

Follow-Up after Emergency Department Visit for Mental Illness (FUM)

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of follow-up visits for members with a principal diagnosis of mental illness after being seen in the Emergency Department (ED).

Research suggests that follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions.^{1,2,3}

Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses ED visits for adults and children 6 years of age and older with a principal diagnosis of mental illness or with a principal diagnosis of intentional self-harm plus a secondary diagnosis of a mental health disorder and who received a follow-up visit for mental illness with any health care practitioner preferably within 7 days but no later than 30 days of the ED visit.

Note: Follow-up visits may occur on the same date of the ED visit.

Two rates are reported:

ED visits for which member received follow-up within 7 days of the ED visit (8 total days)

ED visits for which member received follow-up within 30 days of the ED visit (31 total days)

Measure does not apply to members admitted to inpatient or residential treatment within 30 days of the ED visit. Does not apply to members in hospice. Does not apply to members with a principal diagnosis of substance use disorder.

Any of the following qualifies as a follow-up visit (with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm plus a secondary diagnosis of a mental health disorder):

- Observation
- Partial hospitalization
- Intensive outpatient
- Electroconvulsive therapy
- Outpatient
- Mental health outpatient
- Community mental health center
- Telehealth
- Telephone
- On-line assessment (E-visit or virtual check-in)

You Can Help

- Emergency Department
 - Talk frankly about the importance of follow-up to help the member engage in treatment.
 - Assist member with coordination of care to follow-up visit with appropriate referrals and scheduling.
 - Make sure that the member has appointment scheduled; preferably within 7 days but no later than 30 days of the ED visit. Tip: Schedule follow-up visit within 5 days of ED visit to allow flexibility in rescheduling within 7 days of ED visit.
 - Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
 - Involve the member's parent/guardian regarding the follow-up plan after ED visit, if applicable.
- Follow-up Provider
 - Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
 - Provide timely submission of claims with correct service coding and principal diagnosis.
 - Follow-up providers maintain appointment availability for members with recent ED visits.
 - Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects etc.
 - If appointment doesn't occur within first 7 days, schedule within 30 days of ED visit.
- Both Emergency Department and Follow-up Provider
 - Identify and address any barriers to member keeping appointment.
 - Provide reminder calls to confirm appointment.
 - Encourage communication between the behavioral health specialist and Primary Care Physician (PCP). Ensure that the member has a PCP and that care transition plans with the PCP are shared.

New Directions is Here to Help

For providers calling New Directions -

If you need to refer a member or receive guidance on appropriate services, please call:

- New Directions Behavioral Health at (888) 611-6285
- Florida providers call (866) 730-5006

For providers directing members to call New Directions -

- Behavioral healthcare coordination and referrals 24 hours a day, call toll-free (800) 528-5763.

References:

1. Bruffaerts, R., Sabbe, M., Demyffenaere, K. (2005). Predicting Community Tenure in Patients with Recurrent Utilization of a Psychiatric Emergency Service. *General Hospital Psychiatry*, 27, 269-74.
2. Griswold, K.S., Zayas, L.E., Pastore, P.A., Smith, S.J., Wagner, C.M., Servoss, T.J. (2018) Primary Care After Psychiatric Crisis: A Qualitative Analysis. *Annals of Family Medicine*, 6 (1), 38-43. doi:10.1370/afm.760.
3. Kyriacou, D.N., Handel, D., Stein, A.C., Nelson, R.R. (2005). Brief Report: Factors Affecting Outpatient Follow-up Compliance of Emergency Department Patients. *Journal of General Internal Medicine*, 20(10), 938-942. doi:10.1111/j.1525-1497.2005.0216_1.x.
4. NCQA: <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-mental-illness/>