

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

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 or services for members with a principal diagnosis of substance use disorder (SUD).

Substance Use Disorders are a significant contributor to morbidity and mortality. Although clinical guidelines recommend follow-up care after “high-intensity” treatment to reduce negative health outcomes, few individuals receive any treatment or follow-up care.¹

Meeting the Measure: Measurement Year 2022 HEDIS[®] Guidelines

Assesses the percentage of acute inpatient hospitalizations, residential treatment or detoxification visits for a diagnosis of substance use disorder among members 13 years of age and older that result in a follow-up visit or service for substance use disorder.

Two rates are reported:

The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 30 days after the visit or discharge.

The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.

Measure does not apply to members in hospice. Measure does not apply to members directly transferred to an acute inpatient or residential behavioral health care setting with a principal mental health diagnosis. Does not apply to members with a principal diagnosis of mental health.

Note: Follow-up visits may not occur on the same date of inpatient or residential treatment discharge or detoxification visit.

Any of the following qualifies as a follow-up visit (with a principal diagnosis of substance use disorder):

- Inpatient/Residential
- Observation
- Partial hospitalization
- Intensive outpatient
- Outpatient
- Community mental health center
- Telehealth
- Telephone
- On-line assessment (E-visit or virtual check-in)
- Pharmacotherapy dispensing event. Methadone and Buprenorphine administered via

transdermal patch or buccal film are not included in the medication lists for this measure. (Only applies to members with an Alcohol or Opioid abuse or dependence diagnosis)

Note:

- Follow-up does not include detoxification.

You Can Help

- Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
- Make sure that the member has follow-up appointment scheduled; preferably within 7 days but no later than 30 days of the inpatient discharge.
- If the member is an adolescent, engage parents/guardian or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- Aftercare appointment(s) should be with a healthcare provider and preferably with a licensed behavioral therapist and/or a psychiatrist.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Providers should maintain appointment availability for members with recent SUD diagnosis.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Advise the member and significant others of side effects of medications, and what to do if side effects are severe and can potentially result in lack of adherence to the treatment plan and medication regimen.
- Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects etc.
- Care should be coordinated between providers and begin when the SUD diagnosis is made. Encourage communication between the behavioral health providers and Primary Care physician (PCP).
- Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
- Instruct on crisis intervention options.
- Provide timely submission of claims with correct service coding and principal diagnosis.

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 -



ndbh.com

- 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. NCQA: <https://blog.ncqa.org/hedis-2020-public-comment-opens-now/>