

Follow-up After Hospitalization for Mental Illness

LSU Health New Orleans - School of Medicine

Our Population

Who are we studying?

- Ages 18-64
- Hospitalized for mental illness during the year 2022
 - Depressive
 - Bipolar
 - Schizophrenia

Our Population

What are we following?

- Follow-up with mental health provider within 30 days
 - An MD or doctor of osteopathy (DO) who is licensed as a psychiatrist or child psychiatrist
 - Licensed psychologist
 - Licensed clinical social worker
 - Licensed advanced practice psychiatric nurse or mental health clinical nurse specialist
 - Licensed marital and family therapist
 - Licensed professional counselor
 - A physician assistant licensed to practice psychiatry

Data Set

General Overview

- Total patients: **3340**
- Followed-up within 30 days: **994 (29.8%)**
- Did not follow up within 30 days: **2346 (70.2%)**

29.8%

Average Rate of Follow-up for 2022

60.08%

The Goal (Medicaid National 50th Percentile)

Background

- **What have patients said they need after psychiatric crisis?**
 - (1) Someone to call and check in on them a few days following the crisis¹
 - (2) Being taught how to avoid triggers¹
 - (3) Being taught about chances of recovery¹
 - **(4) Establishment of follow-up with a provider before leaving the ED¹**
 - (5) Peer support group referral¹
 - (6) Tactics to afford medication¹
- Low follow-up rates are associated with high rates of re-hospitalization.²
- In one study by Fontanella et. al, **prior outpatient mental health care** and **counties with more psychiatrists** were found to increase follow-up within 7 or 30 days after hospitalization for psychiatric illness in children ages six to 17.³

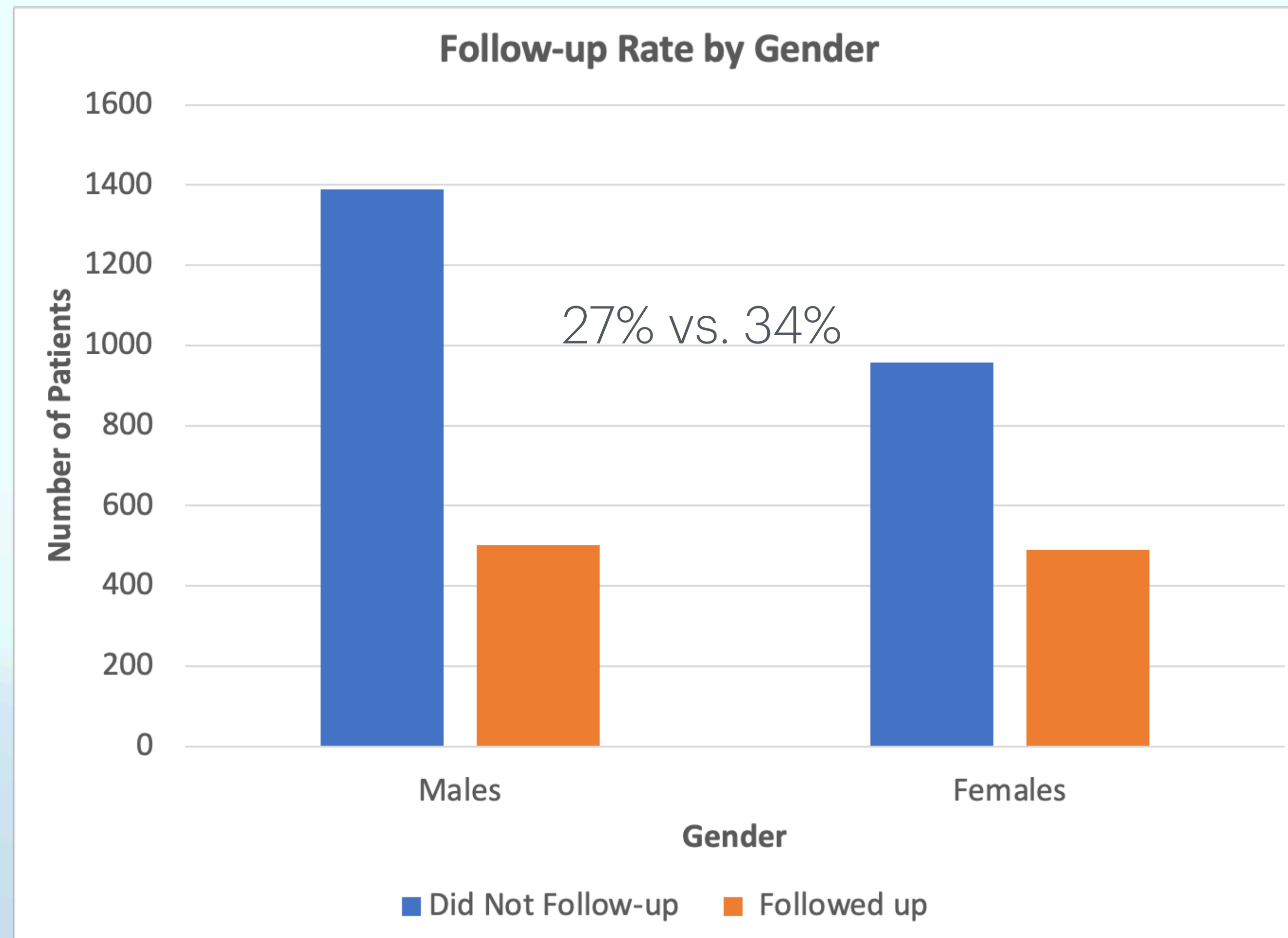
Current ACLA Interventions

- Enhance hospital-to-MCO workflow for notification of hospital and emergency department admissions, discharges, and transfers.
- **Link members to aftercare with BH providers prior to discharge from hospital or emergency department**
- **Identify and address needs of sub-populations by stratifying data by member race/ethnicity, member region of residence, gender, high-utilizers, SMI diagnosis, co-occurring disorders, age, and if available LGBTQ.**
- Initiate a broader intervention to facilitate follow-up with members with an appropriate mental health provider (per NCQA Appendix 3) e.g., text messaging, letter to member and member's PCP with list of follow-up providers in member's location).
- Assistance with care coordination services when BH member chooses to "opt out" of participation in Care Management Program (1.2% of total population engaged in CM).
- Offer provider incentive for members discharged who complete 30-day f/u appointments with the appropriate provider type.
- Offer member reward for FUM members discharged from emergency departments who complete 30-day follow-up appointments with the appropriate provider type.
- Pilot program with a high-volume hospital to offer outpatient/telehealth bridge follow-up appointments following inpatient discharge.*
 - *Planned start date January 2024

Our Population

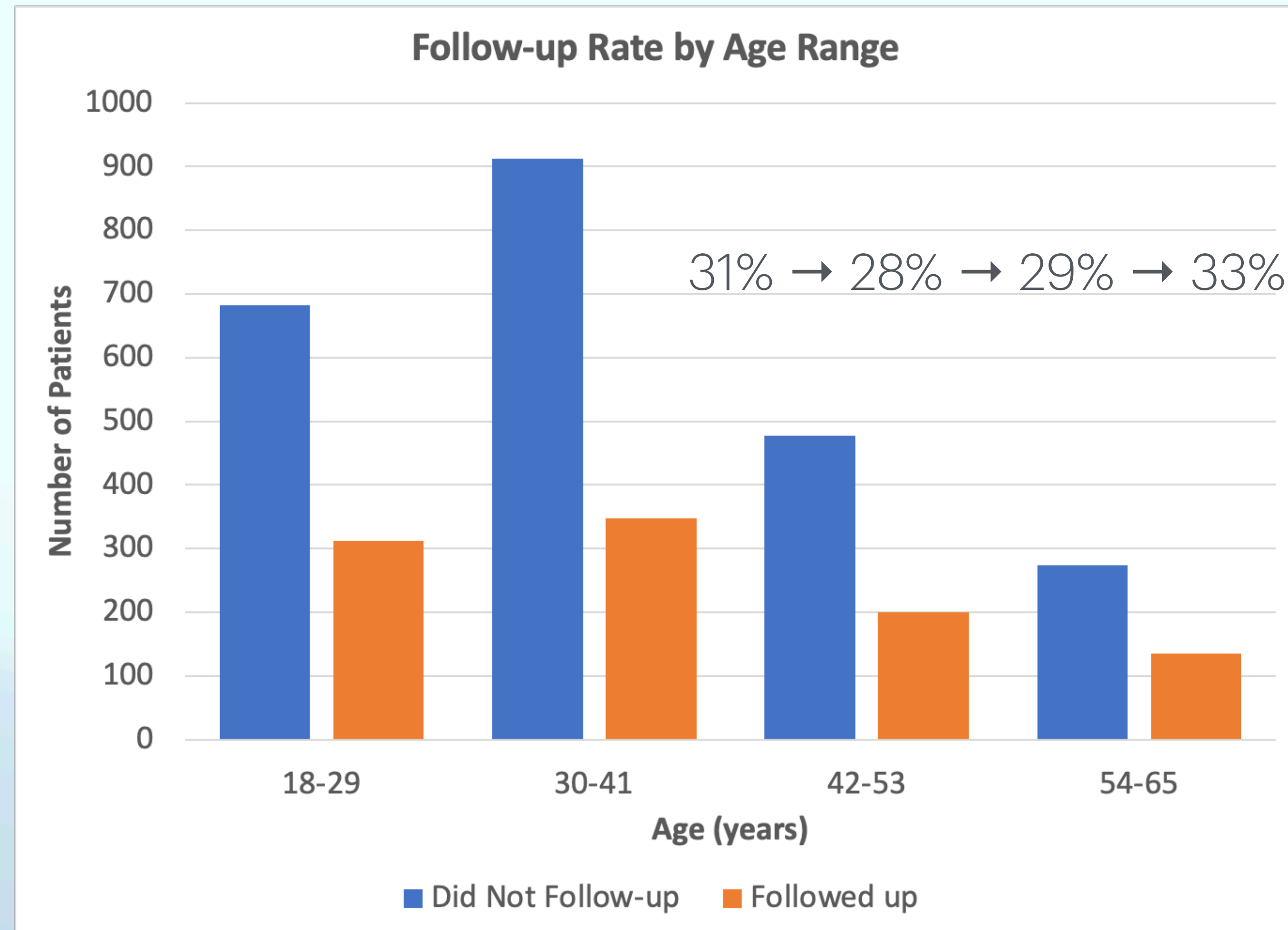
Gender

Does it affect rate of follow-up?



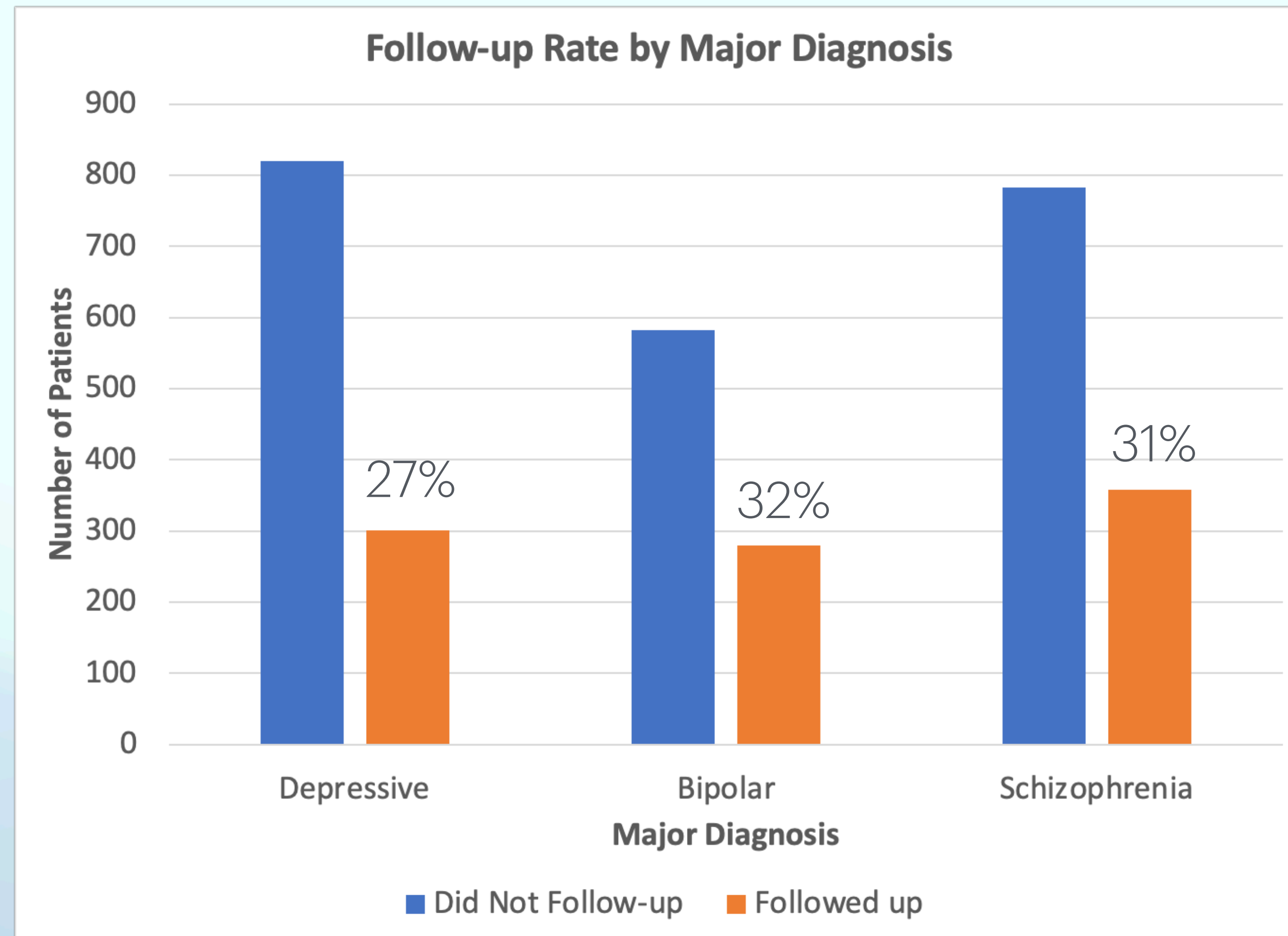
Age

Does it affect the rate of follow-up?



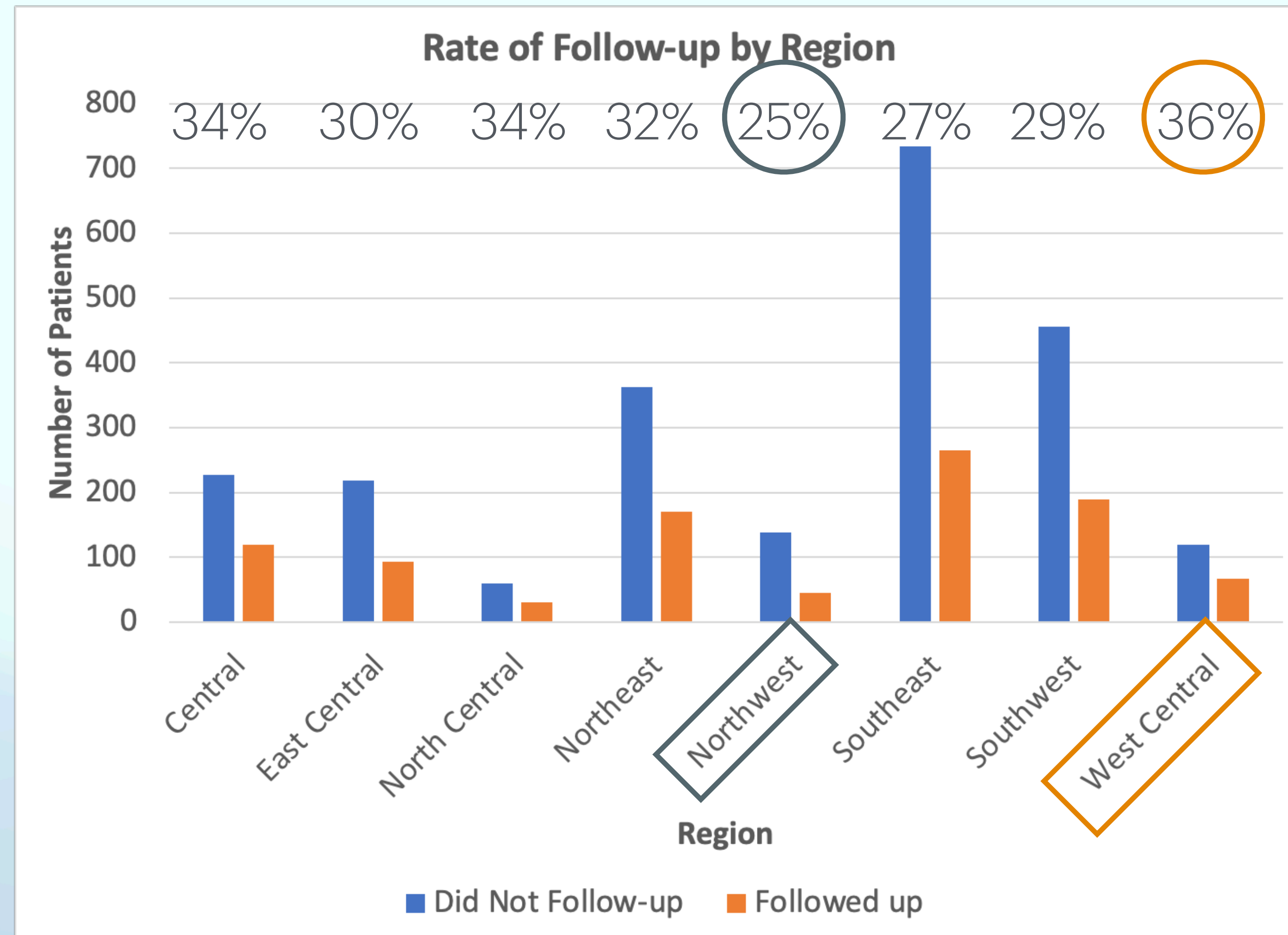
Major Diagnosis

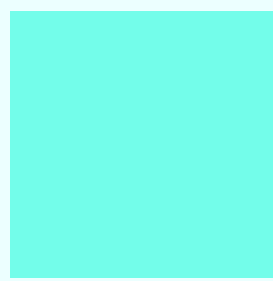
Does it affect rate of follow-up?



Region Association

Does it affect rate of follow-up?





Urban



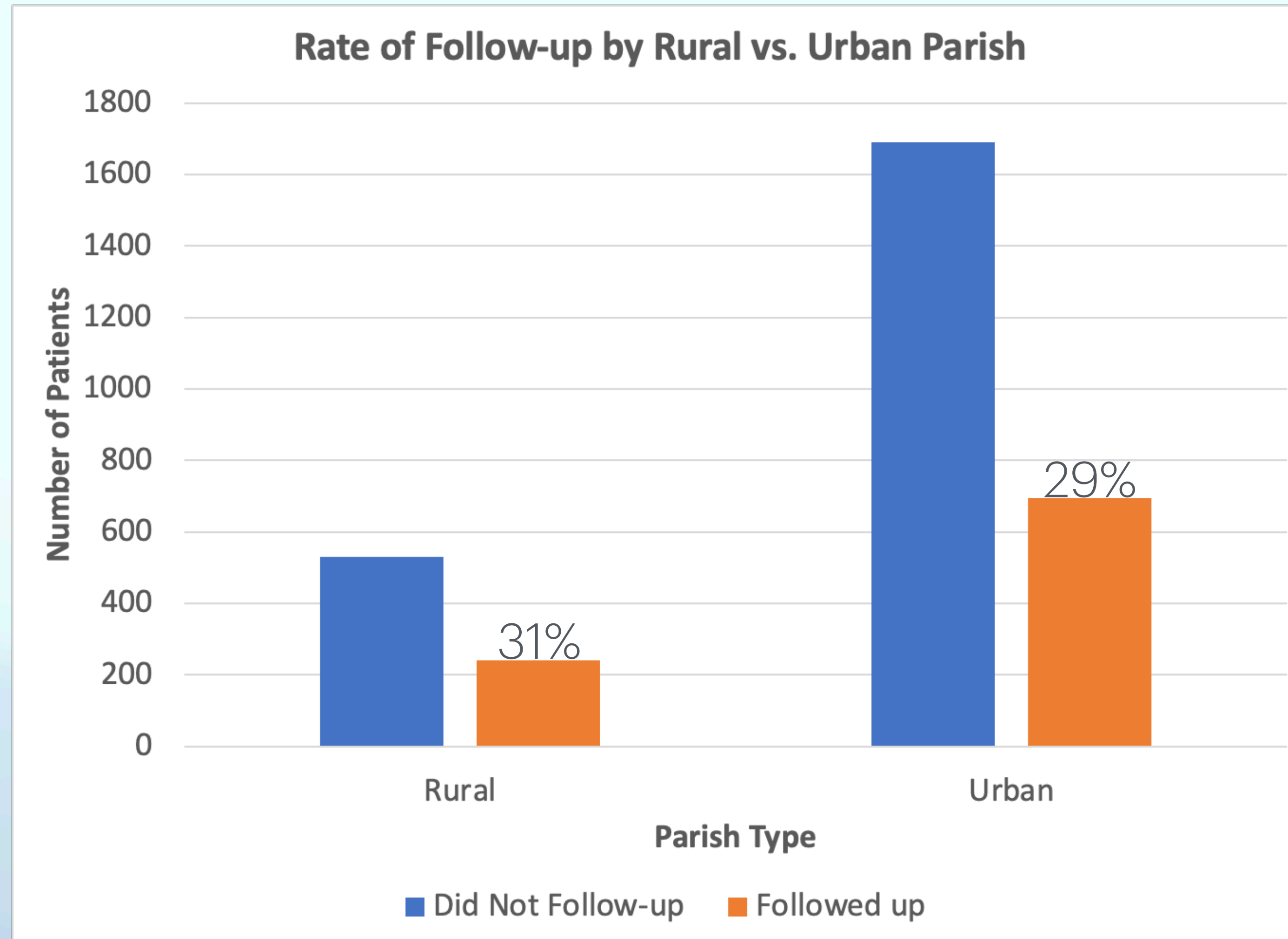
Rural

Acadia	East Baton Rouge	Madison	St. Landry
Allen	East Carroll	Morehouse	St. Martin
Ascension	East Feliciana	Natchitoches	St. Mary
Assumption	Evangeline	Orleans	St. Tammany
Avoyelles	Franklin	Ouachita	Tangipahoa
Beauregard	Grant	Plaquemines	Tensas
Bienville	Iberia	Pointe Coupee	Terrebonne
Bossier	Iberville	Rapides	Union
Caddo	Jackson	Red River	Vermilion
Calcasieu	Jefferson	Richland	Vernon
Caldwell	Jefferson Davis	Sabine	Washington
Cameron	Lafayette	St. Bernard	Webster
Catahoula	Lafourche	St. Charles	West Baton Rouge
Claiborne	La Salle	St. Helena	West Carroll
Concordia	Lincoln	St. James	West Feliciana
De Soto	Livingston	St. John the Baptist	Winn



Rural vs. Urban

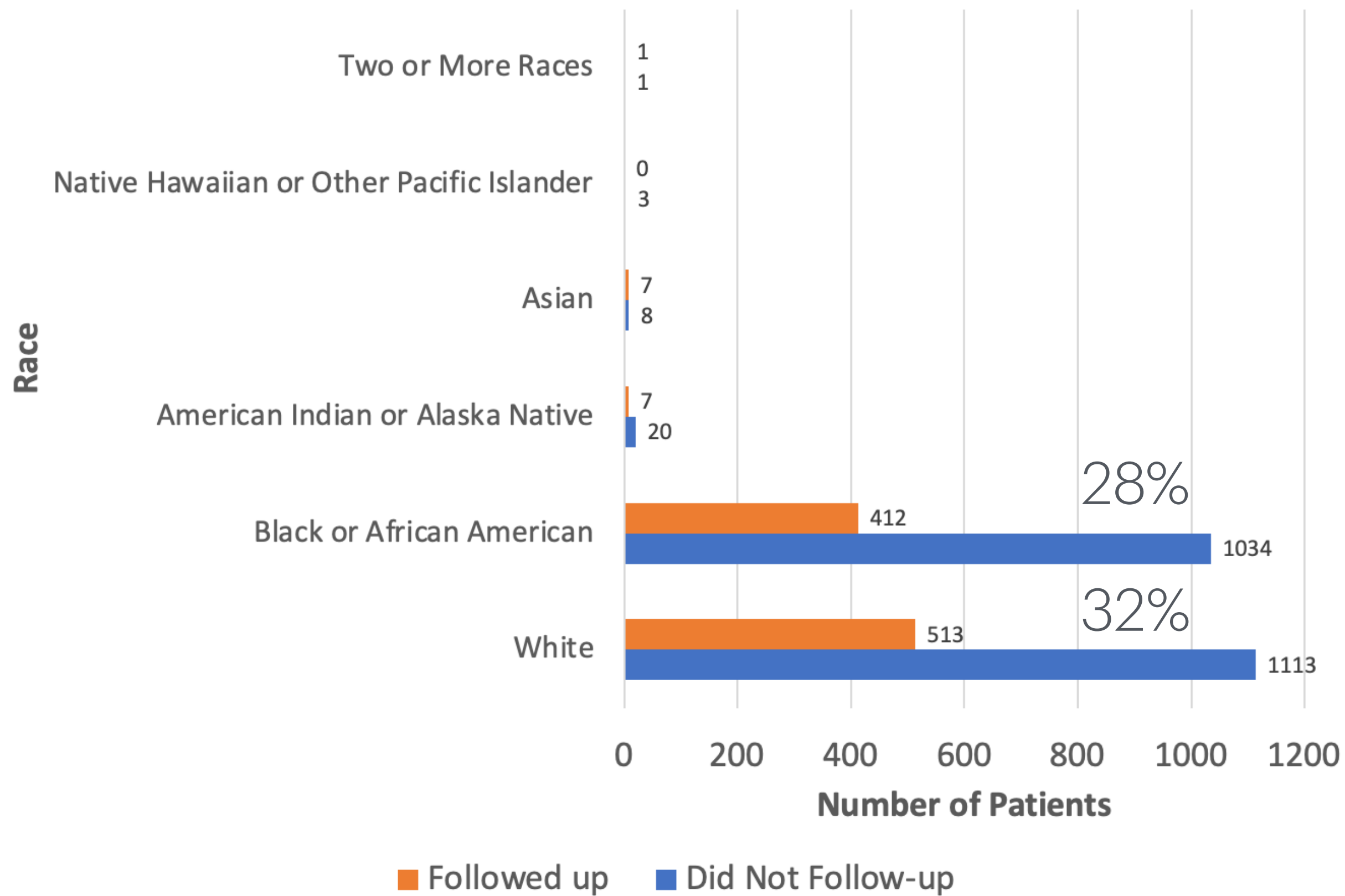
Does it affect rate of follow-up?



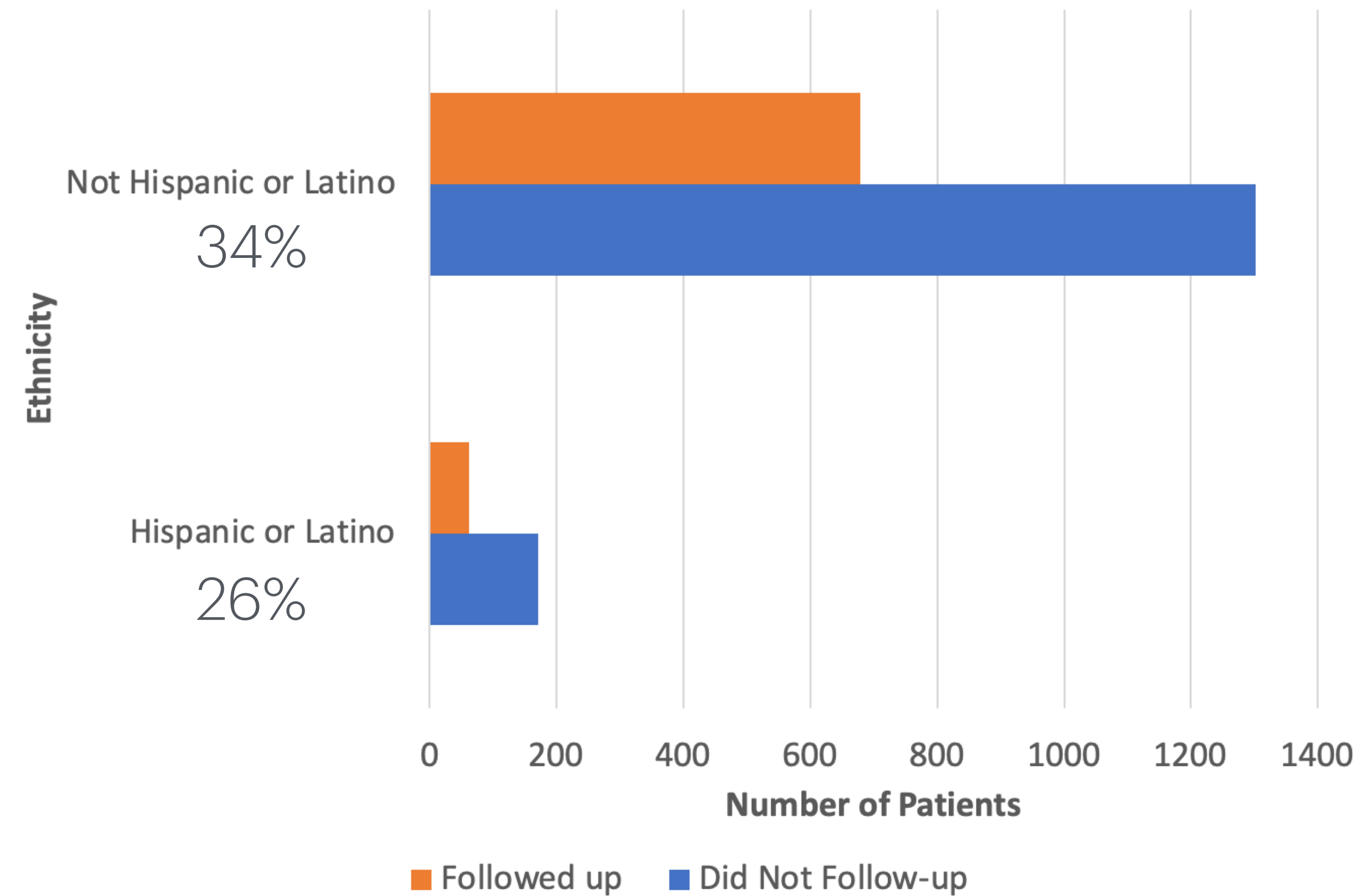
Race & Ethnicity

Do they affect rate of follow-up?

Rate of Follow-up by Race

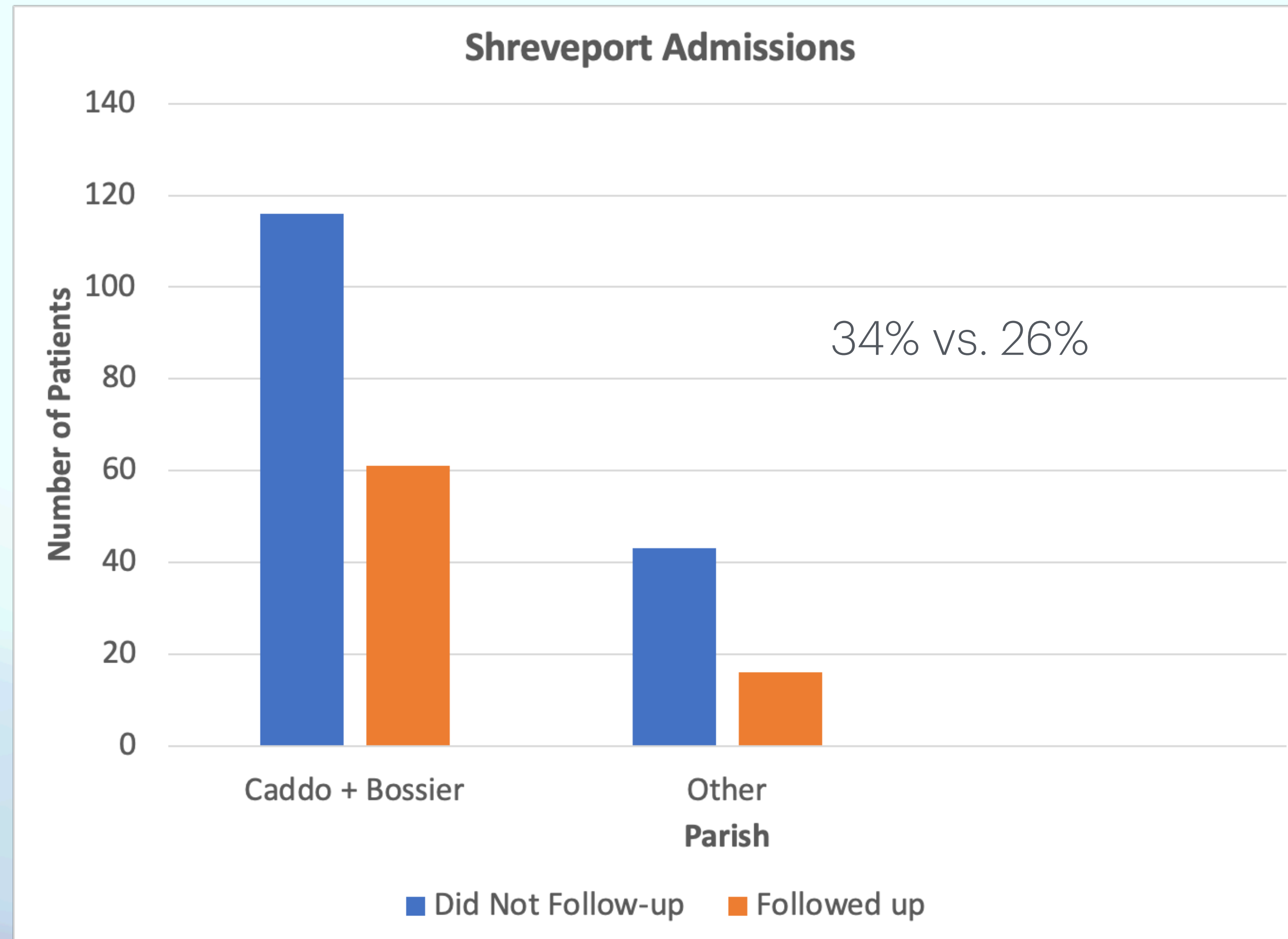


Rate of Follow-up by Ethnicity



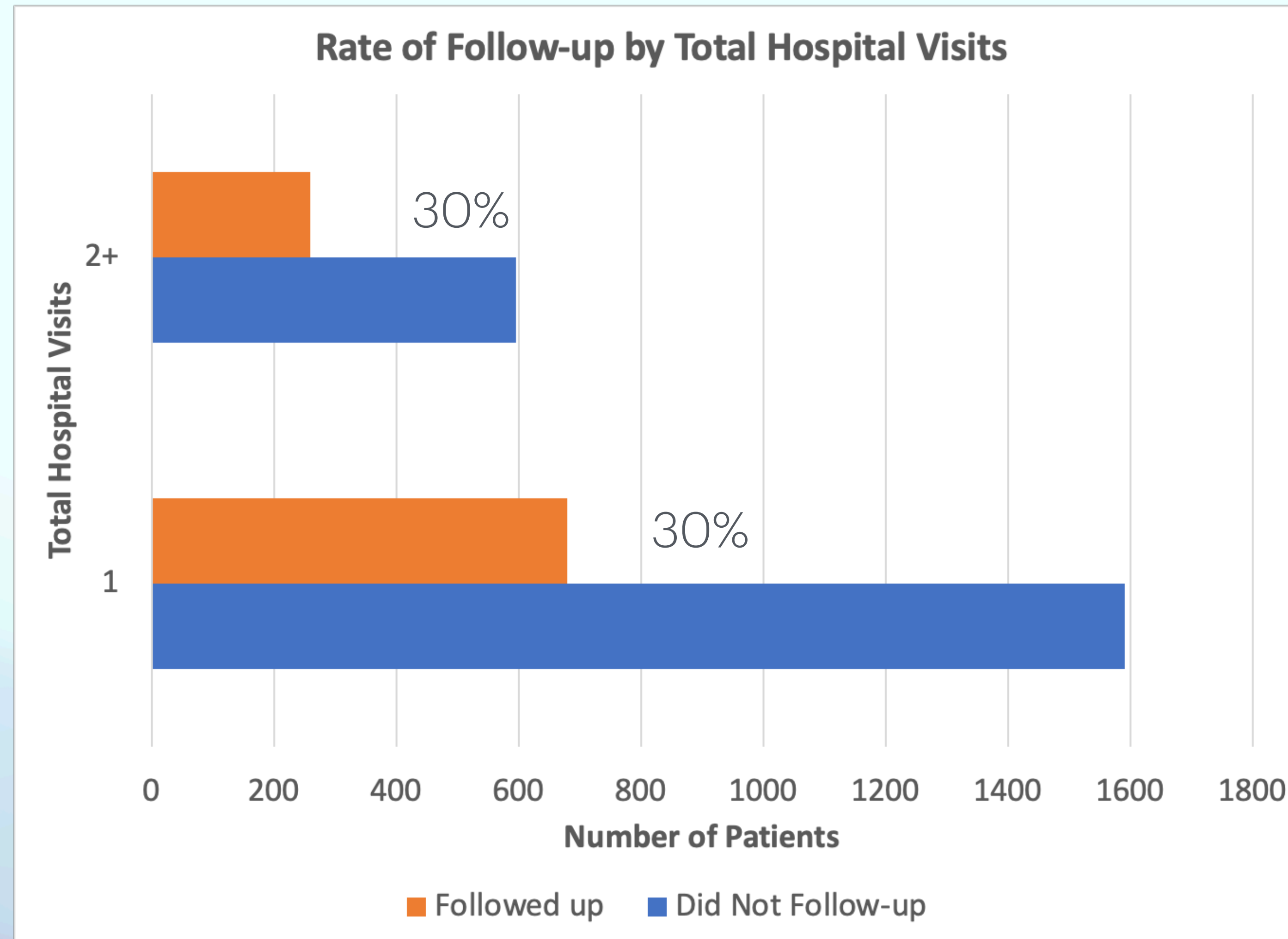
Distance from Provider

Does it affect rate of follow-up?



Total Hospital Visits

Is a higher number of THVs associated with a lower rate of follow-up?



Summary

- **Higher rate of follow-up:**

- Females (34%)
- West Central region (36%)
- Not Hispanic or Latino (34%)

- **Lower rate of follow-up:**

- Depressive diagnosis (27%)
- Northwest region (25%)
- Hispanic or Latino (26%)
- Increased distance to provider (8% difference)

- **No substantial difference:**

- By age
- By urban vs. rural
- By total hospital visits

Recommendations

- Investigate differences between the West Central and Northwest regions
 - Determine the density of providers within these regions to see if a lack of providers could contribute to the difference
 - Could telepsychiatry help certain regions?
- Investigate lower rate for those with depressive diagnosis
- Decrease distance to provider

References

1. Allen, M. H., Carpenter, D., Sheets, J. L., Miccio, S., & Ross, R. (2003). What do consumers say they want and need during a psychiatric emergency? *Journal of Psychiatric Practice*, 9(1), 39–58.
2. Thompson, E. E., Neighbors, H. W., Munday, C., & Trierweiler, S. (2003). Length of stay, referral to aftercare, and rehospitalization among psychiatric inpatients. *Psychiatric Services* (Washington, D.C.), 54(9), 1271–1276.
3. Fontanella CA, Hiance-Steelesmith DL, Bridge JA, Lester N, Sweeney HA, Hurst M, Campo JV. Factors Associated With Timely Follow-Up Care After Psychiatric Hospitalization for Youths With Mood Disorders. *Psychiatr Serv*. 2016 Mar;67(3):324-31. doi: 10.1176/appi.ps.201500104. Epub 2015 Dec 1. PMID: 26620293.
4. https://upload.wikimedia.org/wikipedia/commons/7/76/Louisiana_parishes_map_magnified.jpg