

Quality Provider Program: Mental Health

Follow Up After ED or Hospital Discharge: Frequently Asked Questions

Q: Why does this measure matter?

A: More than half of adults with mental illness in the U.S. do not receive the mental health treatment they need.¹ One in five adults are diagnosed with a mental disorder, and half of those with chronic mental illness experience the illness by the age of 14.² Visits to an emergency department (ED) and/or inpatient psychiatric treatment facility are often necessary for individuals to receive the help that they need.

Research shows that an important piece of achieving positive patient outcomes is adequate follow-up care with a trained professional after discharge from the ED or hospitalization.³ The Healthcare Effectiveness Data and Information Set (HEDIS) recommends follow-up visits within seven days and again within 30 days from facility discharge, which can help patients return to baseline functioning by discussing ordered treatment and medications and adjusting as needed for improved patient outcomes.⁴ Follow-up appointments are linked to:³

- Improved mental function
- Decreased repeat ED visits and inpatient readmission
- Increased compliance with discharge instructions

Q: What is SelectHealth doing to help?

A: Select Health offers one of the broadest behavioral health networks in Utah, improving access and enabling members to receive services in-person and virtually. Additionally, we provide:

- An up-to-date registry of patients included in these measures with their compliance status (via the Quality Provider Program)
- **Care Management services** for additional member support with understanding and managing their health conditions, helping to navigate their care, and connecting them with community resources

Q: What are best practices for this measure?

A: Best practices include:^{4,5,6}

- Scheduling follow-up patient appointments:
 - As soon as the patient is identified as having been to the ED for mental illness/intentional self-harm, or substance use
 - Prior to inpatient visit discharge
- Ensuring discharge planning that:
 - Begins as soon as the individual is admitted
 - Is ongoing and specific
 - Involves the member and family in all stages
- Encouraging patients on the importance of:
 - Follow-up visits
 - Using clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists
- Being proactive by evaluating practice processes for opportunities to close care gaps every time the patient is seen
- Prioritizing follow-ups by:
 - Developing outreach systems/assigning case managers to encourage recently discharged patients to keep follow-up appointments or reschedule missed appointments
 - Training staff on the “Teach-Back Method” to ensure patient understanding of discharge instructions and next steps in their follow-up care
 - Setting flags, if available, in clinic’s electronic health record (EHR) or developing a tracking method for patients due or past due for post-discharge follow-up visits; requiring staff to follow up missed or cancelled appointments

Continued...



Questions about the Quality Provider Program?
Contact us at qualityprovider@selecthealth.org.

Mental Health Follow-up FAQs, Continued

- Reviewing medications with patients to ensure they understand the purpose, proper frequency, and method of administration
- Educating office staff on local resources to help with barriers, such as transportation needs
- Submitting claims and encounter data promptly

Q: What are common barriers to mental health treatment and access?

A: Having access to mental health care is fundamental to helping individuals receive the necessary support to address their illnesses. Common barriers to mental health treatment and access are:¹

- Financial barriers to mental health treatment
- Lack of mental health care professionals and services
- Limited availability of mental health education and awareness
- Social stigma of mental health treatment and conditions
- Racial barriers to mental health care access and treatment

References:

1. National Institute of Mental Health. *Statistics*. NIH Website. <https://www.nimh.nih.gov/health/statistics>. Accessed June 26, 2024.
2. National Alliance on Mental Illness. *Mental Health By the Numbers*. NAMI.org. Updated April 2023. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>. Accessed June 26, 2024.
3. Eleos Health. *HEDIS Measures for Behavioral Health: What are They and Why Clinicians Should Care*. Eleos website/blog post. December 10, 2020. <https://eleos.health/blog-posts/hedis-measures-for-behavioral-health-what-are-they-and-why-clinicians-should-care/#:~:text=HEDIS%20measures%20are%20designed%20to,the%20incremental%20improvement%20of%20care/>. Accessed June 26, 2024.
4. Beacon Health Options. *MY2022 HEDIS® 7-day and 30-day Follow-up After Hospitalization for Mental Illness (FUH) Measure: Provider Tip Sheet*. Beacon Health Options. Updated July 2022. <https://s21151.pcdn.co/wp-content/uploads/HEDIS-FUH-Provider-Tip-Sheet.pdf>. Accessed June 26, 2024.
5. Horizon Blue Cross Blue Shield of New Jersey. *HEDIS Resources*. www.horizonblue.com. 2024. <https://www.horizonblue.com/providers/resources/patient-quality-outcome-resources/hedis-resources>. Accessed June 26, 2024.
6. BlueCross BlueShield of Montana. *Follow-Up after Hospitalization for Mental Illness*. www.bcbsmt.com. No publication date. <https://www.bcbsmt.com/docs/provider/mt/clinical/tipsheets/hedis-fuh-tip-sheet.pdf>. Accessed June 26, 2024.

VISIT TYPE AND TIMING FAQs

Q: WILL A FOLLOW-UP VISIT ON THE DAY OF DISCHARGE COUNT TOWARDS THE MEASURE?

A: Yes, **IF** the patient was discharged from the ED. Follow-up visits from an inpatient setting **DO NOT** include visits on the day of discharge.

Q: HOW MANY ED VISITS CAN COUNT TOWARDS THE MEASURE PER MEMBER?

A: Only the first one. The denominator for this measure is based on ED visits, not on members. A second visit for a member cannot be counted until 31 days after the initial follow-up visit.

Q: IF A PATIENT IS ADMITTED FROM THE ED, ARE BOTH THE ED AND THE INPATIENT VISITS ELIGIBLE FOR PAYMENT?

A: No. The discharge from the hospital is the qualifying event when a patient is admitted as an inpatient from the ED.

Q: DO YOU COUNT BUSINESS DAYS OR CALENDAR DAYS TO SCHEDULE A PATIENT WITHIN THE MEASURE PARAMETER?

A: Calendar days.

Q: DOES A VISIT TO A MENTAL HEALTH (MH), “ACCESS CENTER” QUALIFY AS A VISIT TO AN ED?

A: No. Currently, most MH access centers use billing codes that are similar to office visits, making it an office visit rather than an ED visit; however, this may change in the future.

Q: DO PATIENTS NEED TO BE SEEN FOR THE 7-DAY FOLLOW-UP VISIT AND THE 30 DAY FOLLOW UP VISIT TO BE ELIGIBLE FOR PAYMENT?

A: No. Separate payments will be made for both the 7- and 30-day follow-up.

Q: WHAT KIND OF VISIT COUNTS TOWARDS THE FUA MEASURE GAP CLOSURE?

A: A follow-up visit or a pharmacotherapy dispensing event within 7 and 30 days after the ED visit (31 total days). Include visits and pharmacotherapy events that occur on the date of the ED visit.



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