Patrius Health

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

Quality Measure:

This measure identifies the percentage of emergency department (ED) visits for patients 18 years and older who have multiple high-risk chronic conditions and had a follow-up on the date of the ED discharge or in the 7 days following discharge (8 total days). Visits on the same day as the ED discharge count for measure compliance. It is important to note if the patient has more than one ED visit, they could be in the measure more than once.

This applies to patients with two or more of the following conditions who were diagnosed prior to the ED visit, during the measurement year, or the year prior to the measurement year:

- Alzheimer's disease
- Atrial fibrillation
- Chronic kidney disease
- COPD and asthma
- Depression
- Heart failure
- Myocardial infarction – acute
- Stroke and transient ischemic attack

How to Meet the Measure:

The following types of visits can help meet the measure. For a complete listing of codes, see the FMC measure specifications.

- E-visit or virtual check-in
- Electroconvulsive therapy
- Intensive outpatient encounter or partial hospitalization; community mental health center visit; observation visit
- Outpatient in-person or telehealth visit (E/M, Annual Wellness Visit, behavioral health)
- Transitional care management services; case management visits; complex care management services

Measure Exclusions:

Patients are excluded from the measure if they received hospice care during the measurement year, are deceased during the measurement year, or experienced an ED visit resulting in an inpatient stay on the day of the visit or within seven days after the ED visit.

Best Practices for Measure Compliance:

- Ensure you are receiving Care Alerts. Patients will not show up on PHS or Provider Insights with this gap in care until the window of opportunity to close it has passed. Therefore, using Care Alerts to identify patients who were seen in the ED is critical to perform well in this measure.

  How to enroll online for Care Alerts:

  1. Log in to *my*Blue Provider.
  2. Click Blue Advantage Resources in the left-side menu.
  3. On the Patrius Health provider website, click Care Alerts Enrollment under Provider Tools in the main menu at the top.
- Use a flagging or alert rule in the EMR to identify members with an open gap for this measure. Over 30% of members who qualify for this measure once will qualify again on a separate event.
- Keep open appointments so patients with an ED visit can be seen within 7 days of their discharge.
- Discuss the discharge summary with patients and ask if they understand the instructions and have filled the new prescriptions.
- Complete a thorough medication reconciliation, and ask patients and caregivers to recite their new medication regimen back to you.
- A follow-up may be an in-person office visit or a telehealth visit.
- If the patient can make it to your office and he or she has not had an Annual Wellness Visit (AWV) yet, the wellness visit itself will close this gap in care. You can render an AWV with a sick visit on the same day and both services will be paid with no copay for the patient.

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