

Initiation and Engagement of SUD Treatment (IET)



AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey (collectively, AmeriHealth) offer Quality Tip Sheets that provide key insights from the Healthcare Effectiveness Data and Information Set (HEDIS).

Initiation and Engagement of Substance Use Disorder (SUD) Treatment, known as IET

The IET measure assesses the percentage of new SUD episodes that result in treatment initiation and engagement.

Two reported rates:








- 1. 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 visits, or medication treatment within 14 days.
- 2. Engagement of SUD Treatment:** The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

Important: For SUD initiation services delivered on the same day as a new SUD diagnosis, a different provider must deliver the services in order to count towards the initiation numerator. This rule does not apply to medication dispensing or administration.



Using these tips may help boost HEDIS scores and improve patient care and outcomes

Best Practices and Tips

 Schedule appointments promptly	Schedule SUD appointments as soon as possible. The AmeriHealth Care Navigation team (1-800-809-9954) can provide fast access to Connect to Care providers. Care Navigators are available 24 hours a day, 7 days a week.
 Educate patients	Educate patients on the importance of follow-up care for SUD initial and ongoing visits.
 Utilize virtual care	Virtual care for SUD conditions has been demonstrated as effective and can be especially helpful if barriers like transportation and childcare needs exist. ^{1,2} You can access virtual SUD care via the AmeriHealth Care Navigation team (1-800-809-9954).
 Coordinate care	Coordinate care between behavioral health and primary care physicians by sharing timely progress notes and including the SUD diagnosis to ensure comprehensive care.
 Educate on benefits of care for SUD	Use motivational interviewing to address ambivalence and educate patients on the benefits of care to prevent health issues and other negative effects of SUDs. Find resources at SBIRT Oregon . ³
 Engage support systems	Engage family members or individuals chosen by the member for support.
 Follow up	Follow up with patients to ensure appointments are kept and reschedule any missed visits as soon as possible.

Exclusions

- Members who choose hospice services or opt for a hospice benefit at any time during the measurement period.
- Members who pass away any time during the measurement year.

Potential diagnostic considerations for providers

- For patients using long-term medication for pain and not meeting the DSM-V criteria for SUD, providers may consider code **Z79.891** (long-term current use of opiate analgesic).
- If a patient is taking a prescribed medication under proper medical supervision, the DSM-V does not count “tolerance” and “withdrawal” (criteria 10 and 11) toward an SUD diagnosis. In these cases, the patient must meet at least two other DSM-V criteria (excluding tolerance and withdrawal) to be diagnosed with SUD.^{4,5}
- A “1” at the end of an SUD diagnosis code, indicates the condition is in remission, e.g., F10.11, (alcohol use disorder, mild, in early or sustained remission). Early remission is defined by no symptoms for at least 3 months, but less than 12 months. Sustained remission is defined as no symptoms for 12 months or longer.

¹[Telehealth supports retention in treatment for opioid use disorder | National Institutes of Health \(NIH\)](#)

²[Telemedicine works for treating substance use disorder: The STAR clinic experience during COVID-19 - PMC](#)

³[SBIRT Oregon SBIRT Oregon](#)

⁴[Opioid Use Disorder: Diagnosis | Overdose Prevention | CDC](#)

⁵[Prescription Opioid Use Disorder Among Adults Reporting Prescription Opioid Use With or Without Misuse in the United States](#)