

Follow-Up After Hospitalization for Mental Illness QI Fund Project

The purpose of the HMO Follow-up After Hospitalization for Mental Illness QI Fund Project is to increase the rate of behavioral health follow-up care for members age 6 and older who were hospitalized for treatment of selected mental health disorders. The 2008 project goal for the 7-day follow-up rate was $\geq 65\%$.

The following table displays the 2004-2008 Network results.

Mental Health Indicator*	2004	2005	2006	2007	2008
Follow-up visit with a Behavioral Health Practitioner within 7 days of Discharge	64.0% (1,407/2,198)	65.5% (1,577/2,406)	69.8% (1,637/2,344)	73.5% (1,734/2,359)	76.3%** (1,771/2,320)

** Statistically significant ($p < 0.01$)

Identified Barriers to Follow-Up After Hospitalization for Mental Illness:

Members:

- May not be compliant with follow-up
- May not have an appointment with a Behavioral Health Specialist scheduled within seven days of discharge
- May not be aware that follow-up with a Behavioral Health Specialist is recommended within seven days of discharge.
- May feel better after discharge and decide a follow up appointment is not necessary
- May lack a support system to ensure appropriate follow-up care
- May believe there is a stigma related to having mental health diagnosis

Behavioral Health Specialist:

- May not have a previous relationship with the member
- May not utilize home health services for members with a history of non-compliance
- May not use partial hospital programs or intensive outpatient programs for follow-up care
- May not arrange for follow-up visit within seven days of discharge with a Behavioral Health Specialist

IPAs:

- May not be aware of all mental health admissions
- May not have a way to contact the member after hospital discharge to encourage follow-up care
- May not have performance guarantees related to follow-up care in their mental health vendor contracts
- May not utilize home health services for members with a history of non-compliance
- May not use partial hospital programs or intensive outpatient programs for follow-up care
- May not arrange for follow-up visit with a with a Behavioral Health Specialist prior to discharge
- May not work with the hospital discharge planner to arrange for follow-up care

Interventions Implemented to Address Identified Barriers:

Members:

- Published information in the HMO member newsletter *blueprints for health* reminding members of the importance of keeping their PCP informed of any mental health services
- Provided online resources, including Personal Health Manager and Ask a Nurse

Physician/IPAs:

- Awarded a Follow-Up After Hospitalization for Mental Illness Blue Star to IPAs with a 2008 7-day Rate of $\geq 60\%$

- Made a QI Fund payment to IPAs with project results that met or exceeded established thresholds
- Completed the Follow-up after Hospitalization for Mental Illness QI Project and provided feedback to IPAs
- Posted “Tips for Improving Mental Health Follow-up” on the BCBSIL Provider website
- Posted a sample letter on the BCBSIL Provider Web site for IPA use to educate members on the importance of follow-up treatment after hospitalization for mental illness
- Quality Improvement staff held quarterly QI Forums
- Met with individual IPAs who needed additional support with the mental health project

Analysis of the results for the 2008 Follow-Up after Hospitalization for Mental Illness QI Fund Project shows a 2.8 percentage point increase in the 7-day follow-up rate from 2007 to 2008. This was a statistically significant increase. The 7-day follow up rate has increased by 12.3 percentage points from 2004 to 2008. The QI Fund Project and the interventions implemented have had a positive effect on the 7-day follow-up rate. The goal for the 7-day follow-up rate of $\geq 65\%$ was exceeded.