

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

CarePartners of Connecticut's HEDIS Tip Sheets outline key features of specific HEDIS measures. These best practices and tips can optimize HEDIS scores and identify opportunities to improve patient care.



The FMC measure assesses the percentage of emergency department (ED) visits for members 18 years of age and older who have multiple high-risk chronic conditions and have had a follow-up service within seven days of the ED visit.



### Provider Best Practices

- **Establish** relationships with area hospitals to develop and facilitate notification processes for ED visits.
- **Contact** the patient as soon as ED discharge notification is received and schedule a follow-up visit. (The follow-up visit can be the same day as the ED visit.)
- **Discuss** discharge summary with the patient, confirm understanding of instructions, and verify that all new prescriptions have been filled.
- **Complete** a thorough medication reconciliation with the patient and/or caregiver.
- **Keep** open appointments available so that patients with ED visits can be seen within three-to-five days of discharge.
- **Instruct** patients to call their practitioners with concerns or worsening of symptoms.
- **Educate** members on the importance of regular follow up with their primary care provider to manage their condition.
- **Submit** claims in a timely manner, and include appropriate codes for diagnoses, health conditions, and services provided.
- **Use** an electronic health information exchange and alerts to help manage member information.



### Measure Tips

Any of the following meet the criteria for follow up:

- Outpatient visit
- Virtual care or telephone 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

Eligible Chronic Conditions (diagnosed prior to ED visit):

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

**Diagnosis** for follow-up visit does not need to match the ED visit diagnosis or be associated with the chronic conditions that put the member into the denominator.

# Follow Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions *(cont.)*



### Did you know?

- People living with multiple chronic conditions account for a **disproportionate share of healthcare utilization and costs**: 64% of all clinician visits, 70% of all inpatient stays, 83% of all prescriptions, 71% of all healthcare spending, and 93% of Medicare spending.
- Patients with multiple chronic conditions and functional limitations are at a **higher risk of complications** following emergency department visits.
- **Older adults** have increased mortality rates and readmissions rates within the first three months after an emergency department visit.



### Additional Resources

Find Clinical Practice Resources and Guidelines at the [Multiple Chronic Conditions Resource Center](#) and [Agency for Healthcare Research and Quality](#).