

What is HEDIS®?

HEDIS® (Healthcare Effectiveness Data Information Set) is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA. HEDIS® measures results and drives improvement efforts surrounding best practices.

What is the HEDIS® FUA measure looking at?

Individuals (thirteen years and older) who had an Emergency Department (ED) visit for a substance use disorder (SUD) diagnosis, or any diagnosis of drug overdose should have an outpatient appointment with a mental health provider as soon as possible after the ED visit. There are two submeasures for FUA – follow-up within *seven* days from the ED date and follow-up within *thirty* days from the ED date. A member who has an appointment within seven days of the ED visit is also compliant for the thirty-day FUA submeasure.

Why is the HEDIS® FUA measure important?

High ED use for individuals with SUD may signal a lack of access to care or issues with continuity of care.¹ Timely follow-up care for individuals with SUD who were seen in the ED is associated with a reduction in substance use, future ED use, hospital admissions and bed days.^{2,3,4}

Who is included in the measure?

- Members with an ED visit for a principal diagnosis of SUD or any diagnosis of drug overdose
- Members aged 13+ covered under Commercial, Medicaid or Medicare LOB

Which Members are excluded?

- Detox-only chemical dependency visits
- Members using hospice services at any time during the year
- ED visits followed by an inpatient admission or residential treatment with 30 days

When does the Member ‘pass’ the measure?

When they attend a follow-up visit with any practitioner or pharmacotherapy dispensing event within 7 (and 30) days after the ED visit
Please Note: Visits and pharmacotherapy events can occur on the same date of the ED visit.

What counts as a follow up visit?

Any of the following services done with a mental health provider or having an SUD diagnosis:

- An outpatient behavioral health or SUD service
- Telehealth/telephone visit
- Intensive outpatient therapy
- Partial hospitalization visit
- Opioid treatment service
- Non-residential substance abuse treatment service
- Community mental health center service
- Observation visit
- Online assessment
- Behavioral health or SUD assessment
- Pharmacotherapy dispensing event

What can providers do to help improve HEDIS® FUA rates?

- Use appropriate documentation and correct coding
- Maintain appointment availability for patient with recent ED visits
- Explain the importance of follow-up to your patients
- Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- Telehealth visits with the appropriate principle diagnosis will meet the follow-up criteria
- Provide timely submission of claims and encounter data

¹ New England Health Care Institute (NEHI). 2010. "A Matter of Urgency: Reducing Emergency Department Overuse, A NEHI Research Brief." Available from URL: http://www.nehi.net/writable/publication_files/file/nehi_ed_overuse_issue_brief_032610final edits.pdf

² Kunz, F.M., French, M.T., Bazargan-Hejazi, S. (2004). Cost-effectiveness analysis of a brief intervention delivered to problem drinkers presenting at an inner-city hospital emergency department. *Journal of Studies on Alcohol and Drugs*, 65, 363-370

³ Mancuso, D., Nordlund, D.J., Felver, B. (2004). Reducing emergency room visits through chemical dependency treatment: focus on frequent emergency room visitors. Olympia, Wash: Washington State Department of Social and Health Services, Research and Data Analysis Division

⁴ Parthasarathy, S., Weisner, C., Hu, T.W., Moor, C. (2001). Association of outpatient alcohol and drug treatment with health care utilization and cost: revisiting the offset hypothesis. *Journal of Studies on Alcohol and Drugs*, 62 89-97