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One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

Effectiveness of Care HEDIS® Measure

### Measure description

The percentage of patients who had a follow-up service following an emergency department (ED) visit.

### Measure population (denominator)

Patients 18 years of age and older with **two or more** different high-risk chronic conditions that had an ED visit between January 1 and December 24 of the measurement year.

**Note:** If a patient has more than one ED visit, they could be in the measure more than once.

### Did you know?

- Patients are at a higher risk of complications following emergency department visits because of their functional limitations and multiple chronic conditions.
- Studies have found that older adults have increased mortality rates and readmissions rates within the first three months after the emergency department visit.

### High-risk chronic conditions (diagnosed prior to ED visit during measurement year or year prior)

Alzheimer's disease and related disorders	COPD, asthma, or unspecified bronchitis	Myocardial infarction - acute
Atrial fibrillation	Depression	Stroke and transient ischemic attack
Chronic kidney disease	Heart failure	

## Measure compliance (numerator)

A follow-up service within seven days on or after the emergency department visit (eight total days).

The following meet criteria for follow-up:

- Outpatient visit
- Virtual care visit
- Behavioral health visit
- Case management visit
- Electroconvulsive therapy
- Substance use disorder service
- Community mental health center visit
- Complex Care Management Services
- Intensive outpatient or partial hospitalization
- Transitional care management (TCM) services

## Exclusions

- Admitted to an acute or nonacute inpatient facility on or within seven days after the ED visit, regardless of the principal diagnosis for admission
- Received hospice services anytime during the measurement year
- Deceased during the measurement year

## Helpful HEDIS hints

- Contact patient as soon as ED discharge notification is received and schedule follow-up visit.
  - Discuss the discharge summary; verify understanding of instructions and that all new prescriptions were filled.
  - Complete a thorough medication reconciliation with the patient and/or caregiver.
- The diagnosis for the follow-up visit does not need to match that of the ED visit. Also, it does not need to be associated with the chronic conditions that put the member into the denominator.
- Virtual care visits are acceptable for follow-up (audio and/or video, e-visits, virtual check-ins).
- Keep open appointments so patients with an ED visit can be seen within seven days of their discharge.
- Instruct patients to call their practitioner with any concerns or worsening of symptoms.

## Resources

1. Department of Health and Human Services (HHS). 2010. "Multiple Chronic Conditions: A Strategic Framework." [hhs.gov/sites/default/files/ash/initiatives/mcc/mcc\\_framework.pdf](https://hhs.gov/sites/default/files/ash/initiatives/mcc/mcc_framework.pdf)
2. National Institutes of Health (NIH). 2020. "Ambulatory Follow-up and Outcomes Among Medicare Beneficiaries After Emergency Department Discharge." [pubmed.ncbi.nlm.nih.gov/33034640/](https://pubmed.ncbi.nlm.nih.gov/33034640/)
3. National Institutes of Health (NIH). 2019. "Emergency Department Interventions for Older Adults: A Systemic Review." [pubmed.ncbi.nlm.nih.gov/30875098/](https://pubmed.ncbi.nlm.nih.gov/30875098/)

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