

Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (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 Alcohol and Other Drug Abuse or Dependence 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 (AOD).¹ High ED use for individuals with AOD may signal a lack of access to care or issues with continuity of care.² Timely follow-up care for individuals with AOD 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 2021 HEDIS® Guidelines

HEDIS Description

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD.

Two rates are reported:

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

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

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

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 Alcohol and Other Drug Abuse or Dependence):

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

Note: Check with member's health plan for specific coverage for these levels of care.

You Can Help

- ED assist member with coordination of care to follow-up visit with appropriate referrals and scheduling.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Engage parents/guardian/family/support system and/or significant others in follow plan of care, if possible.
- Make sure that the member has appointment scheduled; preferably within 7 days but no later than 30 days of the 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.
- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Instruct on crisis intervention options, including specific contact information, specific facilities, etc.
- Referrals to appropriate SUD treatment level of care, community resources (AA) and consider MAT (Medication Assisted Treatment).
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Provide timely submission of claims.
- 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.
- Encourage communication between the behavioral health specialist and PCP. Ensure that the member has a PCP and that care transition plans with the PCP are shared.

Tips

- Schedule follow-up visit within 5 days of ED visit to allow flexibility in rescheduling within 7 days of ED visit.
- If appointment doesn't occur within first 7 days, schedule within 30 days of ED visit.

New Directions is Here to Help

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

Alabama: 855-339-8558	Kansas: 800-952-5906	Michigan: 800-762-2382
Arkansas: 816-523-3592	Kansas City Mindful: 800-528-5763	Michigan GM: 877-240-0705
Florida: 866-730-5006	Louisiana: 877-207-3059	Michigan URMBS: 877-228-3912

Reach a substance use disorder clinician by calling our member hotline at (877) 326-2458.

Visit New Directions' [Substance Use Disorder](#) Center for more resources and information.

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_032610finalaeds.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.