



IMPROVING HEALTH CARE QUALITY

Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions

Blue Cross and Blue Shield of Texas (BCBSTX) collects quality data from our providers to measure and improve the quality of care our members receive. Follow-up after Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (FMC) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of members ages 18 and older with multiple high-risk chronic conditions who had a follow-up service within seven days of an emergency department (ED) visit. Members are included in the measure who have two or more of the following conditions diagnosed before the ED visit during the measurement year or the year prior:

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

FMC is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.



Why It Matters

The Centers for Disease Control and Prevention estimates that one in four adults in the U.S. has multiple chronic conditions. According to NCQA, adults ages 65 and older are especially vulnerable after an ED visit because of functional limitations, hearing and visual impairments and use of multiple medications. Health outcomes and communications can be negatively affected when outpatient providers don't receive medical records for ED visits.

Eligible Population

Members ages 18 years and older during the measurement year with multiple high-risk chronic conditions are included in this measure.

Exclusions:

- Members receiving hospice care
- ED visits that result in acute or non-acute inpatient care on the day of the visit or within seven days after the visit

Tips to Consider

- Use an electronic health information exchange and alerts to help manage members' information.
- Work with local hospitals to develop a notification process when ED visits occur.
- Ensure that appointment access is available daily for members discharged from the ED or inpatient care.
- Document follow-up care thoroughly and submit appropriate coding.

How to Document

Quality data for this measure is collected from claims data. Hybrid chart review doesn't apply.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSTX Network Representative.



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