

APPENDIX A-3:
Data Abstraction Tool: Alcohol and Other Drug Treatment (SUB-3)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the Emphasis font style. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____
2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)
3. First Name (FIRST-NAME) _____
4. Last Name (LAST-NAME) _____
5. Birthdate (BIRTHDATE) ____ - ____ - ____
6. Sex (SEX)
 - ☐ Male
 - ☐ Assigned/Designated Male at Birth
 - ☐ Female
 - ☐ Assigned/Designated Female at Birth
 - ☐ LGBTQ
 - ☐ Unknown
7. Race Code - (MHRACE) (Select One Option)
 - ☐ R1 American Indian or Alaska Native
 - ☐ R2 Asian
 - ☐ R3 Black/African American
 - ☐ R4 Native Hawaiian or other Pacific Islander
 - ☐ R5 White
 - ☐ R9 Other Race
 - ☐ UNKNOWN Unknown/not specified
8. Hispanic Indicator- (ETHNIC)
 - ☐ Yes
 - ☐ No

9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) _____
(Alpha/Numeric)

10. Admission Date (ADMIT-DATE) _____-_____-_____

11. Discharge Date (DISCHARGE-DATE) _____-_____-_____

12. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP)

(Select One Option)

- ☐ 01 = Home
- ☐ 02 = Hospice- Home
- ☐ 03 = Hospice- Health Care Facility
- ☐ 04 = Acute Care Facility
- ☐ 05 = Other Health Care Facility
- ☐ 06 = Expired
- ☐ 07 = Left Against Medical Advice / AMA
- ☐ 08 = Not Documented or Unable to Determine (UTD)

13. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

- ☐ 103 MassHealth FFS Network, MassHealth Limited Plans
- ☐ 103 Primary Care Clinician Management (PCCM) Plan
- ☐ 118 Medicaid Managed Care: Massachusetts Behavioral Health Partnership
- ☐ 103 Medicaid Managed Care: Other (not listed elsewhere)
- ☐ 288 Medicaid Managed Care: WellSense Health Plan (former Boston Medical Center HealthNet Plan)
- ☐ 7 Medicaid Managed Care: Tufts Health Plan
- ☐ 311 Medicaid Other ACO
- ☐ 4 Fallon Health-Atrius Health Care Collaborative (former Tufts Health Together with Atrius Health)
- ☐ 4 Berkshire Fallon Health Collaborative
- ☐ 4 Fallon 365 Care
- ☐ 24 Be Healthy Partnership with Health New England
- ☐ 288 East Boston Neighborhood Health WellSense Alliance (new)
- ☐ 288 WellSense Beth Israel Lahey Health (BILH) Performance Network ACO (former Tufts Health Together with BIDCO)
- ☐ 288 WellSense Boston Children's ACO (former Tufts Health Together with Boston Children's)
- ☐ 288 WellSense Care Alliance (new)
- ☐ 288 WellSense Community Alliance
- ☐ 288 WellSense Mercy Alliance
- ☐ 288 WellSense Signature Alliance
- ☐ 288 WellSense Southcoast Alliance
- ☐ 320 Community Care Cooperative
- ☐ 322 Mass General Brigham Health Plan with Mass General Brigham ACO (former

MGB Healthcare Choice)

- ☐ 323 Steward Health Choice (ACO)
- ☐ 7 Tufts Health Together with UMass Memorial Health (new)
- ☐ 7 Tufts Health Together with Cambridge Health Alliance
- ☐ 328 Tufts Medicine (ACO)

14. What is the patient's MassHealth Member ID? (MHRIDNO)

(All alpha characters must be upper case)

15. When is the earliest physician/APN/PA documentation of comfort measures only?

- ☐ **1. Day 0 or 1:** The earliest day the physician/APN/PA documented comfort measures only was the day of arrival (Day 0) or day after arrival (Day 1). (Review Ends)
- ☐ **2. Day 2 or after:** The earliest day the physician/APN/PA documented comfort measures only was two or more days after arrival day (Day 2+). (Review Ends)
- ☐ **3. Timing unclear:** There is physician/APN/PA documentation of comfort measures only during this hospital stay, but whether the earliest documentation of comfort measures only was on day 0 or 1 OR after day 1 is unclear. (Review Ends)
- ☐ **4. Not Documented/UTD:** There is no physician/APN/PA documentation of comfort measures only, or unable to determine from medical record documentation.

16. What is the patient's alcohol use status?

- ☐ 1. The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.
- ☐ 2. The patient was screened with a validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.
- ☐ 3. The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates no or low risk of alcohol related problems.
- ☐ 4. The patient was screened with a non-validated tool within the first day of admission (by end of Day 1) and the score on the alcohol screen indicates unhealthy alcohol use (moderate or high risk) benefiting from brief intervention.
- ☐ 5. The patient refused the screen for alcohol use within the first day of admission (by end of Day 1).
- ☐ 6. The patient was not screened for alcohol use within the first day of admission (by end of Day 1) or unable to determine from medical record documentation.
- ☐ 7. The patient was not screened for alcohol use within the first day of admission (by end of Day 1) because of cognitive impairment. (Review Ends)

17. ICD-10-CM Principal or Other Diagnosis Codes (Table 13.1)

- ☐ At least one on Table 13.1
- ☐ None on Table 13.1

18. ICD-10-CM Principal or Other Diagnosis Codes (Table 13.2)

- ☐ At least one on Table 13.2
- ☐ None on Table 13.2

19. ICD-10-PCS Principal or Other Procedure Codes (Table 13.3)

- ☐ At least one on Table 13.3
- ☐ None on Table 13.3

-If All Missing or None on Tables 13.1, 13.2, and 13.3, Review Ends-

20. Was a referral for addictions treatment made for the patient prior to discharge?

- ☐ 1. The referral to addictions treatment was made by the healthcare provider or health care organization at any time prior to discharge.
- ☐ 2. Referral information was given to the patient at discharge, but the appointment was not made by the provider or health care organization prior to discharge.
- ☐ 3. The patient refused the referral for addictions treatment and the referral was not made.
- ☐ 4. The patient: is being discharged to a residence outside the USA, is released to a court hearing and does not return, or is being discharged to jail/law enforcement. (Review Ends)
- ☐ 5. A referral for addictions treatment was not offered anytime prior to discharge or Unable to Determine (UTD) from the medical record documentation.

21. Was one of the FDA approved medications for alcohol or drug disorder prescribed at discharge?

- ☐ 1. A prescription for an FDA-approved medication for alcohol or drug disorder was given to the patient at discharge.
- ☐ 2. A prescription for an FDA-approved medication for alcohol or drug disorder was offered at discharge and the patient refused.
- ☐ 3. The patient: is being discharged to a residence outside the USA, is released to a court hearing and does not return, or is being discharged to jail/law enforcement.
- ☐ 4. A prescription for an FDA-approved medication for alcohol or drug disorder was not offered at discharge; or unable to determine from medical record documentation.