Client: HMSA: PQSR 2007

Measure Title: FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Disease State: Mental Illness

Indicator Classification: Disease Management

Strength of Recommendation: B

Clinical Intent: To ensure that all eligible members who were hospitalized for mental illness receive the appropriate follow up in an outpatient setting.

Physician Specialties: Refer to PQSR 2007 Specialty Matrix

Clinical Rationale: Disease Burden
- Major depression is a common and very disabling disorder with extensive social, medical, and economic impact. Of the estimated 17.5 million Americans who are affected by some form of depression, 9.2 million have major or clinical depression.[1]
- The World Health Organization identified major depression as the fourth leading cause of worldwide disease in 1990, causing more disability than either ischemic heart disease or cerebrovascular disease.[2]
- In 2001-02, more than one in ten non-institutionalized adult Americans were estimated to have had a major depressive disorder at some point in their lifetime, with 6.6% having a major depressive disorder during the past 12 months.[3]
- Relapse in patients with mental illness is a significant problem.[4]

Reason for Indicated Intervention or Treatment
- Among patients recently hospitalized for major affective disorders, adequate management of early post-discharge reactions has been demonstrated to be an effective intervention in preventing early readmission.[5]
- Appropriate follow-up care helps reduce the risk of repeat hospitalization for some people, and identifies those in need of further hospitalization before they reach a crisis point.[6]

Evidence supporting Intervention or Treatment
- In a study of 580 discharged patients treated for psychiatric disorders, those who had a follow-up visit within 30 days of discharge were less likely to be readmitted within 6 months.[7]
- A retrospective cohort of 3,755 adults discharged for mental illness showed that patients' utilization of any psychotherapy, medication management, or diagnostic evaluation services, relative to no utilization, was associated with significantly lower 30-day readmission rates, and longer times in remission.[8]

Clinical Recommendations
- No specific guidelines from the American Psychiatric Association addressed appropriate follow-up interval after mental health related hospitalization.
Source
Adapted from the Health Plan Employer Data and Information Set (HEDIS®) 2006 Technical Specification (HBI has defined non-acute facility with claims based codes where HEDIS did not specify a definition)

Denominator
Discharges from an inpatient setting with a primary diagnosis of mental illness: Discharged members must be ages 6 years or older by the date of discharge and be continuously enrolled with no gaps of any length for at least 30 days after the discharge.

Relevant Billing Codes:

- ICD-9 CM Dx codes: 295.xx-299.xx, 300.3x, 300.4x, 301.xx, 308.xx-309.xx, 311.xx-314.xx
- CPT-4 codes: 90816-90829, 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337, 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291
- UB-92 revenue codes: 0118, 0128, 0138, 0148, 0158, 019x, 055x, 066x, 010x, 0110-0114, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987, 118, 128, 138, 148, 158, 19x, 55x, 66x, 10x, 110-114, 119, 120-124, 129, 130-134, 139, 140-144, 149, 150-154, 159, 16x, 20x-22x, 72x, 80x, 987

Exclusion
Discharges of members who were re-hospitalized 0-30 days after the index date (look for inpatient discharges as in denominator) with any primary diagnosis other than those listed in the denominator or who were readmitted to a non-acute facility for a mental health-related diagnosis 0-30 days of discharge (index date). If a discharge for a selected mental health disorder is followed by readmission to an acute facility for any mental health primary diagnosis 0-30 days after the index date, the first discharge is excluded and the later discharge is counted in the denominator.

Relevant Billing Codes:

- ICD-9 CM Dx codes: 290.xx, 293.xx-302.xx, 306.xx-316.xx
- CPT-4 codes: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99261-99263, 99291, 99301-99313, 99315, 99316, 99318, 99321-99328, 99331-99337
- UB-92 Rev codes: 010x, 0110-0114, 0115, 0118, 0119, 0120-0124, 0125, 0128, 0129, 0130-0134, 0135, 0138, 0139, 0140-0144, 0145, 0148, 0149, 0150-0154, 0155, 0158, 0159, 016x, 018x, 019x, 020x-022x, 0650, 0655, 0656, 0658, 0659, 072x, 080x, 081X, 082X, 0987, 10x, 110-114, 115, 118, 119, 120-124, 125, 128, 129, 130-134, 135, 138, 139, 140-144, 145, 148, 149, 150-154, 155, 158, 159, 16x, 18X, 19X, 20x-22x, 650, 655, 656, 658, 659, 72x, 80x, 81X, 82X, 987
Numerator

For each discharge in the denominator, a member must have an ambulatory mental health encounter or day/night treatment on the date of discharge or within 30 days after discharge (must be with a mental health practitioner*):

*Practitioners whom members are able to see for mental health services and who meet any of the following criteria.

- An MD or doctor of osteopathy (DO) who is certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry; or, if not certified, who successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice

- An individual who is licensed as a psychologist in his/her state of practice

- An individual who is certified in clinical social work by the American Board of Examiners; who is listed on the National Association of Social Worker’s Clinical Register; or who has a master’s degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice

- A registered nurse (RN) who is certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist, or who has a master’s degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice

- An individual (normally with a master’s or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice, or if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy

- An individual (normally with a master’s or doctoral degree in counseling and at least two years of supervised clinical experience) who is practicing as a professional counselor and who is licensed or certified to do so by the state of practice, or if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC)

Relevant Billing Codes:

CPT-4 codes: 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99510

Interpretation of Score

High score implies better performance

Physician Attribution

Score all physicians (in selected specialties) who saw the member on the date of discharge or 0-30 days following the date of discharge.

External Files Required for Analysis

None

References

Indicator Classification (Adapted from Health Plan Employer Data Information Set (HEDIS®) technical specifications)

**Diagnosis**
Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g. evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain).

**Effectiveness of Care**

**Prevention**
Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g. immunizations).

**Screening**
Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g. pap smears; screening for elevated blood pressure).

**Disease Management**
Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g. cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).

**Medication Monitoring**
Measures applicable to patients taking medications with narrow therapeutic windows and/or potential preventable significant side effects or adverse reactions (e.g. thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antymycotic pharmacotherapy).

**Medication Adherence**
Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication).

**Utilization**
Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).
**Strength of Recommendation**

**Strength of Recommendation Based on a Body of Evidence**

FIGURE 2. Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)