## SUB Measure Set Table

<table>
<thead>
<tr>
<th>Set Measure ID#</th>
<th>Measure Short Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUB-1</td>
<td>Alcohol Use Screening</td>
</tr>
<tr>
<td>SUB-2</td>
<td>Alcohol Use Brief Intervention Provided or Offered</td>
</tr>
<tr>
<td>SUB-2a</td>
<td>Alcohol Use Brief Intervention</td>
</tr>
<tr>
<td>SUB-3</td>
<td>Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge</td>
</tr>
<tr>
<td>SUB-3a</td>
<td>Alcohol and Other Drug Use Disorder Treatment at Discharge</td>
</tr>
<tr>
<td>SUB-4</td>
<td>Alcohol and Drug Use: Assessing Status after Discharge</td>
</tr>
</tbody>
</table>
### General Data Elements Table

<table>
<thead>
<tr>
<th>Name</th>
<th>Collected For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Date</td>
<td>All Records</td>
</tr>
<tr>
<td>Birthdate</td>
<td>All Records</td>
</tr>
<tr>
<td>Discharge Date</td>
<td>All Records</td>
</tr>
<tr>
<td>Hispanic Ethnicity</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-10-CM Other Diagnosis Codes</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-10-PCS Other Procedure Codes</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-10-PCS Other Procedure Dates</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-10-CM Principal Diagnosis Code</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-10-PCS Principal Procedure Code</td>
<td>All Records</td>
</tr>
<tr>
<td>ICD-10-PCS Principal Procedure Date</td>
<td>All Records</td>
</tr>
<tr>
<td>Payment Source</td>
<td>All Records</td>
</tr>
<tr>
<td>Race</td>
<td>All Records</td>
</tr>
<tr>
<td>Sample</td>
<td>Used in transmission of the Joint Commission’s aggregate data file and the Hospital Clinical Data file</td>
</tr>
<tr>
<td>Sex</td>
<td>All Records</td>
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</table>

### Algorithm Output Data Element Table

<table>
<thead>
<tr>
<th>Name</th>
<th>Collected For</th>
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</thead>
<tbody>
<tr>
<td>Measure Category Assignment</td>
<td>Used in the calculation of the Joint Commission’s aggregate data and in the transmission of the Hospital Clinical Data file</td>
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</table>
## SUB Data Elements Table

<table>
<thead>
<tr>
<th>Name</th>
<th>Collected For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or Drug Use Status Post Discharge - Counseling</td>
<td>SUB-4</td>
</tr>
<tr>
<td>Alcohol or Drug Use Status Post Discharge - Medication</td>
<td>SUB-4</td>
</tr>
<tr>
<td>Alcohol Use Status</td>
<td>SUB-1, SUB-2, SUB-3, SUB-4</td>
</tr>
<tr>
<td>Alcohol Use Status Post Discharge – Quit Status</td>
<td>SUB-4</td>
</tr>
<tr>
<td>Brief Intervention</td>
<td>SUB-2</td>
</tr>
<tr>
<td>Comfort Measures Only</td>
<td>SUB-1, SUB-2, SUB-3, SUB-4</td>
</tr>
<tr>
<td>Discharge Disposition</td>
<td>SUB-3, SUB-4</td>
</tr>
<tr>
<td>Drug Use Status Post Discharge – Quit Status</td>
<td>SUB-4</td>
</tr>
<tr>
<td>Follow-up Contact</td>
<td>SUB-4</td>
</tr>
<tr>
<td>Follow-up Contact Date</td>
<td>SUB-4</td>
</tr>
<tr>
<td>Prescription for Alcohol or Drug Disorder Medication</td>
<td>SUB-3</td>
</tr>
<tr>
<td>Referral for Addictions Treatment</td>
<td>SUB-3</td>
</tr>
</tbody>
</table>
Substance Use (SUB) Initial Patient Population


Substance Use (SUB) Sample Size Requirements

Please refer to the Global Initial Patient Population document and Global List for the sampling requirements for the Substance Use (SUB) Measures.
Measure Information Form
Collected For: The Joint Commission Only

Measure Set: Substance Use (SUB)

Set Measure ID #: SUB-1

Performance Measure Name: Alcohol Use Screening

Description: Hospitalized patients who are screened within the first day of admission using a validated screening questionnaire for unhealthy alcohol use.

Rationale: Excessive use of alcohol and drugs has a substantial harmful impact on health and society in the United States. It is a drain on the economy and a source of enormous personal tragedy (The National Quality Forum, 2007). In 1998 the economic costs to society were 185 billion dollars for alcohol misuse and 143 billion dollars was attributable to drug problems (Harwood, 2000). Health care spending was $19 billion for alcohol problems, and $14 billion for drug problems. Nearly a quarter of one trillion dollars in lost productivity is attributable to substance use. More than 537,000 persons died as a consequence of alcohol, drug, and tobacco use, making them the cause of over one out of four deaths in the United States (Mokdad, 2004).

An estimated 22.6 million adolescents and adults meet criteria for a substance use disorder, but addiction or dependence is not the most common type of problem. In a multi-state study that screened 459,599 patients in general hospital and medical settings, 23% screened positive. Of these, 16% used alcohol or drugs above safe limits, an additional 3% were very heavy users, but only 4% had an addictive use pattern (Madras 2009).

Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs, and that similar benefits occur in those with addictive disorders who are referred to treatment (SAMHSA 2007, NIAAA 2005, Fleming 2002).

Patients with substance-use problems have a greater risk for serious injury and over 50 medical problems including hypertension, GI bleeding, depression, stroke, dementia, cirrhosis, multiple forms of cancer, dysrhythmias, and infections such as tuberculosis, hepatitis, endocarditis, and HIV (NIAAA, A Clinician’s Guide, 2005).

Hospitalization provides a prime opportunity to address substance use, and for many patients, controlling their other health problems requires addressing their substance use (Fleming 2002).

Type of Measure: Process
Improvement Noted As: Increase in the rate

Numerator Statement: The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first day of admission.

Included Populations:
- Patients with a blood alcohol test indicative of acute intoxication
- Patients who refused screening

Excluded Populations: None

Data Elements:
- Alcohol Use Status

Denominator Statement: The number of hospitalized inpatients 18 years of age and older.

Included Populations: Not Applicable

Excluded Populations:
- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients with Comfort Measures Only documented

Data Elements:
- Admission Date
- Alcohol Use Status
- Birthdate
- Comfort Measures Only
- Discharge Date

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10 diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.
Measure Analysis Suggestions: Hospitals may wish to analyze data to show the rate of those who were actually screened for alcohol use status, subtracting those that refused the screen.

Sampling: Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:


SUB-1: Alcohol Use Screening

**Numerator:** The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first day of admission.

**Denominator:** The number of hospitalized inpatients 18 years of age and older

---

Start:

Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

**Patient Age (in years) = Admission Date - Birthdate**

Use the month and day portion of Admission date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the critical feedback messages into the measure specific algorithm.

**Length of Stay (in days) = Discharge Date - Admission Date**

**Variable Key:**
- Patient Age
- Length of Stay

---

EX:

Case will be rejected

In Numerator Population

In Measure Population

Not In Measure Population

STOP
Algorithm Narrative
SUB-1: Alcohol Use Screening

Numerator: The number of patients who were screened for alcohol use using a validated screening questionnaire for unhealthy drinking within the first day of admission.

Denominator: The number of hospitalized inpatients 18 years of age and older.

Variable key: Patient Age  
Length of Stay

1. Start processing. Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

2. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the front end edits into the measure specific algorithms.

3. Check Patient Age
   a. If Patient Age is less than 18 years, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   b. If Patient Age is equal to or greater than 18 years, continue processing and proceed to calculate Length of Stay.

4. Calculate Length of Stay. Length of Stay, in days, is equal to the Discharge Date minus the Admission Date.

5. Check Length of Stay
   a. If Length of Stay is equal to or less than 1 day, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   b. If Length of Stay is greater than 1 day, continue processing and proceed to check Comfort Measures Only.

6. Check Comfort Measures Only
   a. If Comfort Measures Only is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Comfort Measures Only is equal to 1, 2 or 3, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   c. If Comfort Measures Only is equal to 4, continue processing and proceed to check Alcohol Use Status.
7. Check Alcohol Use Status
   a. If Alcohol Use Status is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Alcohol Use Status equals 7, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   c. If Alcohol Use Status equals 1, 2, 3, 4, 5, or 6, continue processing and proceed to recheck Alcohol Use Status.

8. Recheck Alcohol Use Status
   a. If Alcohol Use Status equals 1, 2 or 5, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population. Stop processing.
   b. If Alcohol Use Status equals 3, 4 or 6, the case will proceed to Measure Category Assignment of D and will be in the Measure Population. Stop processing.
QF ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

Measure Information Form
Collected For: The Joint Commission Only

Measure Set: Substance Use (SUB)
Set Measure ID #: SUB-2

Performance Measure Name:
SUB-2 Alcohol Use Brief Intervention Provided or Offered
SUB-2a Alcohol Use Brief Intervention

Description:
SUB-2 Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.
SUB-2a Patients who received the brief intervention during the hospital stay.

The measure is reported as an overall rate which includes all patients to whom a brief intervention was provided, or offered and refused, and a second rate, a subset of the first, which includes only those patients who received a brief intervention. The Provided or Offered rate (SUB-2), describes patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay. The Alcohol Use Brief Intervention (SUB-2a) rate describes only those who received the brief intervention during the hospital stay. Those who refused are not included.

Rationale: Excessive use of alcohol and drugs has a substantial harmful impact on health and society in the United States. It is a drain on the economy, and a source of enormous personal tragedy (The National Quality Forum, A consensus Report, 2007). In 1998 the economic costs to society were 185 billion dollars for alcohol misuse and 143 billion dollars for drug misuse (Harwood 2000). Health care spending was 19 billion dollars for alcohol problems and 14 billion dollars was spent treating drug problems.

Nearly a quarter of a trillion dollars per year in lost productivity is attributable to substance use. More than 537,000 die each year as a consequence of alcohol, drug, and tobacco use, making use of these substances the cause of one out of four deaths in the United States (Mokdad 2004).

An estimated 22.6 million adolescents and adults meet criteria for a substance use disorder. In a multi-state study that screened 459,599 patients in general hospital and medical settings, 23% of patients screened positive (Madras 2009).

Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs, and that similar benefits occur in those with addictive disorders who are referred to treatment (Fleming 2002).
In a study on the provision of evidence-based care and preventive services provided in hospitals for 30 different medical conditions, quality varied substantially according to diagnosis. Adherence to recommended practices for treatment of substance use ranked last, with only 10% of patients receiving proper care (Gentilello 2005). Currently, less than one in twenty patients with an addiction are referred for treatment (Gentilello 1999).

Hospitalization provides a prime opportunity to address the entire spectrum of substance use problems within the health care system (Bernstein 2005).

**Type of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:**

**SUB-2:** The number of patients who received or refused a brief intervention.

**SUB-2a:** The number of patients who received a brief intervention.

<table>
<thead>
<tr>
<th>SUB-2 Numerator Statement Table</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Included Populations</strong></td>
</tr>
<tr>
<td>Patients who refuse/decline the offered brief intervention.</td>
</tr>
<tr>
<td><strong>Excluded Populations</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Data Elements</strong></td>
</tr>
<tr>
<td>Brief Intervention</td>
</tr>
</tbody>
</table>

**Denominator Statement:** The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

**Included Populations:** Not applicable

**Excluded Populations:**
- Patients less than 18 years of age
- Patient who are cognitively impaired
- Patients who refused or were not screened for alcohol use during the hospital stay
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients receiving Comfort Measures Only documented

**Data Elements:**
- Admission Date
- Alcohol Use Status
- Birthdate
- Comfort Measures Only
- Discharge Date
Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10 diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

Measure Analysis Suggestions: None

Sampling: Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.

Selected References:
• Kirchner JE, Owen RR, Nordquist C, Fischer EP. Diagnosis and management of substance use disorders among inpatients with schizophrenia. Psychiatr Serv. 1998 Jan;49(1):82-5.
**SUB-2: Alcohol Use-Brief Intervention Provided or Offered**

**Numerator:** The number of patients who received or refused a brief intervention.

**Denominator:** The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

---

**Variable Key:**
- **Patient Age**
- **Length of Stay**

---

**Flowchart Description:**
- **START**
- **Patient Age** = Admission Date - Birthdate
  - Use the month and day portion of Admission date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the critical feedback messages into the measure specific algorithm.

  - **Patient Age**
    - < 18
    - ≥ 18

  - **Length of Stay** = Discharge Date - Admission Date
    - ≤ 1
    - > 1

  - **Missing Comfort Measures Only**
    - = 1, 2, 3
    - = 4

  - **Missing Alcohol Use Status**
    - = 1, 3, 5, 6, 7

  - **Missing Brief Intervention**
    - = 3

  - **Case Will Be Rejected**
    - = 1, 2

---

**Specifications Manual for National Hospital Inpatient Quality Measures**
Discharges 01-01-17 (1Q17) through 12-31-17 (4Q17)  SUB-2-5
SUB-2a: Alcohol Use-Brief Intervention

Numerator: The number of patients who received a brief intervention.
Denominator: The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).
Algorithm Narrative
SUB-2: Alcohol Use Brief Intervention Provided or Offered

**Numerator:** The number of patients who received or refused a brief intervention.

**Denominator:** The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

**Variable key:** Patient Age
Length of Stay

1. Start processing. Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

2. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the front end edits into the measure specific algorithms.

3. Check Patient Age
   a. If Patient Age is less than 18 years, the case will proceed to a Measure Category Assignment of B for overall rate SUB-2 and will not be in the Measure Population. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
   b. If Patient Age is equal to or greater than 18 years, continue processing and proceed to calculate Length of Stay.

4. Calculate Length of Stay. Length of Stay, in days, is equal to the Discharge Date minus the Admission Date.

5. Check Length of Stay
   a. If Length of Stay is equal to or less than 1 day, the case will proceed to a Measure Category Assignment of B for overall rate SUB-2 and will not be in the Measure Population. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
   b. If Length of Stay is greater than 1 day, continue processing and proceed to check Comfort Measures Only.

6. Check Comfort Measures Only
   a. If Comfort Measures Only is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-2 and will be rejected. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
   b. If Comfort Measures Only is equal to 1, 2 or 3, the case will proceed to a Measure Category Assignment of B for overall rate SUB-2 and will not be in the Measure Population. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
c. If Comfort Measures Only is equal to 4, continue processing and proceed to check Alcohol Use Status.

7. Check Alcohol Use Status
   a. If Alcohol Use Status is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-2 and will be rejected. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
   b. If Alcohol Use Status equals 1, 3, 5, 6 or 7, the case will proceed to a Measure Category Assignment of B for overall rate SUB-2 and will not be in the Measure Population. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
   c. If Alcohol Use Status equals 2 or 4, continue processing and proceed to check Brief Intervention.

8. Check Brief Intervention
   a. If Brief Intervention is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-2 and will be rejected. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
   b. If Brief Intervention equals 3, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
   c. If Brief Intervention equals 1 or 2, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population. Continue processing and proceed to Step 9 to Initialize Measure Category Assignment for sub-measure SUB-2a.
Algorithm Narrative
SUB-2a: Alcohol Use Brief Intervention

**Numerator:** The number of patients who received a brief intervention.

**Denominator:** The number of hospitalized inpatients 18 years of age and older who screen positive for unhealthy alcohol use or an alcohol use disorder (alcohol abuse or alcohol dependence).

9. Initialize the Measure Category Assignment for sub-measure SUB-2a to Measure Category Assignment B. Do not change the Measure Category Assignment that was already calculated for the overall measure SUB-2. The rest of the algorithm will reset the appropriate Measure Category Assignment to SUB-2a.

10. Check Overall Rate Category Assignment
   a. If Overall Rate Category Assignment equals X, the case will proceed to a Measure Category Assignment of X and will not be in the Measure Population for sub-measure SUB-2a. Stop Processing.
   b. If Overall Rate Category Assignment equals B, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population for sub-measure SUB-2a. Stop Processing.
   c. If Overall Rate Category Assignment equals D or E, continue processing and proceed to check Brief Intervention.

11. Check Brief Intervention
   a. If Brief Intervention equals 2 or 3, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for sub-measure SUB-2a. Stop Processing.
   b. If Brief Intervention equals 1, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population for sub-measure SUB-2a. Stop Processing.
NQF ENDORSED VOLUNTARY CONSENSUS STANDARDS FOR HOSPITAL CARE

Measure Information Form
Collected For: The Joint Commission Only

Measure Set: Substance Use (SUB)

Set Measure ID #: SUB-3

Performance Measure Name:
SUB-3  Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge

Description:
SUB-3 Patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment.

SUB-3a Patients who are identified with alcohol or drug disorder who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment.

The measure is reported as an overall rate which includes all patients to whom alcohol or drug use disorder treatment was provided, or offered and refused, at the time of hospital discharge, and a second rate, a subset of the first, which includes only those patients who received alcohol or drug use disorder treatment at discharge. The Provided or Offered rate (SUB-3) describes patients who are identified with alcohol or drug use disorder who receive or refuse at discharge a prescription for FDA-approved medications for alcohol or drug use disorder, OR who receive or refuse a referral for addictions treatment. The Alcohol and Other Drug Disorder Treatment at Discharge (SUB-3a) rate describes only those who receive a prescription for FDA-approved medications for alcohol or drug use disorder OR a referral for addictions treatment. Those who refused are not included.

Rationale: Excessive use of alcohol and drugs has a substantial harmful impact on health and society in the United States. It is a drain on the economy and a source of enormous personal tragedy (The National Quality Forum, A Consensus Report 2007). In 1998 the economic costs to society were $185 billion dollars for alcohol misuse, and 143 billion dollars for drug misuse (Harwood 2000). Health care spending was 19 billion dollars for alcohol problems, and 14 billion dollars was spent treating drug problems.

Nearly a quarter of a trillion dollars per year in lost productivity is attributable to substance use. More than 537,000 die each year as a consequence of alcohol, drug, and tobacco use making use of these substances the cause of one out of four deaths in the United States (Mokdad 2005).
An estimated 22.6 million adolescents and adults meet criteria for a substance use disorder. In a multi-state study that screened 459,599 patients in general hospital and medical settings, 23% of patients screened positive (Madras 2009).

Clinical trials have demonstrated that brief interventions, especially prior to the onset of addiction, significantly improve health and reduce costs, and that similar benefits occur in those with addictive disorders who are referred to treatment (Fleming 2002).

In a study on the provision of evidence-based care and preventive services provided in hospitals for 30 different medical conditions, quality varied substantially according to diagnosis. Adherence to recommended practices for treatment of substance use ranked last, with only 10% of patients receiving proper care (Gentilello 2005). Currently, less than one in twenty patients with an addiction are referred for treatment (Gentilello 1999).

Hospitalization provides a prime opportunity to address the entire spectrum of substance use problems within the health care system (Gentilello 2005, 1999). Approximately 8% of general hospital inpatients and 40 to 60 percent of traumatically-injured inpatients and psychiatric inpatients have substance use disorders (Gentilello 1999).

**Type of Measure:** Process

**Improvement Noted As:** Increase in the rate

**Numerator Statement:**

**SUB-3:**  The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.

**SUB-3a:**  The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

**SUB-3 Numerator Statement Table**

<table>
<thead>
<tr>
<th>Included Populations</th>
<th>SUB-3</th>
<th>SUB-3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who refused a prescription for FDA-approved medication for treatment of an alcohol or drug dependence. Patients who refused a referral for addictions treatment.</td>
<td></td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excluded Populations</th>
<th>None</th>
<th>None</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Data Elements</th>
<th><strong>SUB-3</strong></th>
<th><strong>SUB-3a</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription for Alcohol or Drug Disorder Medication</td>
<td></td>
<td>Prescription for Alcohol or Drug Disorder Medication</td>
</tr>
<tr>
<td>Referral for Addictions Treatment</td>
<td></td>
<td>Referral for Addictions Treatment</td>
</tr>
</tbody>
</table>

Specifications Manual for National Hospital Inpatient Quality Measures
Discharges 01-01-17 (1Q17) through 12-31-17 (4Q17)  SUB-3-2
Denominator Statement: The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder.

Included Populations:
- Patients with ICD-10-CM Principal or Other Diagnosis Code for alcohol or drug use disorder listed on Table 13.1 and 13.2
- Patients with a Principal or Other ICD-10-PCS Procedure Code listed on Table 13.3

Excluded Populations:
- Patients less than 18 years of age
- Patient drinking at unhealthy levels who do not meet criteria for an alcohol use disorder
- Patients who are cognitively impaired
- Patients who expire
- Patients discharged to another hospital
- Patients who left against medical advice
- Patients discharged to another healthcare facility
- Patients discharged to home or another healthcare facility for hospice care
- Patients who have a duration of stay less than or equal to one day or greater than 120 days
- Patients who do not reside in the United States
- Patients receiving Comfort Measures Only documented

Data Elements:
- Admission Date
- Alcohol Use Status
- Birthdate
- Comfort Measures Only
- Discharge Date
- Discharge Disposition
- ICD-10-CM Other Diagnosis Codes
- ICD-10-PCS Other Procedure Codes
- ICD-10-CM Principal Diagnosis Code
- ICD-10-PCS Principal Procedure Code

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10 diagnosis and procedure codes, which require retrospective data entry.
**Data Accuracy:** Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

Variation may exist in the assignment of ICD-10 codes; therefore, coding practices may require evaluation to ensure consistency.

**Measure Analysis Suggestions:** Hospitals may wish to analyze data to show patients that refused both a medication prescription and referral and those who refused only one or the other.

**Sampling:** Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

**Data Reported As:** Aggregate rate generated from count data reported as a proportion.

**Selected References:**
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

**Numerator:** The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.

**Denominator:** The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder.

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**Variable Key:**
- Patient Age
- Length of Stay

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**Specifications Manual for National Hospital Inpatient Quality Measures**
Discharges 01-01-17 (1Q17) through 12-31-17 (4Q17)  SUB-3-6
Any on Tables 13.1 or 13.2

None on Tables 13.1 or 13.2

ICD-10-PCS Principal or Other Procedure Codes

Any on Table 13.3

Referral for Addictions Treatment

= 1, 2, 3, 5

prescription for Alcohol or Drug Disorder Medication

= 3

Missing

= 1, 2, 4

SUB-3 X

SUB-3 J

SUB-3 B

SUB-3 K

 specifications Manual for National Hospital Inpatient Quality Measures
Discharges 01-01-17 (1Q17) through 12-31-17 (4Q17) SUB-3-7
SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge

**Numerator:** The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

**Denominator:** The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder.

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Specifications Manual for National Hospital Inpatient Quality Measures
Discharges 01-01-17 (1Q17) through 12-31-17 (4Q17) SUB-3-9
Algorithm Narrative
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

Numerator: The number of patients who received or refused at discharge a prescription for medication for treatment of alcohol or drug use disorder OR received or refused a referral for addictions treatment.

Denominator: The number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder.

Variable key: Patient Age
Length of Stay

1. Start processing. Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

2. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the front end edits into the measure specific algorithms.

3. Check Patient Age
   a. If Patient Age is less than 18 years, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be in the Measure Population. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.
   b. If Patient Age is equal to or greater than 18 years, continue processing and proceed to calculate of Length of Stay.

4. Calculate Length of Stay. Length of Stay, in days, is equal to the Discharge Date minus the Admission Date.

5. Check Length of Stay
   a. If Length of Stay is equal to or less than 1 day, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be in the Measure Population. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.
   b. If Length of Stay is greater than 1 day, continue processing and proceed to check Comfort Measures Only.

6. Check Comfort Measures Only
   a. If Comfort Measures Only is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-3 and will be rejected. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.
   b. If Comfort Measures Only is equal to 1, 2 or 3, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be
in the Measure Population. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.

c. If Comfort Measures Only is equal to 4, continue processing and proceed to check Alcohol Use Status.

7. Check Alcohol Use Status
   a. If Alcohol Use Status is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-3 and will be rejected. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.
   
b. If Alcohol Use Status equals 7, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be in the Measure Population. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.
   
c. If Alcohol Use Status equals 1, 2, 3, 4, 5, or 6, continue processing and proceed to check Discharge Disposition.

8. Check Discharge Disposition
   a. If Discharge Disposition is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-3 and will be rejected. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.
   
b. If Discharge Disposition equals 2, 3, 4, 5, 6 or 7, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be in the Measure Population. Continue processing and proceed to Step 16 to Initialize Measure Category Assignment for sub-measure SUB-3a.
   
c. If Discharge Disposition equals 1 or 8, continue processing and proceed to check ICD-10-CM Principal or Other Diagnosis Codes.

9. Check ICD-10-CM Principal or Other Diagnosis Codes
   a. If none of ICD-10-CM Principal or Other Diagnosis Codes is on Table 13.1 or 13.2, continue processing and proceed to check ICD-10-PCS Principal or Other Procedure Codes.
   
b. If any of ICD-10-CM Principal or Other Diagnosis Codes is on Table 13.1 or 13.2, continue processing and proceed to Step 11 to check Referral for Addictions Treatment.

10. Check ICD-10-PCS Principal or Other Procedure Codes
    a. If all missing or none of ICD-10-PCS Principal or Other Procedure Codes is on Table 13.3, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be in the Measure Population. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.
    
b. If any of ICD-10-PCS Principal or Other Procedure Codes is on Table 13.3, continue processing and proceed to check Referral for Addictions Treatment.
11. Check Referral for Addictions Treatment  
   a. If Referral for Addictions Treatment is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-3 and will be rejected. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.  
   b. If Referral for Addictions Treatment equals 4, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be in the Measure Population. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.  
   c. If Referral for Addictions Treatment equals 1, 2, 3 or 5, continue processing and proceed to check Prescription for Alcohol or Drug Disorder Medication.

12. Check Prescription for Alcohol or Drug Disorder Medication  
   a. If Prescription for Alcohol or Drug Disorder Medication is missing, the case will proceed to a Measure Category Assignment of X for overall rate SUB-3 and will be rejected. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.  
   b. If Prescription for Alcohol or Drug Disorder Medication equals 3, the case will proceed to a Measure Category Assignment of B for overall rate SUB-3 and will not be in the Measure Population. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.  
   c. If Prescription for Alcohol or Drug Disorder Medication equals 1, 2 or 4, continue processing and proceed to recheck Referral for Addictions Treatment.

13. Recheck Referral for Addictions Treatment  
   a. If Referral for Addictions Treatment equals 1 or 3, the case will proceed to a Measure Category Assignment of E for overall rate SUB-3 and will be in the Numerator Population. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.  
   b. If Referral for Addictions Treatment equals 2 or 5, continue processing and proceed to recheck Prescription for Alcohol or Drug Disorder Medication.

14. Recheck Prescription for Alcohol or Drug Disorder Medication  
   a. If Prescription for Alcohol or Drug Disorder Medication equals 4, the case will proceed to Measure Category Assignment of D and will be in the Measure Population for the overall measure rate SUB-3. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.  
   b. If Prescription for Alcohol or Drug Disorder Medication equals 1 or 2, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population for the overall measure rate SUB-3. Continue processing and proceed to Step 15 to Initialize Measure Category Assignment for sub-measure SUB-3a.
Algorithm Narrative
SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge

Numerator: The number of patients who received a prescription at discharge for medication for treatment of alcohol or drug use disorder OR a referral for addictions treatment.

Denominator: The number of hospitalized inpatients 18 years of age and older identified with alcohol or drug disorder.

15. Initialize the Measure Category Assignment for the sub-measure SUB-3a to Measure Category Assignment B. Do not change the Measure Category Assignment that was already calculated for the overall measure SUB-3. The rest of the algorithm will reset the appropriate Measure Category Assignment to SUB-3a.

16. Check Overall Rate Category Assignment
   a. If Overall Rate Category Assignment equals X, the case will proceed to a Measure Category Assignment of X for sub-measure SUB-3a and will not be in the Measure Population. Stop processing.
   b. If Overall Rate Category Assignment equals B, the case will proceed to a Measure Category Assignment of B for sub-measure SUB-3a and will not be in the Measure Population. Stop processing.
   c. If Overall Rate Category Assignment equals D or E, continue processing and proceed to recheck Referral for Addictions Treatment.

17. Recheck Referral for Addictions Treatment
   a. If Referral for Addictions Treatment equals 1, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population for sub-measure SUB-3a. Stop processing.
   b. If Referral for Addictions Treatment equals 2, 3 or 5, continue processing and proceed to recheck Prescription for Alcohol or Drug Disorder Medication.

18. Recheck Prescription for Alcohol or Drug Disorder Medication
   a. If Prescription for Alcohol or Drug Disorder Medication equals 2 or 4, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population for sub-measure SUB-3a. Stop processing.
   b. If Prescription for Alcohol or Drug Disorder Medication equals 1, the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population for sub-measure SUB-3a. Stop processing.
Measure Information Form
Collected For: The Joint Commission - Data Collection Suspended

Measure Set: Substance Use (SUB)

Set Measure ID #: SUB-4

Performance Measure Name: Alcohol and Drug Use: Assessing Status After Discharge

Description: Discharged patients who received a diagnosis of alcohol or drug disorder during their inpatient stay, who are contacted between 7 and 30 days after hospital discharge and follow-up information regarding their alcohol or drug use status post discharge is collected.

Rationale: Excessive use of alcohol and drugs has a catastrophic impact on health and society in the United States (The National Quality Forum, A Consensus Report 2007). In 1998 the costs to society were 185 billion dollars for alcohol misuse, and 143 billion dollars for drugs (Harwood 2000). This includes annual health care spending of over 19 billion dollars for consequences of alcohol problems, and 14 billion dollars related to drugs. Businesses suffer from one-quarter of a trillion dollars per year in lost productivity. Alcohol, drug, and tobacco use cause over one out of four of the 2.4 million annual deaths in the U.S (Office of National Drug Control Policy).

An estimated 22.6 million adolescents and adults meet criteria for a substance use disorder, but addictions are not the most common type of problem. For every patient with alcohol dependence there are six who drink in an excessive manner that harms their health. For every patient with a drug addiction there are three who risk their health through use, but are not dependent. In a multi-state study that screened 459,599 patients in general hospital and medical settings, 23% were positive. Of these, 16% used alcohol or drugs above safe limits, an additional 3% were very heavy users, but only 4% had an addictive use pattern (Mokdad 2000).

Clinical trials have demonstrated that brief interventions significantly improve health and reduce costs in non-dependent drinkers; similar benefits occur in those with addictions who are referred to treatment (Madras 2009).

Substance use contributes to over 50 medical problems commonly treated in hospitals (Fleming 2002). A hospital admission provides a unique opportunity to address substance use. For many patients, addressing substance use is the only way to control their other health problems (Gentilello 2005).

Type of Measure: Process

Improvement Noted As: Increase in the rate
**Numerator Statement:** The number of discharged patients that are contacted between 7 and 30 days after hospital discharge and follow-up information regarding alcohol or drug use status is collected.

**Included Populations:** Not applicable

**Excluded Populations:** None

**Data Elements:**
- Alcohol or Drug Use Status Post Discharge – Counseling
- Alcohol or Drug Use Status Post Discharge – Medication
- Alcohol Use Status Post Discharge – Quit Status
- Drug Use Status Post Discharge – Quit Status
- Follow-up Contact
- Follow-up Contact Date

**Denominator Statement:** The number of discharged patients 18 years of age and older who received a diagnosis of alcohol or drug use disorder during their hospital stay.

**Included Populations:**
- Patients with an ICD-10-CM Principal or Other Diagnosis Code for alcohol or drug use disorder listed in Appendix A on Table 13.1 or 13.2
- Patients with an ICD-10-PCS Principal or Other Procedure Code listed in Appendix A on Table 13.3

**Excluded Populations:**
- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patient who expired
- Patients who have a duration of stay less than or equal to three days or greater than 120 days
- Patients discharged to another hospital
- Patients who left against medical advice
- Patients discharged to another health care facility
- Patients discharged to home or other health care facility for hospice care
- Patients who do not reside in the United States
- Patients who do not have a phone or cannot provide any contact information
- Patients discharged to a detention facility, jail, or prison
- Patients who are readmitted within the follow-up time frame
- Patients with Comfort Measures Only documented

**Data Elements:**
- Admission Date
- Alcohol Use Status
- Birthdate
- Comfort Measures Only
Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical record documents. Some hospitals may prefer to gather data concurrently by identifying patients in the population of interest. This approach provides opportunities for improvement at the point of care/service. However, complete documentation includes the principal or other ICD-10 diagnosis and procedure codes, which require retrospective data entry.

Data Accuracy: Data accuracy is enhanced when all definitions are used without modification. The data dictionary should be referenced for definitions and abstraction notes when questions arise during data collection.

The measure intent as described in the measure description and numerator statement is that information gathered during the follow-up contact regarding the patient's compliance with prescribed outpatient treatment and post discharge status relevant to substance use will be cataloged at the hospital. The 3 data elements for Alcohol or Drug Use Status Post Discharge should be referenced and pertinent allowable values recorded on follow up documentation as determined appropriate by the hospital and recorded in the medical record.

Measure Analysis Suggestions: Hospitals may wish to analyze the measure data using the data elements Alcohol or Drug Use Status Post Discharge – Counseling, Alcohol or Drug Use Status Post Discharge – Medication, and Alcohol or Drug Use Status Post Discharge – Quit Status to determine the difference in use status related to interventions made during the hospital stay or referrals at discharge.

Sampling: Yes, please refer to the measure set specific sampling requirements and for additional information see the Population and Sampling Specifications section.

Data Reported As: Aggregate rate generated from count data reported as a proportion.
Selected References:

**SUB-4: Alcohol and Drug Use: Assessing Status After Discharge**

**Numerator:** The number of discharged patients that are contacted between 7 and 30 days after hospital discharge and follow-up information regarding alcohol or drug use status is collected.

**Denominator:** The number of discharged patients 18 years of age and older who received a diagnosis of alcohol or drug use disorder during their hospital stay.
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Algorithm Narrative
SUB-4: Alcohol and Drug Use: Assessing Status After Discharge

Numerator: The number of discharged patients that are contacted between 7 and 30 days after hospital discharge and follow-up information regarding alcohol or drug use status is collected.

Denominator: The number of discharged patients 18 years of age and older who received a diagnosis of alcohol or drug use disorder during their hospital stay.

Variable key: Patient Age
Length of Stay
Follow-up Days
Complete Plan Counter I
Complete Plan Counter II

1. Start processing. Run cases that are included in the Global Initial Patient Population and pass the edits defined in the Transmission Data Processing Flow: Clinical through this measure.

2. Calculate Patient Age. Patient Age, in years, is equal to the Admission Date minus the Birthdate. Use the month and day portion of Admission Date and Birthdate to yield the most accurate age. Only cases with valid Admission Date and Birthdate will pass the front end edits into the measure specific algorithms.

3. Check Patient Age
   a. If Patient Age is less than 18 years, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   b. If Patient Age is equal to or greater than 18 years, continue processing and proceed to calculate Length of Stay.

4. Calculate Length of Stay. Length of Stay, in days, is equal to the Discharge Date minus the Admission Date.

5. Check Length of Stay
   a. If Length of Stay is equal to or less than 3 days, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   b. If Length of Stay is greater than 3 days, continue processing and proceed to check Comfort Measures Only.

6. Check Comfort Measures Only
   a. If Comfort Measures Only is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Comfort Measures Only is equal to 1, 2 or 3, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
c. If Comfort Measures Only is equal to 4, continue processing and proceed to check Alcohol Use Status.

7. **Check Alcohol Use Status**
   a. If Alcohol Use Status is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Alcohol Use Status equals 7, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   c. If Alcohol Use Status equals 1, 2, 3, 4, 5 or 6, continue processing and proceed to check Discharge Disposition.

8. **Check Discharge Disposition**
   a. If Discharge Disposition is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Discharge Disposition equals 2, 3, 4, 5, 6 or 7 the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
   c. If Discharge Disposition equals 1 or 8, continue processing and proceed to check ICD-10-CM Principal or Other Diagnosis Codes.

9. **Check ICD-10-CM Principal or Other Diagnosis Codes**
   a. If none of ICD-10-CM Principal or Other Diagnosis Codes is on Table 13.1 or 13.2, continue processing and proceed to ICD-10-PCS Principal or Other Procedure Codes.
   b. If any ICD-10-CM Principal or Other Diagnosis Codes is on Table 13.1 or 13.2, continue processing and proceed to Step 11 to check Follow-up Contact.

10. **Check ICD-10-PCS Principal or Other Procedure Codes**
    a. If all missing or none of ICD-10-PCS Principal or Other Procedure Codes is on Table 13, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population. Stop processing.
    b. If any of ICD-10-PCS Principal or Other Procedure Codes is on Table 13.3, continue processing and proceed to check Follow-up Contact.

11. **Check Follow-up Contact**
    a. If Follow-up Contact is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
    b. If Follow-up Contact equals 3, the case will proceed to a Measure Category Assignment of B and will not be in the Measure Population.
    c. If Follow-up Contact equals 1, 2 or 4, continue processing and proceed to recheck Follow-up Contact.
12. Recheck Follow-up Contact
   a. If Follow-up Contact equals 2 or 4, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.
   b. If Follow-up Contact equals 1, continue processing and proceed to check Follow-up Contact Date.

13. Check Follow-up Contact Date
   a. If Follow-up Contact Date is missing, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Follow-up Contact Date equals Unable to Determine, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.
   c. If Follow-up Contact Date equals a Non Unable to Determine Value, continue processing and proceed to calculate Follow-up Days.

14. Calculate Follow-up Days. Follow-up Days, in days, is equal to the Follow-up Contact Date minus the Discharge Date.

15. Check Follow-up Days
   a. If Follow-up Days is less than zero days, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Follow-up Days is greater than 30 days, or if Follow-up Days is greater than or equal to 0 days and less than 7 days, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.
   c. If Follow-up Days is greater than or equal to 7 days and less than or equal to 30 days, continue processing and proceed to initialize Complete Plan Counter I.

16. Initialize Complete Plan Counter I. Initialize Complete Plan Counter I to equal 0 and proceed to initialize Complete Plan Counter II.

17. Initialize Complete Plan Counter II. Initialize Complete Plan Counter II to equal 0 and proceed to check Alcohol or Drug Use Status Post Discharge – Counseling.

18. Check Alcohol or Drug Use Status Post Discharge – Counseling
   a. If Alcohol or Drug Use Status Post Discharge - Counseling is missing the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Alcohol or Drug Use Status Post Discharge - Counseling equals 1, 2, 3 or 4, add 1 to Complete Plan Counter I, and the case will proceed to check Alcohol or Drug Use Status Post Discharge – Medication.
   c. If Alcohol or Drug Use Status Post Discharge - Counseling equals 5 the case will proceed to check Alcohol or Drug Use Status Post Discharge – Medication.
19. Check Alcohol or Drug Use Status Post Discharge – Medication
   a. If Alcohol or Drug Use Status Post Discharge - Medication is missing the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Alcohol or Drug Use Status Post Discharge - Medication equals 1, 2, 3 or 4, add 1 to Complete Plan Counter I, and the case will proceed to check Alcohol Use Status Post Discharge – Quit Status.
   c. If Alcohol or Drug Use Status Post Discharge - Medication equals 5 the case will proceed to check Alcohol Use Status Post Discharge – Quit Status.

20. Check Alcohol Use Status Post Discharge – Quit Status
   a. If Alcohol Use Status Post Discharge - Quit Status is missing the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Alcohol Use Status Post Discharge - Quit Status equals 3 the case will proceed to check Drug Use Status Post Discharge - Quit Status.
   c. If Alcohol Use Status Post Discharge - Quit Status equals 1, 2, 4 or 5 the case will proceed to recheck Alcohol Use Status Post Discharge – Quit Status.

21. Check Drug Use Status Post Discharge – Quit Status
   a. If Drug Use Status Post Discharge - Quit Status is missing or equals to 3, the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Drug Use Status Post Discharge - Quit Status equals 1, 2, 4 or 5, the case will proceed to recheck Drug Use Status Post Discharge – Quit Status.

22. Recheck Alcohol Use Status Post Discharge – Quit Status
   a. If Alcohol Use Status Post Discharge - Quit Status equals 5 the case will proceed to recheck Drug Use Status Post Discharge – Quit Status.
   b. If Alcohol Use Status Post Discharge - Quit Status equals 1, 2 or 4, add 1 to Complete Plan Counter II and proceed to recheck Drug Use Status Post Discharge – Quit Status.

23. Recheck Drug Use Status Post Discharge – Quit Status
   a. If Drug Use Status Post Discharge - Quit Status is missing the case will proceed to a Measure Category Assignment of X and will be rejected. Stop processing.
   b. If Drug Use Status Post Discharge - Quit Status equals 3 or 5 the case will proceed to check Complete Plan Counter I.
   c. If Drug Use Status Post Discharge - Quit Status equals 1, 2 or 4, add 1 to Complete Plan Counter II and proceed to check Complete Plan Counter I.
24. Check Complete Plan Counter I
   a. If Complete Plan Counter I equals 2 the case will proceed to check Complete Plan Counter II.
   b. If Complete Plan Counter I is less than 2, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.

25. Check Complete Plan Counter II
   a. If Complete Plan Counter II is less than 1, the case will proceed to a Measure Category Assignment of D and will be in the Measure Population. Stop processing.
   b. If Complete Plan Counter II is greater than or equals 1 the case will proceed to a Measure Category Assignment of E and will be in the Numerator Population. Stop processing.