



3 TIPS for Creating Episode Analytics to Improve Costs and Quality in TEAM Surgeries

Developing cost strategies is a complicated process for hospitals that have primarily focused on operating costs or aggregate data. To lower surgery costs and improve patient recovery, you must uncover the factors that drove cost variation in each surgical episode (and with each surgical team) and then develop processes to prevent or reduce such problems in the future.

To create the analytics to fuel these strategies, you need trustworthy data in order for hospitals and clinicians to agree on what drives costs for each episode and to engage in new strategies and processes for surgical cases.

Here's how to develop the analytics base you need to support TEAM:

1. Ensure your clinicians are on board to customize episodes and take part in the evaluation of cost drivers as well as quality issues. They need to understand the parameters and nuances of decisions on episode construction so that they will support the conclusions of analyses.

2. Trust in episode analytics depends on the depth and quality of data you have aggregated. CMS Claims data is good for cost information and identifying services across all providers. But to leverage insights about the clinical journey of the patient in surgery, it is critical to include data from the EHR in episodes. EHR data will include information beyond codes for patient complications, patient risks prior to surgery, clinical status during the surgery and immediate recovery process.

EHR data sources should not be limited to the hospital EHR and should also capture the patient's health system record (if connected) for medical history information. Collaborating specialists' EHR data would add even more depth, such as alternative therapies tried, patient hardening or pre-treatments, and additional patient risks. The goal of episode analytics goes further than detecting cost drivers. Optimal use of data also means to identify cases and clinical strategies that were successful in achieving better outcomes and lower costs. These help create the blueprint for change.

3. In addition to tracking CMS-specified, consider developing broader, more complete episodes. These will involve incorporating more time, criteria, and sources of data—essential for internal evaluation of cost and patient outcomes, because they illuminate a more holistic approach. Broader episodes can include the pre-surgical period to capture patient history and risk, as well as information from primary care physicians, such as the patient's problem list, major diagnoses, and events. They can also be expanded beyond the 30-day TEAM period to evaluate the full patient recovery and additional patient-reported outcomes.

Your TEAM surgical episodes will support a discovery and learning process for the hospital and clinicians about the multiple causes of cost variation and episodic cost drivers. Including stakeholders and ensuring trustworthy data will go a long way toward creating true collaboration for improved processes, communication, and outcomes.

Roji Health Intelligence pioneered the use of episodes to compare and investigate both patient outcomes and costs. We have developed episodes for chronic illness, major procedures and treatments, and specialty care, including oncology, chronic kidney disease, and specialty payment models including TEAM, ASM, Enhancing Oncology Model, and Kidney Care Choices.

We're ready to help you make TEAM successful. [Roji TEAM Episodes](#) are mapped to CMS specifications. In addition, Roji provides more robust episodes to capture patient risk and time before and after CMS episodes.

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