



IMPROVING HEALTH CARE QUALITY

Initiation and Engagement of Substance Use Disorder Treatment

Blue Cross and Blue Shield of Illinois (BCBSIL) collects quality data from our providers to measure and improve the care our members receive. The Initiation and Engagement of Substance Use Disorder Treatment (IET) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of members ages 13 and older with a new episode of substance use disorder (SUD) who received:

- **Initiation of SUD treatment** through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication-assisted treatment within **14 days of the diagnosis**
- **Engagement of SUD treatment** through initiation of treatment and two or more additional SUD services or medication-assisted treatment within **34 days of the initiation visit**

IET is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

About 20.4 million Americans ages 12 and older, or 7.5% of the population, had a substance use disorder in the previous year, according to the [Substance Abuse and Mental Health Services Administration](#). Treatment, including medication-assisted treatment with counseling or other behavioral therapies, can reduce substance abuse morbidity and mortality. Treatment also has been shown to improve health, productivity and social outcomes, and reduce health care costs. Despite strong evidence, fewer than 20% of those with substance use disorders receive treatment.



Eligible Population

Members ages 13 and older during the measurement year are included in this measure.

- Report two age categories (ages 13 to 17, and 18 and older) as well as the total rate for all members 13 and older

Exclusions: Members receiving hospice care are excluded from this measure.

Tips to Consider

- Screen for alcohol and drug use. Screening tools include the Cut Down, Annoyed-Guilty, Eye Opener Adapted to Include Drugs (CAGE-AID) questionnaire and the [Alcohol Use Disorder Identification Test \(AUDIT\)](#).
- Discuss the importance of timely follow-up visits with members. If substance misuse has impacted a member's health, schedule a follow-up visit before the member leaves your office.
- Reach out to members who cancel appointments and help them reschedule as soon as possible.
- Use the same diagnosis for substance use at each follow-up visit.
- Coordinate care between behavioral health and primary care providers:
 - Share progress notes and updates
 - Include the diagnosis for substance use

How to Document

IET data is collected from claims only. Hybrid chart review doesn't apply.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSIL Network Consultant.



The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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