

# Episode definition comparison table – quick reference (Wave 1)

|                      | <b>PAP</b>                               | <b>Trigger</b>  | <b>Pre-trigger window</b>                                    | <b>Post-trigger window</b>   | <b>Quality metrics<sup>1</sup></b>  |
|----------------------|--|---|--|------------------------------|---|
| <b>Perinatal</b>     | Physician who delivers the baby          | Live birth diagnosis and delivery procedure code  | 40 weeks prior to date of delivery                           | 60 days after trigger window | HIV test; GBS test; C-section rate; Follow-up visit 60 days; <i>Gestational diabetes screening; Hepatitis B screening; Ultrasounds; Chlamydia test</i>    |
| <b>Asthma</b>        | First facility that receives the patient | Asthma specific diagnosis on ED, Obs, or IP facility claim; Contingent code with confirming diagnosis         | N/A  | 30 days after trigger window | Follow-up visit 30 days; Filled prescription; <i>Repeat exacerbation; IP vs ED/Obs; Chest x-ray; Smoking cessation counseling; Follow-up visit 7 days</i> |
| <b>COPD</b>          | First facility that receives the patient | COPD specific diagnosis on ED, Obs, or IP facility claim; Contingent code with confirming diagnosis           | N/A  | 30 days after trigger window | Follow-up visit 30 days; <i>Repeat exacerbation; IP vs ED/Obs; Smoking cessation counseling; Follow-up visit 7 days</i>                                   |
| <b>Non-acute PCI</b> | Physician who performs the procedure     | Professional claim for PCI specific diagnosis; Matching IP or OP facility claim with non-acute diagnosis code | Most recent angiogram within 30 days prior to procedure date | 30 days after trigger window | Incidence of adverse outcomes; <i>% multi-vessel procedures; Repeat PCI</i>   |
| <b>Acute PCI</b>     | Facility that performs the procedure     | Professional claim for PCI; Matching IP or OP facility claim with acute diagnosis code                        | N/A  | 30 days after trigger window | Incidence of adverse outcomes; <i>% multi-vessel procedures; Repeat PCI</i>   |
| <b>TJR</b>           | Physician who performs the procedure     | Procedure code for total hip or knee replacement without a related disqualifying trauma diagnosis code        | 90 days prior to procedure date                              | 90 days after trigger window | Readmission 30 days; Fracture, dislocation, or infection; <i>Pulmonary embolism; % 1+ blood transfusions during trigger</i>                               |

<sup>1</sup> Italics indicate quality metrics not tied to gain-sharing

## Episode definition comparison table – quick reference (Wave 2)

|                              | <b>PAP</b>                                    | <b>Trigger</b>   | <b>Pre-trigger window</b>                              | <b>Post-trigger window</b>   | <b>Quality metrics<sup>1</sup></b>  |
|------------------------------|---|--|--|------------------------------|---|
| <b>Appen-<br/>dectomy</b>    | Physician or group that performs the surgery  | Professional claim for the surgery   | 2 days before the surgery                              | 30 days after trigger window | Infection; Severe adverse outcomes; <i>Readmission 30 days; Associated facility hospitalization; CT scan; Avg LOS; Open vs laparoscopic; Neg appendectomy</i>   |
| <b>Cholecy-<br/>stectomy</b> | Physician or group that performs the surgery  | Professional claim for the surgery; Exclude open cholecystectomies   | First visit to PAP within 90 days prior to the surgery | 30 days after trigger window | Infection; Severe adverse outcomes; <i>Readmission 30 days; Associated facility hospitalization; CT scan; Avg LOS; Avg spend in pre-trigger window</i>  |
| <b>URI</b>                   | Physician or group that diagnoses the patient | URI specific diagnosis on professional claim for office or ED visit; Contingent code with confirming diagnosis | N/A  | 14 days after trigger window | Filled antibiotics if no Strep test; <i>Flu vaccination; Strep test if strep or pharyngitis and filled antibiotics; ED visit 14 days; Office follow-up 14 days if ED trigger; Filled antibiotics if bronchitis or sinusitis</i> |
| <b>UTI</b>                   | Physician or group that diagnoses the patient | UTI specific diagnosis on professional claim for office or ED visit; Contingent code with confirming diagnosis | N/A  | 30 days after trigger window | Advanced imaging; <i>Repeat UTI; Filled antibiotics; IP or office visit 30 days if ED trigger; ED visit 30 days; Urine culture or unanalysis if +18 y/o; Urine culture and urinalysis if -&lt;= 17 y/o</i>                      |
| <b>GIH</b>                   | First facility that treats the patient        | GIH specific diagnosis on ED or IP facility claim; Contingent code with confirming diagnosis                   | N/A  | 30 days after trigger window | Office visit 30 days; <i>Readmission or ED visit 30 days; ED vs office visit 30 days; Mortality; Surgery; Re-bleeding; Intervention radiology; H. Pylori treatment; Filled NSAID prescription</i>                               |
| <b>EGD</b>                   | Physician or group that performs the surgery  | Professional claim for the surgery   | 7 days prior to the surgery                            | 14 days after trigger window | QCDR participating facility; <i>Perforation; ED visit 14 days; Biopsy if gastric ulcers or Barrett's esophagus</i>  |
| <b>Colono-<br/>scopy</b>     | Physician or group that performs the surgery  | Professional claim for the surgery   | 7 days prior to the surgery                            | 14 days after trigger window | QCDR participating facility; <i>Perforation; ED visit 14 days; % additional colonoscopy 60 days; % post-polypectomy or biopsy bleeding</i>  |

<sup>1</sup> Italics indicate quality metrics not tied to gain-sharing