HEDIS® measures - What they mean for your practice

Revised December 2024

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Agenda

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 Substance Use (FUA)*
- What's included
- Why it matters to your practice
- Results

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What is HEDIS?

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

✓ Includes 87 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 87 measures, there are 17 measures related to behavioral health

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HEDIS measures relating to behavioral health

✓ Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

✓ Diabetes and Cardiovascular Disease Screening and Monitoring for People with Schizophrenia or Bipolar Disorder (SSD, SMD, SMC)

✓ Follow-Up Care for Children Prescribed ADHD Medication (ADD)

✓ Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

✓ Follow-Up After Emergency Department Visit for Substance Use (FUA)

✓ Follow-Up After Hospitalization for Mental Illness (FUH)

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

✓ Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

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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 with an acute inpatient discharge with a principal diagnosis of mental illness or any diagnosis of intentional self-harm

Measures follow-up outpatient visits, intensive outpatient visits, or partial hospital visits within 7 and 30 days, post discharge

Follow-up After Hospitalization for Mental Illness

Beginning in 2025, a follow-up visit can be *any* outpatient visit with *any* diagnosis of a mental health disorder, including PCPs

Peer support services, telehealth visits, and community mental health center visits also count towards successful follow-up completion

Visit cannot be on the same day of hospitalization discharge

Members who complete a 7-day follow-up visit automatically count towards the 30-day completion rate

Why it matters

» Patients who are hospitalized for mental illness are vulnerable after discharge

....

» Follow-up care is critical for their health and well-being

....

» Over 2 million hospitalizations occur each year for mental illness in the U.S.

....

» One in five U.S. adults live with mental illness each year

» 1 in 6 youth aged 6-17 experience a mental health disorder each year

....

» Medical literature shows that aftercare reduces the rate of avoidable readmissions

....

» Follow-up care after hospitalization is associated with improved medication adherence, decreased suicide risk, and increased long-term health engagement

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Improving effectiveness in your practice

Communicate closely with the discharging facility regarding specific cases

Encourage patients after discharge to complete follow-up appointments timely

- Physical health appointment availability should be considered for follow-up

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
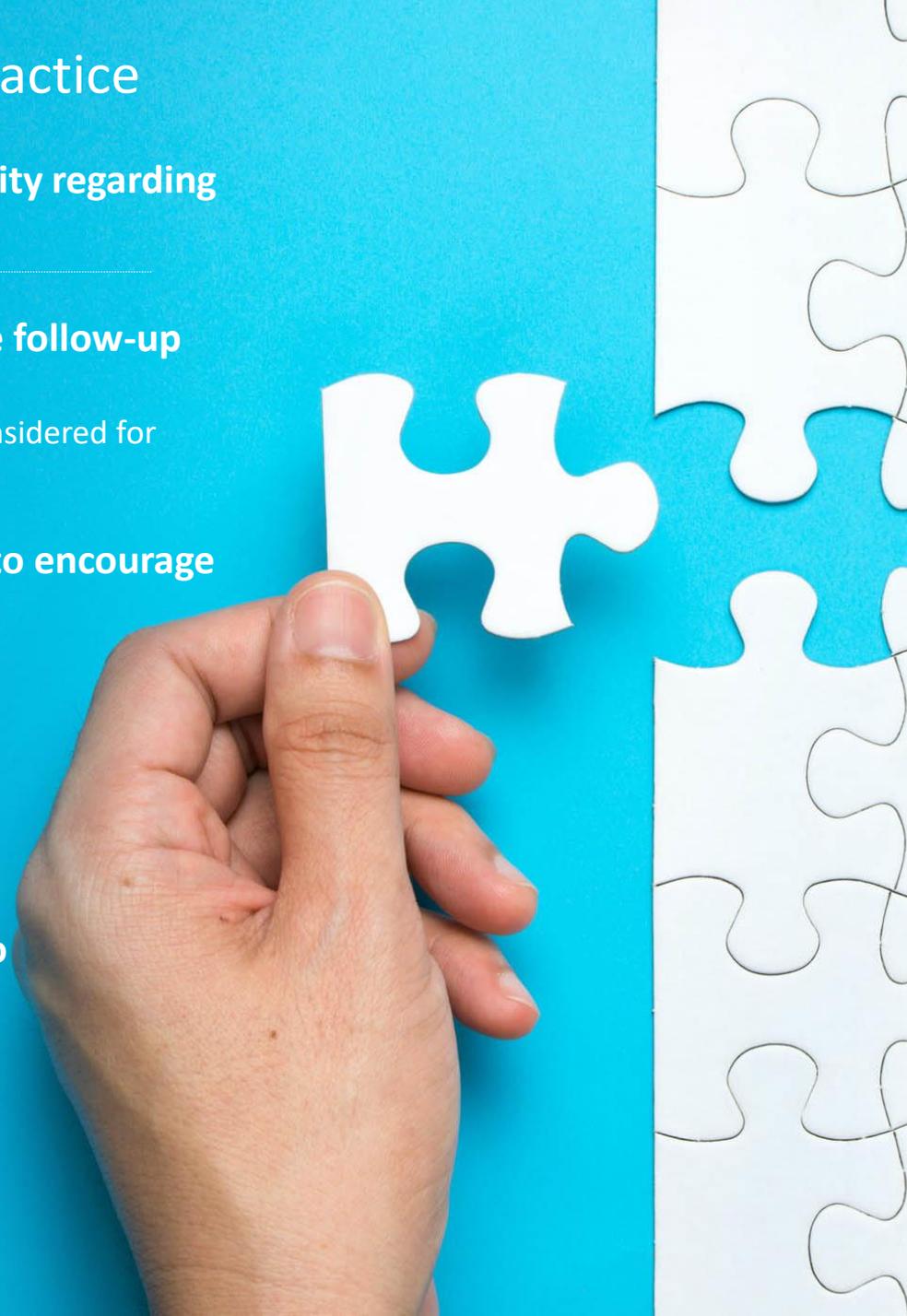
Improving effectiveness in your practice

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

2019-2023

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FUH – Follow-Up Within 7 Days Post-Discharge
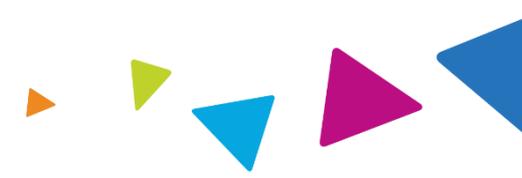
	Commercial		Medicaid	Medicare	
Year	HMO	PPO	HMO	HMO	PPO
2023	-	-	-	-	-
2022	48.4%	46.5%	36.6%	29.2%	27%
2021	48%	47.8%	38.4%	29.1%	29.4%
2020	50.1%	49.2%	39.4%	30.4%	31.1%
2019	46.2%	43.5%	36.2%	§	§

§ *Not available due to CMS suspension of data reporting during COVID-19 pandemic.*

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FUH – Follow-Up Within 30 Days Post-Discharge
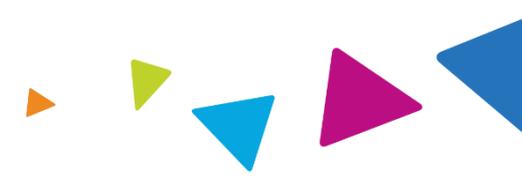
Year	Commercial		Medicaid	Medicare	
	HMO	PPO	HMO	HMO	PPO
2023	-	-	-	-	-
2022	70.1%	68.8%	57.1%	48.7%	48.4%
2021	70.6%	70.1%	58.7%	48.9%	50.3%
2020	70.2%	68.8%	58.9%	50.1%	52.6%
2019	67.8%	65.4%	56.9%	§	§

§ *Not available due to CMS suspension of data reporting during COVID-19 pandemic.*

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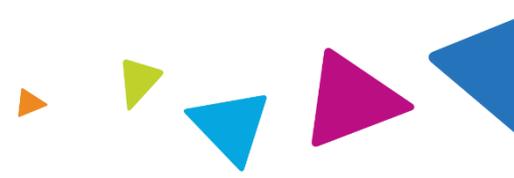
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Follow-up After Emergency Department Visit for Mental Illness (FUM)

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

Assesses emergency department visits for adults and children, six years and older, with a principal diagnosis of mental illness or any diagnosis of intentional self-harm

Measures follow-up visits for mental illness within 7 and 30 days after ED visit

Can include practitioners of any specialty, including PCPs and peer support services

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

» 22.8% of U.S. adults and 16.5% of U.S. children under 18 experience mental illness (in 2021)

» Hospital admissions from the Emergency Department (ED) now account for approximately 50% of all admissions

» After discharge to the community, fewer than half of patients with mental disorders successfully transition to outpatient care, with high rates of readmission to the ED

» Follow-up care results in fewer repeat ED visits

» Medical literature shows that aftercare reduces the rate of avoidable readmissions

» Patients identified at risk of suicide should remain engaged in care to reduce incidences of suicidal ideation, suicide attempts and completed suicide

» Care management services can direct the patient to outpatient services rather than use the emergency department

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HEDIS FUM results

2019-2022

FUM—Follow-Up Within **7 days** of ED Visit
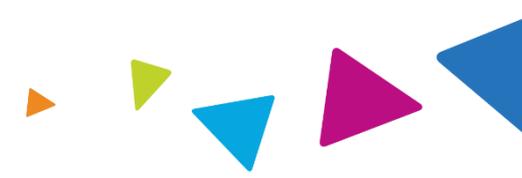
Year	Commercial		Medicaid	Medicare	
	HMO	PPO	HMO	HMO	PPO
2023	-	-	-	-	-
2022	47.2%	46.6%	41.5%	35.4%	32.8%
2021	48.1%	48.4%	40.1%	35.1%	30.7%
2020	46.5%	46.0%	40.4%	35.5%	32.9%
2019	46.8%	45.3%	41.4%	§	§

§ *Not available due to CMS suspension of data reporting during COVID-19 pandemic.*

FUM—Follow-Up Within **30 days** of ED Visit
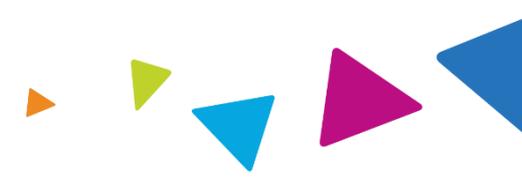
Year	Commercial		Medicaid	Medicare	
	HMO	PPO	HMO	HMO	PPO
2023	-	-	-	-	-
2022	63%	63.1%	55.2%	51.4%	47.5%
2021	63.3%	64%	53.4%	51%	46.5%
2020	61.2%	60.7%	54.4%	51.0%	48.2%
2019	61.2%	59.5%	55.6%	§	§

§ *Not available due to CMS suspension of data reporting during COVID-19 pandemic.*

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1. Follow-Up After Emergency Department Visit for Mental Illness (FUM).Retrieved from www.ncqa.org.

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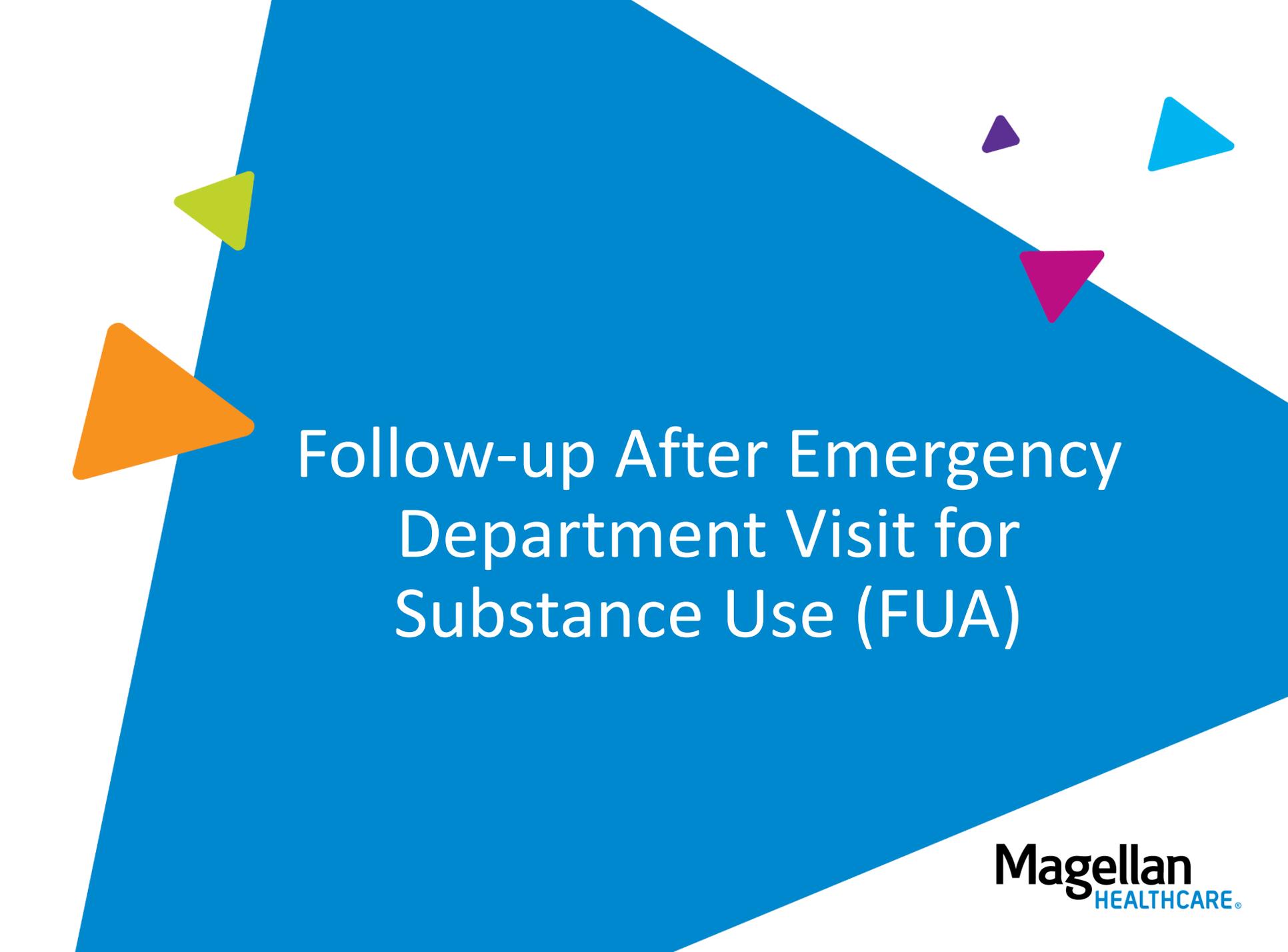
Follow-up After Emergency Department Visit for Substance Use (FUA)

Follow-Up After Emergency Department Visit for Substance Use (FUA)

Assesses ED visits for patients 13 years and older for principal diagnosis of substance use disorder (SUD) or any diagnosis of drug overdose.

Measures follow-up visits or pharmacotherapy dispensing events within 7 and 30 days after ED visit.

Can include practitioners of any specialty, including PCPs, peer support services, partial hospitalization, and Intensive Outpatient services (IOP).

Why it matters
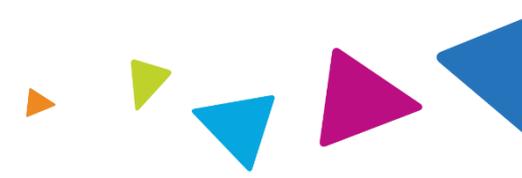
48.7 M

Americans over age 12 were classified as having SUD

THIS IS ABOUT

17.3% 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 fatal or nonfatal overdoses

- ✓ 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

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HEDIS FUA results

2019-2023

FUA—Follow-up Within **7 days of the ED Visit**
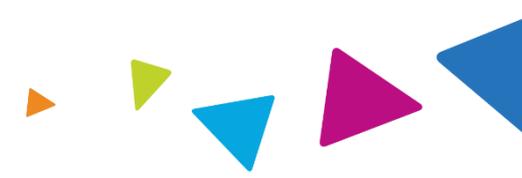
Year	Commercial		Medicaid	Medicare	
	HMO	PPO	HMO	HMO	PPO
2023					
2022	21.6%	20.8%	25%	25%	23.1%
2021	11.8%	11%	13.4%	11.4%	11%
2020	12.7%	11.6%	13.8%	11.0%	9.7%
2019	11.3%	10.5%	13.3%	§	§

§ *Not available due to CMS suspension of data reporting during COVID-19 pandemic.*

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FUA—Follow-up Within **30 days of the ED Visit**

Year	Commercial		Medicaid	Medicare	
	HMO	PPO	HMO	HMO	PPO
2023					
2022	32%	31.5%	36.4%	38.4%	35.6%
2021	16.2%	15.2%	19.8%	16.8%	15.9%
2020	17.2%	15.7%	20.2%	16.1%	13.7%
2019	15.2%	14.2%	19.6%	§	§

§ *Not available due to CMS suspension of data reporting during COVID-19 pandemic.*

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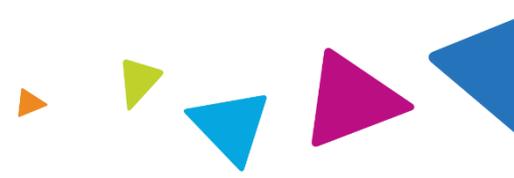
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A helpful tool

Magellan primary care physician toolkit – **MagellanPCPtoolkit.com**

Includes:

✓ Descriptions of common behavioral health conditions

✓ User-friendly screening tools for diagnosing behavioral health and substance use disorders

✓ Easy-to-read patient handouts

✓ Provider tip sheets

✓ Assistance with consultations and referrals to behavioral health experts
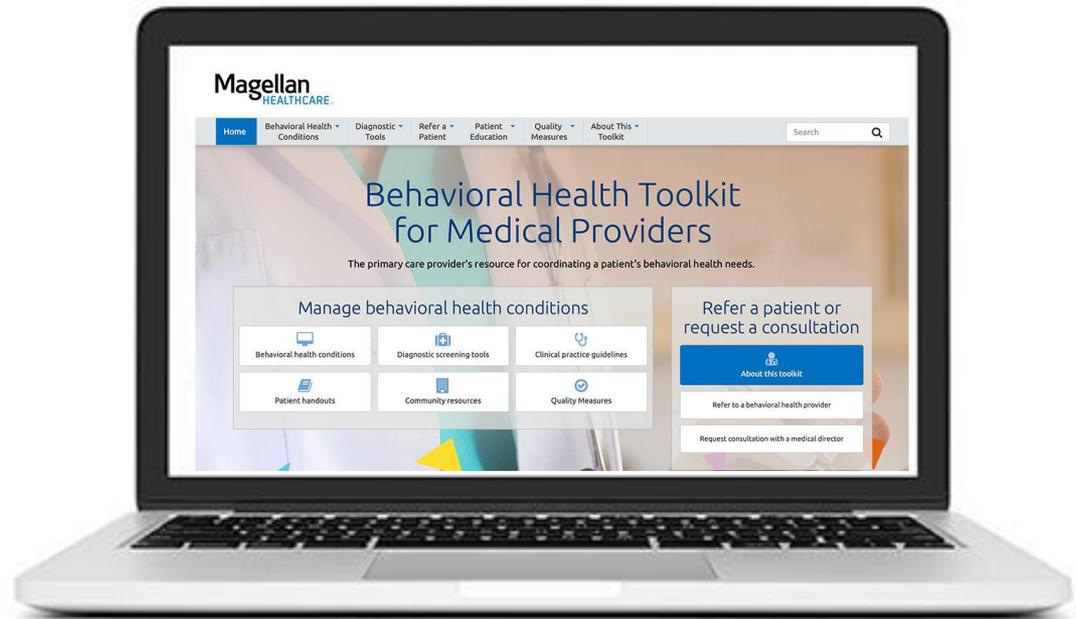
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Evidence-based, human-centered solutions with quality focus

Sensitive, mission-driven employees with partnership mindset

Making the complex easy, from care to administration

54 years leading the behavioral healthcare industry

International footprint with local expertise

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