

## **Follow-Up after Hospitalization for Mental Illness (FUH) Improvement Strategies**

### **1. What efforts and/or strategies have you put in place to improve your plans performance on the Follow-Up After Hospitalization for Mental Illness (FUH) measure?**

#### **CDPHP**

CDPHP Behavioral Health case managers are embedded in several enhanced primary care (EPC) practices and have been proactive in identifying members recently discharged from the hospital. They work with the medical teams to ensure seven-day and 30-day follow-ups. They also help ensure that follow-up appointments are made prior to discharge. If an appointment is missed, they facilitate a timely rescheduling.

Furthermore, a tracking database was developed to ensure appropriate scheduling. Contracts were arranged with two mental health clinics to provide an in-home post-hospital appointment within seven days for all CDPHP Select Medicaid members, commercial readmissions and complex cases as identified by the facility or the CDPHP Behavioral Health clinical team.

#### Newsletters:

- *Focus on Health*, "After a Behavioral Health Hospital Stay," Spring 2013
- *Focus on Health*, "Behavioral Health Access Standards," Spring 2013
- *SmartMoves*, "After a Behavioral Health Hospital Stay," Spring 2013
- *WiseMoves*, "After a Mental Health Stay," Winter 2013
- *WiseMoves*, "HEDIS 2013: Effectiveness of Care: Behavioral Health," Fall 2013
- *Network News*, "HEDIS 2013: Effectiveness of Care: Behavioral Health," November 2013
- *Behavioral Health Provider Insider*, "Tools Available for Patient Stabilization," Spring 2013
- *Behavioral Health Provider Insider*, "Access Standards," Fall 2013
- *Behavioral Health Provider Insider*, "Guidelines are Online," Fall 2013

#### **Geisinger Health Plan**

Education has been provided to top utilizing facilities on importance of scheduling follow-up within seven days. The behavioral health vendor contracted more facilities for the Bridge on Discharge program.

#### **GHCSCW**

Within GHCSCW, the mental health department and care management teams receive daily printouts of mental health admissions including patients admitted for overdose or suicide attempts. Local hospitals Meriter, UW- Hospital and Clinics and Rogers Memorial Hospital agreed to notify GHCSCW's mental health department prior to mental health discharge so proper follow-up appointments could be scheduled within seven days of discharge. These

appointments were arranged by the mental health department staff in conjunction with care management staff. The mental health department administrative assistant maintained and reviewed a register of admissions and follow-up appointments to ensure all members were scheduled. In 2009, an incentive program was developed to encourage consistent seven-day follow-ups. The program added to administrative time, lunch hour or appointment time. In October of 2012, emphasis was again placed on the seven-day standard of care expectation, this time in the renewed external mental health provider contracts.

### **Independent Health**

In 2013, Independent Health partnered with Beacon to help manage Medicaid/FHP/CHP behavioral health benefits. Case managers were utilized to coordinate care for high-risk members. Targeted mailings and phone calls were made to all providers and discharged members to encourage adherence with follow-up appointments. This also helped ensure outcomes met HEDIS guidelines. Providers were offered incentives for seeing a member within seven days of discharge. Performance incentives were also offered to area hospitals to improve discharge planning and decrease readmission rates.

### **Priority Health**

Priority Health has performed utilization reviews on all inpatient psychiatric admissions. The utilization review staff assisted facilities with discharge planning and helped ensure members had access to care within seven days of discharge. All members receive a post-discharge call within 48 hours of discharge to reinforce aftercare plans. Members that were determined to be high-risk for readmission or had complex conditions were referred for case management with one of the clinical case managers. Priority Health has also begun piloting at-home care transition services, including visits with a social worker following discharge. This was designed as a short-term service intended to prevent readmissions and improve adherence to aftercare. The full service began in January 2014 for children and adolescents. Priority Health is working to pilot the service for adults later in 2014. The service will meet HEDIS specifications for seven-day and 30-day appointments.

## **2. What process do you have in place to ensure timely follow-up appointments are scheduled and take place?**

### **Geisinger Health Plan**

In addition to enhancing the Bridge on Discharge program, Geisinger's behavioral health vendors establish a list of providers who have the ability to meet the need for appointments within seven days. Care Advocates reach out to members within 24 hours of discharge to encourage compliance and offer appointment reminders.

### **GHCSCW**

Several acute appointments are held open each day across GHCSCW behavioral health clinics for acute and FUH appointments. Furthermore, piloted in 2013, additional

development of primary care behavioral health services allows members to be seen by a behavioral health consultant in their primary care provider's clinic.

### **Independent Health**

Utilization managers collaborate with hospital discharge planners and there is immediate hand-off to Independent case managers upon discharge for telephonic outreach.

### **Priority Health**

Priority Health's utilization review staff assists in discharge planning and ensures appointments are scheduled within appropriate timelines. Also, staff makes outbound calls and assists members in maintaining as well as making appointments during the post-discharge call process, if needed.

## **3. What specific outreach activities have you implemented post-discharge (e.g. follow-up calls)? Who is involved and/or responsible for outreach?**

### **CDPHP**

CDPHP has contracted with additional agencies to provide expedited appointments and telemedicine. CDPHP Behavioral Health case managers have played an important role in addressing barriers to follow-up before discharge, facilitating timely follow-up appointments and assisting facilities in securing appointments within seven days post-discharge.

### **Geisinger Health Plan**

The Geisinger-delegated behavioral health vendor has staff that makes up to four attempts to contact the member beginning within 24 hours of notification that discharge has occurred.

### **GHCSCW**

The GHCSCW mental health department coordinator, in conjunction with care management staff, arranges appointments within 7 days. Outreach calls are made to those individuals not scheduled at the time of discharge.

### **Independent Health**

Behavioral health case management reaches out telephonically to both members and providers upon discharge.

## **4. What assistance is provided post-discharge?**

### **CDPHP**

CDPHP contracts with two mental health clinics to provide an in-home post-hospital appointment within seven days for all CDPHP Select Medicaid members, commercial readmissions and complex cases as identified by the facility or CDPHP Behavioral Health

Clinical Team. CDPHP also contracts with outpatient providers' offices to offer an after-hours telephonic crisis line available on weekends and holidays and dispatch a mobile crisis unit for children and adolescents.

### **Geisinger Health Plan**

Total care assistance is offered.

### **GHSCSW**

Connections with providers and pharmacies are maintained in order to ensure the appropriate levels of care and medication management are achieved. GHSCSW also helps with necessary referrals and development of safety plans.

### **Independent Health**

Case managers and utilization managers advocate for members; they hold conference calls with both members and providers to assist with scheduling, barriers and linkage to resources. Comprehensive member assessments completed by behavioral health case management are used to identify additional needs including medical co-morbidities. There is strong integration between medical and behavioral case management programs.

### **Priority Health**

Our post-discharge call process includes ensuring access to seven- and 30-day appointments, transportation referrals, pharmacy assistance and crisis planning.

## **5. What is your relationship with inpatient service providers?**

### **CDPHP**

CDPHP hosts quarterly luncheons to facilitate positive, collaborative relationships with area hospitals and to maintain continuity and coordination of care. CDPHP also involves the case management team while the patient is admitted to attempt to resolve psychosocial barriers associated with attending outpatient appointments. CDPHP also educates facilities on the seven-day follow-up HEDIS quality measure.

### **Geisinger Health Plan**

Geisinger works with a fully delegated vendor who has the majority of direct relationship with inpatient facilities. GHP Behavioral Health Coordinators also have a good connection and healthy relationship with Geisinger Health System inpatient facilities.

### **GHSCSW**

The inpatient service providers contract with vendors within GHSCSW's service network. GHSCSW has a positive, collaborative relationship with them.

### **Independent Health**

Independent Health works closely with the hospital discharge planners, especially for high-risk and rapid readmissions to ensure comprehensive care planning. Relationships with

inpatient utilization reviewers are well-established and the processes and expectations are well-defined.

### **Priority Health**

Priority Health has very strong partnerships with several key providers who serve the majority of our members. We routinely share utilization and performance information with provider groups including comparisons of their performance to the network. Over the years, Priority Health has partnered on several quality improvement projects. This year, Priority Health hopes to partner with the largest volume inpatient facility on a home-based care transitions program.

## **6. What methods are being used to track patients post discharge? Has one method been viewed as more successful than others?**

### **CDPHP**

CDPHP is developing a tracking database to ensure follow-up appointments are kept. Utilization of Care Advance Enterprise software is being emphasized to follow and case manage members across the continuum of care.

### **GHCSCW**

GHCSCW employs utilization reviews, readmission reports and case management for members who meet criteria (e.g. multiple ER visits or inpatient stays).

### **Independent Health**

Case managers are tasked with documenting and tracking HEDIS specific measures. High-risk, high-needs members are aggressively tracked until they are well-linked with secure plans and dispositions. Claims are also important in tracking utilization.

### **Priority Health**

Priority Health is working on improving plan performance through the post-discharge call process and/or case management. This has been the most successful method, but it utilizes a lot of internal staff time to achieve.

## **7. What performance outcomes (both positive and negative) have you seen to date? Please provide specific numbers if available (e.g. improved HEDIS scores, decreases in PHQ-9 score, re-admission rates, treatment cost savings, etc.).**

### **CDPHP**

Overall, no differences in results for 2013 compared to 2012 have been statistically significant. However, across all lines of business, results for both the seven-day and 30-day follow-up have exceeded the national average. In the commercial HMO/POS population, the seven-day rate has increased by 1 percent, and the 30-day rate has decreased by 2 percent.

The performance goals were just missed by 1 percent for the seven-day follow-up and missed by 4 percent for the 30-day follow-up.

In the Commercial PPO, the seven-day rate has decreased by 5 percent and did not meet the performance goal by 6 percent. The 30-day rate has dropped by 2 percent.

In Medicaid, the seven-day follow-up rate has increased by 3 percent, while the 30-day rate has improved by 5 percent. The performance goals for both the seven-day and 30-day follow-up have exceeded the goals for 2013 by 3 percent and 1 percent.

For CHP, the seven-day follow-up rate has decreased by 3 percent and missed the performance goal by 4 percent. While the 30-day rate has improved by 1 percent, the performance goal was missed by 1 percent.

Both rates have decreased in the Medicare HMO population. The seven-day rate has dropped by 2 percent and the 30-day rate has dropped by 5 percent. The seven-day performance goals were exceeded by 6 percent and the 30-day did not meet the goal by 7 percent.

Finally, with Medicare PPO there were insufficient members in the denominator to establish baseline rates.

2013 Results:

	Commercial HMO/POS			Commercial PPO		
	HEDIS 2011	HEDIS 2012	HEDIS 2013	HEDIS 2011	HEDIS 2012	HEDIS 2013
7 Day FU	72% (283/393)	76% (293/385)	77% (309/400)	72% (151/211)	78% (184/235)	74% (226/307)
30 Day FU	89% (351/393)	90% (346/385)	88% (352/400)	88% (185/211)	88% (206/235)	86% (263/307)

	Medicaid			Medicare HMO		
	HEDIS 2011	HEDIS 2012	HEDIS 2013	HEDIS 2011	HEDIS 2012	HEDIS 2013
7 Day FU	57% (304/532)	67% (405/604)	72% (454/630)	74% (44/59)	75% (45/60)	83% (69/94)
30 Day FU	75% (397/532)	79% (475/604)	82% (515/630)	83% (49/59)	88% (53/60)	73% (78/94)

	Medicare PPO			CHPS		
	HEDIS 2011	HEDIS 2012	HEDIS 2013	HEDIS 2011	HEDIS 2012	HEDIS 2013
7 Day FU	NR (7/10)	NR (9/11)	NR (13/15)	NR	86% (114/132)	84% (87/104)
30 Day FU	NR (10/10)	NR (10/11)	NR (13/15)	NR	95% (126/132)	96% (100/104)

### **GHCSCW**

HEDIS scores have improved five of the last eight years and GHCSCW now is in the top 5 percent for percentage of mental health members with seven-day follow-ups.

	HEDIS Score
2005	33.9%
2006	70.4%
2007	66.7%
2008	70.3%
2009	69.5%
2010	69.2%
2011	77.7%
2012	83.5%
2013	91.1%
<b>2011 (95%)</b>	<b>77.3%</b>
<b>2012 (95%)</b>	<b>78.4%</b>
<b>2013 (95%)</b>	<b>76.3%</b>

### **Independent Health**

Independent Health's HEDIS scores slightly improved in 2012 (a few percentage points for both seven- and 30-day measures).

### **Priority Health**

Priority Health typically does fairly well on this measure and it has attributed this to the aggressive efforts to assist in discharge planning.

- 8. Are there specific barriers that your plan has faced in meeting the criteria for the Follow-Up After Hospitalization for Mental Illness (FUH) measure? If so, please share how you overcame or plan to address these barriers.**

### **CDPHP**

Barriers to compliance for follow-up after mental illness could be categorized as facility and member barriers. Facilities have faced challenges pertaining to lack of ability to provide follow-up care, lack of understanding of care standards, lack of knowledge of CDPHP resources and lack of reimbursement for follow-up care. On the member side, challenges

have included lack of social support, lack of transportation, high expenses, social stigma and perceived symptom reduction. All of these issues have decreased follow-up compliance. They have been mitigated by contracting with third party companies and increasing the use of case managers for education and guidance.

2012 Barriers	2013 Opportunities/Mitigation Plan
<ul style="list-style-type: none"> <li>CDPHP behavioral health provider network may lack availability to provide seven-day aftercare appointments.</li> </ul>	<ul style="list-style-type: none"> <li>Contracted with additional agencies to provide expedited appointments. Contracted with an agency to provide telemedicine.</li> </ul>
<ul style="list-style-type: none"> <li>Members may lack social supports and/or housing and outpatient appointment are not a priority.</li> </ul>	<ul style="list-style-type: none"> <li>Involved CDPHP Behavioral Health case management while member is inpatient to attempt to resolve psychosocial barriers to attending outpatient appointments.</li> </ul>
<ul style="list-style-type: none"> <li>Members may experience stigma from seeking additional mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHP Behavioral Health case management educated members that mental health diagnosis is biological and attempted to decrease stigma.</li> </ul>
<ul style="list-style-type: none"> <li>Members may not be able to afford co-payments and deductibles for outpatient mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>Identified providers who may allow sliding scale.</li> </ul>
<ul style="list-style-type: none"> <li>Members may leave against medical advice without a continued care appointment.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHP Behavioral Health Case Management reached out to members who leave AMA and offer outpatient appointments.</li> </ul>
<ul style="list-style-type: none"> <li>Members may lack transportation for follow-up appointments.</li> </ul>	<ul style="list-style-type: none"> <li>Involved CDPHP Behavioral Health case management while member is inpatient to attempt to resolve transportation issues.</li> </ul>
<ul style="list-style-type: none"> <li>Members may experience symptom reduction leading to discontinuation of treatment and non-adherence to outpatient appointments.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHP Behavioral Health case management educated members on importance of outpatient continued care for stabilization and readmission avoidance.</li> </ul>
<ul style="list-style-type: none"> <li>Facility may not be aware of the requirements of this quality measure.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHP educated facility on seven-day follow-up HEDIS quality measure.</li> </ul>
<ul style="list-style-type: none"> <li>Facility may lack awareness of resources available via CDPHP Behavioral Health to assist in providing continued care appointments within seven days.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHP Behavioral Health Case Management assisted facilities in securing appointments within seven days post-discharge.</li> </ul>



<ul style="list-style-type: none"> <li>Facilities may not be able to receive revenue for ambulatory services/bridge appointments.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHP explored additional methods to reimburse facilities for providing ambulatory services to meet seven-day outpatient appointments.</li> </ul>
<ul style="list-style-type: none"> <li>Facilities may not have standardized discharge protocol requiring outpatient continued care appointments within seven days post-discharge.</li> </ul>	<ul style="list-style-type: none"> <li>CDPHP worked collaboratively with facilities to develop standardized discharge protocol that provide appointments within seven days post-discharge for CDPHP members.</li> </ul>

**Geisinger Health Plan**

There have been some members who refused follow-up or refused to move existing appointments to within the measure’s timeframes. Also, some inpatient facilities have not recognized the importance of this measure due to tunnel vision of focusing on their role as inpatient facility and missing the total patient care and continuum of care concept.

**GHCSW**

The largest barriers for members have been access and cost. Members sometimes complain about incurring another fee (co-pay, co-insurance, deductible) for an appointment so soon after discharge. GHCSW has considered waiving out-of-pocket charges for seven-day FUH appointments, but has not done so yet. Provider access has also been an obstacle. GHCSW has provided incentives and communicated this expectation in provider agreements. The development of Primary Care Behavioral Health has provided additional same-day or next-day access to mental health services.

**Independent Health**

Access to behavioral health providers has remained a significant challenge. The seven-day incentive to providers has contributed to some improvement. Many Independent Health members carry a dual diagnosis and if the FUH visit is scheduled through the substance abuse clinic first and linkage with mental health occurs secondary, the substance abuse visit does not count as a HEDIS hit. Independent Health has continued to educate discharge planners on the importance of initial linkage with mental health providers.

**Priority Health**

In most areas of Michigan, there is a shortage of psychiatrists, which has a great impact on the availability of appropriate after-care. This has been especially true in rural areas and for child and adolescent psychiatrists. Priority Health has been interested in supporting the use of telepsychiatry to expand access. Priority Health has an ongoing initiative in the contracting department to recruit more psychiatrists to the panel.

**9. If you have not yet launched improvement strategies in this area, are you planning to? If so, please describe your plans, and the timing of them.**

### **CDPHP**

CDPHP is continuing strong outreach programs to increase follow-up. CDPHP is also working collaboratively with facilities and EPC offices to ensure members will have continued care appointments within seven days post-discharge. Educational outreach mailings and discharge toolkits are being sent to members hospitalized for major depression. The mailings provide information on case management, crisis management and the importance of attending outpatient appointments. Exploration of CareAdvance case management application for electronic solutions is a priority. CDPHP also contracts with an agency to provide telemedicine and in-home appointments. Continued research and data analysis on members who do not obtain optimal follow-ups is being regularly performed.

### **Independent Health**

Independent Health is working with the vendor, Beacon Health Strategies, to improve compliance with measures in our managed Medicaid, FHP and CHP products. Independent Health is also collaborating with our local health homes and behavioral health organizations to improve coordination of care during care transitions. Finally, Independent Health is identifying and working with outliers to improve adherence to measures.