

Follow-Up After Emergency Department Visit for Substance Use (FUA)

Measure title	Follow-Up After Emergency Department Visit for Substance Use*	Measure ID	FUA
Description	The percentage of emergency department (ED) visits among persons age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up. Two rates are reported: 1. The percentage of ED visits for which the person received follow-up within 30 days of the ED visit (31 total days). 2. The percentage of ED visits for which the person received follow-up within 7 days of the ED visit (8 total days).		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	<i>*Adapted from an NCQA measure with financial support from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) under Prime Contract No. HHSP23320100019WI/HHSP23337001T, in which NCQA was a subcontractor to Mathematica. Additional financial support was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA).</i> Refer to the complete copyright and disclaimer information at the front of this publication. NCQA website: www.ncqa.org. Submit policy clarification support questions via My NCQA (https://my.ncqa.org).		
Clinical recommendation statement/ rationale	The use of ED services among the SUD or drug misuse population is common: 1 in 8 ED visits in the U.S. were found to be related to SUDs and mental health disorders in 2007 (Weiss et al, 2016). Utilization of ED services for substance use is growing among certain subpopulations, particularly individuals 18–34, as the Centers for Disease Control and Prevention (CDC) reports that the rate of ED visits for a primary diagnosis or primary complaint of SUD increased from 45.4 to 77.0 visits per 10,000 individuals between 2008 and 2016 (CDC, 2019b). In addition to visits for an SUD diagnosis, ED visits attributed to drug overdose are also prevalent. National surveillance data reveal that approximately 75% (435,983) of all ED visits for drug-related poisonings in the U.S., excluding alcohol, were due to nonfatal drug overdoses of unintentional or undetermined intent in 2016 (age-adjusted rate of 137.2 visits per 100,000 population) (CDC, 2019a). The ED is uniquely positioned to improve care for patients with SUD and prevent overdose death because this care setting is the primary provider of acute illness stabilization, timely diagnosis and links to appropriate follow-up care (Samuels et al, 2016). Individuals who are seen in the ED due to substance misuse are at high-risk of subsequent adverse events, especially within the year following their ED visit (Karmali et al, 2020; Goldman-Mellor et al, 2020; Weiner et al, 2020). This measure focuses on ensuring care		

	coordination for members who are discharged from the ED following high-risk substance use events, since those individuals may be particularly vulnerable to losing contact with the health care system. Refer to the HEDIS Measure Library & Historical Data measure web page for additional information about the clinical rationale.
Citations	Weiss, A., M. Barrett, K. Heslin, C. Stocks. 2016. <i>Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006–2013</i>. HCUP Statistical Brief #216. Agency for Healthcare Research and Quality. https://hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.jsp Centers for Disease Control and Prevention (CDC). 2019b. “QuickStats: Number of Emergency Department Visits for Substance Abuse or Dependence per 10,000 Persons Aged ≥18 Years, by Age Group — United States, 2008–2009 and 2016–2017.” <i>MMWR Morb Mortal Wkly Rep</i> 2019 68:1171. doi: https://www.cdc.gov/mmwr/volumes/68/wr/mm6850a7.htm CDC. 2019a. <i>Annual Surveillance Report of Drug-Related Risks and Outcomes</i>. CDC National Center for Injury Prevention and Control. https://www.cdc.gov/overdose-prevention/media/pdfs/pubs/2019-cdc-drug-surveillance-report.pdf Samuels, E.A., K. Dwyer, M.J. Mello, J. Baird, A.R. Kellogg, & E. Bernstein. 2016. “Emergency Department-Based Opioid Harm Reduction: Moving Physicians from Willing to Doing.” <i>Academic Emergency Medicine</i> 23(4), 455–65. Karmali, R., T. Ray, A. Rubinstein, S. Sterling, C. Weisner, C. Campbell. 2020. “The Role of Substance Use Disorders in Experiencing a Repeat Opioid Overdose, and Substance Use Treatment Patterns Among Patients with a Non-Fatal Opioid Overdose.” <i>Drug and Alcohol Dependence</i> 209, 107923. Goldman-Mellor, S., M. Olfson, C. Lidon-Moyano, & M. Schoenbaum. 2020. “Mortality Following Nonfatal Opioid and Sedative/Hypnotic Drug Overdose.” <i>American Journal of Preventive Medicine</i> 59(1), 59–67. doi:10.1016/j.amepre.2020.02.012. Weiner, S.G., O. Baker, D. Bernson, J.D. Schuur. 2020. “One-Year Mortality of Patients after Emergency Department Treatment for Nonfatal Opioid Overdose.” <i>Ann Emerg Med</i> 5(1):13–17.
Characteristics	
Scoring Type	Proportion.
Product lines	Process. • Commercial. • Medicaid. • Medicare.

Stratifications	Age as of the ED visit. • 13–17 years. • 18 years and older. Race. (Refer to <u>General Guideline Race and Ethnicity Stratification.</u>) • American Indian or Alaska Native. • Asian. • Black or African American. • Middle Eastern or North African. • Native Hawaiian or Pacific Islander. • White. • Other Race. • Two or More Races. • Asked But Declined. • Unknown. Ethnicity. (Refer to <u>General Guideline Race and Ethnicity Stratification.</u>) • Hispanic or Latino. • Not Hispanic or Latino. • Asked But Declined. • Unknown.
Risk adjustment	None.
Improvement notation	Increased score indicates improvement.
Guidance	Data collection methodology: Administrative. (Refer to <u>General Guideline Data Collection Methods</u> for additional information.) Date specificity: Dates must be specific enough to determine the event occurred in the period being measured. Which services count? When using claims, include all paid, suspended, pending and denied claims. Other guidance: • 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, and therefore is not included on medication lists. The <u>AOD Medication Treatment Value Set</u> includes codes that identify methadone treatment for opioid use disorder because these codes are used on medical claims, not on pharmacy claims. • The measure is based on episodes; therefore, it is possible for the denominator to include multiple events for the same person.

Initial population	<i>Measure item count:</i> Episode. <i>Attribution basis:</i> Enrollment. • <i>Benefits:</i> Medical, substance use disorder treatment and pharmacy. Note: A withdrawal management/detoxification-only substance use disorder treatment benefit does not meet these criteria. • <i>Continuous enrollment:</i> The date of the ED visit through 30 days after the ED visit (31 total days). • <i>Allowable gap:</i> None. <i>Ages:</i> 13 years of age or older as of the ED visit. Event: Emergency department visit for substance use. An ED visit (<u>ED Value Set</u>) with a principal diagnosis of SUD (<u>AOD Abuse and Dependence Value Set</u>) or any diagnosis of drug overdose (<u>Unintentional Drug Overdose Value Set</u>) on or between January 1 and December 1 of the measurement period. Multiple visits in a 31-day period. If a person has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement period and do not include more than one visit per 31-day period. • <i>For example</i>, if a person has an ED visit on January 1, include the January 1 visit and do not include ED visits that occur on or between January 2 and January 31; then, if applicable, include the next ED visit that occurs on or after February 1. Identify visits chronologically, including only one per 31-day period. Note: Removal of multiple visits in a 31-day period is based on eligible visits. Assess each ED visit for exclusions before removing multiple visits in a 31-day period. ED visits followed by inpatient admission. • Exclude ED visits that result in an inpatient stay. • Exclude ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of the principal diagnosis for the admission. To identify admissions to an acute or nonacute inpatient care setting: 1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>). 2. Identify the admission date for the stay. ED visits followed by residential treatment. Exclude ED visits followed by residential treatment on the date of the ED visit or within the 30 days after the ED visit. Any of the following meet criteria for residential treatment: • <u>Residential Behavioral Health Treatment Value Set</u>. • Psychiatric Residential Treatment Center (POS code 56). • Residential Substance Abuse Treatment Facility (POS code 55). • <u>Residential Program Detoxification Value Set</u>.
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	These events are excluded from the measure because admission to an acute or nonacute inpatient setting may prevent an outpatient follow-up visit from taking place.
Denominator exclusions	Deceased persons. Persons who died any time on or before the last day of the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit. Persons in hospice or using hospice services. Persons who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.
Denominator	The initial population minus denominator exclusions.
Numerator	Numerator 1: 30-day follow-up. Follow-up visit or pharmacotherapy dispensing event on the ED visit date or within 30 days after the ED visit (31 days total). Numerator 2: 7-day follow-up. Follow-up visit or pharmacotherapy dispensing event on the ED visit date or within 7 days after the ED visit (8 days total). For both indicators, any of the following meet criteria for a follow-up visit: • An outpatient visit (<u>Visit Setting Unspecified Value Set</u>) with (<u>Outpatient POS Value Set</u>) with any diagnosis of SUD (<u>AOD Abuse and Dependence Value Set</u>), substance use (<u>Substance Induced Disorders Value Set</u>), drug overdose (<u>Unintentional Drug Overdose Value Set</u>) or mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • An outpatient visit (<u>BH Outpatient Value Set</u>) with any diagnosis of SUD (<u>AOD Abuse and Dependence Value Set</u>), substance use (<u>Substance Induced Disorders Value Set</u>), drug overdose (<u>Unintentional Drug Overdose Value Set</u>) or mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • An intensive outpatient encounter or partial hospitalization (<u>Visit Setting Unspecified Value Set</u>) with POS code 52 with any diagnosis of SUD (<u>AOD Abuse and Dependence Value Set</u>), substance use (<u>Substance Induced Disorders Value Set</u>), drug overdose (<u>Unintentional Drug Overdose Value Set</u>) or mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • An intensive outpatient encounter or partial hospitalization (<u>Partial Hospitalization or Intensive Outpatient Value Set</u>) with any diagnosis of SUD (<u>AOD Abuse and Dependence Value Set</u>), substance use (<u>Substance Induced Disorders Value Set</u>), drug overdose (<u>Unintentional Drug Overdose Value Set</u>) or mental health disorder (<u>Mental Health Diagnosis Value Set</u>). • A non-residential substance abuse treatment facility visit (<u>Visit Setting Unspecified Value Set</u>) with (<u>Nonresidential Substance Abuse Treatment Facility POS Value Set</u>) with any diagnosis of SUD (<u>AOD Abuse and</u>

Dependence Value Set), substance use (Substance Induced Disorders Value Set), drug overdose (Unintentional Drug Overdose Value Set) or mental health disorder (Mental Health Diagnosis Value Set).

- A community mental health center visit (Visit Setting Unspecified Value Set) **with** POS code 53 **with** any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set), drug overdose (Unintentional Drug Overdose Value Set) or mental health disorder (Mental Health Diagnosis Value Set).
- A peer support service (Peer Support Services Value Set) **with** any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set), drug overdose (Unintentional Drug Overdose Value Set) or mental health disorder (Mental Health Diagnosis Value Set).
- An opioid treatment service that bills monthly or weekly (OUD Weekly Non Drug Service Value Set; OUD Monthly Office Based Treatment Value Set) **with** any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set) or drug overdose (Unintentional Drug Overdose Value Set).
- A telehealth visit (Visit Setting Unspecified Value Set) **with** (Telehealth POS Value Set) **with** any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set), drug overdose (Unintentional Drug Overdose Value Set) or mental health disorder (Mental Health Diagnosis Value Set).
- A telephone visit (Telephone Visits Value Set) **with** any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set), drug overdose (Unintentional Drug Overdose Value Set) or mental health disorder (Mental Health Diagnosis Value Set).
- An e-visit or virtual check-in (Online Assessments Value Set) **with** any diagnosis of SUD (AOD Abuse and Dependence Value Set), substance use (Substance Induced Disorders Value Set), drug overdose (Unintentional Drug Overdose Value Set) or mental health disorder (Mental Health Diagnosis Value Set).
- A substance use disorder service (Substance Use Disorder Services Value Set).
- Substance use disorder counseling and surveillance (Substance Abuse Counseling and Surveillance Value Set*).
- A behavioral health screening or assessment for SUD or mental health disorders (Behavioral Health Assessment Value Set).
- A substance use service (Substance Use Services Value Set).
- A pharmacotherapy dispensing event (Alcohol Use Disorder Treatment Medications List; Opioid Use Disorder Treatment Medications List) or medication treatment event (AOD Medication Treatment Value Set).

Coding Guidance

*Do not include laboratory claims (claims with POS code 81).

Summary of changes	- Updated the race and ethnicity stratification categories and data element tables to capture declinations and unknown race and/or ethnicity more precisely. - Replaced references to “chemical dependency” benefit type with “substance use disorder treatment.” This is an alignment with industry terminology, not a change to benefit requirements. - Deleted the mental health provider requirement for the numerator. - Added “mental health disorder diagnosis” to the numerator as an eligible diagnosis for follow-up care. - Added text under <i>Other guidance</i> to clarify why methadone is not included in medication lists for the measure.																																																																												
Data element tables	Organizations that submit HEDIS data to NCQA must provide the following data elements. Table FUA-A-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Substance Use <table><tr><th>Metric</th><th>Age</th><th>Data Element</th><th>Reporting Instructions</th></tr><tr><td>FollowUp30Day</td><td>13-17</td><td>Benefit</td><td>Metadata</td></tr><tr><td>FollowUp7Day</td><td>18+</td><td>InitialPopulation</td><td>For each Stratification, repeat per Metric</td></tr><tr><td></td><td>Total</td><td>Exclusions</td><td>For each Stratification, repeat per Metric</td></tr><tr><td></td><td></td><td>Denominator</td><td>For each Stratification, repeat per Metric</td></tr><tr><td></td><td></td><td>NumeratorByAdmin</td><td>For each Metric and Stratification</td></tr><tr><td></td><td></td><td>NumeratorBySupplemental</td><td>For each Metric and Stratification</td></tr><tr><td></td><td></td><td>Rate</td><td>(Percent)</td></tr></table> Table FUA-B-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Substance Use: Stratifications by Race <table><tr><th>Metric</th><th>Race</th><th>Data Element</th><th>Reporting Instructions</th></tr><tr><td>FollowUp30Day</td><td>AmericanIndianOrAlaskaNative</td><td>Denominator</td><td>For each Stratification, repeat per Metric</td></tr><tr><td>FollowUp7Day</td><td>Asian</td><td>Numerator</td><td>For each Metric and Stratification</td></tr><tr><td></td><td>BlackOrAfricanAmerican</td><td>Rate</td><td>(Percent)</td></tr><tr><td></td><td>MiddleEasternOrNorthAfrican</td><td></td><td></td></tr><tr><td></td><td>NativeHawaiianOrPacificIslander</td><td></td><td></td></tr><tr><td></td><td>White</td><td></td><td></td></tr><tr><td></td><td>OtherRace</td><td></td><td></td></tr><tr><td></td><td>TwoOrMoreRaces</td><td></td><td></td></tr><tr><td></td><td>AskedButDeclined</td><td></td><td></td></tr><tr><td></td><td>Unknown</td><td></td><td></td></tr></table>	Metric	Age	Data Element	Reporting Instructions	FollowUp30Day	13-17	Benefit	Metadata	FollowUp7Day	18+	InitialPopulation	For each Stratification, repeat per Metric		Total	Exclusions	For each Stratification, repeat per Metric			Denominator	For each Stratification, repeat per Metric			NumeratorByAdmin	For each Metric and Stratification			NumeratorBySupplemental	For each Metric and Stratification			Rate	(Percent)	Metric	Race	Data Element	Reporting Instructions	FollowUp30Day	AmericanIndianOrAlaskaNative	Denominator	For each Stratification, repeat per Metric	FollowUp7Day	Asian	Numerator	For each Metric and Stratification		BlackOrAfricanAmerican	Rate	(Percent)		MiddleEasternOrNorthAfrican				NativeHawaiianOrPacificIslander				White				OtherRace				TwoOrMoreRaces				AskedButDeclined				Unknown		
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	Table FUA-C-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Substance Use: Stratifications by Ethnicity			
	Metric	Ethnicity	Data Element	Reporting Instructions
	FollowUp30Day	HispanicOrLatino	Denominator	For each Stratification, repeat per Metric
	FollowUp7Day	NotHispanicOrLatino	Numerator	For each Metric and Stratification
		AskedButDeclined	Rate	(Percent)
		Unknown		
Rules for Allowable Adjustments	Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent.			
	Adjusted HEDIS measures may not be used for HEDIS health plan reporting.			
	ADJUSTMENTS ALLOWED			
	• <i>Product lines.</i> Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used. • <i>Attribution.</i> Organizations are not required to use enrollment criteria. • <i>Benefits.</i> Organizations are not required to use a benefit. • <i>Ages.</i> The denominator age range may be expanded. The age determination date(s) may be changed (i.e., age 13 as of ED visit). • <i>Other.</i> Organizations may use additional initial population criteria to focus on an area of interest defined by gender, race, ethnicity, socioeconomic or sociodemographic characteristics, geographic region, or another characteristic. • <i>Measurement period adjustments.</i> Organizations may adjust the measurement period. • <i>Stratifications:</i> Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed. • <i>Exclusions.</i> The hospice and deceased person exclusions are not required. • <i>Telehealth.</i> Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth. • <i>Supplemental data.</i> Supplemental data may be used to identify initial population, denominator, exclusion and numerator events.			

	ADJUSTMENTS ALLOWED WITH LIMITS • <i>Initial population:</i> Event. Only events/diagnoses that contain (or map to) codes in the value sets may be used to identify visits with a diagnosis. Value sets and logic may not be changed. Note: Organizations may assess at the person level by applying measure logic appropriately (i.e., percentage of persons with documentation of an ED visit, with a principal diagnosis of SUD or any diagnosis of unintentional drug overdose, who had a follow-up visit). ADJUSTMENTS NOT ALLOWED • <i>Numerator.</i> Value sets, medication lists and logic may not be changed.
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