



Solventum™ Patient-focused Episodes (PFEs) Classification System

- Defines more than 300 episodes spanning ambulatory and inpatient encounters as well as chronic and acute diseases
- Supports profiling based on risk-adjusted clinical outcomes
- Enables the comparison of actual costs with expected resource utilization

Patient-focused design

Focus on an enrollee's total burden of illness rather than separate disease processes. The ability to classify patients into mutually exclusive categories also enables a uniform clinical language that can help identify at-risk patients, costs and inefficiencies.

Additionally, the software can be used to derive relative weights independent from the clinical model using actual historical expenditures. Plus, it is based on Solventum's widely used and proven risk adjustment models and inpatient, outpatient and population grouper methodologies.



The challenge:

Understand the costs and outcomes of longitudinal care

Many new models for longitudinal care — including bundled payment, accountable care and population health management — require attention to the overall quality and costs of treating patients. This is especially true for patients who have complex health histories such as heart failure, mental health disorders or functional impairment. Managing the entire episode of care rather than focusing on each disease separately can help control costs and improve health outcomes.

The solution: Patient centric, not disease specific

The Solventum PFEs Classification System defines two types of episodes from analysis of a patient's inpatient and ambulatory care:

Event-based episodes include all services within a user-defined time window surrounding a trigger event (e.g., a significant outpatient procedure, outpatient medical visit or hospitalization).

Cohort episodes include services provided to patients who share a common condition, disease or characteristic within a user-defined period (e.g., pregnancy, diabetes or eligible members of a wellness program).

The conventional approach of defining episodes involves focusing on the services related to a single disease rather than on the patient as a whole. But for patients with multiple comorbid conditions, individual services cannot be accurately attributed to a specific disease because comorbid diseases intersect and do not behave independently.

Solventum PFEs recognize this and take a patient-centric approach by defining an episode based on all of a patient's healthcare encounters and claims during a specified period, regardless of whether services are associated with the same diagnosis. A patient may be assigned a zero, one or many episodes (event-based and cohort) during an analysis period, but only one event-based episode at any point in time.



Risk-adjusted measures of cost and outcomes

In assigning episodes, the software considers the burden of a patient's chronic illness and risk adjusts the episode assignment. The software also analyzes actual costs, which can be compared with expected resource use during an episode. This produces actual and expected values that can be used for profiling comparisons or establishing payment levels. The data can also become the basis for evaluating delivery of care and the associated financial impact of post-acute care.



Assess the risk of chronic illness

Solventum PFEs leverage the Solventum™ Clinical Risk Groups (CRGs) Classification System, which differentiates patients based on their overall chronic illness burden within each episode, using all diagnoses, procedures and drug codes prior to the episode. This provides a transparent and clinically precise classification that care providers can understand consistently. The design of Solventum CRGs is similar to diagnosis related groups (DRGs), which are widely used and accepted by healthcare professionals.



Benefits

- **Improve patient care** by identifying opportunities to lower resource utilization, coordinate care and reward quality improvements
- **Support bundled payment** with sophisticated algorithms that include risk adjustment, outlier thresholds (in select versions) and empirically derived relative payment weights based on actual historical expenditures
- **Enable users to compare costs** by calculating expected resource use with consideration for the clinical risk of a patient's chronic illness and comorbid conditions
- **Express episodes and health risk in a clinically meaningful way** so that clinicians and other healthcare professionals can understand and act on information



Features

Solventum PFEs:

- Assign a Solventum CRG based on data prior to the start of an episode (prospective) or during the period before the episode end date (retrospective)
- Produce a financial summary by episode and event type
- Provide relative weights for all event-based episodes and cohort episodes applicable to each patient

Solventum PFEs can help users:

- Define the number of days before and after a trigger event to include in the event-based episode window
- Choose which services to include in cost calculations
- Select preferences for trimming or capping outliers (in select versions)
- Evaluate patients in a cohort over an extended period of time (e.g., 180 or 365 days)



Contact Solventum today

For more information on how our software and services can assist your organization, contact your Solventum sales representative, call us at 800-367-2447, or visit us online at [Solventum.com](https://www.solventum.com).



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