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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 alcohol or other drug (AOD) abuse or dependence.

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 2021 HEDIS® Guidelines

HEDIS Description

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 AOD abuse or dependence):

- Inpatient/Residential
- Outpatient office-based care
- Intensive outpatient
- Partial hospitalization
- Community mental health center
- Telehealth
- Telephone

- Observation
- On-line assessment (E-visit or virtual check-in)
- Pharmacotherapy dispensing event.
    - Buprenorphine administered via transdermal patch or buccal film are not included because they are FDA-approved for the treatment of pain, not for opioid use disorder.
    - 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, is not included on medication lists.
    - Only applies to members with an Alcohol or Opioid abuse or dependence diagnosis.

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

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/family/support system 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 urine drug screen and or breathalyzer to assess for continued use and other illicit substance use.
- The member and/or family member should be made aware of FDA-approved Medication Assisted Treatments (MAT) available. Document informed consent including the risks and benefits of MAT treatment as well as the risks of no MAT 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 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.
- 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. NCQA: https://blog.ncqa.org/hedis-2020-public-comment-opens-now/