

Health Care Incentives Improvement Institute Inc.



**Chronic Obstructive Pulmonary Disease (COPD) ECR Playbook
ECR Definition Summary**

	Definition
Trigger Codes*	The patient has a <u>professional</u> claim with one of these ICD-9-CM diagnosis codes in any position: 490, 491.y, y=0,1,8,9, 491.20, 492.xx, 493.20, 496
Episode Time Window	One year starting from the date of service of the trigger claim
Enrollment / eligibility requirement	Duration of episode (365 days look-forward period) with a maximum of continuous 30-day gap
Patient Exclusions	<ol style="list-style-type: none"> 1. Continuous enrollment requirement not met 2. Age less than 18 years or ≥ 65 years 3. Discharge status is left against medical advice 4. In-hospital death
Claim/Episode charge exclusions	<ol style="list-style-type: none"> 1. Remove PFO[†] claims if the claim charges are missing, $< \\$10$, or $> \\$1,000,000$ 2. Remove Stay claims if claim charges are missing, $< \\$50$, or $> \\$1,000,000$ 3. Remove Pharmacy claims if claim charges are missing, $< \\$1$, or $> \\$1,000,000$ 4. Remove episode if total medical charges for the episode are $< \\$20$ or $> \\$1,000,000$ 5. Remove episode if total pharmacy charges for the episode are $< \\$1$ or $> \\$1,000,000$
Medical exclusions	HIV, cancer, suicide, end-stage renal disease (ESRD), pregnancy and newborn conditions
Procedural exclusions	<p>Exclude claims with any major or irrelevant surgical procedure as indicated in the “all codes” workbook, transplants etc.</p> <p>Exclude claims with any major but relevant surgical procedure suggesting that COPD would be a comorbidity rather the driver for those costs</p>
Potentially Avoidable Complications (PACs)	<p>All hospitalizations and all emergency room visits as well as professional services related to these hospitalizations are considered as PACs.</p> <p>Additionally, professional and other services are also considered as PACs if they are one of three types:</p> <ol style="list-style-type: none"> 1. Services related to the anchor condition: Services due to acute exacerbations of the anchor condition are considered as PACs. For example, services for acute exacerbation of COPD, Asthma, or for pneumonia, respiratory failure or mechanical ventilation. 2. Services related to Comorbidities: Services for acute exacerbations of any of the patient’s comorbid conditions are considered PACs. For example, a diabetic emergency, cardiac dysrhythmias, severe gastritis etc. for a patient with COPD. 3. Services for potential Patient Safety Failures: Services for major infections, deep vein thrombosis, adverse drug events, and other patient safety-related events are considered PACs.
Type of model(s) developed	Professional, outpatient facility, pharmacy & all other claims model: Model for ages 18 to <65 year olds.

*x = any digit from 0-9 inclusive or blank; y and z are as indicated.

[†]PFO: Professional, outpatient facility, ancillary and other claims