



Complete Summary

TITLE

Mental illness: percentage of members who had an ambulatory or day/night mental health visit within 30 days of hospital discharge.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of discharges for members age six years and older who were hospitalized for treatment of selected mental health disorders, who were continuously enrolled for 30 days after discharge (without gaps), and who were seen on an ambulatory basis or were in day/night treatment with a mental health provider within 30 days of hospital discharge.

RATIONALE

There are several clinical reasons for ensuring adequate and timely follow-up care for members after discharge from an institution or hospital for mental illness:

- preventing readmission
- keeping track of those who will eventually require readmission
- providing transitional care from the inpatient to outpatient setting.

The 30-day follow-up specification was a means to operationally define timely follow-up after hospitalization for mental illness.

PRIMARY CLINICAL COMPONENT

Mental illness; follow-up care

DENOMINATOR DESCRIPTION

Discharges for members age six years and older who were hospitalized for treatment of selected mental health disorders (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

An ambulatory mental health encounter or day/night treatment with a mental health practitioner within 30 days of hospital discharge (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Dorwart RA, Hoover CW. A national study of transitional hospital services in mental health. Am J Public Health 1994 Aug; 84(8):1229-34. [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation

Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 6 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

In a single year, more than 40 million adult Americans are affected by one or more mental disorders and 5.5 million are disabled by severe mental illness. Furthermore, at any given time one in five children and adolescents may have a behavioral, emotional, or mental health problem and as many as 3 million young people may have a serious emotional disturbance that disrupts their ability to function at home, school, or in their community.

EVIDENCE FOR INCIDENCE/PREVALENCE

Center for Mental Health Services, National Institute of Mental Health.
Manderscheid RW, Sonnenschein MA, editor(s). Mental health, United States, 1992 [DHHS pub no. (SMA)92-1942]. Washington (DC): Department of Health and Human Services Substance Abuse and Mental Health Services Administration; 1992. 298 p.

National Institute of Mental Health, National Advisory Mental Health Council. Caring for people with severe mental disorders: a national plan of research to improve services [DHHS Publication No. ADM91-1762]. Washington (DC): Department of Health and Human Services; 1991.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

According to the National Institutes of Mental Health, severe mental health disorders presently affect about five million adults and cost the US more than \$150 billion per year for treatment, social service, disability payments for lost productivity, and for premature mortality.

Although adequate aftercare does not always prevent re-hospitalization, it does help many to adjust to the challenges of the community. Between 40% and 80% of those hospitalized return at some point. Therefore, adequate follow-up is not expected to eliminate re-hospitalization rates, but is a critical part of the continuum of care for those with mental illness who are discharged from inpatient facilities. Appropriate follow-up care helps to reduce the risk of re-hospitalization for some of these and identifies some in need of re-hospitalization prior to reaching a crisis point.

EVIDENCE FOR BURDEN OF ILLNESS

Boydell KM, Malcolmson SA, Sikerbol K. Early rehospitalization. *Can J Psychiatry* 1991 Dec; 36(10): 743-5. [PubMed](#)

National Institute of Mental Health, National Advisory Mental Health Council. Caring for people with severe mental disorders: a national plan of research to improve services [DHHS Publication No. ADM91-1762]. Washington (DC): Department of Health and Human Services; 1991.

UTILIZATION

In 1994, approximately 1.9 million Americans were discharged from hospitals and other inpatient settings after receiving treatment for mental illness.

EVIDENCE FOR UTILIZATION

Mechanic D, McAlpine DD, Olsson M. Changing patterns of psychiatric inpatient care in the United States, 1988-1994. *Arch Gen Psychiatry* 1998 Sep; 55(9): 785-91. [PubMed](#)

COSTS

Mental illness represented 11.4% of all medical spending in 1990, with total direct expenditures at an estimated \$67 billion. Almost 50% of the spending for mental illness went to institutions and short-term hospital care.

EVIDENCE FOR COSTS

National Institute of Mental Health. Psychotherapy finances. Washington (DC): Department of Health and Human Services; 1996.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Discharges for members age six years and older who were hospitalized for treatment of selected mental health disorders who were continuously enrolled for 30 days after discharge (without gaps)

DENOMINATOR (INDEX) EVENT

Clinical Condition
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Discharges* for members age six years and older who were hospitalized for treatment of selected mental health disorders

Refer to the original measure documentation for a listing of International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and Diagnosis Related Group (DRG) codes to identify mental health diagnoses.

*Note that the eligible population for this measure is based on discharges, not members. It is therefore possible that the denominator for this measure will contain multiple discharge records for the same individual.

Managed Care Organizations (MCOs) should not count discharges from non-acute care facilities (e.g., residential care or rehabilitation stays).

Exclusions

- Discharges followed by a readmission or a direct transfer to a non-acute facility for any mental health principal diagnosis within the 30-day follow-up period
- Discharges in which the patient was directly transferred to or readmitted within 30 days after discharge to an acute or non-acute facility for a non-mental-health principal diagnosis
- (Optional) Exclude a discharge if the member does not have an ambulatory mental health benefit or the member's ambulatory mental health benefit is exhausted at the time of discharge.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

An ambulatory mental health encounter or day/night treatment with a mental health practitioner within 30 days

To identify ambulatory follow-up encounters, use the Current Procedural Terminology (CPT) Codes or the Universal Billing 1992 (UB-92) Revenue Codes listed in the original measure documentation.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Follow-up after hospitalization for mental illness.

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1997 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Follow-up after hospitalization for mental illness," is published in "HEDIS 2004. Health Plan Employer Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 30, 2003. The information was verified by the measure developer on July 25, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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