



Quality Improvement Initiative (MA): Alcohol Use Disorder - Engagement of Treatment and Emergency Department Utilization

Problem Statement

The purpose of this quality initiative is to improve health outcomes for Medicare Advantage (MA) members with alcohol use disorder by reducing or removing barriers to substance use disorder (SUD) treatment and encouraging the safe use of alcohol.

While SUD treatment rates in the US remain low, emergency department (ED) visits for substance use have continued to rise¹. Despite low engagement, treatment for alcohol and other SUDs, including counseling, has been proven to lead to better health and social outcomes for patients². This initiative will seek to improve access and availability of and effectiveness of care for alcohol use disorder.

Because emergency departments (EDs) are a common point of care for those with substance use disorders, trends in ED utilization can be used to monitor substance use among our members and evaluate substance use-related visits and services³. NCQA has developed measures of preventable ED visits, which include those visits with a principal diagnosis related to mental health, alcohol, or substance abuse⁴. These conditions are considered preventable or treatable through appropriate primary care, care management, access to care and better patient education, while higher ED utilization would indicate less effective treatment or care management. Because CHP has a robust monitoring system for opioid use through our PBM Elixir, and a same-day walk-in mental health access center through Burrell as a mental health resource, the focus of alcohol use was chosen for this initiative.

Performance Goals

Our baseline for members with a diagnosed alcohol use disorder engaging with treatment in our Medicare Advantage (MA) line of business was established in 2023. Our goal will be to reach the NCQA benchmark for the corresponding HEDIS measure, which is 37.3% for Medicare HMO plans. We will also monitor ED utilization rates for MA members with alcohol-related diagnoses. Performance will be evaluated at least quarterly.

Data Collection Plan

HEDIS data will be collected to monitor the rate of Engagement of Alcohol Abuse or Dependence Treatment (IET). The denominator for this measure will be MA members ages 13 years and older, and the numerator will be the percentage of new alcohol SUD episodes that have evidence of treatment engagement within 34 days of initiation.

ED Utilization

Claims data will be used to monitor the ED utilization rate among members included in this initiative.

The denominator will be MA members with the specified diagnoses, and the numerator will be the total number of ED visits incurred. The following ICD-10 codes were used to identify members in the measured population: F10; F10.1; F10.10; F10.11; F10.12; F10.120; F10.121; F10.129; F10.13; F10.130; F10.131; F10.132; F10.139; F10.14; F10.15; F10.150; F10.151; F10.159; F10.18; F10.180; F10.181; F10.182; F10.188; F10.19; F10.2; F10.20; F10.21; F10.22; F10.220; F10.221; F10.229; F10.23; F10.230; F10.231; F10.232; F10.239; F10.24; F10.25; F10.250; F10.251; F10.259; F10.26; F10.27; F10.28; F10.280; F10.281; F10.282; F10.288; F10.29; F10.9; F10.90; F10.91; F10.92; F10.920; F10.921; F10.929; F10.93; F10.930; F10.931; F10.932; F10.939; F10.94; F10.95; F10.950; F10.951; F10.959; F10.96; F10.97; F10.98; F10.980; F10.981; F10.982; F10.988; F10.99.

Data Collection

Engagement of Treatment:

MA*

Year	Measure	Numerator	Denominator	Rate	Goal
2023	Alcohol Engagement of SUD Treatment	3	10	30.00%*	Establish Baseline

*December 2023 prospective data

Emergency Department Utilization:

MA

Year	Measure	Numerator	Denominator	Rate	Goal
2023	ED Utilization	22	14	1.57%	Establish Baseline

Data Analysis and Statistical Testing

CHP uses chi-squared testing to demonstrate the statistical significance of our collected data. Chi-squared is a statistics test that measures how expected data compares to actual data. Results will be displayed in the chart below and indicate year to year changes in statistical significance. Statistical significance will be at $p < 0.05$. CHP will also address barriers here that effect statistically significant results, as applicable.

Comparison to Goal

CHP will track behavioral health data and monitor for statistically significant changes by comparing to previous utilization rates and the utilization goal.

Interventions

Date	Intervention	Barrier Addressed
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2024	Share alcohol use disorder resources available to members on websites	<ul style="list-style-type: none"> • Increase awareness of treatment options and resources to increase engagement
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Re-Measurement

CHP re-measures data for this initiative at least annually to evaluate progress towards meeting its goal. Goals can be re-evaluated during this time and adjusted accordingly.

Additional Corrective Actions

Additional corrective actions are identified on the intervention grid above. CHP will initiate additional corrective actions each year, where necessary.

Findings and Outcomes

The findings and outcomes of this quality initiative will be shared with CHP employees, members, providers, the Quality Improvement Committee, and the Board of Directors. We may add and/or modify goals and interventions when necessary based on findings and outcomes. If the findings at any time during the initiative lead to needed training and education for staff, the education will be created and distributed within the following quarter.

References:

1. National Center for Biotechnology Information. 2022. "Substance Use-related Emergency Department Visits and Resource Utilization." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8967472/> (November 21, 2023)
2. National Committee for Quality Assurance. 2023. "Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment." <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment/> (December 5, 2023)
3. PLOS ONE. 2022. "Emergency department utilization for substance use disorders and mental health conditions during COVID-19." <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0262136> (November 21, 2023)
4. Agency for Healthcare Research and Quality. 2018. "Preventable Emergency Department Visits." <https://www.ahrq.gov/research/findings/nhqrd/r/chartbooks/carecoordination/measure2.html> (November 21, 2023)