Tips for Following Up After Hospital Visits for Mental Health or Substance Abuse

Community Behavioral Health (CBH) is committed to ensuring members receive quality care. It is important to follow up with members who have received a substance use diagnosis or a mental illness diagnosis as soon as possible following discharge from the Emergency Department, Hospital, or Residential and/or Detoxification facility. To ensure that members receive this care, CBH uses the following HEDIS® (Healthcare Effectiveness Data and Information Set) measures. HEDIS® is a widely used set of performance measures in the managed care industry, developed and maintained by NCQA.

Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA*)

- Assesses emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence who had a follow-up visit for AOD within 7 and 30 days of an ED visit.

Follow-Up After Emergency Department Visit for Mental Illness (FUM^)

- The percentage of emergency department (ED) visits for members six years of age and older with a principal diagnosis of mental illness or intentional self-harm who received a follow-up visit for mental illness within 7 and 30 days of an ED visit.

Follow-Up After Hospitalization for Mental Illness (FUH¤)

- The percentage of acute inpatient (AIP) hospitalizations for members six years and older with a principal diagnosis of mental illness or intentional self-harm who received a follow-up visit within 7 and 30 days after AIP discharge.

- This NCQA HEDIS measure differs from the Pennsylvania State FUH specification utilized by CBH's Value-Based Purchasing (VBP) program.

Follow-Up After High-Intensity Care for Substance Use Disorder (FUI°)

- The percentage of inpatient, residential treatment, and detoxification visits or discharges for a diagnosis of substance use disorder (SUD) among patients 13 years and older that resulted in follow-up care for a diagnosis of SUD within 7 and 30 days of a visit or discharge.

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Each follow-up measure has two sub-measures:

- Follow-up within seven days from the discharge date
- Follow-up within thirty days from the discharge date. A member attending an appointment within seven days of discharge also complies with the thirty-day sub-measure.

Exclusions:

- Members using hospice services at any time during the year * ^ ¤ °
- Nonacute inpatient stays other than behavioral health °
- Nonacute inpatient stays ¤
- ED visits that result in an inpatient stay on the date of the ED visit or within 30 days of the ED visit *^
- Do not include visits that occur on the date of discharge ¤ °

**FUA, ^FUM, ¤FUH, °FUI*

Why is it important?

Members who follow up with their providers within 30 days of being discharged have seen positive health outcomes in the future.

Importance of following up for SUD:

Evidence suggests that members who do not receive timely follow-up care for substance use disorders are likely to re-present in the future at the ED and are more likely to have increased hospital admissions and bed days. Members receiving SUD care in high-intensity settings who do not receive timely follow-up are vulnerable to negative outcomes such as continued substance use, relapse, high utilization of intensive care services, and mortality.

Importance of following up for mental illness:

Evidence suggests that members who receive timely follow-up care for mental health disorders are likely to have fewer repeat ED visits, improved physical and mental function,

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and increased compliance with follow-up instructions. Providing continuity of care can result in better mental health outcomes and support a patient's return to baseline functioning in a less restrictive level of care.

Best Practices

Aftercare planning should begin early in treatment and involve members in creating individualized goals that meet their specific needs and preferences, highlighted in the **Network Inclusion Criteria. (NIC Tool).** This should include a clear follow-up plan for the next level of care, a warm handoff with scheduled appointments, a well-defined medication provision plan, and a plan for crisis and relapse prevention. Unplanned discharges are correlated with poorer treatment outcomes. Thus, providers are expected to adopt therapeutic, clinically based approaches to aftercare planning to reduce unplanned discharges. Based on information gathered through a literature review, CBH has compiled a list of best practices, including:

- Explain the importance of follow-up to patients
- Prioritize scheduling follow-up visits, with appointment cards for reminders
- Reach out to patients who do not keep initial appointments and reschedule them as soon as possible
- Utilize preferred reminder strategies and regularly ensure contact information is the most up to date, employing Peer and Recovery Specialists where appropriate
- Maintain appointment availability for patients with recent hospital admissions
- Address **social determinants of health (SDOH)** by coordinating assistance for members with competing social demands, including childcare, transportation, and housing that otherwise may prevent them from attending treatment appointments
- **Improve culturally competent care** by engaging with community resources and developing resource guides for SDOH and intersectional support groups
- Include treatment participation and attendance expectations, rescheduling procedure, and reminder strategies as part of initial treatment plan creation/review

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in line with shared decision-making models. Sign and share a copy with the member

- Coordinate care between physical and behavioral health providers, ensuring additional coordination with the referral source, the member's family, and other supports
- Utilize a trauma-informed approach
- Provide timely submission of claims and encounter data. Use appropriate documentation and coding

Additional Resources

- **Clinical Practice Guidelines for Opioid Use Disorder**
- **Clinical Practice Guidelines for Alcohol Use Disorder**
- **DBHIDS Practice Guidelines for Resilience and Recovery-Oriented Treatment**

Disclaimer: The information contained in this tip sheet is for educational and informational purposes only. The clinical services described in this tip sheet may not be covered for all CBH enrollees. To find out about what services are available to you under the CBH benefit package, please contact CBH Provider Operations at 215.413.3100.