HEDIS® measures - What they mean for your practice

GARY M. HENSCHEN, MD, LFAPA
1. What is HEDIS?

2. Follow-up After Hospitalization for Mental Illness (FUH)
   - What’s included
   - Why it matters to your practice
   - Results
Agenda (continued)

3. Follow-up After Emergency Department Visit for Mental Illness (FUM)
   - What’s included
   - Why it matters to your practice
   - Results

4. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
   - What’s included
   - Why it matters to your practice
   - Results
What is HEDIS?

Full name: Healthcare Effectiveness Data and Information Set (HEDIS®)

Includes more than 90 measures across six domains of care
- Effectiveness of Care
- Access/Availability of Care
- Experience of Care
- Utilization and Risk-Adjusted Utilization
- Health Plan Descriptive Information
- Measures Collected Using Electronic Clinical Data Systems

NCQA collects HEDIS data from health plans and other healthcare organizations

Performance in these measures may be incorporated into pay-for-performance contracts

Of the 90 measures, 8 relate to behavioral health
HEDIS measures relating to behavioral health

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)
- Antidepressant Medication Management (AMM)
- Diabetes and Cardiovascular Disease Screening and Monitoring for People with Schizophrenia or Bipolar Disorder (SSD, SMD, SMC)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or for Alcohol and Other Drug Abuse or Dependence (FUA)
- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up Care for Children Prescribed ADHD Medication (ADD)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
Follow-up After Hospitalization for Mental Illness (FUH)
Follow-up After Hospitalization for Mental Illness

Assesses both adults and children, six years of age or older.

Measures an outpatient visit, intensive outpatient visit or partial hospital visit.
Visit must be with a mental health provider: psychiatrist, psychologist, clinical social worker or other therapist.

Visit cannot be on the day of discharge.

Measures percentage of members who have visits 7 days and again 30 days of discharge.
Why it matters

- Patients who are hospitalized for mental illness are vulnerable after discharge.
- Follow-up care by a behavioral health provider is critical for their health and well-being.
- Over 2 million hospitalizations occur each year for mental illness in the U.S.
- One in four adults suffer from mental illness in a given year.
- Nearly half of adults will develop at least one mental illness in their lifetime.
- Medical literature shows that aftercare reduces the rate of avoidable readmissions.
- Close follow-up reduces incidents of suicidal ideation, suicide attempts and completed suicide.
Improving effectiveness in your practice

Communicate closely with the behavioral health provider regarding specific cases

Encourage patients after discharge to follow up with their behavioral health provider
- Physical health appointments an opportunity to do this
- Lab appointments

Use medications management as opportunity to encourage follow-up

Educate patients regarding the importance of
- Follow-up
- Medication side effects
- Suicide risk assessment

Increase your awareness of patient groups who characteristically have low rates of follow-up
Improving effectiveness in your practice

Refer patients to your health plan’s case management program to improve care coordination

Arrange for notification of emergency department visits

Develop a referral relationship with behavioral health and substance use disorders providers

Educate patients regarding follow-up after emergency department visits
HEDIS FUH results
2015-2017
FUH—effective follow-up within **7 days**, post discharge

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FUH—effective follow-up within **30 days**, post discharge

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

Assesses emergency department visits for adults and children, six years and older

Measures follow-up visits for mental illness

Can include practitioners of any specialty
Medical and substance co-morbidities are prominent in this population

High co-morbidity with physical illnesses
- MI
- Diabetes
- Cancer
- Stroke
- HIV
- Hepatitis C
- Skin infections

Non-compliance for medical, SUD and BH issues is a prominent problem

Higher rates of emergency visits increases likelihood of mental illness, with severity linked to frequency

Good care coordination can reduce emergency visits
Why it matters

- Mental illness affects people of all ages
- 18% of adults and 13-20% of children under 18 experience mental illness
- Follow-up care results in fewer repeat ED visits
- It improves physical and mental function
- It results in better compliance with both behavioral and physical issues
- Medical literature shows that aftercare reduces the rate of avoidable readmissions
- Close follow-up reduces the incidence of suicidal ideation, suicide attempts and completed suicide
- Case management can direct the patient to outpatient services rather than use the emergency department
HEDIS FUM results
2017
FUM—effective follow-up within 7 days of emergency visit

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FUM—effective follow-up within **30 days** of emergency visit

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

Assesses ED visits for patients 13 years and older

Involves principal diagnosis of alcohol or other drug abuse or dependence

Measures whether the patient had a follow-up visit for alcohol or other drug abuse or dependence
Why it matters

20.1 M
Americans over age 12 were classified as having SUD

THIS IS ABOUT

7.5% of the population

High ED usage may indicate
• Lack of access to care
• Incomplete detox
• Lack of continuity of care

Timely follow-up results in

- Reduction in substance abuse
- Reduction in further emergency department use
- Reduction in hospital admissions
- Reduction in lengths of stay
- Improved entry into recovery
- Better identification and treatment of mental and physical health issues
HEDIS FUA results
2017
FUA—effective follow-up within **7 days**

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FUA—effective follow-up within 30 days

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A helpful tool

Magellan primary care physician toolkit — MagellanPCPtoolkit.com

Includes:

- Educational materials about behavioral health conditions
- Tip sheets useful for assessments
- Diagnostic tools such as the PHQ-9 and CAGE-AID
- Patient education materials
- Quality measures
Leading humanity to healthy, vibrant lives
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