

Medstat's Episode Grouper® (MEG)

MEG uses demographic and diagnosis data from claims to link inpatient, outpatient, and pharmacy services into disease-related episodes of care and classify the severity of disease within the episode. MEG uses the Medstat Disease Staging Software® disease classification system to construct 557 homogenous, disease specific episode groups. Because the Medstat Episodes Grouper is based solely on diagnosis codes and does not take into account procedure codes, accuracy of disease classification is increased. The data used for these analyses are from the entire Medicare population that met our threshold criteria for inclusion in the CCI, not from the sample data that is on the sample CD. No pharmacy services were included in the Medicare data.

Underlying Constructs

Starting Points—An episode of care is initiated with a contact with the health delivery system. In a claims-based methodology, the beginning of an episode is the first claim received for an episode grouping.

The MEG methodology allows physician office visits and hospitalizations to open or extend patient episodes. As the coding of claims for laboratory tests and x-rays are not always reliable, these services can join existing episodes but cannot open an episode. Frequently, in the practice of medicine, a physician will order a test prior to seeing a patient. To recognize this, a look-back mechanism has been incorporated MEG. When a lab or x-ray service is encountered that occurred prior to the date of the claim that established an episode, MEG checks to see if an episode with the same episode group number has been opened within 15 days following the test. If so, the lab or x-ray will be added to the episode.

End Points—An episode ends when the course of treatment is completed. Since the end of an episode is not designated on a claim, the clean period decision rule has been employed to establish the end date. Clean periods represent the period of time for a patient to recover from a disease or condition. If a subsequent visit for a disease occurs within the clean period, then it is assumed to be a part of the episode containing previous visits for that disease. If a visit for a disease occurs later than the clean period, then it defines the beginning of a new episode. The duration of clean periods was empirically and clinically reviewed by Medstat physicians, and varies by disease. Chronic conditions, such as diabetes and COPD, do not have end points or clean periods.

Inclusion of Non-specific Coding—Non-specific, initial diagnoses are relatively common in the billing of treatments of patients. For instance, an initial visit may be coded as abdominal pain, but later be classified as appendicitis. MEG incorporates logic to link non-specific diagnoses and costs to specific episodes. The linkage occurs when a non-specific claim has a date close in time to the specific episode and the linkage makes clinical sense. The result is more

complete episodes and the elimination of data clutter caused by non-specific coding.