HEDIS has developed a measure to assess the percentage of adolescent and adult members with a new episode of alcohol and other drug dependence (AOD) who initiate treatment through and inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis. We would like to improve this measure and would like to provide some guidance as to how you, as clinicians can help to improve these outcomes.

RATIONALE

- There are more deaths, illnesses and disabilities from substance abuse than from any other preventable health condition. Treatment of medical problems caused by substance abuse places a huge burden on the health care system.
- In 2009, an estimated 21.8 million persons 12 or older were classified with substance dependence or abuse. Of these, 70% were dependent on or abused alcohol, 15% abused or were dependent on both alcohol and illicit drugs, and 16% were dependent on or abused illicit drugs.
- One in four deaths in the U.S. is attributed to alcohol, tobacco, or illicit drugs.
- Total overall costs of substance use in the U.S., including productivity, health and crime-related costs, exceed $600 billion annually.¹

Identifying people with alcohol and other drug disorders (AOD) is an important first step in the process of care, but identification often does not lead to the initiation of care. This may be because of the social stigma associated with the AOD disorder, denial of the problem or lack of immediately available treatment services. The measure is designed to ensure that treatment is initiated once the need has been identified, and permits comparison of effectiveness in initiating care.

HEDIS MEASURE DESCRIPTION

The measure looks at Adolescent and adult members 13 or over with a new episode of alcohol and other drug (AOD) dependence during the Intake period with an inpatient, intensive outpatient, partial hospitalization, outpatient detoxification or emergency department encounter with a diagnosis of AOD.

The measure also looks at Members who initiate alcohol and other drug (AOD) treatment through an inpatient admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of diagnosis.
Post initiation of treatment, members must have two or more encounters with a diagnosis of AOD, within 30 days after the initial encounter.

The bottom line is that HEDIS is looking to see that members diagnosed with and alcohol or other drug (AOD) dependence receive treatment within 14 days of the diagnosis.

PRIMARY CARE PHYSICIAN (PCP) INTERVENTION GUIDE

Many times the PCP is the first professional to encounter a patient with alcohol or other drug abuse issues.

- Carefully ask about the alcohol and other drug use and screen for problem use. The CAGE, T-ACE and the DAST AUDIT tools are attached and are quick, easy ways to screen for potential substance abuse.
- Make sure that the diagnosis is listed in the chart and on your claims
- The following diagnosis codes that apply to this HEDIS measures are:

| 291-292, 303.00-303.02, 303.90-303.92, 304.00-304.02, 304.10-304.12, 304.20-304.22, 304.30-304.32, 304.40-304.42, 304.50-304.52, 304.60-304.62, 304.70-304.72, 304.80-304.82, 304.90-304.92, 305.00-305.02, 305.20-305.22, 305.30-305.32, 305.40-305.42, 305.50-305.52, 305.60-305.62, 305.70-305.72, 305.80-305.82, 305.90-305.92, 535.3, 571.1 |

- Encourage the patient to follow through. Express interest in his/her progress.
- Schedule a follow up visit with the patient.
- Be mindful that substance abuse can co-occur with other behavioral health disorders such as Major Depression or Anxiety Disorders, which can make treating substance abuse or diagnosing a behavioral health disorder more difficult.

Psychcare can assist the PCP in engaging their Psychcare patients in treatment through the Encompass Program. The goal of the Encompass Program is to facilitate the coordination of care between medical and behavioral health services. The form can be found online at www.psychcare.com. Once the form is received, Psychcare assigns a case manager to reach out to the member to engage that member in treatment at the appropriate level of care. As the referring physician, you will receive notification regarding the attempts made to engage the member in treatment.
SCREENING TESTS:


Below are several brief recommended screenings:

**CAGE**

C Have you ever felt that you should Cut Down on your drinking?
A Have people Annoyed you by criticizing your drinking?
G Have you ever felt Guilty about your drinking?
E Eye Opener: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The CAGE can identify alcohol problems over the lifetime. Two positive responses are considered a positive test and indicate further assessment is warranted.

**T-ACE**

T Tolerance: How many drinks does it take for you to feel high?
A Have people Annoyed you by criticizing your drinking?
C Have you ever felt you ought to Cut Down on your drinking?
E Eye-opener: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

The T-ACE, based on the CAGE, is valuable for identifying a range of use, including lifetime use and prenatal use. A score of two or more is considered positive. Affirmative answers to questions A, C, or E = 1 point each. Reporting tolerance to more than two drinks (The T question) = 2 points

In addition, enclosed with this letter is the Drug Abuse Screening Test (DAST) as an option to screening for drug abuse, along with the AUDIT tool as a more in-depth option to screen for alcohol abuse.

If you have any questions or concerns, please contact Dr. Sherrie Bieniek at 305-630-1400.

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