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

Upper respiratory infections (URIs) — such as the common cold — have a high incidence rate and affect almost every Arkansan each year. Although most are self-managed outside of a health care setting, each year thousands seek care in physician offices, clinics, emergency departments, or other outpatient health care settings.

Most URIs are viral infections that resolve themselves within 10 days. However, some patients make follow-up clinician visits to monitor and manage risk factors, such as a persistent cough or fever. Antibiotics are rarely needed to treat these infections, but still are regularly prescribed in Arkansas. The episode model encourages more effective and efficient use of antibiotics and other treatments to ensure patient needs are met while improving quality and public health outcomes.

II. Key features of the URI episode

Episode definition: Three types of episodes will be covered — non-specific URIs, acute pharyngitis, and acute sinusitis. These share common characteristics but will be treated as separate episode types. The episode begins with a patient’s initial in-person visit and includes all follow-up care for the next 21 days. All in-person visits, labs, imaging, and antibiotics, antivirals and corticosteroids commonly prescribed for URIs are included.

Principal Accountable Provider: The Principal Accountable Provider (PAP) for the URI episode is the first provider to see the patient in an in-person setting, even if other providers see the patient during an episode.

Quality measures: In order to participate in upside savings in the pharyngitis episode, providers must carry out a strep test for patients for whom an antibiotic is prescribed. PAPs also will receive reports highlighting their performance on a number of additional measures related to the quality of URI care (e.g., antibiotic prescription rate). PAPs do not need to self-report any quality measures through the Provider Portal for this episode.

Adjustments and exclusions: Patients considered high-risk (e.g., infants, patients with COPD) will be excluded from the initial version of the URI episode. For all patients, the cost of the initial visit will be adjusted to ensure equivalency across settings of care, but all other claims will remain unadjusted. As children are more prone to complications, a risk adjustment to the cost of the individual episode is applied for young patients.