potential Considerations for Adding Chronic Episodes to EQIP

- Chronic episodes tend to be low-cost, with procedure/acute episodes being avoidable events to ensure the Target Price is met
  - For example, if a patient has an osteoarthritis episode at an average of $1,000, a knee replacement episode underneath at $16,000 would likely erode performance
  - Additionally, the incentive is stronger to participate in higher-cost procedural episodes, despite chronic episode having the best incentives to impact upstream, preventative care for patients
- Options for methodology include:
  - Performance-based incentive payments
  - Adjustments to procedural/acute episode reconciliation for chronic performance
  - Attribution of patient populations

Emergency Department (ED) Episodes

- Maryland ED physicians largely remain on fee-for-service contracts.
  - Creating direct alignment of physician group incentives with the goals of the TCOC Model and hospitals will further efforts to reduce preventable admissions, readmissions, and improve community health.
- The HSCRC plans to develop episodes around emergency care for PY2
  - Research demonstrates that emergency physicians can have a large impact on quality and overall costs of care after an ED visit has already occurred.
  - Connection to follow-up care in the community, post ED visit, can also prevent future utilization due to complications or unresolved medical issues.
  - ED physicians are the common decision-maker about who gets admitted to the hospital, which has considerable TCOC and outcome implications, including acute care hospitalization and post-acute care.
- Two episodes will be developed with stakeholders and Change Healthcare
  - Efficient Admission Practices for specific conditions
  - High-Frequency ED Use

ED Episode Overview – Starting Point

	Efficient Admissions	High-Frequency ED Use
Trigger	CPTs for ED E&M: 99281, 99282, 99283, 99284, 99285	Same CPTs + 4th visit at the same facility in the last 12 months.
Relevant Costs/Diagnoses	Some exclusions, including: • Beneficiaries with ICU or surgical component to their ED visit or IP admission within two days • Beneficiaries who had an ED visit 6 months before the index ED event • ICD-10s in the triggering ED visit indicating Sepsis, Hypoxia, Severe Trauma	Condition Specific: • Chest pain • Syncope • Congestive heart failure • Atrial fibrillation • Deep vein thrombosis • Skin & soft tissue infections • Asthma/COPD • Pneumonia • Hyperglycemia with diabetes mellitus
Length	14 Days	30 Days

Further Development of ED Episodes

- Key episode components for stakeholder and technical development
  - Relevant Procedure and Diagnosis codes/lists
  - Business rules for overlapping episodes, episode exclusions
  - Financial methodology
  - Potentially avoidable complications and opportunity analysis identification
  - ED physician and system interest
- HSCRC will work with Change Healthcare to integrate ED episodes into the Prometheus construct
  - The Prometheus Industry Advisory Board and Maryland ED Stakeholders will jointly work to refine the definition
  - Timeline for completion: March 2022

Discussion

- What episodes of care are the most interesting for PY2 expansion?
- What episodes of care are the least interesting for PY2 expansion?
- Are there considerations to the financial model that would help incorporate more non-acute/procedural episodes?
- As episode opportunities grow, what outcomes should incorporate into the program? TCOC? Quality? Utilization standards?

Next Steps

- EQIP Subgroup Meeting Dates
  - November Meeting CANCELLED
  - December 10th meeting, ad-hoc, to discuss Quality Benchmarks and other PY1 insights
  - New schedule for 2022 dates forthcoming, plan is to keep on third Friday of each month
- Care Partner Arrangements will be sent on November 1st to all Administrative Proxies and Lead Care Partners
  - Signature by 12/31/2021 for PY1 participation is required
- PY2 Expansion
  - Please send comments on PY2 episodes to madeline.jackson@maryland.gov by **November 30th**
  - Staff will meet 1:1 with stakeholders to discuss questions about proposed episode additions
  - Timeline for finalizing PY2 list: March 2022