

Quality Measures HEDIS Follow-Up After Hospitalization for Mental Illness: Youth

June 15, 2016

Child Quality Access & Policy Meeting

Definitions of HEDIS



FUH Eligible Population (Denominator)

- Based on BH and Medical claims
- Members with dual eligibility at any point in the year are excluded
- The member must have been discharged from an acute inpatient setting, including acute care psychiatric facilities, with a primary diagnosis of mental illness (specified list)
- Denominator for this measure is based on discharges, not members, so a member may be in the measure more than once
- In order to qualify for the measure, the individual must:
 - Be 6 years of age or older as of the date of discharge.
 - Have been Medicaid eligible on the date of discharge and for the 30 days following
 - Not transferred to or readmitted to an acute facility for a primary MH diagnosis or medical diagnosis, or to a non-acute facility (nursing home, state hospital, rehabilitation facility) within the 30 day follow-up period

FUH Numerator

- In order to meet the requirements as a follow-up visit within 30 days (including on the day of discharge), the visit must be one of the following types of care:
 - An outpatient visit, or
 - An intensive outpatient visit, or
 - A partial hospitalization.
- In addition, any of the types of visits listed above must be with a mental health practitioner. Visits within a non-behavioral healthcare facility (e.g., FQHC) with a mental health provider count as a follow-up visit.

CT Medicaid FUH Findings (Based on 2014 Claims)

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	30-Day Follow-Up 5,929	<u>75.33%</u>

CT Medicaid with National & Regional Rates

- 7 Day Follow-Up Rate of the CT Medicaid population (Adults and Youth):
- Was higher than the HEDIS National Average 7 Day Rate (54.49% vs 43.87%) and fell between the 66th and 75th Percentile.
- Was 3.6 percentage points below the New England Average (54.49% vs. 58.07%) and fell between the 25th and 33.3rd percentile



CT Medicaid with National & Regional Rates

30 Day Follow-Up Rate of the CT Medicaid population (Adults and Youth):

- Was higher than the HEDIS National Average Rate (75.33% vs 63.00%) and fell between the 66th and 75th Percentile.
- Was nearly 1 percentage point above the New England Average (75.33% vs. 74.39%) and fell between the 33.3rd and 50th Percentile.



Age Demographics



Of the 7,821 CT Medicaid eligible discharges for the measure, 20.99% (1,952) were youth ages 3-17. Youth are significantly, disproportionately under-represented in the cohort of members eligible for the FUH measure. It is expected that youth would have disproportionately fewer inpatient discharges than adults.

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Youth & Adult Comparison



Youth ages 6 to 17 had significantly higher 7 and 30 day follow-up rates than adults

- Of the 1,652 youth in the FUH Eligible Cohort
 - 67.86% (1,121) had a followup visit within 7 days
 - 86.08% (1,422) had a followup visit within 30 days.
- Of the 6,219 adults
 - 50.94% (3,168) had a followup visit within 7 days
 - 72.47% (4,507) had a followup visit within 30 days.

Youth Gender Comparisons



Youth females had a significantly higher rate of 7 day follow-up than male youth and a non-significantly higher rate of 30 day follow-up than male youth.



Representation of DCF-Involved Youth in Cohort for the Measure



Among Medicaid youth ages 6-17, 3.51% had DCF-Involvement* at some point during 2014. Within the Eligible FUH Youth Cohort, DCF-Involved youth were significantly, disproportionately over-represented.

^{*}Note: "DCF-involvement" includes any youth under eighteen who is involved with the Department of Children and Families through any of its mandates. This includes youth committed to DCF through child welfare or juvenile justice, and those dually committed. It also includes youth for whom the Department has no legal authority, but for whom DCF provides assistance through its Voluntary Services, Family with Service Needs and In-Home Child Welfare programs.

Youth DCF Involvement Findings



- As noted above, within the entire Youth Cohort, 67.86% had a follow-up visit within 7 days and 86.08% had a follow-up visit within 30 days.
- DCF-Involved youth had a significantly lower 7 Day and 30 Day rate of Follow-Up than Non-DCF-Involved youth.

Youth Race/Ethnicity Comparisons



- Hispanic youth were represented in the FUH Cohort in proportion to their representation in the Youth Medicaid population
- Caucasian youth were significantly, disproportionately over-represented in the FUH Cohort
- Black youth were significantly, disproportionately under-represented in the FUH Cohort, Asian and Multi-Racial youth were non-significantly under-represented in the FUH Cohort

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Youth Race/Ethnicity Findings

- Of the larger groups, Hispanic youth had the highest rates of 7 day follow-up but these were non-significantly higher than Caucasians and Asians and significantly higher rates than Blacks.
- Multi-Racial youth had significantly higher rates of 7 day follow-up than Asians and Blacks and non-significantly higher rates than Caucasians and Hispanics.
- Of the larger groups, Asian youth had the highest rate of 30 day follow-up rates
- No significant differences were found between rates of 30 day follow-up for race/ethnicity groups for youth



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Summary of Youth Demographic Findings

- Overall, youth had significantly higher 7 and 30 day follow-up rates than adults: 67.86% of the youth had a follow-up visit within 7 days and 86.08% had a follow-up visit within 30 days.
- Females were significantly over-represented among the youth population eligible for the FUH measure and had a significantly higher rate of 7 day follow-up than male youth and a nonsignificantly higher rate of 30 day follow-up than male youth.
- DCF-Involved youth had significantly lower 7 and 30 day rates of follow-up than Non-DCF-Involved youth.
- Hispanic youth had higher 7 day follow-up rates than Caucasians and Asians and significantly higher rates than Blacks.
- No significant differences were found between rates of 30 day follow-up for race/ethnicity groups for youth.

Provider 7 Day Follow-Up Rates

7-Day Follow-Up Rate for Youth Hospitals

Provider	2012	2013	2014
MANCHESTER MEMORIAL HOSPITAL	74.29%	83.51%	78.89%
ST FRANCIS HOSPITAL MEDICAL CENTER	71.93%	67.37%	76.30%
NATCHAUG HOSPITAL	75.97%	61.96%	69.86%
ST VINCENTS MEDICAL CENTER	72.96%	65.63%	67.56%
CHILD TOTAL	72.48%	62.54%	67.10%
OUT OF STATE	69.07%	65.25%	66.17%
HARTFORD HOSPITAL	74.73%	63.37%	65.16%
WATERBURY HOSPITAL	67.65%	62.14%	64.62%
YALE NEW HAVEN HOSPITAL	69.66%	55.19%	61.32%

Provider 30 Day Follow-Up Rates

30-Day Follow-Up Rate for Youth Hospitals				
Provider	2012	2013	2014	
ST FRANCIS HOSPITAL MEDICAL CENTER	84.21%	83.16%	89.02%	
ST VINCENTS MEDICAL CENTER	89.31%	80.73%	88.00%	
MANCHESTER MEMORIAL HOSPITAL	91.43%	93.81%	87.78%	
NATCHAUG HOSPITAL	91.47%	79.71%	87.54%	
CHILD TOTAL	88.31%	80.86%	85.25%	
HARTFORD HOSPITAL	89.52%	81.07%	85.07%	
WATERBURY HOSPITAL	85.29%	79.61%	84.62%	
YALE NEW HAVEN HOSPITAL	86.55%	77.39%	82.21%	
OUT OF STATE	87.63%	84.75%	80.45%	

Summary of Youth Provider Findings

- In-state hospitals that serve youth had far more consistent performance among the hospitals than did hospitals that served adults. There were 17 percentage points between the highest and lowest hospital performers for 7 day follow-up for youth and a 33 percentage point difference for the adult hospitals. For the 30 day follow-up measure, there was a 5 percentage point difference for youth hospitals and 24 for adult hospitals.
- For youth hospitals, two of the three highest volume hospitals (Hartford IOL and Yale New Haven) fell below the average rate for both 7 and 30 day follow-up.
- The relationship between the location of the hospital and the follow-up rate is not apparent.
- The range in 7 day follow-up rates for 2014 was from 61.32% (Yale New Haven Hospital) to 78.89% (Manchester Memorial Hospital).
- The range in 30 day follow-up rates was narrower than that of the 7 day follow-up rates; it ran from 82.21% (Yale New Haven Hospital) to 89.02% (St. Francis Hospital).

Recommendations

- Further analysis and aggregation of the providers with whom members successfully connected needs to be completed and shared with the hospitals.
- Include the findings related to differential rate of FUH by race, ethnicity, age, and gender in the suite of health equity metrics currently under development.
- Consider further analysis of the findings for race, ethnicity, age, and gender by provider to assess for differences across providers. This may need to be limited to those providers with larger numbers of discharges.
- Consider evaluating FUH rates by region across the state for both adult and youth populations.