Preliminary pre-decisional working draft; subject to change

Patient journey: Upper respiratory infection (URI) episode

Potential episode trigger event

URI

Patient has symptoms that indicate a possible upper respiratory infection (URI)

Diagnosis

- Initial assessment is performed by a PCP or other clinician during an office, outpatient, or emergency department visit
- Patient is diagnosed with a URI (trigger event)
- Additional tests (e.g., Strep A test, blood work, imaging) may be appropriate if there is suspicion of a more serious condition

Treatment

- Symptomatic therapies may be provided, e.g., antihistamines and decongestants
- In some cases where certain bacterial infections, e.g., strep A for pharyngitis, are suspected, antibiotics may be appropriate

Follow-up care

 Patient may be seen by a PCP and may be vaccinated for influenza

Potential complications

- Rheumatic fever
- Superinfections
- Meningitis

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Sources of value: Upper respiratory infection episode

serious condition

URI

Potential episode trigger event

Patient has Use of antibiotics Effective use of Efficient follow-up symptoms only when clinically imaging and testing care through patient that indicate (e.g., X-rays, CT indicated, e.g., education, e.g. a possible confirmed scans, blood work, reduced ED visits, upper streptococcal Strep A test) only telephonic and e-visits respiratory pharyngitis when suspicion of a infection rather than office consults Increase more serious event (URI) generic/over the (e.g., pneumonia) counter medication мп а от плудег event) use as appropriate, **Potential complications** e.g., antitussives, Additional tests (e.g., expectorants Strep A test, blood Reduction of Leverage NPs, PAs work, imaging) may be complications and other clinician appropriate if there is support staff where suspicion of a more

appropriate

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Upper respiratory infection (URI) episode definition (1/2)

URI

Area		Episode base definition
0	Episode triggers	 Professional claim for an office, ED, or urgent care visit with either: A primary Dx in a set of specific URI Dx A primary Dx in a set of contingent URI Dx and a confirmatory secondary URI Dx in a set of specific URI Dx
2	Episode window	 Episodes begin on the day of the triggering visit; post-trigger window is 14 days Clean period is the same length as post-trigger window
3	Claims included ¹	 During the day the URI was diagnosed: Relevant E&M professional and facility claims (excluding ED facility fees at initial visit), relevant procedures, relevant medications (e.g. nasal endoscopy, immunoassays, expectorants, decongestants) During post-visit period: Relevant E&M visits, relevant procedures, relevant medications, and spend associated with diagnoses for relevant complications (e.g. acute bronchitis, respiratory failure, antibiotics)
4	Principal accountable provider	 The PAP is the clinician or group that diagnosed the patient The billing provider ID on the triggering professional 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

Upper respiratory infection (URI) episode definition (2/2)

URI

Area		Episode base definition
e	Risk adjustment and episode exclusion	 Risk adjustment: 85 factors for use in risk adjustment including heart disease, diabetes, hypertension, asthma, acute bronchitis, and acute and chronic tonsillitis¹ Episode exclusion: There are three types of exclusions: Business exclusions: Members under 6 months or above 64 years Episodes with inpatient admissions during episode window 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: Members with any of 27 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) Episode's risk adjusted spend is 3 standard deviations Business and clinical exclusions) Episode's risk adjusted spend is 3 standard deviations Business and clinical exclusions) Episode's risk adjusted spend is 3 standard deviations Business and clinical exclusions) Episode's risk adjusted spend is 3 standard deviations Business and clinical exclusions)
	Quality metrics	 Quality metrics linked to gain-sharing: Antibiotics fill rate in the absence of a Strep test (tied to gain-sharing)\ Quality metrics for reporting only: Influenza vaccination rate Strep test rate for episodes with strep diagnosis ED visit rate during post-trigger Office follow-up rate after initial ED visit during post-trigger Strep test rate for episodes with antibiotics filled and pharyngitis diagnosis Antibiotics fill rate in bronchitis episodes² Antibiotics fill rate in episodes triggered by sinusitis²

1 A full list is available in the detailed business requirements

