HEDIS MEASURE OVERVIEW

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Please note: The information offered in this flyer is based on Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications. It is not meant to preclude your clinical judgment.

What is the IET measure?

Numerous studies have shown improved outcomes for individuals who remain in substance use disorder (SUD) programs focused on recovery-oriented care, which prioritizes autonomy, empowerment and respect.¹ Specifically, person-centered care, including shared decision-making, is a treatment approach that focuses on an individual's unique goals and life circumstances. The IET HEDIS measure serves as an important intermediate indicator closely related to outcomes.

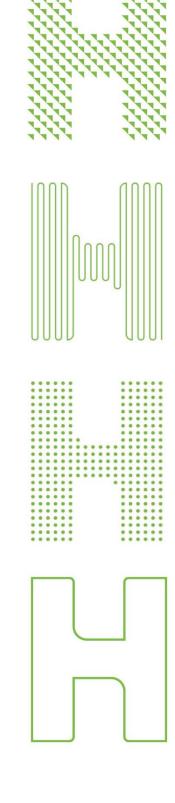
Measure description

The percentage of new SUD episodes that result in treatment initiation and engagement. Two rates are reported:

- Initiation of SUD treatment the percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days
- Engagement of SUD treatment the percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation

Who is included in the IET measure?

Patients 13 years old and older as of the SUD episode date with a new SUD episode and no prior SUD episodes or medication treatment events within the past 194 days



1. (2024). Treatment engagement of individuals experiencing mental illness: review and update. World Psychiatry. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC4780300/.



Addressing the measure

Please note: IET is an event-based measure. For each SUD episode, there will be a care opportunity that needs to be addressed by a clinician.

- Initiation
 - A follow-up visit within 14 days following the date of the SUD episode
 - A medication treatment dispensing event within 14 days after the date of the SUD episode
 - If the initial episode was an inpatient discharge, the inpatient stay is considered initiation of treatment and the member is compliant
- Engagement
 - At least two follow-up encounters within 34 days of the initiation visit
 - A long-acting SUD medication administration event is considered engagement and the SUD episode is compliant for both follow-up encounters
 - Multiple engagement visits on the same day apply only if the visits are with different healthcare professionals
- Rates of compliance for initiation and engagement visits are reported and identified via claims for:
 - Acute or nonacute inpatient admission
 - Outpatient visit, intensive outpatient or partial hospitalization
 - Nonresidential substance abuse treatment facility visit
 - Community mental health center visit
 - Telehealth, e-visit or virtual check-in
 - SUD services or opioid treatment service
 - Observation visit
 - Telephone visit
 - Medication treatment event
 - An outpatient visit in a clinic, home or community mental health center, including those for standalone, weekly or monthly behavioral health services
 - A behavioral health screening or assessment for SUD or mental health disorders

Measure best practices

- Implement the use of a Screening Brief Intervention and Referral to Treatment (SBIRT) for patients given a SUD diagnosis for same day HEDIS gap closure.
- Explain the importance of timely follow-up care to your patients.
- Coordinate care between behavioral health and primary care physicians.
- Assess and refer a patient with any social determinants of health concerns.
- Document current phone numbers, addresses and alternate contact person for follow-up outreach.
- Discuss co-occurring conditions to address additional health concerns and potential barriers.

Exclusions

- Patients in hospice care or using hospice services
- Episodes that do not meet continuous enrollment criteria of 194 days prior to, through 47 days after, the SUD episode date
- Patients who died anytime during the measurement year



Alcohol use disorder treatment medications

Description	Prescription
Aldehyde	Disulfiram (oral)
dehydrogenase	
inhibitor	
Antagonist	Naltrexone (oral and injectable)
Other	Acamprosate (oral delayed-release tablet)

Opioid use disorder treatment medications

Description	Prescription
Antagonist	Naltrexone (oral and injectable)
Partial agonist	Buprenorphine (sublingual tablet, injection and implant)
Partial agonist	Buprenorphine/naloxone (sublingual tablet, buccal film and sublingual film)

Information regarding inclusion, compliance, and exclusions for this measure were sourced from the HEDIS Measurement Year <2023>: Volume 2: Technical Specifications for Health Plans report. The coding information in this document is subject to changing requirements and should not be relied on as official coding or legal advice. All coding should be considered on a case-by-case basis and supported by medical necessity and appropriate documentation in the medical record.

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