HEDIS® Lunch and Learn Behavioral Health Follow-Up

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Monthly Webinars: 30 minutes, 1 HEDIS topic

Behavioral Health Follow-up Measures (FUM/FUA/FUH)

Follow-up after Emergency Department Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

** Follow-up visits may be with **any** practitioner, with a principal diagnosis of a mental health disorder **OR** with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder within 7 and 30 days after the ED visit.

** ED visits that result in an inpatient stay (acute or nonacute) are not included in the measure.

Follow-up after Emergency Department Visit for Substance Use (FUA)

The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of Substance Use Disorder (SUD) or any diagnosis of drug overdose, who had a follow-up visit. Two rates are reported:

1. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

2. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).

** The diagnosis for SUD can be a principal or secondary diagnosis on the follow-up visit.

** Follow-up can be a pharmacotherapy dispensing event

** *SUD also includes Alcohol Use disorders.*

Note: ED visits that result in an inpatient stay (acute or nonacute) or residential treatment stay are not included in the measure.

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Follow-up after Hospitalization for Mental Illness (FUH)

Members 6 years of age and older in the measurement year discharged after hospitalization for treatment of selected mental illness or intentional self-harm diagnoses who had a follow-up visit with a **mental health provider**.

Two rates are reported:

1. Members who received a follow-up visit within 7 days of d/c
2. Members who received a follow-up visit within 30 days of d/c

Any of the following meet for a follow-up visit (for both 7 & 30 day):

- An outpatient, telehealth, or telephone visit with a mental health provider.
- Transitional care management services with a mental health provider.
- A visit in a behavioral healthcare setting.
- A community mental health center visit.
- An intensive outpatient encounter or partial hospitalization.
- Electroconvulsive therapy.
- Psychiatric collaborative care management.

** Discharges followed by nonacute readmission or direct transfer to a nonacute inpatient care setting w/in the 30-day f/u period are excluded

Member Incentives Program:

$50.00 Reward: FUM

- Members who complete a follow-up visit within 7 days after a behavioral health ED visit.

Or

$25.00 Reward: FUM

- Members who complete a follow-up visit within 30 days after a behavioral health ED visit.

Be sure to call Member Services at **888-348-2922** for more details and the most up-to-date information.

Common Reasons for Gaps in Care

Behavioral Health Follow-Up Care Challenges

Why Gaps in Care?

- Short measure time frames
- Appointment availability/wait time to schedule a follow-up appointment
- Transportation barriers, inaccurate contact info
- Coding incongruencies between ED/hosp dx and follow-up dx
- Provider offices often closed on weekends, and FUA/FUM/FUH measure time frames include weekends
- Members may experience stigma for seeking additional care for mental health, self-harm and substance use issues
- Facilities and/or provider may be unaware of the timeframe members need to receive their follow-up appointments

History of childhood traumas (ACES) – this can contribute to members being in measure, but also a barrier to seeking follow-up care

Reluctance to accept there is a substance use or mental health condition

Some members are transient, moving from home to home – may go to ER, but not follow-up care at provider office

Alcohol use is more acceptable in societal belief systems than other Drug or Opioid use, potentially resulting in members not realizing/accepting they need follow-up care

Lack of member support system, SDoH factors

- Mental health providers possibly requiring self-referral/conversation w/member before scheduling (vs scheduling through PCP office)
- Health plan & provider experience challenges identifying members in ED in timely manner
- Providers potentially not aware member has been in the hospital or had ER stay, impacting timely follow-up care
- FUA/FUM – potential perception that follow-up visit must only be done with a mental health provider
- Some members may qualify for the FUA measure after an alcohol related situation that may have been an isolated incident where member does not perceive follow-up care as crucial

Take-Away Actions

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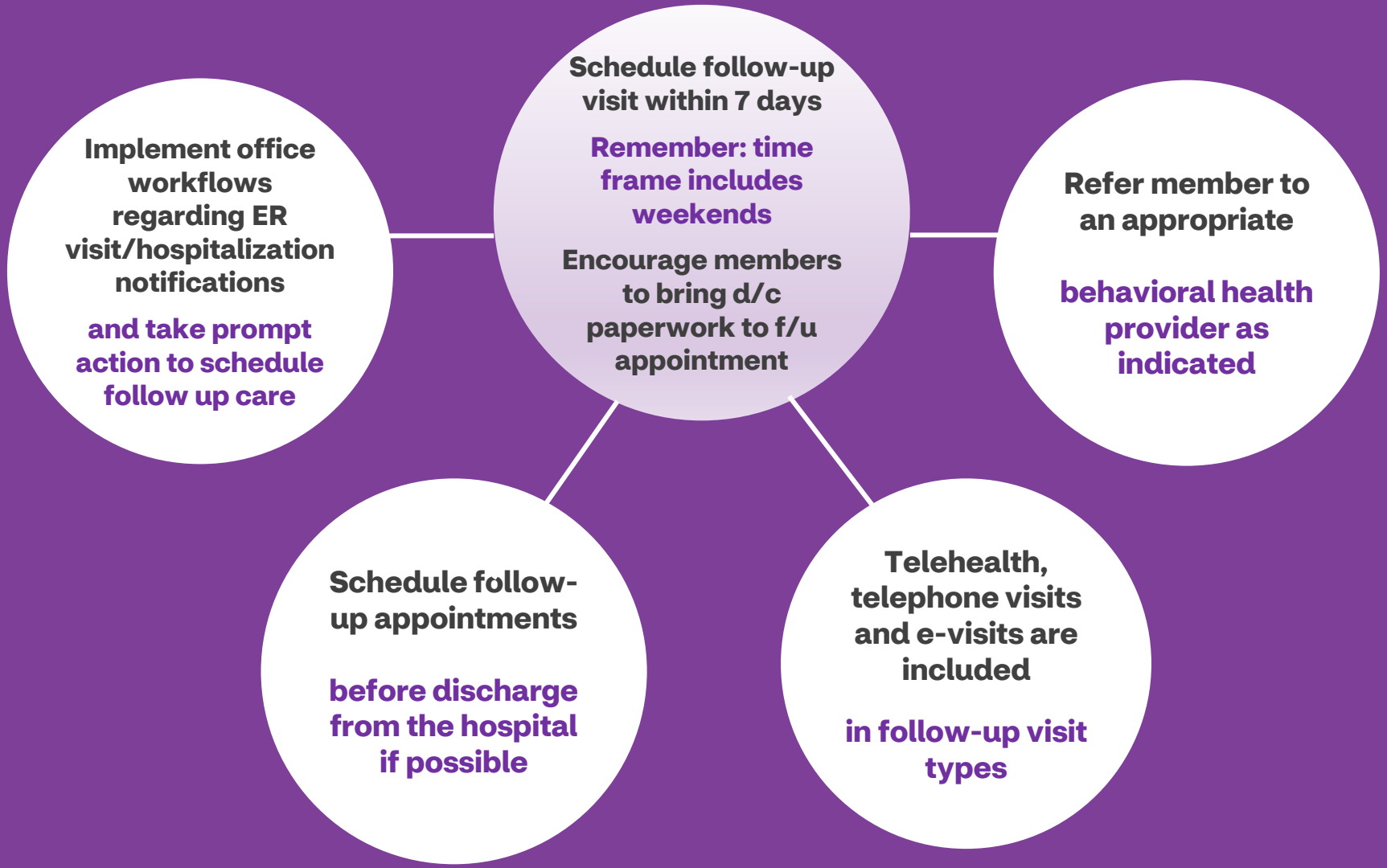

Take-Away Actions

The Power of the PCP

The PCP has a vital role in the ability to impact Behavioral Health follow-up care

Member communication with PCP post ER visits/ inpatient discharge

PCP or BH provider visit

Behavioral Health Follow-Up compliance

The PCP office might be the catalyst for follow-up visits post ER and inpatient care

You make a difference!

ABHWV website
Provider HEDIS Section

There is a HEDIS tab within the Provider Tab on the ABHWV website. The following are available:

1. **What is HEDIS? –** a short description of HEDIS
2. **HEDIS News You Can Use** –emailed to providers each month and will be available on the website, including current and prior months
3. **HEDIS Toolkit For Provider Offices** – comprehensive document of all HEDIS measures, including a coding/billing section. This is updated annually or sooner as needed.
4. **HEDIS Lunch and Learn Webinars For Providers** – monthly webinars such as the one today. Links for past webinars and invite information for the next upcoming Lunch and Learn will be here.

https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html

Closing Thoughts and Resources

Members trust you!

Members consider you a very trusted source of information and care, even when it comes to mental/behavioral health!

When talking to members, allow time for discussion and questions.

Hearing your empathy, engagement and recommendations can make a difference!

ABHWV Quality Partnerships

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Event Partnering

David Roberts

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EMR data file transfer options

Tosha Morris

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Other Resources

https://www.samhsa.gov/

https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/

https://www.help4wv.com/

https://wv211.org/

https://www.findhelp.org/find-social-services/west-virginia

Aetna Better Health of West Case Management referral: 1-888-348-2922 by phone or 844-330-1001 by fax

Questions?


Thank
You for
making a
difference!
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