



Strategies to Improve Initiation and Engagement, Follow-Up After Emergency Department or High Intensity Care for Substance Use Disorders

*2023 / Optimizing the Impact of Behavioral
Health IET, FUA and FUI HEDIS® Measures*



Purpose of the Training

To recognize the intent of the measures and share strategies to impact quality care and outcomes for our members.



What Is HEDIS®?



Healthcare Effectiveness Data and Information Set

A set of standardized performance measures designed by the National Committee for Quality Assurance (NCQA)

One of healthcare's most widely used performance improvement tools

Helps to identify gaps in care and develop programs to improve quality and health outcomes

Why Is HEDIS® Important to Providers?

- Value-Based Service and other Pay-for-Performance incentive programs
- Focuses on preventative care and supports better patient outcomes
- The focus on quality outcomes can help members get the most from their benefits, which ultimately means better use of limited resources.
- It is a validated set of measurements by which one can measure the effectiveness of treatment interventions.

BH HEDIS® Measures



- IET
 - Initiation and Engagement of Substance Use Disorder Treatment
- FUA
 - Follow-Up After ED Visit for Substance Use
- FUI
 - Follow-Up After High-Intensity Care for Substance Use Disorder

The Importance of Substance Use Disorder Treatment

- Stop or reduce harmful substance misuse
- Improve patients' overall health
- Increases overall quality of an individual's life
- Positive economic impact



Initiation and Engagement of Substance Use Disorder (SUD) Treatment (IET)

Measure Components

- Ages 13 years and older
- Received a new SUD episode/diagnosis from any provider, including medical
- Initiation of SUD treatment and ongoing Engagement of SUD treatment rates are reported

Meeting the Measure Initiation of SUD Treatment:

- When the member initiates an SUD visit or medication dispensing event within 14 days of the SUD episode date

Meeting the Measure Engagement of SUD Treatment:

- When the member engages in at least two (any combination of) SUD visits or medication treatment events on the day after the initiation encounter through 34 days after



Approved Visits for IET



The visit(s) must include a diagnosis of Alcohol Use Disorder, Opioid Use Disorder, or Other Substance Use Disorder

**Specific value set coding must be present to be considered an engagement visit.*

- Acute and Nonacute Inpatient
- Telehealth, Telephone, or Virtual Visit
- Outpatient Visit
- An Observation Visit
- Intensive Outpatient Encounter or Partial Hospitalization
- Nonresidential SUD Facility
- Community Mental Health Center Visit
- Opioid Treatment
- Substance Use Service
- Medication-Assisted Treatment for Alcohol or Opioid

Follow-Up After Emergency Department (ED) Visit for Substance Use (FUA)

Measure Components

- Ages 13 years and older
- Emergency Department visit with a principal diagnosis of SUD or any diagnosis of drug overdose (unintentional)
- 7-day and 30-day follow-up visit rates are reported

Meeting the Measure

- When the member attends a 7-day visit or pharmacotherapy dispensing event with any practitioner coded for SUD, substance use, or unintentional drug overdose or with an approved mental health provider, the 30-day visit is also met.
- The visit can occur on the same day as the ED discharge.



Approved Follow-Up Visits for FUA



The visit(s) must include a diagnosis of SUD, substance use, or drug overdose. OR occur with a Mental Health Provider.

- Telehealth, Telephone, or Virtual Visit
- Outpatient Visit
- An Observation Visit
- Intensive Outpatient Encounter or Partial Hospitalization
- Nonresidential SUD Facility
- Peer Support
- Community Mental Health Center Visit
- Opioid Treatment
- Substance Use Service or Behavioral Health Screening
- Medication-Assisted Treatment for Alcohol or Opioid

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

Measure Components

- Ages 13 years and older
- Acute Inpatient, Residential or Withdrawal Management (Detox) episodes for a principal diagnosis of SUD
- 7-day and 30-day follow-up visit rates are reported

Meeting the Measure

- When the member attends a 7-day visit or Pharmacotherapy Dispensing Event, with any practitioner for a principal diagnosis of SUD, the 30-day visit is also met.
- The visit must occur after the SUD episode discharge or transfer date.



Approved Follow-Up Visits for FUI



The visit(s) can occur with any practitioner for a principal diagnosis of SUD

- Acute and Nonacute Inpatient
- Telehealth, Telephone, or Virtual Visit
- Outpatient Visit
- An Observation Visit
- Intensive Outpatient Encounter or Partial Hospitalization
- Nonresidential SUD Facility
- Residential (BH) Treatment Center
- Community Mental Health Center Visit
- Opioid Treatment
- Substance Use Service
- Medication Assisted Treatment for Alcohol or Opioid

Note: Follow-up does not include detoxification events.

Strategies to Impact Substance Use Disorder Treatment

Express empathy and engage the patient and guardian

- Encourage questions
- Assess willingness to change
- Validate concerns
- Educate on relapse prevention and treatment options
- Ask for signed release of information forms



Strategies to Impact Follow-Up Care for SUD



Encourage providers and staff to:

Offer telehealth and phone visits

Schedule the first visit within 7 days

Code substance-related diagnoses and visits correctly on claims

Partner with the Health Plan and assess for peer support and Care Management referrals

Coordinate care between physical and mental health providers

The Role of the Provider in HEDIS®

Demonstrate commitment to quality care and improved patient outcomes

Know the BH HEDIS® measure requirements and provide appropriate care or referrals within the designated timeframes

Accurately code all claims and clearly document ALL services provided

Collaborate with the Health Plan for effective programs and interventions

Play an active role in coordinating care for our members

“We honor ourselves when we speak out for recovery. We show the world that recovery matters because it brings hope and peace into the lives of individuals and their loved ones.”

- Beth Wilson



Thank You!

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After Emergency Department or High Intensity Care for
Substance Use Disorders:**
*Optimizing the Impact of the Behavioral Health IET, FUA, and
FUI HEDIS® Measures*



References

- National Committee for Quality Assurance. (n.d.a.). *Follow-up after emergency department visit for substance use (FUA)*. <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/>
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- National Committee for Quality Assurance. (n.d.c.). *Initiation and Engagement of treatment for substance use disorder (FUI)*. <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/>
- National Committee for Quality Assurance. (n.d.d.). *HEDIS® and performance measurement*. <https://www.ncqa.org/HEDIS/>
- Substance Abuse and Mental Health Services Administration (US); Office of the Surgeon General (US). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* [Internet]. Washington (DC): US Department of Health and Human Services; 2016 Nov. CHAPTER 4, EARLY INTERVENTION, TREATMENT, AND MANAGEMENT OF SUBSTANCE USE DISORDERS. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK424859/>