

Initiation and Engagement of Alcohol and Other Drug or Dependence 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 principal diagnosis of alcohol or other drug (AOD) abuse or dependence.

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

Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

HEDIS Description

The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following:

Two rates are reported:

Initiation of AOD Treatment: The percentage of members who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of diagnosis.

Engagement of AOD Treatment: The percentage of members who initiated treatment and who were engaged in on-going AOD treatment within 34 days of the initiation visit.

Assesses adults and adolescents 13 years of age and older with a new episode of AOD abuse or dependence (no diagnosis of AOD abuse or dependence or given an alcohol or opioid dependency treatment medication within the past 60 days), who initiate AOD treatment and members who initiate and stay engaged in AOD treatment.

Measure does not apply to members in hospice.

Initiation of AOD treatment

Any of the following qualifies for initiation of AOD treatment (with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence):

- Inpatient/Residential
- Outpatient office-based care
- Behavioral health outpatient office-based care
- Medication assisted treatment (Only applies to members with an Alcohol or Opioid abuse or dependence diagnosis)
- Intensive outpatient

- Partial hospitalization
- Telehealth
- Telephone
- On-line assessment (E-visit or virtual check-in)
- Observation bed

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

Notes:

- If the new episode of AOD abuse or dependence 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 episode of AOD abuse or dependence was during an inpatient discharge (or an ED/observation visit that resulted in an inpatient stay), the inpatient stay is considered initiation of treatment and the member is compliant.
- If the new episode of AOD abuse or dependence was not during an inpatient discharge, the initiation visit must occur on the same date diagnosed with a new episode of AOD or in the 13 days after (14 total days).
- For all initiation events except medication treatment (AOD Medication Treatment; Alcohol Use Disorder Treatment Medications; Opioid Use Disorder Treatment Medications), initiation on the same day diagnosed with a new episode of AOD must be with different providers.

Engagement of AOD treatment

At least two engagement services are needed for engaged in ongoing AOD treatment with no more than one of the services being a medication treatment event.

Any of the following qualifies for engagement services (with a principal diagnosis of Alcohol and Other Drug Abuse or Dependence):

- Medication treatment event. Methadone is not included on the medication lists for this measure. Methadone for opioid use disorder is only administered or dispensed by federally certified opioid treatment programs and does not show up in pharmacy claims data. A pharmacy claim for methadone would be more indicative of treatment for pain than for an opioid use disorder; therefore, they are not included on medication lists. (Only applies to members with an Alcohol or Opioid abuse or dependence diagnosis)
- Treatment visits
 - Inpatient/Residential
 - Outpatient office-based care
 - Behavioral health outpatient office-based care
 - Intensive outpatient
 - Partial hospitalization
 - Telehealth
 - Telephone
 - On-line assessment (E-visit or virtual check-in)
 - Observation bed
 - Opioid Weekly Non-Drug Service with an Opioid abuse or dependence diagnosis

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

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 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 AOD abuse or dependence and other engagement visits within 34 days of the initiation visit.
- If the member is an adolescent, engage parents/guardian/family/support system and/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 physician.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Employ UDS screens and or breathalyzer as appropriate to assess for continued use or other substance use.
- 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 AOD diagnosis.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Educate the member and the parents/guardians/family/support system and/or significant others about side effects of medications and what to do if side effects appear. Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, potential costs, clear written instructions for medication schedule, etc.
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- Care should be coordinated between providers and begin when the AOD diagnosis is made. Encourage communication between the behavioral health providers and 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 including specific contact information, specific facilities, etc.
- Provide timely submission of claims.

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 URMBT: 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. 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>