

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 2021 HEDIS® Guidelines

HEDIS Description

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

Two rates are reported:

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

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

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

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 intentional self-harm):

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

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

You Can Help

- ED assist member with coordination of care to follow-up visit with appropriate referrals and scheduling.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
- Engage the member and parent/guardian/family/support system and/or significant others regarding the follow-up plan after ED visit, if possible. This is critically important for a child or adolescent.
- Make sure that the member has appointment scheduled; preferably within 7 days but no later than 30 days of the 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.
- 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.
- Provide timely submission of claims with correct service coding and principal diagnosis.
- Follow-up providers maintain appointment availability for members with recent ED visits.
- Instruct on crisis intervention options, including specific contact information, specific facilities, etc.
- Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, potential costs, clear written instructions for medication schedule, etc.
- 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.

Tips

- Schedule follow-up visit within 5 days of ED visit to allow flexibility in rescheduling within 7 days of ED visit.
- If appointment doesn't occur within first 7 days, schedule within 30 days of ED visit.
- Involve the member's parent/guardian regarding the follow-up plan after ED visit, if applicable.

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 URMBS: 877-228-3912

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.