

CBE ID

3488

Title

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

Endorsement Status

Endorsed by Extension

Is Under Review

No

Next Maintenance Cycle

Fall 2026

Previous Endorsement Cycle

Spring 2018

Initial Endorsement

Thu, 10/24/2019 - 09:45

Steward

National Committee for Quality Assurance

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:

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

1.7 Measure Type

Process

1.8 Level of Analysis

Health Plan

1.13 Data Dictionary

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

1.14 Numerator

The numerator consists of two rates:- 30-day follow-up: A follow-up visit with any practitioner, with a principal diagnosis of AOD within 30 days after the ED visit (31 total days). Include visits that occur on the date of the ED visit.- 7-day follow-up: A follow-up visit with any practitioner, with a principal diagnosis of AOD within 7 days after the ED visit (8 total days). Include visits that occur on the date of the ED visit. These rates are stratified by age (13-17, 18 and older, total).

1.15 Denominator

Emergency department (ED) visits with a primary diagnosis of alcohol or other drug abuse or dependence on or between January 1 and December 1 of the measurement year where the member was 13 years or older on the date of the visit.

1.20 Types of Data Sources

Claims Data

6.1.2 Current or Planned Use(s)

Public Reporting, Regulatory and Accreditation Programs, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

6.1.3 Current Use(s)

Public Reporting, Regulatory and Accreditation Programs, Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

Exclusions

Patients in hospice.

Measure Disclaimer

This HEDIS® performance measure is not a clinical guideline and does not establish a standard of medical care and has not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

Planned Use

Public Reporting

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Populations at Risk

The measure developer is different from the measure steward

No

Steward Organization

National Committee for Quality Assurance

Steward POC email

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