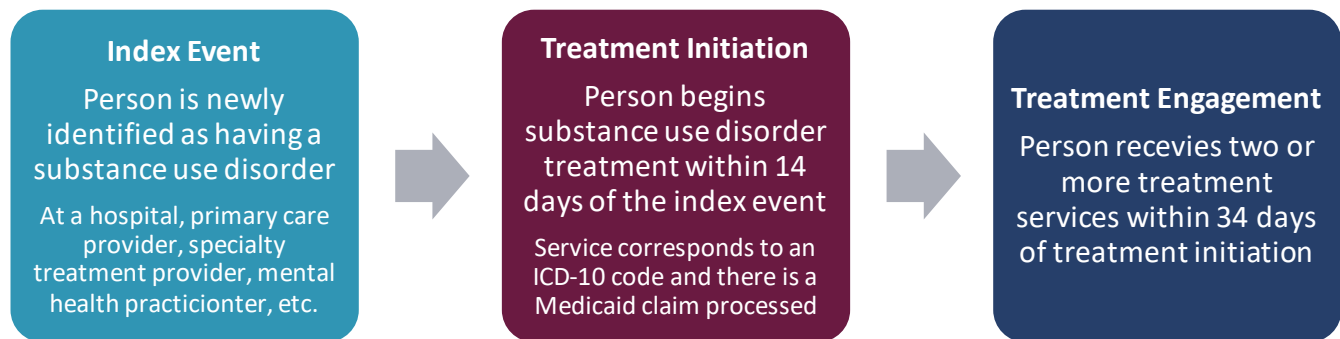


Initiation and Engagement in Treatment

Initiation and engagement in treatment (IET) describes people's ability to access treatment for substance use disorder quickly and subsequently stay engaged in treatment. It is a standardized measure used by the Centers for Medicare and Medicaid Services based on the Healthcare Effectiveness Data Information Set ([HEDIS](#)). This document provides supporting documentation for data shown in the Vermont Substance Use Dashboard.

Key Points

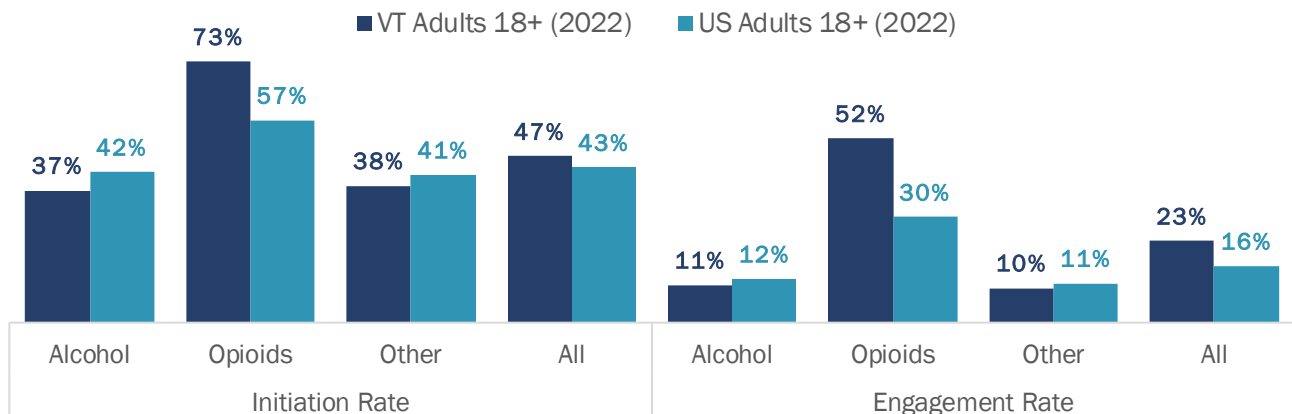
- To view the most recent and historical IET data, please refer to the [Vermont Substance Use Dashboard](#)
- All IET indicators can be found via the search bar or by navigating to the Treatment category in the leftmost panel of the dashboard



2022 Vermont Rates

Vermont 2022 treatment initiation rates for opioid use disorder (73%) are almost two times higher than initiation rates for alcohol use disorder (37%). Treatment engagement rates for opioid use disorder (52%) are almost five times higher than engagement rates for alcohol use disorder (11%).

Medicaid Initiation and Engagement - VT and US



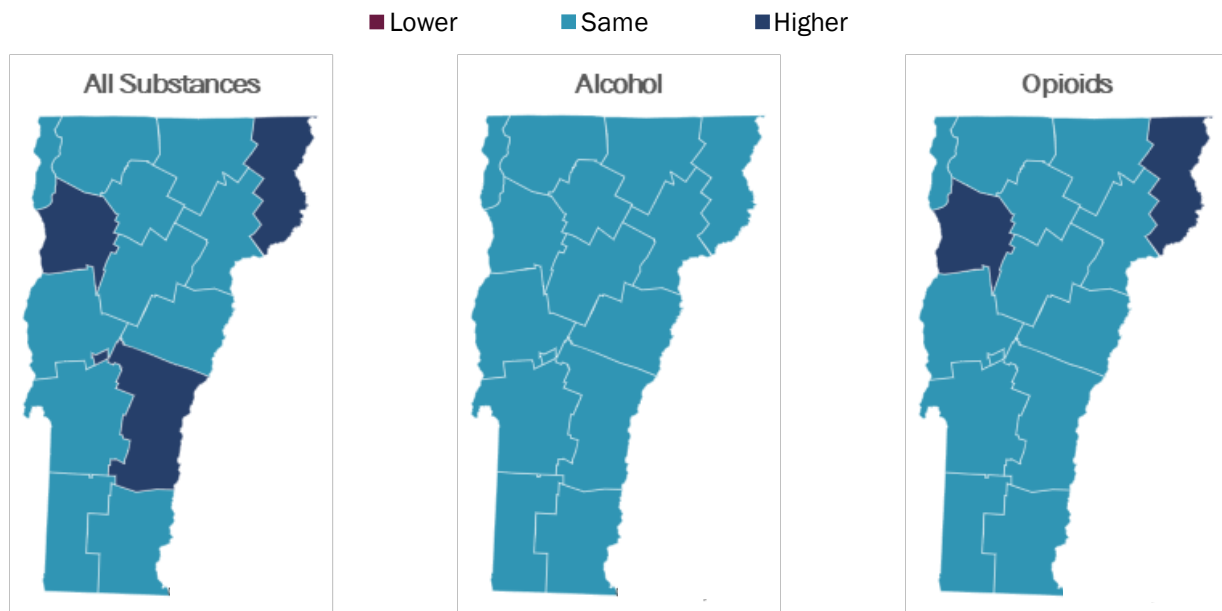
Source: VT - Medicaid Claims. Measure is based on HEDIS initiation and engagement in treatment methodology modified for VT billing; US (46 states reported) – [Medicaid and CHIP Scorecard](#)

2022 Vermont Initiation and Engagement in Treatment

Many Vermonters do not start or stay in treatment for substance use disorders after the initial diagnosis. This finding is not unique to Vermont. In 2022, 47% of VT index events led to treatment initiation compared to 43% nationally, and 23% of VT index events led to treatment engagement compared to 16% nationally.

There was a 2.9% increase in index events between 2021 and 2022 (4,821 to 4,961). Alcohol remains the substance most frequently associated with index events, accounting for 46% of all index events in 2021 and 47% of all index events in 2022.

Change in Initiation Rate Between 2021 and 2022



There were no significant changes in engagement rates between 2021 and 2022.

Improving Treatment Initiation and Engagement Rates

The following strategies and best practices are ways to improve initiation and engagement of alcohol and other drug treatment in clinical and community settings.

- Strengthen substance use disorder referral and evaluation systems at the community level
- Increase the capacity to treat all substance use disorders in the community
- Strengthen partnerships between recovery support services and medical and substance use disorder treatment providers
- Strengthen peer support services and build connections for people to access those services
- Develop workforce through partnerships with local colleges and universities
- Establish policies and procedures to assess and treat clients at risk for or experiencing a substance use disorder that incorporate principles of harm reduction and the social determinants of health
- Establish and integrate principles of harm reduction and the social determinants of health into all new and existing programs that address substance use across the system (e.g., needle exchange programs, naloxone overdose prevention programs)

2022 Vermont Initiation and Engagement in Treatment

Regional providers across Vermont are working together to operationalize the above strategies and improve treatment initiation and engagement through the following actions:

- Build agreements and pathways to improve timely referral between providers
 - Hospitals/emergency departments
 - Primary care practices
 - Specialty substance use disorder treatment providers
- Identify people with substance use disorder through screening and assessment
- Use Certified Peer Recovery Coaches to support people through referrals
- Commit to maintaining capacity that allows rapid access to treatment
- Use data to improve processes that support rapid access to care

Data Notes

The Centers for Medicare and Medicaid provide [more detailed technical details for treatment initiation and engagement](#). This information is specific to how Vermont calculates and reports these measures.

- The data source for the initiation and engagement calculations presented is Medicaid Claims.
- The year of the data presented in this document refers to the year the services were provided (2022). Please note that this is different from how HEDIS data are reported. HEDIS 2022 data is based on 2021 claims.
- Medicaid data are used because they include claims that span multiple provider and service types, allowing calculations to be made across providers and systems.
- Substances described as “other” in this report include any drug other than alcohol or opioids. This includes but is not limited to cocaine/crack, methamphetamines and cannabis.
- The county calculations are based on the Medicaid recipient’s county of residence.
- Vermont modified the measure specifications to accommodate state-specific billing mechanisms. Please find these modifications on the next page.
- IET is used widely to monitor treatment for substance use disorders:
 - CMS Core Quality Measure Set for Medicaid Adults
 - Vermont Medicaid’s Global Commitment Core Measure Set
 - VMNG ACO Payment Measure
 - Vermont’s Substance Use 1115 Waiver
 - All Payer Model Measure
 - Former Medicaid ACO Shared Savings Program Measure
 - Blueprint Annual Report Measure

Vermont Modifications

In Vermont Medicaid, medication for opioid use disorder (MOUD) in hubs is currently billed as one unit per month. The HEDIS IET specification looks for one service within 14 days of an index event to count as initiation and two services within 34 days of initiation for engagement. An adjustment to the IET rate was used to count the multiple visits each week occurring at the hubs. Also, Vermont billing codes for behavioral health residential substance use disorder treatment facilities do not match the IET measure, so are counted as sub-acute facility visits.

Please note that the treatment services offered through Community Health Teams and spoke staff may not be reflected in these numbers because the funding mechanism for these teams does not require the generation of a service claim. Since the measure is based on Medicaid claims data, the numbers likely under-represent the initiation and engagement in treatment rates.

For more information, contact the Division of Substance Use Programs (DSU) at AHS.VDHDSU@vermont.gov