

Improve Follow-up After Hospitalization for a Mental Illness Within 7 Days (FUH7) to the HEDIS 90th Percentile and Beyond



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BACKGROUND:

Research has found patient access to follow-up care within 7 days of discharge from hospitalization for mental illness (FUH7) to be a strong predictor of a reduction in hospital readmissions.¹ Facility treatment may stabilize individuals with acute behavioral conditions, but timely and appropriate continued care is needed to maintain and extend improvement outside of the hospital. The period immediately following discharge from inpatient care is recognized as a time of increased vulnerability.² Ensuring continuity of care by increasing compliance to outpatient follow-up care helps detect early post-hospitalization medication problems and provides continuing support that improves treatment outcomes and reduces health care costs.³

APS Healthcare (APS) takes a focused approach to managing the transition from inpatient to outpatient care by applying a combined Utilization Management (UM) and Case Management (CM) set of strategies to Behavioral Health (BH) programs across the country. Performance is measured against industry

benchmarks to determine if ambulatory follow-up appointments are being accessed by individuals discharged from a hospitalization. The Healthcare Effectiveness Data and Information Set (HEDIS) includes "Effectiveness of Care" measures established by the National Committee for Quality Assurance (NCQA) that allow external benchmarking of engagement rates for FUH7.

Uneven results at APS sites in prior years led to targeted QI initiatives and expanded innovation. The intended outcome was to improve the ambulatory follow-up rate for members by intervening early and providing coordination of care. We thereby support the patient's transition to the home or work environment and help ensure that gains made during hospitalization are not lost.

The HEDIS 90th percentile, per the 2010 NCQA Quality Compass for Medicaid, was achieved in Hawaii⁴ (via breakthrough change) and taken beyond the 90th percentile in Wyoming (via incremental change).

¹Fortney, J. Sullivan G, Williams K, Jackson C, Morton SC, Koegel P. Measuring Continuity of Care for Clients of Public Mental Health Systems. Health Services Research. 2003; 38: 1157-1175.

²Cougnard A, Parrot M, Grolleau S, Kahmi E, Desage A, Medrahi D, Brun-Rousseau H, Verdoux H. (2006) Pattern of health service utilization and predictors of readmission after a first admission for psychosis: a 2-year follow-up study. Acta Psychiatr Scand 113:340-9

³Substance Abuse and Mental Health Services Administration. (2009) Results from the 2008 national survey 155 on drug use and health: national finding (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434) Rockville (MD): Substance Abuse and Mental Health Services Administration; 304 p.

⁴The 90th percentile in Hawaii was achieved based on an APS Supplemental Database, which captured APS field-based FUH7 visits approved by HEDIS auditors but not captured by claims. These visits were not reported by Hawaii Medical Services Association (HMSA) to NCQA.

AIM STATEMENTS:

HAWAII:

In 1 year, improve FUH7 to the 90th Percentile for Medicaid patients.

WYOMING:

In 2 years, improve the FUH7 (already at the 90th percentile) by 10% for Medicaid patients.

POPULATION: Medicaid recipients in HI and WY

HAWAII:

Managed Medicaid population, approximately 110,000 eligible individuals average per month

WYOMING:

Fee-For-Service Medicaid population, approximately 62,000 eligible individuals average per month

BASELINE: 6-12 months prior to intervention

Intervention Periods: 12 months

HAWAII:

- Jan-June 2010 FUH Rate: 47% (mean)
- HEDIS 2010 50th percentile

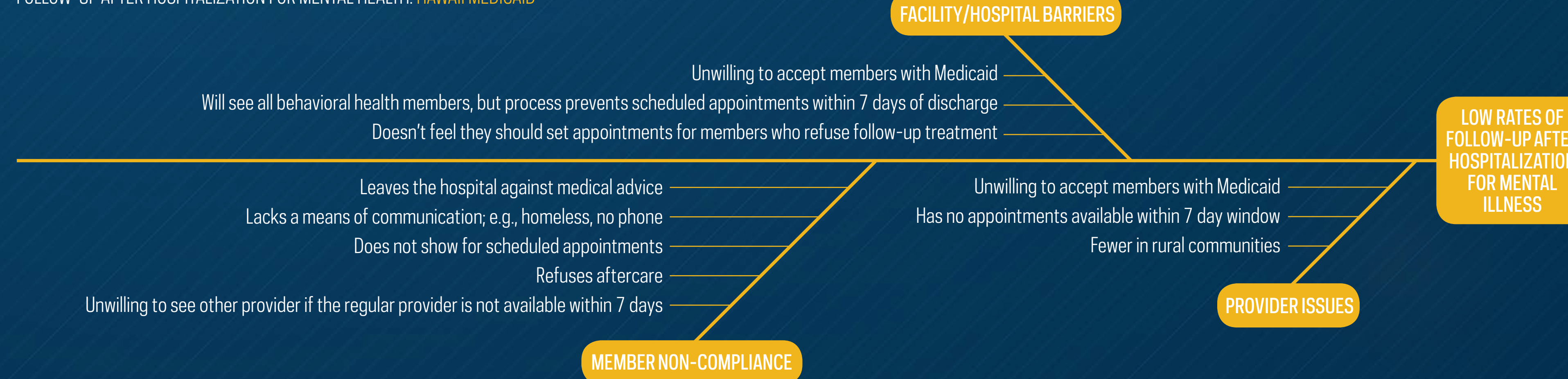
WYOMING:

- 2007 FUH Rate: 75% (mean)
- HEDIS 2007 90th percentile

HAWAII QUALITATIVE ANALYSIS: CAUSE-EFFECT DIAGRAM

APS conducted a qualitative causal analysis to determine the most significant barriers to completing the FUH7 among the Hawaii Medicaid population.

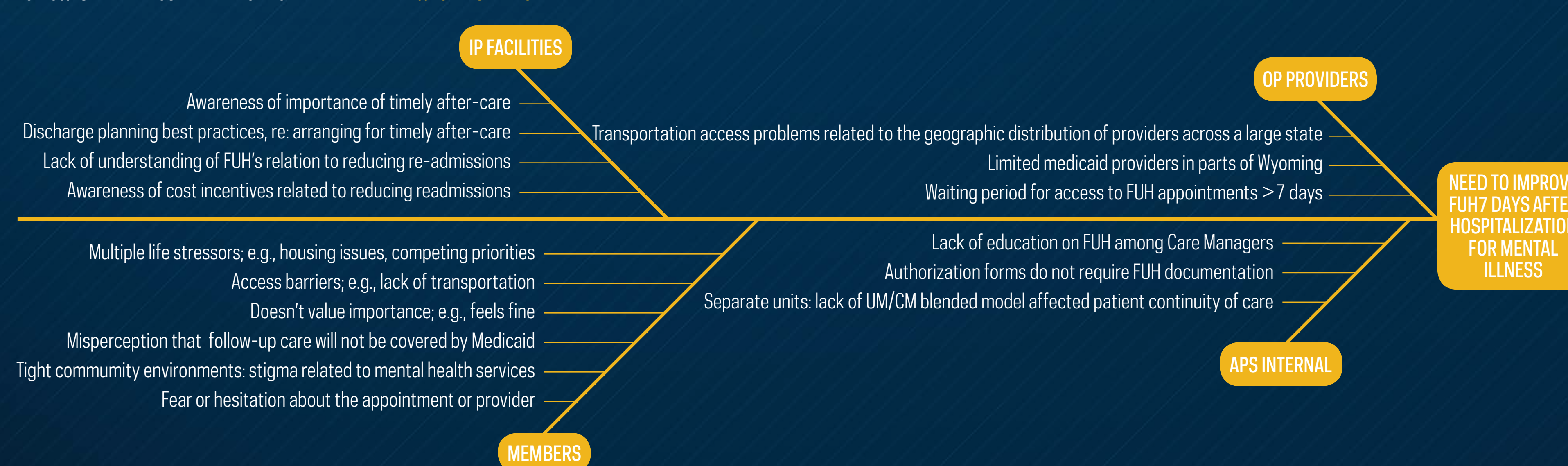
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL HEALTH: HAWAII MEDICAID



WYOMING QUALITATIVE ANALYSIS: CAUSE-EFFECT DIAGRAM

APS conducted a qualitative causal analysis to determine the most significant barriers to completing the FUH7 among the Wyoming Medicaid population.

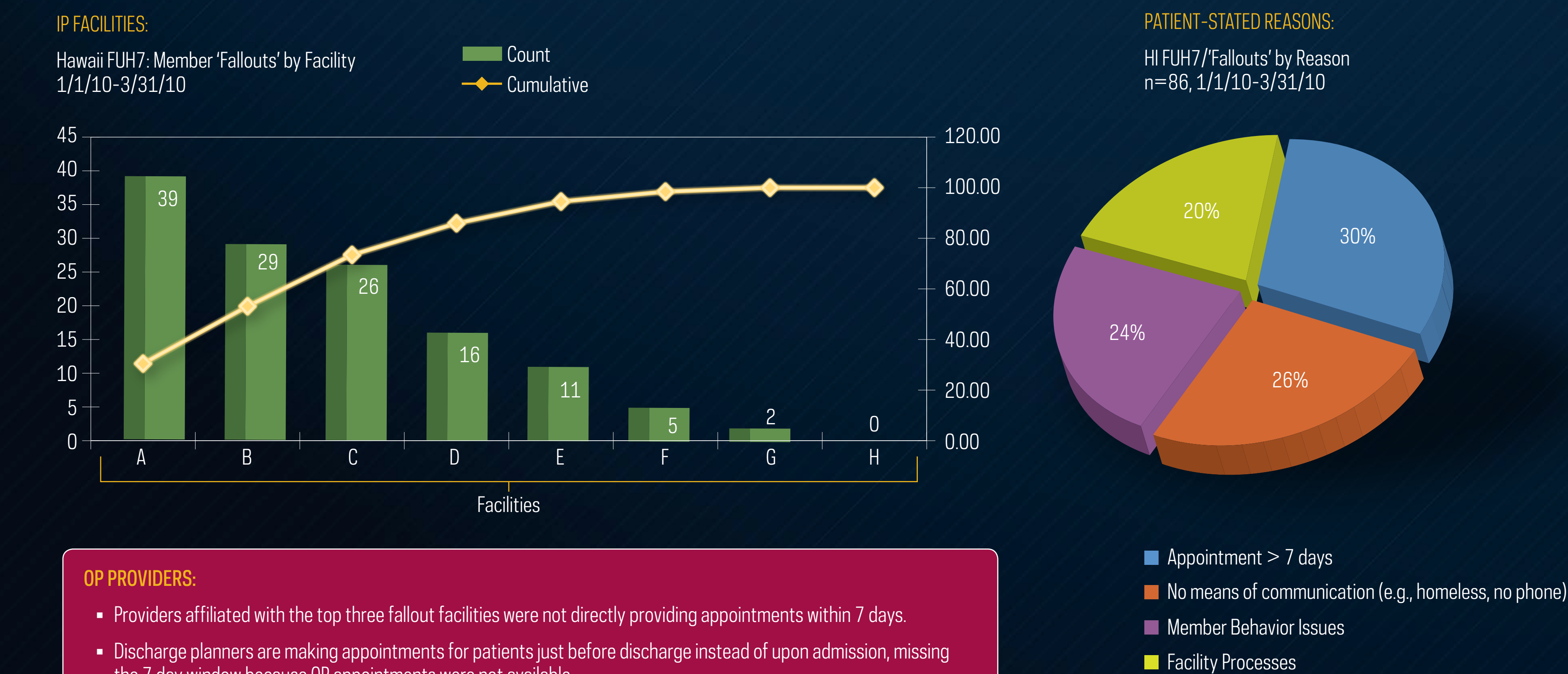
FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL HEALTH: WYOMING MEDICAID



QUANTITATIVE METHODS

- Authorization data on inpatient (IP) BH admissions and outpatient (OP) FUH appointments (lead indicator)
- Claims data (primary, lag indicator)

Primary findings from the cause-effect analyses were tested via drill down data to verify the root causes. Examples from the initiative in Hawaii include the following data on members who did not complete FUH7 (i.e., "fallouts").



INTERVENTIONS/KEY STRATEGIES:

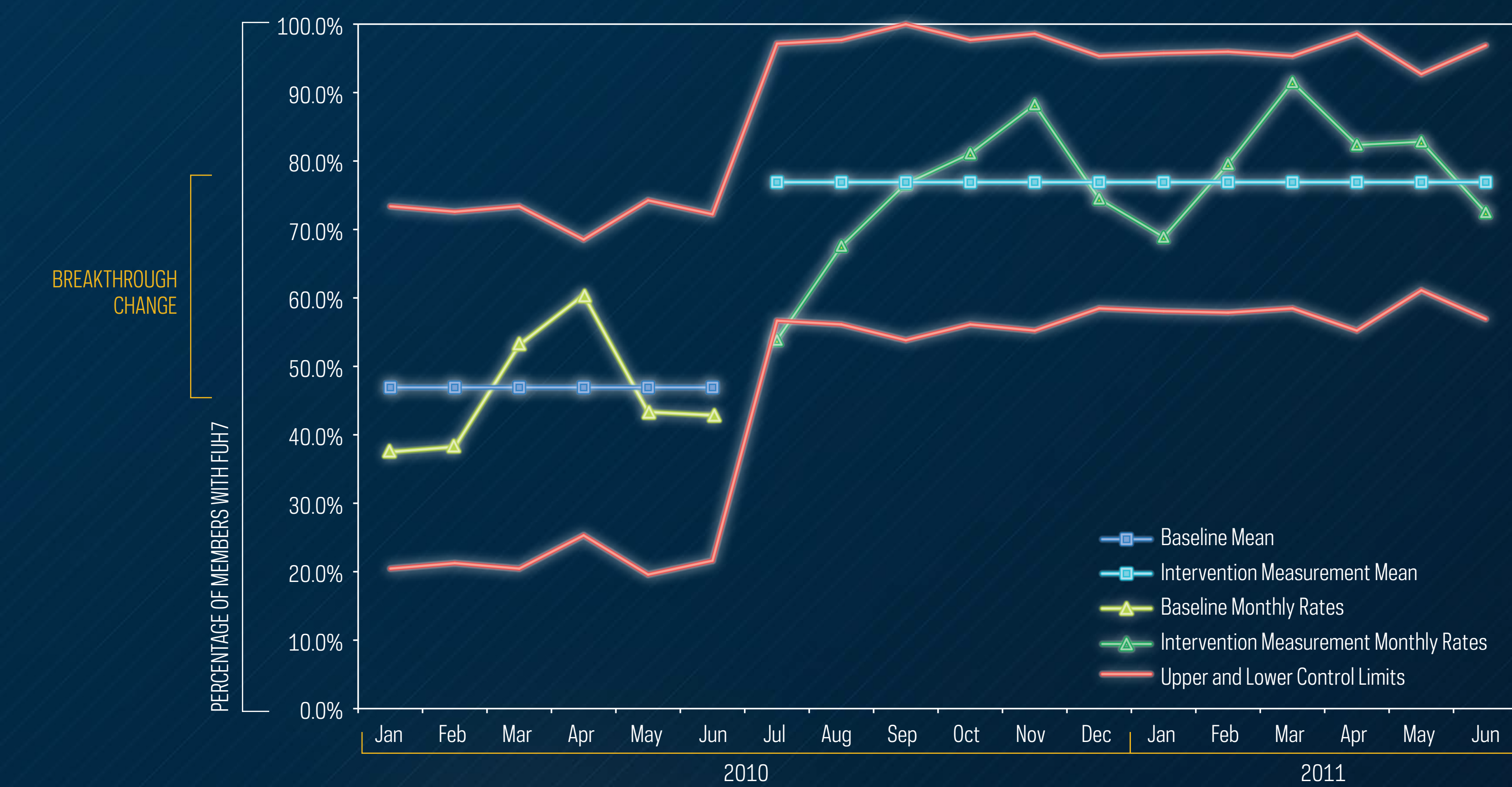
We used the findings from the qualitative and quantitative analyses to develop strategies that address the barriers and then implemented several critical interventions in each state designed to influence FUH7.

HAWAII

- We identified all admits before or during IP stay in order to ascertain the type of FUH need and to begin coordinating post-discharge care.
- We identified facilities with a high volume of FUH7 failures and deployed APS field-based team members to those locations.
- Our care managers partnered with discharge planners to ensure appointments were made early in the IP stay.
- Our care managers employed "Teach Back" on the importance of the FUH appointment to influence patient behavior change.
- When providers were unavailable to meet the 7 day window for follow-up care, an APS LCSW provided a field-based counseling session as a bridge to additional OP care.
- We expanded the field based approach through rapid cycle tests for change, both on Oahu and to the neighboring Hawaiian islands/APS sites in Kona, Hilo, Kauai, and Maui.

RESULTS/SUSTAINABILITY:

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - 7 DAYS: Hawaii Medicaid*
HEDIS 2010 Medicaid 90th Percentile = 64.25%



INTERVENTIONS/KEY STRATEGIES:

We used the findings from the qualitative and quantitative analyses to develop strategies that address the barriers, and then implemented several critical interventions in each state designed to influence FUH7.

WYOMING

- We structurally merged the UM/CM staffing units to improve coordination of care and implement a blended service model.
- Using UM authorization data on IP admissions for a mental illness, we proactively outreached to patients and providers to educate on and coordinate FUH7.
- Inter-facility census tracking confirmed when a patient was admitted to a facility and triggered us to initiate contact with the facility's discharge planners to ensure that appointments are made prior to discharge.
- We improved discharge planning tools and reviews to include documentation of the FUH appointment.
- Our care managers educated the member, coordinated FUH care, and conducted reminder and verification calls.

RESULTS/SUSTAINABILITY:

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - 7 DAYS: Wyoming Medicaid
HEDIS 2010 Medicaid 90th Percentile = 64.25%

