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

Description of Measure

Percentage of emergency department (ED) visits for members ages 18 and older who have multiple high-risk chronic conditions and had a follow-up service within 7 days of the ED visit.[I]

Note:

- ED visits between January 1 and December 24 of the measurement year (MY) where the member was 18 years or older on the date of the visit..
- If a member has more than one ED visit in an eight-day period, the first eligible ED visit date is counted as the start of the 7-day period.

Eligible Chronic Conditions

A patient with multiple high-risk chronic conditions is defined as anyone who was diagnosed with two or more of the following conditions during the measurement year (MY) or the prior year (PY), **but prior to the ED visit:**

- Alzheimer's disease and related disorders
- Atrial fibrillation
- Chronic kidney disease
- COPD and asthma
- Depression
- Heart failure
- Acute myocardial infarction
- Stroke and transient ischemic attack

Documentation

- A follow-up service on the day of the ED visit to 7 days after.
- The following type of visits or services meet criteria:
  - Outpatient visit, telephone visit, telehealth, e-visit, or virtual check-in
  - Transitional care management, Complex care management, Case management
  - Behavioral health or Substance abuse

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Exclusion

Description	Timeframe
ED visits that resulted in an inpatient stay	Any time during the MY
ED visits followed by an admission to an acute or nonacute inpatient care setting on the date of the ED visit or within 7 days after the ED visit, regardless of the principal diagnosis for admission	Any time during the MY
Members who elect or use hospice services	Any time during the MY
Members who died	Any time during the MY

Tips for Success	■ Keep open appointments so patients with an ED visit can be seen within 7 days ■ Schedule follow-up visits within 2 – 5 days of ED visit ■ In addition to an office visit follow-up can be provided via a telephone or virtual care/telehealth visit ■ Create provider alerts of ED visits and tracking for follow-up ■ Flag patients with comorbidities that would require a follow-up after an ED visit ■ Develop a process to communicate with patient's after ED visits ■ Implement a standard post-ED visit template to reduce patient risk and readmissions that: - Assesses patient comprehension of his or her diagnosis and discharge instructions - Assesses patient's or a caregiver's ability to self-manage medications - Asks about barriers or issues that might have contributed to the ED visit and discuss how to prevent them in the future - Incorporate knowledge of the 'red flags' of a worsening condition and what to do or who to contact - Establishes who the patient is to contact for questions or concerns about their care going forward ■ Encourage patients to have regular office visits with their primary care physician to monitor and manage chronic conditions

Resources

I. National Committee for Quality Assurance, HEDIS® Measurement Year 2025 Volume 2 Technical Specifications for Health Plans