

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

Why is the FUA Measure Important?

Care coordination is an important way to improve how the healthcare system works for patients, especially in terms of improved efficiency and safety.¹ Patients discharging from the emergency department following high-risk substance use events, are particularly vulnerable to losing contact with the healthcare system. The potential impact of better care coordination includes a more streamlined process, referral clarity, and informed care amongst physical and behavioral health providers.

What is the FUA Measure Looking At?

This measure captures the percentage of emergency department (ED) visits for members ages 13 and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

What is Included?

- Medicaid and Medicare members age 13+
- The denominator is based on ED visits between January 1 and December 1 of measurement year
- If a member has more than one ED visit in a 31-day period, only the first eligible ED visit is included
- Follow-up visits that occur on the same day as the ED discharge count toward measure compliance

What is Excluded?

- ED visits that resulted in an acute or nonacute inpatient stay (including residential) on the day of or within 30 days of the ED visit
- Members in hospice or who died during the measurement year

What Can You Do to Help?

- Offer virtual, telehealth, and phone visits.
- Provide empathic listening and nonjudgmental discussions to engage the patient and caregivers in decision making and a relapse prevention plan.
- Discuss the benefits of seeing a primary or specialty provider.
- Consider Medication Assisted Treatment (MAT) options for patients with opioid use disorder or acute alcohol use disorder and maintain appointment availability.

- Offer mutual help options like case management, peer recovery support, harm reduction, 12-step fellowships (AA, NA, etc.), or other community support groups.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment to schedule another.
- Encourage coordination of care and communication between the physical and behavioral health providers to address any comorbidity.
- Reinforce the treatment plan and evaluate any medication regimen considering presence/absence of side effects etc.
- Partner with the health plan to address social determinants, health equity, and quality care.
- Provide timely submission of claims and code substance related diagnosis and visits correctly.

How is Adherence/Compliance Met?

The measure is met when the member adheres to a 7-day follow-up visit or pharmacotherapy dispensing event. If the follow-up did not occur within 7 days, it must occur within 30 days of discharge. The visit can be with any practitioner if the claim includes any diagnosis of SUD or drug overdose or can occur with an approved mental health provider.

Visit with <u>Any</u> Practitioner with SUD (F10.XX-F16.XX, F18.XX-F19.XX) or Drug Overdose (e.g.T40.XX-T43.XX, T51.XX) Diagnosis		
Telehealth	Telephone	E-Visit or Virtual Check-in
Outpatient Visit	Intensive Outpatient	BH screening or assessment for SUD or mental health
BH Outpatient Visit	Community Mental Health Center	Pharmacotherapy dispensing event
Partial Hospitalization	Observation Visit	Non-Residential Substance use treatment facility
Substance Use Disorder Service	Peer Support Service	Opioid Treatment Service
OR with a Mental Health Provider:		
Licensed Clinical Social Worker (LCSW)	Psychiatric Nurse	MD/DO Certified as a psychiatrist
Licensed Master of Social Work	Registered Nurse (RN) with Psychiatric Specialty	Certified Physician Assistant in Psychiatry
Licensed Mental Health Counselor (LMHC)	Psychiatrist	Certified Community Mental Health Center (CMHC)
Licensed Marriage and Family Therapist	Psychologist	Certified Community Behavioral Health Clinical (CCBHC)
Licensed Professional Counselor		

Additional Support:

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**
 - www.samhsa.gov or MAT Webinars and Workshops
- **Provider Clinical Support Systems (PCSS)**
 - www.pcssnow.org Answers from Clinicians in Real Time
- **National Institute of Mental Health**
 - 1-866-615-6464
 - www.nimh.nih.gov
- **Mental Health America**
 - 1-800-969-6642
 - www.mentalhealthamerica.net
- **National Alliance on Mental Illness**
 - 1-800-686-2646
 - www.namivada.org
- **Nevada 211**
 - 211 or 1-866-535-5654
 - www.nevada211.org
- **Aunt Bertha**
 - 1-844-366-2880
 - www.auntbertha.com
- **Summit Behavioral Health**
 - 1-844-935-8700

We are committed to the care and wellbeing of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website SilverSummitHealthplan.com for additional tools and local resources or contact a Provider Relations or Quality Improvement Specialist for assistance.

References:

1. Care Coordination. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/ncepcr/care/coordination.html>
2. National Committee for Quality Assurance. (n.d.b.). *HEDIS® and performance measurement*.
<https://www.ncqa.org/HEDIS/>

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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