



ASTHMA ACUTE EXACERBATION EPISODE

Overview of an asthma acute exacerbation episode

The asthma acute exacerbation episode revolves around individuals with asthma who are treated at a health care facility for an acute exacerbation of their chronic illness. This episode is triggered by an emergency department (ED) visit, observation stay, and/or an inpatient stay, the primary purpose of which is to treat acute symptoms attributed to an asthma exacerbation. Following discharge from the hospital, all asthma-related care include asthma-related drug therapy and follow-up care such as home health visits are included in the episode as are any repeat acute asthma exacerbations occurring within a specified period of time and resulting in further treatment at a hospital. The complete asthma acute exacerbation episode begins with the ED or inpatient admission and ends 30 days after the patient is discharged.

Sources of Value

In treating patients with an acute exacerbation of asthma, health care providers have multiple opportunities to improve the quality and cost of care. For example, a provider may be able to prevent an avoidable inpatient admission from the ED or ensure an appropriate length of stay in the case of an inpatient admission. Providers play a pivotal role in administering and prescribing appropriate medications for the patient throughout the episode, assuring that necessary patient/family education and discharge instruction are provided and ordering and facilitating required follow-up care. These practices reduce the likelihood of repeat acute exacerbations and contribute to the delivery of high quality, cost effective care.

Principal Accountable Provider

The Principal Accountable Provider (also referred to as the Quarterback) of the episode is the specific health care provider deemed to have the greatest accountability for the quality and cost of care for the patient. To state it differently, the Quarterback is the provider who has the greatest ability to influence all of the health care delivered in a given episode. For an asthma acute exacerbation, the Principal Accountable Provider is the hospital where the ED visit, observation stay and/or inpatient admission took place. All Principal Accountable Providers will receive reports according to their tax ID number.

Claim exclusions and risk adjustment

The episode model is designed to be fair to providers and incentivize best practices without penalizing providers who care for sicker patients. As such, important aspects of the model are:

- Exclusion of episodes when clinical circumstances create the likelihood that the case will deviate substantially from the typical care path or when claims data is likely to be incomplete, and
- Risk adjusting to account for the cost of more complicated patients.

Examples of exclusion criteria specific to the asthma episode include a patient age younger than two years, a diagnosis of cystic fibrosis or intubation during the visit/inpatient stay.

Other exclusions apply to any type of episode, i.e., are not specific to an asthma acute exacerbation episode. For example, an episode would be excluded if more than one payer was involved in covering a single episode of care, the patient was not continuously insured by the

payer between the day of the earliest claim included in the episode and the end of the episode or the patient had a discharge status of “left against medical advice”.

For the purposes of determining a Principal Accountable Provider’s cost for each episode of care, the actual reimbursement for the episode will be adjusted to reflect risk and/or severity factors captured in recent claims data in order to be fair to providers caring for more complicated patients. A few examples of acute asthma exacerbation episodes with factors likely to be impacted by risk adjustment are: cardiovascular disease, multiple sclerosis and obesity. Over time, a payer may add or subtract risk factors in line with new research and/or empirical evidence.

Furthermore, there may be some factors with a low prevalence or significance that would make accurate risk adjustment difficult and may be used to exclude patients completely instead of adjusting their costs. The final risk factor adjustment methodology decisions will be made at the discretion of the payer after analyzing the data.

Quality metrics

The episode reimbursement model is designed to reward providers who deliver cost effective care AND who meet certain quality thresholds. A Principal Accountable Provider must meet or exceed all established benchmarks for any quality metric tied to gain sharing in order to be eligible to receive monetary rewards from the episode model. Quality metrics tied to gain sharing are referred to as threshold metrics. Other quality metrics may be tracked and reported for quality improvement purposes but may not be tied directly to gain sharing.

The threshold quality metrics for the asthma acute exacerbation episode (i.e. the quality metrics tied to gain sharing) are: the follow-up visit rate in the 30 day period following the acute exacerbation, and the percent of patients on an appropriate medication during or in the 30 day period following the acute exacerbation.

The quality metrics that will be tracked and reported to providers for the asthma acute exacerbation episode, but that are not directly tied to gain sharing, are: the rate of repeat acute exacerbation within 30 days after the trigger event, percent of episodes occurring in an inpatient setting, the percent of cases in which a chest x-ray was performed during the episode, the rate of patient education or asthma action plan discussion, and the percentage of cases where counseling for smoking cessation was offered.

It is important to note that quality metrics are calculated by each payer on a per Principal Accountable Provider basis across all of a Principal Accountable Provider’s episodes covered by that payer. Failure to meet all quality benchmarks tied to gain sharing will render a Principal Accountable Provider ineligible for gain sharing from that payer for the performance period under review.