BlueCross BlueShield of Texas

IMPROVING HEALTH CARE QUALITY

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Follow-up After an Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture emergency department (ED) visits for members ages 13 years and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD. Two percentages are measured and reported:

- ED visits for which the member received follow-up within 30 days (31 total days)
- ED visits for which the member received follow-up within 7 days (8 total days)

FUA is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the **National Committee for Quality Assurance (NCQA) website** for more details.

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Why It Matters

For people with AOD, multiple trips to the ED may mean they lack access to care or have issues with continuity of care. Timely follow-up care for people with AOD seen in the ED can reduce substance use, future ED use, hospital admissions and length of stay. A study by the **Substance Abuse and Mental Health Services Administration** found that more than 21 million people ages 12 and older in the U.S. needed substance use treatment but that only 4.2 million people received it.

Tips to Consider for EDs

- Help our members schedule an in-person or telehealth visit within 7 days.
- Educate members about the importance of following up with treatment.
- Focus on member preference for treatment, allowing members to take ownership of the treatment process.

Tips to Consider for Providers

- Encourage members to bring their discharge paperwork to their first appointment.
- Educate members about the importance of following up and adhering to treatment recommendations.
- Use the same diagnosis for substance use at follow-up visits. A non-substance diagnosis code won't fulfill this measure.
- Coordinate care between behavioral health and primary care physicians:
  - Share progress notes and updates.
  - Include the diagnosis for substance use.
  - Reach out to members who cancel appointments and help them reschedule as soon as possible.

For more information, see **NCQA's HEDIS Measures and Technical Resources**.

Questions?

Contact your BCBSTX Network Representative.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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