

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

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of follow-up visits for members with a principal diagnosis of Substance Use Disorder (SUD) or any diagnosis of drug overdose after being seen in the Emergency Department (ED).

In 2016, 20.1 million Americans over 12 years of age (about 7.5% of the population) were classified as having a substance use disorder involving alcohol or other drugs.¹ High ED use for individuals with SUD may signal a lack of access to care or issues with continuity of care.² Timely follow-up care for individuals with SUD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days.^{3,4,5}

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses ED visits for members 13 years of age and older with a principal diagnosis of SUD, or any diagnosis of drug overdose, who had a follow-up visit or a pharmacotherapy dispensing event for SUD, substance use, or drug overdose with any health care practitioner preferably within 7 days but no later than 30 days of the ED visit.

Note: Follow-up visits and pharmacotherapy dispensing events may occur on the same date of the ED visit.

Two rates are reported:

ED visits for which member received follow-up within 7 days of the ED visit (8 total days)

ED visits for which member received follow-up within 30 days of the ED visit (31 total days)

Measure does not apply to members admitted to inpatient or residential treatment within 30 days of the ED visit. Does not apply to members in hospice. Does not apply to members with a principal diagnosis of mental illness disorder or intentional self-harm.

Any of the following qualifies as a follow-up visit (with a principal diagnosis of SUD, substance use, or drug overdose):

- Observation
- Partial hospitalization
- Intensive outpatient
- Outpatient
- Behavioral health outpatient
- Medication assisted treatment
- Community mental health center
- Telehealth
- Telephone
- On-line assessment (E-visit or virtual check-in)

You Can Help

- Emergency Department
 - Talk frankly about the importance of follow-up to help the member engage in treatment.
 - Assist member with coordination of care to follow-up visit with appropriate referrals and scheduling.
 - Make sure that the member has appointment scheduled; preferably within 7 days but no later than 30 days of the ED visit. Tip: Schedule follow-up visit within 5 days of ED visit to allow flexibility in rescheduling within 7 days of ED visit.
 - Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
 - Involve the member's parent/guardian regarding the follow-up plan after ED visit, if applicable.
- Follow-up Provider
 - Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
 - Provide timely submission of claims with correct service coding and principal diagnosis.
 - Follow-up providers maintain appointment availability for members with recent ED visits.
 - Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects etc.
 - If appointment doesn't occur within first 7 days, schedule within 30 days of ED visit.
- Both Emergency Department and Follow-up Provider
 - Identify and address any barriers to member keeping appointment.
 - Provide reminder calls to confirm appointment.
 - Encourage communication between the behavioral health specialist and Primary Care Physician (PCP). Ensure that the member has a PCP and that care transition plans with the PCP are shared.

New Directions is Here to Help

For providers calling New Directions -

If you need to refer a member or receive guidance on appropriate services, please call:

- New Directions Behavioral Health at (888) 611-6285
- Florida providers call (866) 730-5006

For providers directing members to call New Directions -

- Behavioral healthcare coordination and referrals 24 hours a day, call toll-free (800) 528-5763.
- Reach a substance use disorder clinician, call our member **Hotline at (877) 326-2458.**

or

New Directions' Substance Use Disorder Resource Center:

<https://www.ndbh.com/Resources/SubstanceUseCenter>

References:

1. Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
2. New England Health Care Institute (NEHI). 2010. "A Matter of Urgency: Reducing Emergency Department Overuse, A NEHI Research Brief." Available from URL: http://www.nehi.net/writable/publication_files/file/nehi_ed_overuse_issue_brief_032610final edits.pdf.

3. Kunz, F.M., French, M.T., Bazargan-Hejazi, S. (2004). Cost-effectiveness analysis of a brief intervention delivered to problem drinkers presenting at an inner-city hospital emergency department. *Journal of Studies on Alcohol and Drugs*, 65, 363-370.
4. Mancuso, D., Nordlund, D.J., Felver, B. (2004). Reducing emergency room visits through chemical dependency treatment: focus on frequent emergency room visitors. Olympia, Wash: Washington State Department of Social and Health Services, Research and Data Analysis Division.
5. Parthasarathy, S., Weisner, C., Hu, T.W., Moore, C. (2001). Association of outpatient alcohol and drug treatment with health care utilization and cost: revisiting the offset hypothesis. *Journal of Studies on Alcohol and Drugs*, 62, 89-97.
6. NCQA: <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/>