

Initiation and Engagement of Substance Use Disorder Treatment (IET)

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 diagnosis of substance use disorder (SUD).

Treatment, including medication-assisted treatment (MAT), in conjunction with counseling or other behavioral therapies, has been shown to reduce SUD-associated morbidity and mortality, improve health, productivity and social outcomes and reduce health care spending.^{1,2,3}

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses adults and adolescents 13 years of age and older with a new episode of SUD (no diagnosis of SUD or given an SUD treatment medication within the past 194 days), who initiate SUD treatment and members who initiate and stay engaged in SUD treatment.

Two rates are reported:

Initiation of SUD Treatment: Adolescents and adults who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of diagnosis.

Engagement of SUD Treatment: Adolescents and adults who initiated treatment and who were engaged in on-going SUD treatment within 34 days of the initiation visit.

Measure does not apply to members in hospice.

Initiation of SUD treatment

Any of the following qualifies for initiation of SUD treatment (with a diagnosis of SUD):

- Inpatient/Residential
- Observation
- Partial hospitalization
- Intensive outpatient
- Outpatient
- Behavioral health outpatient
- Medication assisted treatment (Only applies to members with an Alcohol or Opioid abuse or dependence diagnosis)
- Telehealth
- Telephone
- On-line assessment (E-visit or virtual check-in)

Notes:

- If the new SUD episode was an opioid treatment service that bills monthly (OUD Monthly Office Based Treatment), the opioid treatment service is considered initiation of treatment and the member is compliant.

- If the new SUD episode was initiated during an Emergency Department/observation visit it counts as initiation whether or not the member was admitted to inpatient treatment or discharged home.
- If the new SUD episode was initiated on a day that did not correspond to a discharge from inpatient, the initiation visit must occur within 14 days of when the member was diagnosed with a new SUD (14 total days including the day of diagnosis).

Engagement of SUD treatment

Any of the following qualifies for engagement of SUD treatment:

- SUD Episodes that had at least one weekly or monthly opioid treatment service with medication administration.
- SUD Episodes with long-acting SUD medication administration events. Any of the following meet criteria:
 - For alcohol use disorders, an alcohol use disorder medication treatment dispensing event or a medication administration event (Naltrexone Injection).
 - For opioid use disorder, an opioid use disorder medication treatment dispensing event or a medication administration event (Naltrexone Injection, Buprenorphine Injection, Buprenorphine Implant).
- At least two engagement services with no more than one of the services being a medication treatment event. Any of the following qualifies for engagement services (with a SUD diagnosis):
 - Medication treatment event. Methadone is not included in the medication lists for this measure. (Only applies to members with an Alcohol or Opioid abuse or dependence diagnosis)
 - Treatment visits
 - Inpatient/Residential
 - Observation
 - Partial hospitalization
 - Intensive outpatient
 - Outpatient
 - Behavioral health outpatient
 - Opioid Weekly Non-Drug Treatment Service
 - Telehealth
 - Telephone
 - On-line assessment (E-visit or virtual check-in)

Notes:

- Engagement visits must occur on the day after the initiation visit through 34 days after the initiation visit (34 total days)
- Two engagement visits can be on the same date of service, but they must be with different providers in order to count as two events.

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 appointments: one initiation visit within 14 days of the new episode of SUD abuse or dependence and other engagement visits within 34 days of the initiation visit.
- If the member is an adolescent, engage parents/guardian or significant others in the treatment plan, with appropriate consent of the adolescent. 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/addictionologist.
 - 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 -

- 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. National Institute on Drug Abuse (NIDA). (2018). How effective is drug addiction treatment? <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment>
2. Substance Abuse and Mental Health Services Administration (SAMHSA). "Medication Assisted Treatment (MAT)." <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>
3. (2016). Cost effectiveness of drug treatment. Retrieved from: <https://www.drugabuse.gov/publications/teaching-packets/understanding-drug-abuse-addiction/section-iv/6-cost-effectiveness-drug-treatment>
4. NCQA: <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/>