

HEDIS® measure — *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*

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Magellan
HEALTHCARE®

Agenda

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2 *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)*

- What's included
 - Why it matters
 - How implementing IET can improve effectiveness
-

What is HEDIS?



✓ Full name: Healthcare Effectiveness Data and Information Set (HEDIS®)


✓ Includes more than 90 measures across six domains of care

- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk-Adjusted Utilization
- Health Plan Descriptive Information
- Measures Collected Using Electronic Clinical Data Systems

✓ NCQA collects HEDIS data from health plans and other healthcare organizations

✓ Performance in these measures may be incorporated into pay-for-performance contracts

✓ Of the more than 90 measures, 13 relate to behavioral health



Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

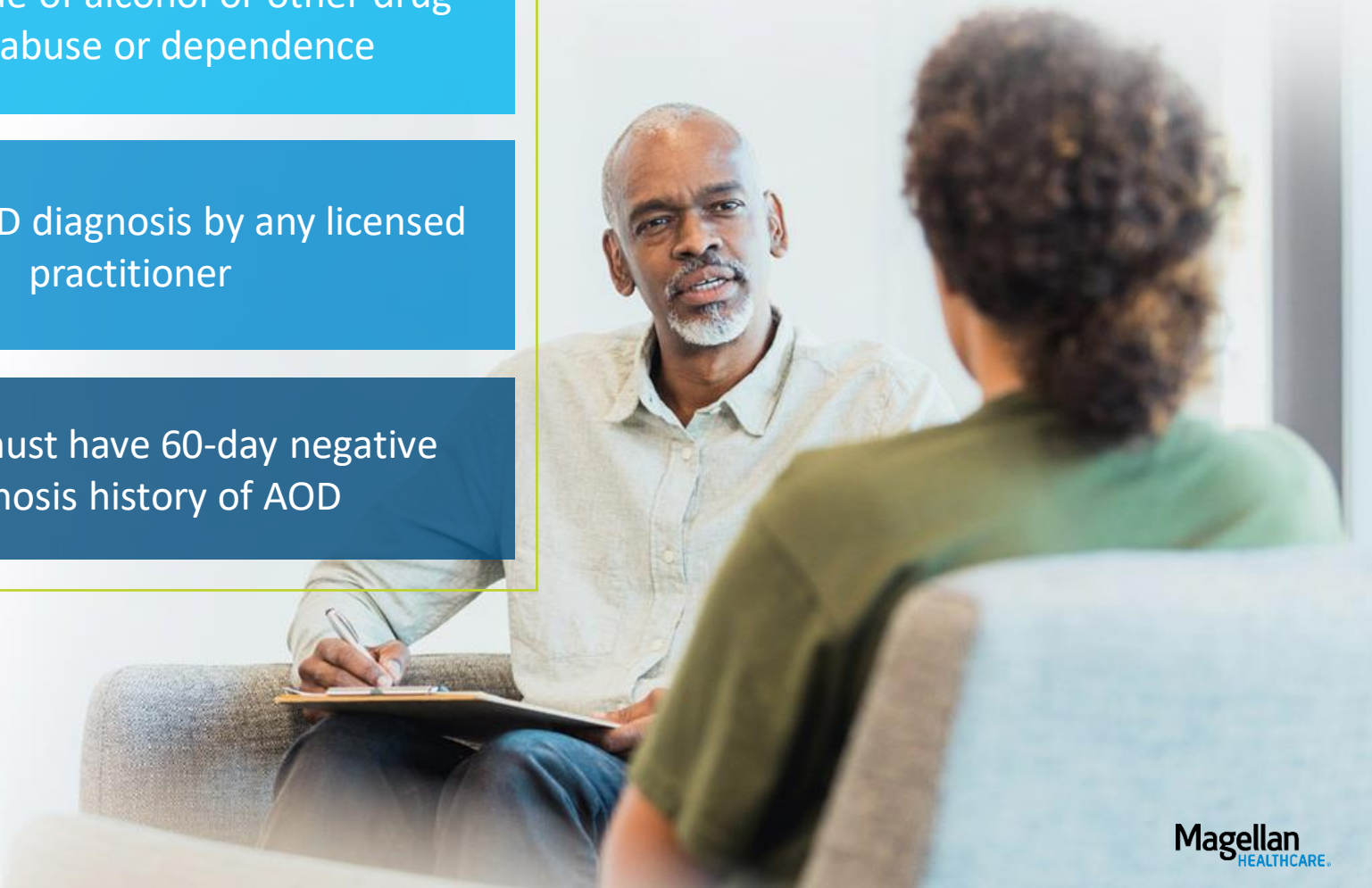
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)



Assesses adults and adolescents 13 years of age and older with a new episode of alcohol or other drug (AOD) abuse or dependence

Involves AOD diagnosis by any licensed practitioner

Patients must have 60-day negative diagnosis history of AOD



Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) – two rates reported



1

Initiation phase:

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

2

Engagement phase:

Adolescents and adults who initiated treatment and had **two or more** additional AOD services or MAT **within 34 days** of the initiation visit.

Why it matters



21.6 M

Americans aged 12 and older needed substance use treatment in the past year

THIS IS ABOUT

7.8%

of the population

Treatment engagement results in:

- ✓ Improved health outcomes
- ✓ Improved social outcomes
- ✓ Reduction in health care spending
- ✓ Reduced AOD-associated morbidity and mortality

How **providers of all types** can use the IET measure to improve effectiveness



The provider's role

- Educate yourself and all staff about the IET measure and clinical practice guidelines.
- Try to schedule the follow-up appointments before the patient leaves the hospital. Same-day outpatient visits **do not count**.
- Make sure that the patient has at least three appointments before they leave the visit – One within **14 days** of diagnosis and another two within the **34 days** following the initial appointment.

How **providers of all types** can use the IET measure to improve effectiveness



The provider's role

- If you are not going to care for the patient after discharge from the facility or following the visit, make sure that the referral process is secured, that you've transitioned the treatment plan to the behavioral health provider and the primary care provider who will care for the patient after the hospitalization.
- If the patient is an adolescent, be sure to engage parents/caregivers in the treatment plan at the time of discharge. Advise them about the importance of these follow-up appointments.

How **providers of all types** can use the IET measure to improve effectiveness



The provider's role

- Educate patients on the diagnosis and treatment options and encourage the member to discuss any concerns with you if he/she is not ready to engage in treatment.
- Inform the member of the diagnosis and treatment options and provide educational materials on the diagnosis and treatment, as well as community resources available in their area (such as Narcotics Anonymous or Alcoholics Anonymous).
- Use correct diagnosis and procedure codes.
- Submit claims and encounter data in a timely manner.

How **inpatient facilities** can use the IET measure to improve effectiveness



The facility's role

- Refer the patient to a behavioral health provider for psychosocial support and skill building. *For assistance in identifying a behavioral health practitioner to whom you can refer your patients, please call the number listed on the back of the patient's benefits ID card.*
- Recognize that collaboration between the facility, Magellan and the member can bolster the member's commitment to the discharge plan:
 - By increasing patient engagement in treatment.
 - Through problem-solving together on potential barriers prior to discharge.

How **primary care/medical providers** can use the IET measure to improve effectiveness



The primary care/medical provider's role

- Consider the use of a screening tool during your assessment, such as the CAGE-AID. *You can access this tool from the Magellan PCP Toolkit at www.MagellanPCPtoolkit.com > Diagnostic Tools > Screening Tools.*
- Refer the patient to a behavioral health provider for psychosocial support and skill building. *For assistance in identifying a behavioral health practitioner to whom you can refer your patients, please call the number listed on the back of the patient's benefits ID card.*

How **primary care/medical providers** can use the IET measure to improve effectiveness



The primary care/medical provider's role

- Work with Magellan discharge planners to optimize discharge plan after detoxification, emergency department visit, or any other inpatient or outpatient episode where the AOD diagnosis is determined.
- Reach out to Magellan if your patient visits an area emergency department for comorbid conditions to any related AOD issue and is discharged to home following the emergency department visit.

Helping members overcome barriers to initiating and engaging in treatment



Some barriers include:

» Stigma associated with AOD treatment

- Provide the patient educational material on the diagnosis so that they are aware of the prevalence of the diagnosis.
- When you identify a barrier for the member, try to schedule the member's follow-up care with a substance abuse facility that is co-located within a physical health provider office.

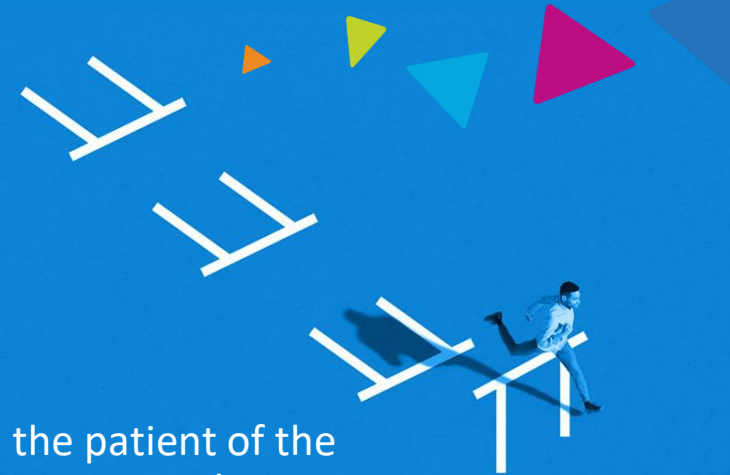
» Lack of childcare or transportation to follow-up appointments

- Let patients know they may be able to meet virtually for their follow-up appointments, either via telehealth or phone. *Confirm member benefits/authorization requirements prior to scheduling.*

» Those with substance use issues may enter treatment several times before being successful

- Educate the member on the diagnosis and treatment options and encourage the member to discuss any concerns with you if he/she is not ready to engage in treatment.

Helping members overcome barriers to initiating and engaging in treatment



» Patient may be unaware of the AOD diagnosis

- At the time of documenting the diagnosis, inform the patient of the diagnosis, provide educational materials on the diagnosis and treatment, as well as community resources available in their area (such as Narcotics Anonymous or Alcoholic Anonymous).
- Educate the patient and/or family on the importance of follow-up care and assess any barriers to the patient being able to attend their aftercare appointments.

» Physical health diagnoses may be the primary area of concern for the member at the time of initiating treatment, while the AOD diagnosis may be secondary or tertiary

- If the member was seen for an AOD diagnosis at initiation, ensure that the AOD diagnosis is included for the engagement follow-up appointments. Members completing follow-up appointments after an AOD diagnosis is a clinical best practice and promotes improved member outcomes.

References



1. Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
2. O'Brien, P., Crable, E., Fullerton, C., & Hughey, L. (2019). Best practices and barriers to engaging people with substance use disorders in treatment. Washington, DC: U.S. Department of Health and Human Services.
3. Naeger S, Mutter R, Ali MM, Mark T, Hughey L. Post-Discharge Treatment Engagement Among Patients with an Opioid-Use Disorder. J Subst Abuse Treat. 2016 Oct;69:64-71. doi: 10.1016/j.jsat.2016.07.004. Epub 2016 Jul 18. PMID: 27568512.
4. Kline-Simon, A. H., Stumbo, S. P., Campbell, C. I., Binswanger, I. A., Weisner, C., Haller, I. V., Hechter, R. C., Ahmedani, B. K., Lapham, G. T., Loree, A. M., Sterling, S. A., & Yarborough, B. J. H. (2019). Patient characteristics associated with treatment initiation and engagement among individuals diagnosed with alcohol and other drug use disorders in emergency department and primary care settings. *Substance Abuse*, 40(3), 278–284. <https://doi.org/10.1080/08897077.2018.1547812>
5. National Committee for Quality Assurance. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET); 2020. <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment>. Accessed March 3, 2020.

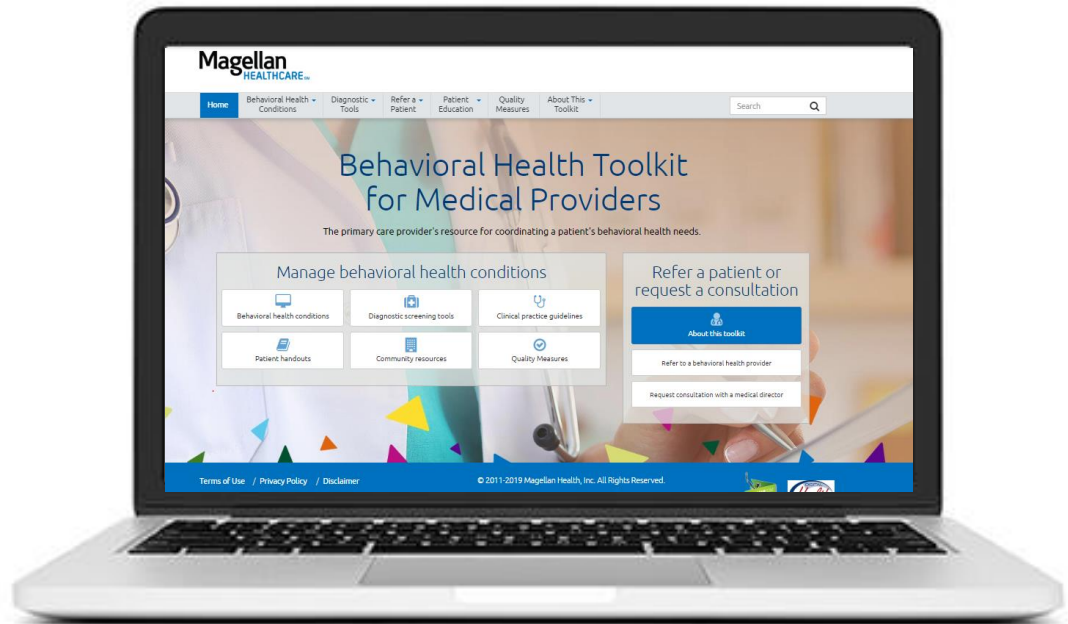
A helpful tool



Magellan primary care physician toolkit – **MagellanPCPtoolkit.com**

Includes:

- ✓ Educational materials about behavioral health conditions
- ✓ Tip sheets useful for assessments
- ✓ Diagnostic tools such as the CAGE-AID
- ✓ Patient education materials
- ✓ Quality measures



A helpful tool



Magellan behavioral health provider website –
www.MagellanProvider.com

Includes:

- ✓ Online provider training (From *Education*, select *Online Training*.)
- ✓ Links to information you can share with members (From *Education*, select *Member Education*.)



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to healthy,
vibrant lives



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