

Follow-Up After Hospitalization for Mental Illness (FUH)

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 hospitalized with a principal diagnosis of mental illness.

Approximately one in four adults in the U.S. suffer from mental illness in a given year; nearly half will develop at least one mental illness in their lifetime.^{1,2} There are over 2,000,000 hospitalizations each year for mental illness in the United States.³ Patients hospitalized for mental health issues are vulnerable after discharge and follow-up care by trained mental health clinicians is critical for their health and well-being.

Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

HEDIS Description

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider.

Two rates are reported:

The percentage of discharges for which the member received follow-up within 30 days after discharge.

The percentage of discharges for which the member received follow-up within 7 days after discharge.

Note: Follow-up visits may not occur on the same date of inpatient discharge.

Measure does not apply to members admitted to inpatient or residential treatment within 30 days of the inpatient discharge. 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 mental health provider):

- Outpatient office-based care
- Behavioral health outpatient office-based care
- Intensive outpatient
- Partial hospitalization
- Community mental health center
- Electroconvulsive therapy
- Telehealth
- Telephone
- Observation
- Transitional care management services

- A visit in a behavioral healthcare setting

Note: Check with member's health plan for specific coverage for these levels of care.

You Can Help

- Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location and time of the appointment.
- Assist member with coordination of care to follow-up visit with appropriate referrals, scheduling and communication.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Make sure that the member has follow-up appointment scheduled; preferably within 7 days but no later than 30 days of the inpatient discharge.
- Engage members and parents/guardian/family/support system and/or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments. This is critically important for a child or adolescent.
- Identify and address any barriers to member keeping appointment.
- Provide reminder calls to confirm appointment.
- Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
- Follow-up providers maintain appointment availability for members with recent inpatient discharge.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Educate the member and the parents/guardians/family/support system and/or significant others about side effects of medications and what to do if side effects appear. Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, potential costs, clear written instructions for medication schedule, etc.
- Instruct on crisis intervention options, including specific contact information, specific facilities, etc.
- Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
- Encourage communication between the behavioral health specialist and PCP. Ensure that the member has a PCP and that care transition plans with the PCP are shared.
- Provide timely submission of claims.

Tips

- Schedule follow-up visit within 5 days of inpatient to allow flexibility in rescheduling within 7 days of inpatient discharge.
- If appointment doesn't occur within first 7 days, schedule within 30 days of inpatient discharge.

New Directions is Here to Help

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

Alabama: 855-339-8558	Kansas: 800-952-5906	Michigan: 800-762-2382
Arkansas: 816-523-3592	Kansas City Mindful: 800-528-5763	Michigan GM: 877-240-0705
Florida: 866-730-5006	Louisiana: 877-207-3059	Michigan URMBT: 877-228-3912

References:

1. National Alliance on Mental Illness. 2011. "Mental Illness: What is Mental Illness: Mental Illness Facts." <https://www.nami.org/Search?searchtext=about+mental+illness&searchmode=anyword>
2. Centers for Disease Control and Prevention. Updated September 1, 2011. CDC Mental Illness Surveillance. "CDC Report: Mental Illness Surveillance Among Adults in the United States." https://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1_w
3. Centers for Disease Control and Prevention. 2010. "Health Data Interactive." <http://www.cdc.gov/nchs/hdi.htm>
4. NCQA: <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>