IET Guide- Primary Care

4 sections-

1) Billing/coding
2) Collective- IET cohort, useful tips
3) BHC engagement
4) Person centered practice to increase engagement

The Initiation and Engagement in Treatment (IET) measure examines the percentage of members that received timely access to treatment soon after the member was newly diagnosed with a substance use disorder (SUD).

Initiation in Primary Care

Your patient must have **one or more** of these visit types **within 14 DAYS** of the initial diagnosis to meet the measure.

For patients with all types of SUD:

Type of Visit	Common Codes
In-Person Office Visit with an SUD Dx *Substance must match the member's initial Dx type	**E&M Codes** 99211-99215, 99203-99205 **BH Services Integrated in Primary Care** 90971, 90972, 90832, 90837, 90840, 90847, 90849, 90853 H0001, H0002, H0031
Telephone Visit with an SUD Dx *Substance must match the member's initial Dx type	98966, 98967, 98968 99441, 99442, 99443
E-Visit/ Virtual Visit with an SUD Dx *Substance must match the member's initial Dx type	99421, 99423, 99444 G0071, G2012

For patients with OUD (in addition to codes listed for all substance types):

Type of Visit/Claim	Medication list
OUD Medication Prescription	**Naltrexone** (oral or injectable) **Buprenorphine** (sublingual tablet, injection, implant) **Buprenorphine/Naloxone** (sublingual tablet, buccal film, sublingual film)

For patients with AUD (in addition to codes listed for all substance types):

Type of Visit/Claim	Medication list
AUD Medication Prescription	**Disulfiram** (oral) **Naltrexone** (oral or injectable) **Acamprosate** (oral; delayed-release tablet)

Engagement in Primary Care

A patient must have the right combination of visit types **within 34 DAYS of initiation** to be considered engaged in treatment. How a patient can become engaged depends on their type of treatment initiation:

Initiation Type	Meet criteria for 'Engaged' in Metric	
Patients who initiated treatment **WITH** medication	One Medication Event + One Engagement Visit	Two Engagement Visits
Patients who initiated treatment **WITHOUT** medication	One Medication Event	Two Engagement Visits

Medication event in primary care setting

Type of Claim	Medication list
OUD Medication Prescription	**Naltrexone** (oral or injectable) **Buprenorphine** (sublingual tablet, injection, implant) **Buprenorphine/Naloxone** (sublingual tablet, buccal film, sublingual film)
AUD Medication Prescription	**Disulfiram** (oral) **Naltrexone** (oral or injectable) **Acamprosate** (oral; delayed-release tablet)

Engagement visit in primary care:

Type of Visit	Common Codes
In-Person Visit with an SUD Dx *Substance must match the member's initial Dx type	**E&M Codes** 99211-99215, 99203-99205 **BH Services Integrated in Primary Care** 90971, 90972, 90832, 90837, 90840, 90847, 90849, 90853 H0001, H0002, H0031

Engagement visit in primary care (continued):

Type of Visit	Common Codes
Telephone Visit with an SUD Dx *Substance must match the member's initial Dx type	98966, 98967, 98968 99441, 99442, 99443
E-Visit/ Virtual Visit with an SUD Dx **Substance must match the member's initial Dx type*	99421, 99423, 99444 G0071, G2012

BHC Services in Primary Care

Behavioral Health Clinician (BHC) can help create an environment in primary care that supports an open door for recovery. Ensure patients know that the BHC is a resource, the BHC should be introduced to patients who are diagnosed with a substance use disorder, receive medication for substance use, or receive a follow up from ED visit for substance use

Key Services

- Preventative medicine counseling
- Psychotherapy
- Health and Behavior (for SBIRT)

Key BHC Workflows

- Utilize BHC for SBIRT, this is the start of **initiation/identification;** BHC can screen during BHC and PCP appointments
- BHC can help facilitate referrals and coordinate care if outside referrals are the best course of treatment
- Introduce BHC to patients who are diagnoses with any use disorder

Collective Medical

Real time knowledge of SUD inpatient and emergency department admissions allow us to coordinate in the moment to best meet our members needs

- Set up alerts/notifications to know when your patients end up in the ED for SUD related issues so you can follow up quickly to provide support
- Consider utilizing Collective IET cohort (details in chart below)
- Utilize reports as an additional resource for scrubbing/reviewing records before visits
- Create watch lists of patients whom you've seen in the clinic for better monitoring

- Include those who you're referring to behavioral health and those who are going to follow up with you in primary care
- If patients go to ED for behavioral health related issues (substance use or not), reach out for quick follow up

Collective Platform - **Initiation and Engagement of SUD Treatment**

The specifications below are suggested cohort criteria based on CareOregon's Collective onboarding support for health care providers. Some providers/organizations may choose to adjust criteria to best meet their organization's resources, needs, and existing workflows.

Collective SUD-IET Cohort Criteria

SUD-IET—Any Encounter Event

- Triggering Event: *Any visit activity in ED, Inpatient, Observation settings*
- Physical Age above 18+
- Exclusions:

Discharge code does not equal 20 (to indicate Patient 'Expired')
F17 Nicotine related

- Diagnosis Phrase:

REGEX-(?i)alcohol.*|dependence.*|withdrawal.*|abuse.*|drug use.*|heroin.*|opiate.*|opioid.*|adverse.*|overdose.*|tremens.* |Intoxication.*|poison.*|hallucinogen.*|Illicit.*|detox.*

And/OR:

- Diagnosis Code:
  - Include the following ICD -10 codes with all subtypes if there is an asterisk:
  - F10* Alcohol related
  - F11* Opioid related
  - F13* Sedative, hypnotic or anxiolytic related
  - F14* Cocaine related
  - F15* Other Stimulant related (this will capture methamphetamine use)
  - F16* Hallucinogen related
  - F18* Inhalant related
  - F19 Other Psychoactive substances
  - O9931* / O9332* Alcohol related, pregnancy Drug use complicating, childbirth, and the puerperium
  - T401* Poisoning by Heroin
  - T402* Poisoning by Opioid
  - T404* Poisoning by synthetic narcotics
  - T409* Poisoning by hallucinogens
  - T42 Poisoning by, adverse effect of and underdosing of antiepileptic, sedative- hypnotic and antiparkinsonism drugs
  - T51.91XA Toxic effect of unspecified alcohol, accidental (unintentional), initial encounter

Person-Centered Best Practice

- Use a trauma informed, person-centered approach to educate and care for your patient
    - Use this opportunity to establish a supportive and trusting relationship with your patient with phrases such as “I’m so glad you are here”, “I care so much about your safety”
    - Language Matters! By using positive, person-centered language, you are more likely to keep people engaged in care. Feeling stigmatized can reduce the willingness of individuals with SUD to seek treatment.
- Prescribe naloxone for any person who has a substance use disorder; ensure your patient has naloxone in-hand
- Discuss Medication for Opioid Use Disorder (MOUD) with any person diagnosed with Opioid Use Disorder (OUD).
    - Prescribe MOUD when indicated.
    - MOUD is the gold-standard, best-practice for the treatment of OUD.
- Query the Prescription Drug Monitoring Program (PDMP) to identify all prescribers/prescriptions
    - Coordinate care with any outside providers
- Schedule follow-up (engagement) visit before patient leaves the office
- Ask your patient to sign a Release of Information to access substance use treatment records