

One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

# Follow-up after hospitalization for mental illness (seven-day rate)

This measure examines the percentage of patients ages 6 and older who were hospitalized for treatment of select mental illness diagnoses and who followed up with a mental health practitioner within seven days.

- Outpatient visit
- Intensive outpatient encounter
- Partial hospitalization

Discharge planning and outpatient provider support are critical to achieving a successful follow-up after an acute hospitalization.

#### Did you know?

- Patients discharged after hospitalization for mental illness who do not receive follow-up are more likely to be readmitted.
- More than one-third of initial appointments after hospitalization are kept.
- According to the CDC, the national suicide rate reached 13 per 100,000 people in 2014, the highest since 1986.

#### Improving HEDIS scores

Here are some best practices we've identified:

- Discharge planning beginning upon admission, with discharge planners ensuring that appointments are scheduled within seven days of discharge.
- Case management outreach to patients for assessment of possible barriers to a follow-up appointment and assistance, if needed.
- Reminder phone calls placed to patients before visits.
- Providers working with hospitals to ensure access to visits within a specified timeframe.

Exclusion: Members in hospice are excluded from this measure.

## Tip:

Coordination and member outreach are key to improving follow-up visit rates after hospitalization, lessening the chance of readmittance.

### Helpful HEDIS hints

- A visit with a mental health practitioner can be with or without a telehealth modifier.
- Discharge planning and outpatient provider support are critical to achieving a successful follow-up after an acute hospitalization.
- Visits occurring on the date of discharge will not count towards this measure.

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