EQIP / PACES: Gastroenterology

2024-02-08

Modeled Performance

Entity	Model Year	Final Savings - PROMETHEUS	Final Savings - PACES	
All	PY1	\$12,866,693	\$13,890,759	



Episode Differentiation & Categorization

- In certain cases, PACES breaks out differentiated episodes that are implicitly combined under PROMETHEUS. This may require review of enrollment to ensure new episodes are captured, or a decision to bundle sets of episodes for ease of enrollment.
- Example:
 - The current PACES colonoscopy episode is focused on diagnostic & therapeutic colonoscopies specifically, breaking out sigmoidoscopies and screening colonoscopies into separate categories.
 - These procedures are all included in the single PROMETHEUS colonoscopy episode.
 - This differentiation, along with the different episode parameters, accounts for the difference on slide 3:

	PROMETHEUS			PACES		
	Including Associations			tions		
Episode Name	Volume	Target Price	Total Cost	Volume	Target Price	Total Cost
Colonoscopy	15,851	\$1,132.26	\$17,547,804	7,592	\$1,596.50	\$14,494,656

Participating Episode Comparison

PROMETHEUS

PACES

Episode Category	Volume	Target
Colonoscopy	15,851	\$1,132
Colorectal Resection	276	\$34,029
Gall Bladder Surgery	460	\$15,316
Upper GI Endoscopy	8,438	\$1,683

Episode Category	Volume	Target
Colonoscopy	7,592	\$1,596
Colorectal Resection	359	\$34,898
Gall Bladder Surgery	425	\$11,127
Upper GI Endoscopy	2,575	\$2,908
Colonoscopy + EGD Endoscopy	3,447	
Sigmoidoscopy	178	
Screening Colonoscopy	2,882	

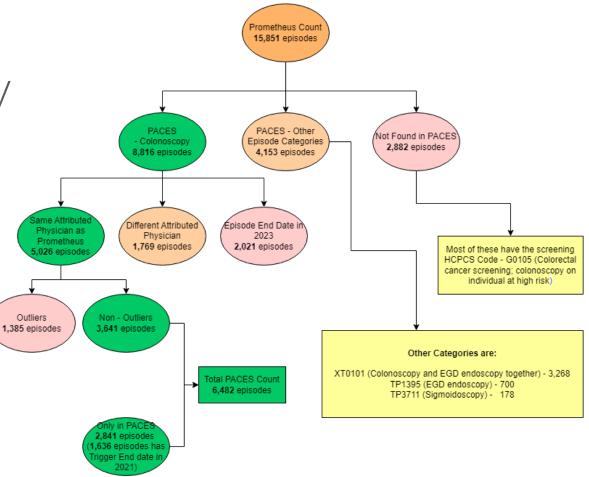
hMetrix

PACES – including associations / sequelae

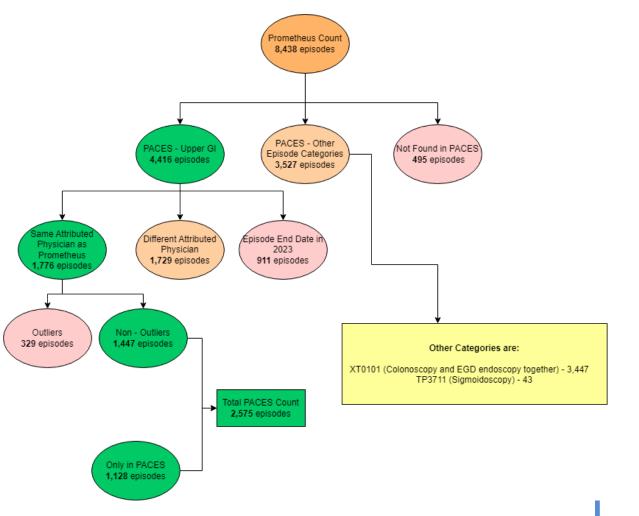
Episode Parameter Comparison

Episode Category	Look Back Period (Prometheus)	Episode Length (Prometheus)	Look Back Period (PACES)	Close Period (PACES)	Episode Length (PACES)
Colonoscopy	3	14	30	90	120
Colorectal Resection	30	90	30	90	120
Gall Bladder Surgery	30	90	30	90	120
Upper GI Endoscopy	3	14	30	90	120

Example: Colonoscopy Breakdown



Upper GI Endoscopy Breakdown



HSCRC Next Steps

- Make available individual PACES episode playbooks for review
- Meet with remaining specialty societies for further discussion of specific clinical domains
- Complete attribution change analysis and confirm final implementation
- Publish recommended enrollment transition guides
- Finalize and publish episode inclusion policy

Discussion

- What are your thoughts on the break-out of the PACES episode categories?
- What are your thoughts on the difference in episode lengths?
- What additional information would be helpful in communicating and facilitating this transition?
- What questions do you have?

Questions

Discussion