



Follow-Up After Hospitalization (FUH) 7/30 Provider Tip Sheet

Ensuring coordination of care for members diagnosed with mental illness

Since 2006, the National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS[®]) surveys have included a measure to assess adherence to best practice protocols regarding follow-up care for patients who have been hospitalized for mental illness. **It has been broadly recognized that follow-up after hospitalization for a mental illness is the single most important determinant of recovery, results in fewer hospital readmissions, and sets the patient on a clear path to resuming normal activities.**

Measure description

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days of discharge.
2. The percentage of discharges for which the member received follow-up within 7 days of discharge.

Behavioral health providers in facilities: you can help

- Discharge planning is expected to begin on the day of admission and should include the utilization review staff, discharge planner, the member's family, significant others, guardian, or others as desired by the member.
- Make sure that the patient has **two** appointments before they leave the facility: one within 7 days of discharge and another within 30 days.
- Aftercare appointment/s should be with a **behavioral** therapist and/or a psychiatrist.
- If the patient is a child or adolescent: Engage parents/significant other (SO) in the treatment plan at the time of discharge. Advise them about the importance of these follow-up appointments.
- Involve and educate the member's family/support system to encourage the aftercare plan.
- Verify with the member that the aftercare plan is a good fit for him or her (e.g., transportation is not problematic, time of the appointment will work, etc.).
- If you are not going to care for the patient after discharge from the facility, make sure that the referral process is secured, and that you've transitioned the treatment plan to the behavioral health provider and the PCP who will care for the patient after the hospitalization.
- Instruct patient/parents as to crisis intervention options.
- Emphasize the importance of consistency and **adherence to the medication regimen**.
- **Advise patient/parents/SO as to side effects of medications, and what to do if side effects are severe** and can potentially result in lack of adherence to the treatment plan and medication regimen.
- Encourage communication between the behavioral health specialist and PCP. Ensure that the patient has a PCP and that care transition plans with the PCP are shared.
- Many facilities offer a bridge program, providing outpatient support on the day of discharge from the inpatient mental health facility. Take advantage of this valuable program if you are having difficulty securing appointments for your patients after discharge.

PCPs and behavioral health providers outside of the facility: you can help

- Provide patient reminder calls within 24 hours to confirm appointments.
- Reach out proactively within 24 hours if the patient does not keep scheduled appointment, and to schedule another.
- Reinforce the treatment plan and evaluate the medication regimen in light of presence/absence of side effects etc.

If you need assistance in identifying post-hospital support to which you can refer your patients, please call the number listed on the back of the patient's ID card.

If you would like additional resources on this topic, consult www.MagellanHealth.com/provider.

References

<http://www.qualitymeasures.ahrq.gov/content.aspx?id=48641&search=followup+after+mental+illness+hospitalization> for more information on evidence in support of the effectiveness of this measure.

<http://www.ncqa.org/Search.aspx?Search=state+of+quality+report+2014> for data and trends on this measure across commercial, Medicaid and Medicare health plans from 1999 to 2013.