

# Episode Summary:

## Cholecystectomy

### Arkansas Health Care Payment Improvement Initiative

#### I. What is the Cholecystectomy episode, and how will the episode model encourage more effective and efficient care?

**C**holecystectomy is the surgical removal of the gallbladder. It is the most common method for treating symptomatic gallstones and can be performed laparoscopically or through a more invasive open procedure.

#### II. Key features of the Cholecystectomy episode

▶ **Episode definition:** The cholecystectomy episode is triggered by services provided by the responsible surgical team. All related services during the cholecystectomy procedure and 90 days after the procedure, including inpatient and outpatient facility services, professional services, related medications, related complications and post-procedure admissions. This episode includes patients between the ages of 1 year and 65 years.

▶ **Principal Accountable Provider:** For each episode, the Principal Accountable Provider (PAP) is the primary surgeon performing the cholecystectomy.

▶ **Quality measures:** In order to participate in gain sharing, providers are required to pass a quality metric related to the percentage of episodes with CT scan 30 days prior

to cholecystectomy. An acceptable threshold would be less than the state average of 44 percent of cases. Metrics intended for reporting only include the rate of major complications occurring in the episode, either during the procedure or in the post-procedure window, such as common bile duct injury, abdominal blood vessel injury, bowel injury, the number of laparoscopic cholecystectomies converted to open surgeries and the number of cholecystectomies initiated via open surgery.

▶ **Adjustments and exclusions:** The cholecystectomy episode will exclude patients who have had a pregnancy within 30 days prior to or within 90 days after a cholecystectomy procedure, in ICU care within 30 days prior to the cholecystectomy procedure, suffering acute pancreatitis, cirrhosis, or cholangitis concurrent with procedure, with open cholecystectomy procedure (includes laparoscopic converted to open and surgeries initiated open), who die in the hospital during the episode, with a patient status of “left against medical advice” during the episode, with dual enrollment in Medicare/Medicaid, or who do not have continuous Medicaid enrollment for the duration of the episode. Adjustment will be made in this episode for patients who have comorbidities, including indirectly related health conditions (e.g., acute cholecystitis, common bile duct stones), and episodes in which patients have an ED admittance prior to procedure.



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AFMC has partnered with the initiative to provide communication design and printing.