Initiation and Engagement of Alcohol and Other Drug Use Treatment (IET)

Performance Measure Set: ☒CCO Incentive ☐Medicare Star Rating

Quality Measurement Type: ☐Structure ☒Process ☐Outcome ☐Patient Experience

Data Type: ☒Claims ☐Chart Documentation ☐eCQM ☐Survey ☐Other

State Benchmark: Initiation for Age 18+ – 43.0% (2020 National Medicaid Median)
Engagement for Age 18+ – 13.9% (2020 National Medicaid Median) *Must meet both components to achieve measure.*

Who: Members aged 18 years and older with a new diagnosis of alcohol or other drug use between November 15, 2021–November 14, 2022. A diagnosis is considered "new" if the member has not had a diagnosis of (or received medication for) alcohol or other drug use in the previous 194 days.

Why: Access to treatment for substance use disorder is a critical aspect of a person's health and their journey through recovery. The IET metric is a tool to encourage coordination across the network of care providers for substance use treatment and helps ensure people have timely access to appropriate care.

What: Two rates are reported for this measure: Initiation and Engagement. Both measures use the same denominator.

1. Initiation – For members with a new episode of alcohol or other drug use (diagnosis on a claim with no other diagnosis in the previous 194 days), this metric measures the percentage of those who initiated treatment within 14 days through either medication dispensing or a SUD visit with a provider.
    a. Initiation of treatment can be on the same day as the new alcohol or other drug use diagnosis if the services are with different providers.
2. Engagement - For members with a new episode of alcohol or other drug use (diagnosis on a claim with no other diagnosis in the previous 194 days), this metric measures the percentage of those who had two treatment events, either medication dispensing or a SUD visit with a provider, within 34 days from their initial treatment event.
    a. If treatment was initiated through a medication dispensing event, only one of the two required engagement events can be through medication and the other must be through a SUD visit with a provider.
    b. Both engagement events can be on the same day if the services are with different providers; the exception being if one event is for medication-assisted treatment there is no requirement that they be different providers.

How: There are over 230 codes that count toward numerator criteria through a visit with a provider; **please see IET Guide for Primary Care in the "Resources" section for additional information.** In general, initiation and engagement events can be through medication dispensing events, inpatient, outpatient, observation, or telemedicine visits.

NOTE: Methadone is not included in the medication lists for this measure because Methadone for opioid use disorder does not show up in pharmacy claims data. However, Methadone for opioid use disorder treatment **does count as treatment for this metric** and would be captured on medical claims.

Exclusions: Hospice during any point in the year.

Initiation and Engagement of Alcohol and Other Drug Use Treatment (IET) FAQs

Q: Is tobacco use included in this metric?

A: No. While we do consider tobacco use disorder to be included in the continuum of substance use disorders from a clinical perspective, it is not considered as one of the diagnosis codes that would qualify someone for the IET metric.

Q: Is cannabis use included in this metric?

A: Yes. The IET measure is looking for substance use disorder and cannabis is included. Please see the question below.

Q: What is considered as "other drugs" in this metric?

A: The IET measure is looking for substance use disorder diagnosis including alcohol, opioid and other drugs such as cocaine, cannabis, methamphetamine, hypnotics, sedatives, inhalants, etc. See OHA specifications for full list.

Q: How are initial alcohol or other drug use diagnoses identified?

A: Alcohol or other drug use disorder diagnosis codes are identified using claims for services that occurred in the following visit types:

- Outpatient visits
- Telehealth
- E-visit of virtual check-in
- Intensive outpatient visits
- Partial hospitalization
- Detoxification visits
- ED visits or Observation
- Acute or non-acute inpatient admits
- Online assessment
- Opioid treatment services

IET Guide- Primary Care

4 sections-

1) Billing/coding
2) Collective- IET cohort, useful tips
3) BHC engagement
4) Person centered practice to increase engagement

The Initiation and Engagement in Treatment (IET) measure examines the percentage of members that received timely access to treatment soon after the member was newly diagnosed with a substance use disorder (SUD).

Initiation in Primary Care

Your patient must have **one or more** of these visit types **within 14 DAYS** of the initial diagnosis to meet the measure.

For patients with all types of SUD:

Type of Visit	Common Codes
In-Person Office Visit with an SUD Dx *Substance must match the member's initial Dx type	**E&M Codes** 99211-99215, 99203-99205 **BH Services Integrated in Primary Care** 90971, 90972, 90832, 90837, 90840, 90847, 90849, 90853 H0001, H0002, H0031
Telephone Visit with an SUD Dx *Substance must match the member's initial Dx type	98966, 98967, 98968 99441, 99442, 99443
E-Visit/ Virtual Visit with an SUD Dx *Substance must match the member's initial Dx type	99421, 99423, 99444 G0071, G2012

For patients with OUD (in addition to codes listed for all substance types):

Type of Visit/Claim	Medication list
OUD Medication Prescription	**Naltrexone** (oral or injectable) **Buprenorphine** (sublingual tablet, injection, implant) **Buprenorphine/Naloxone** (sublingual tablet, buccal film, sublingual film)

For patients with AUD (in addition to codes listed for all substance types):

Type of Visit/Claim	Medication list
AUD Medication Prescription	**Disulfiram** (oral) **Naltrexone** (oral or injectable) **Acamprosate** (oral; delayed-release tablet)

Engagement in Primary Care

A patient must have the right combination of visit types **within 34 DAYS of initiation** to be considered engaged in treatment. How a patient can become engaged depends on their type of treatment initiation:

Initiation Type	Meet criteria for 'Engaged' in Metric	
Patients who initiated treatment **WITH** medication	One Medication Event + One Engagement Visit	Two Engagement Visits
Patients who initiated treatment **WITHOUT** medication	One Medication Event	Two Engagement Visits

Medication event in primary care setting

Type of Claim	Medication list
OUD Medication Prescription	**Naltrexone** (oral or injectable) **Buprenorphine** (sublingual tablet, injection, implant) **Buprenorphine/Naloxone** (sublingual tablet, buccal film, sublingual film)
AUD Medication Prescription	**Disulfiram** (oral) **Naltrexone** (oral or injectable) **Acamprosate** (oral; delayed-release tablet)

Engagement visit in primary care:

Type of Visit	Common Codes
In-Person Visit with an SUD Dx *Substance must match the member's initial Dx type	**E&M Codes** 99211-99215, 99203-99205 **BH Services Integrated in Primary Care** 90971, 90972, 90832, 90837, 90840, 90847, 90849, 90853 H0001, H0002, H0031

Engagement visit in primary care (continued):

Type of Visit	Common Codes
Telephone Visit with an SUD Dx *Substance must match the member's initial Dx type	98966, 98967, 98968 99441, 99442, 99443
E-Visit/ Virtual Visit with an SUD Dx **Substance must match the member's initial Dx type*	99421, 99423, 99444 G0071, G2012

BHC Services in Primary Care

Behavioral Health Clinician (BHC) can help create an environment in primary care that supports an open door for recovery. Ensure patients know that the BHC is a resource, the BHC should be introduced to patients who are diagnosed with a substance use disorder, receive medication for substance use, or receive a follow up from ED visit for substance use

Key Services

- Preventative medicine counseling
- Psychotherapy
- Health and Behavior (for SBIRT)

Key BHC Workflows

- Utilize BHC for SBIRT, this is the start of **initiation/identification;** BHC can screen during BHC and PCP appointments
- BHC can help facilitate referrals and coordinate care if outside referrals are the best course of treatment
- Introduce BHC to patients who are diagnoses with any use disorder

Collective Medical

Real time knowledge of SUD inpatient and emergency department admissions allow us to coordinate in the moment to best meet our members needs

- Set up alerts/notifications to know when your patients end up in the ED for SUD related issues so you can follow up quickly to provide support
- Consider utilizing Collective IET cohort (details in chart below)
- Utilize reports as an additional resource for scrubbing/reviewing records before visits
- Create watch lists of patients whom you've seen in the clinic for better monitoring

- Include those who you're referring to behavioral health and those who are going to follow up with you in primary care
- If patients go to ED for behavioral health related issues (substance use or not), reach out for quick follow up

Collective Platform - **Initiation and Engagement of SUD Treatment**

The specifications below are suggested cohort criteria based on CareOregon's Collective onboarding support for health care providers. Some providers/organizations may choose to adjust criteria to best meet their organization's resources, needs, and existing workflows.

Collective SUD-IET Cohort Criteria

SUD-IET—Any Encounter Event

- Triggering Event: *Any visit activity in ED, Inpatient, Observation settings*
- Physical Age above 18+
- Exclusions:

Discharge code does not equal 20 (to indicate Patient 'Expired')
F17 Nicotine related

- Diagnosis Phrase:

REGEX-(?i)alcohol.*|dependence.*|withdrawal.*|abuse.*|drug use.*|heroin.*|opiate.*|opioid.*|adverse.*|overdose.*|tremens.* |Intoxication.*|poison.*|hallucinogen.*|Illicit.*|detox.*

And/OR:

- Diagnosis Code:
  - Include the following ICD -10 codes with all subtypes if there is an asterisk:
  - F10* Alcohol related
  - F11* Opioid related
  - F13* Sedative, hypnotic or anxiolytic related
  - F14* Cocaine related
  - F15* Other Stimulant related (this will capture methamphetamine use)
  - F16* Hallucinogen related
  - F18* Inhalant related
  - F19 Other Psychoactive substances
  - O9931* / O9332* Alcohol related, pregnancy Drug use complicating, childbirth, and the puerperium
  - T401* Poisoning by Heroin
  - T402* Poisoning by Opioid
  - T404* Poisoning by synthetic narcotics
  - T409* Poisoning by hallucinogens
  - T42 Poisoning by, adverse effect of and underdosing of antiepileptic, sedative- hypnotic and antiparkinsonism drugs
  - T51.91XA Toxic effect of unspecified alcohol, accidental (unintentional), initial encounter

Person-Centered Best Practice

- Use a trauma informed, person-centered approach to educate and care for your patient
    - Use this opportunity to establish a supportive and trusting relationship with your patient with phrases such as “I’m so glad you are here”, “I care so much about your safety”
    - Language Matters! By using positive, person-centered language, you are more likely to keep people engaged in care. Feeling stigmatized can reduce the willingness of individuals with SUD to seek treatment.
- Prescribe naloxone for any person who has a substance use disorder; ensure your patient has naloxone in-hand
- Discuss Medication for Opioid Use Disorder (MOUD) with any person diagnosed with Opioid Use Disorder (OUD).
    - Prescribe MOUD when indicated.
    - MOUD is the gold-standard, best-practice for the treatment of OUD.
- Query the Prescription Drug Monitoring Program (PDMP) to identify all prescribers/prescriptions
    - Coordinate care with any outside providers
- Schedule follow-up (engagement) visit before patient leaves the office
- Ask your patient to sign a Release of Information to access substance use treatment records

INTEGRATED BEHAVIORAL HEALTH

SUPPORTING IET IN PRIMARY CARE

- CCO incentive measure: Percentage of patients 13 years of age and older with a **new** episode of alcohol and other drug (AOD) dependence. Two rates are reported:
  - A. Percentage of patients who initiated treatment within 14 days of the diagnosis.
  - B. Percentage of patients who initiated treatment and who had two or more additional services with an AOD diagnosis within 34 days of the initiation visit.
- BHCs can support by:
  - * Provide assessment and referral support during PCP visit
  - * Follow up with patients to assure that psychosocial needs are being met
  - *Reach out to those who have gone to the ED and assure that they get proper follow up

SUBSTANCE USE TREATMENT RESOURCES

Learn about SBIRT
https://www.sbirtoregon.org/

Providers Clinical Support System:
https://pcssnow.org/mentoring/

Training on BHCs using Collective:
https://community.collectivemedical.com/t/83h6k0h/ohlc-webinar-collective-platform-training-of-behavioral-health-clinicians

UC San Francisco Clinician Consultation Center; free consultation focusing on SUD evaluation and management for PCPs:
(855) 300-3595.
https://nccc.ucsf.edu/clinical-resources/substance-use-resources/

Info on Medication for Addiction Treatment
https://www.asam.org/docs/default-source/advocacy/mat-factsheet.pdf?sfvrsn=e0b743c2_2

Portland area AA and NA meetings:
https://pdxaa.org
https://www.portlandna.com/

- Approaches will focus around three primary areas:
  * Take what we know around Medication for Addiction Treatment and improve what we are already doing
  * Work on improving coordination and follow up; especially with the ED
  * Improve our treatment/interventions around alcohol use disorder; enhance SBIRT workflows
- In 2016 about 7.5% of Americans 12 years and older were classified as having a substance use disorder
- Treatment, including medication, in conjunction with counseling or other behavioral therapies, has been shown to reduce AOD-associated morbidity and mortality, improve health, productivity and social outcomes and reduce health care spending
- **Medication alone is effective and life saving** -- work with providers and patients to obtain medication
- Less than 20% of individuals with substance use disorders receive treatment
- On average 5 Oregonians die every week from opioid overdose. Many overdose deaths involve multiple drugs included pharmaceuticals and illicit opioids.

INTERVENTIONS AT A GLANCE

- **Assess patients for motivation and severity of symptoms and connect to best level of care**
- **Follow up with patient and service providers to help coordinate between systems**
- **Monitor Collective to identify patients who need outreach and support**
- **Support the clinic in learning supportive, trauma informed language that is patient centered**
- **Support PCPs during their appointments: review symptoms, recovery plans, needed resources, etc. before PCP comes into the room to allow for efficient appointments and improved access to care**
- **Brief episodic interventions are known to be effective in supporting substance use**
- **SBIRT is the "I" of IET--make sure SBIRT workflows include BHCs. BHCs can screen and provide brief interventions in one event**
- **By keeping BHCs at the forefront of your SBIRT and IET work, you're establishing a culture that promotes the relationship of the primary care home. Pts know that they have someone they can connect to and who will support them over time, which is invaluable to engagement**