

# Acute Seizure Episode

## Executive Summary

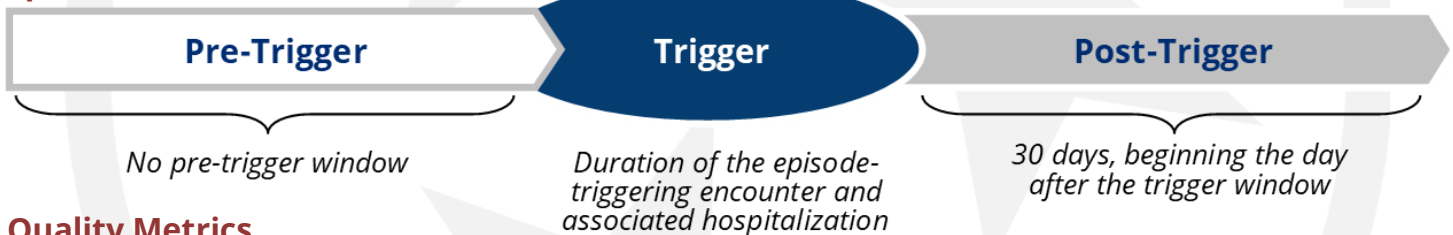
### Episode Design

- **Trigger:** visit or stay for acute seizure
- **Quarterback type:** facility (acute seizure treatment site)
- **Care included:** all acute seizure-related care including imaging and testing, medical procedures, and medications

### Sources of Value

- Appropriate use of diagnostic testing (e.g., MRI when indicated)
- Timely consultation with a neurologist
- Appropriate use of additional testing (e.g., EEG only when indicated)
- Appropriate prescription of medications
- Appropriate treatment of underlying etiologies vs. medical management
- Appropriate length of stay
- Appropriate use of surgical procedures only when indicated
- Appropriate follow-up care (e.g., a timely follow-up visit with a specialist) and site of post-acute care
- Appropriate prescription of medication
- Appropriate imaging and testing
- Reduced complications and repeat events

### Episode Duration



### Quality Metrics

#### Tied to Gain-Sharing

- Brain MRI utilization in focal epilepsy (higher rate is better)
- Prolonged EEG monitoring utilization in newly diagnosed seizure (higher rate is better)

#### Informational Only

- Brain MRI utilization in newly diagnosed seizure
- Brain MRI utilization in children
- Head CT utilization in adults
- Safety counseling in newly diagnosed seizure
- Related ED visit
- Related admission
- Related follow-up care

### Making Fair Comparisons

#### Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., COVID-19, craniotomy, end stage renal disease, stroke or brain hemorrhage, active cancer management, DCS custody)
- Patient exclusions: age (less than 1 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

**To learn more about the episode's design**, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.