

Title: Follow-Up After Hospitalization for Schizophrenia (7- and 30-day)

CMS ID: PP2

NQF #: 1937

Source(s)

National Committee for Quality Assurance (NCQA); 2012.

Measure Domain

Clinical Quality Measures: Process

Brief Abstract

Description

The percentage of discharges for individuals 18 to 85 years of age who were hospitalized for treatment of schizophrenia and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported.

1. The percentage of individuals who received follow-up within 30 days of discharge.
2. The percentage of individuals who received follow-up within 7 days of discharge.

Rationale

It is important to provide regular follow-up therapy to patients after they have been hospitalized for any mental illness, specifically schizophrenia. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost. It also helps health care providers detect early post-hospitalization reactions or medication problems and provide continuing care. According to a guideline developed by the American Academy of Child and Adolescent Psychiatry (AACAP) and the American Psychiatric Association (APA) (1997), there is a need for regular and timely assessments and documentation of the patient's response to all treatments.

Nationally, only 42 percent of initial appointments following psychiatric hospitalization are kept. Missed appointments increase the likelihood of re-hospitalization and increase costs of outpatient care. Among several recent studies that have examined the phenomenon of lack of outpatient follow-up after hospital discharge, rates of failure to attend a first outpatient appointment have ranged from 18 percent–67 percent, with a median rate of 58 percent. Over time periods ranging from one year to nine years, approximately 30 percent of patients disengage from mental health treatment services.

In terms of clinical characteristics, individuals with a co-occurring serious mental illness and a substance abuse disorder have high rates of treatment disengagement, as do individuals with higher levels of psychopathology, including schizophrenia (Kreyenbuhl 2009). Between 25 percent and 50 percent of patients who miss mental health appointments disengage from treatment entirely (Killaspy 2007). Dropping out of treatment after a psychiatric hospitalization increases the likelihood of re-

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hospitalization from 1 in 10 to 1 in 4 (Mitchell & Selmes 2007). Seen as a whole, research suggests that a significant proportion of individuals with a serious mental illness, such as schizophrenia are not engaged in mental health treatment because they drop out of care.

Evidence for Rationale

1. American Academy of Child and Adolescent Psychiatry, American Psychiatric Association. Criteria for short-term treatment of acute psychiatric illness. 1997.
2. Kreyenbuhl, J., I. Nossel, L. Dixon. 2009. Disengagement from mental health treatment among individuals with schizophrenia and strategies for facilitating connections to care: A review of the literature. *Schizophrenia Bull.* 35:696–703.
3. Killaspy, H. 2007. Why do psychiatrists have difficulty disengaging with the out-patient clinic? Invited commentary on: Why don't patients attend their appointments? *Advances in Psychiatric Treatment.* 13:435–7.
4. Mitchell, A.J., T. Selmes. 2007. Why don't patients attend their appointments? Maintaining engagement with psychiatric services. *Advances in Psychiatric Treatment.* 13: 423–34. National Institute of Mental Health (NIMH). 2005. Mental illness exacts heavy toll, beginning in youth.

Primary Health Components

Mental health disorder; follow-up care

Denominator Description

Adults 18 – 85 years of age as of December 31 of the measurement year. Discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal schizophrenia diagnosis.

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

30-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization (Table–C) with a mental health practitioner within 30 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.

7-Day Follow-Up: An outpatient visit, intensive outpatient encounter or partial hospitalization (Table–C) with a mental health practitioner within 7 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.

See the related "Numerator Inclusions/Exclusions" field.

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Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Inclusions/Exclusions/Exceptions

Inclusions

Adults 18 – 85 years of age of December 31 of the measurement year. Discharged alive from an acute inpatient setting (including acute care psychiatric facilities) with a principal schizophrenia diagnosis.

To identify acute inpatient discharges:

- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)
- Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set)
- Identify the discharge date for the stay

Use only facility claims to identify discharges and diagnoses for denominator events (including readmissions or direct transfers). Do not use professional claims.

To identify readmissions to an acute inpatient care setting:

- Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set)
- Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set)
- Identify the admission date for the stay

Note:

- If the discharge is followed by readmission or direct transfer within the follow-up period, count only the readmission discharge or the discharge from the hospital to which the patient was transferred.
- Exclude discharges followed by admission or direct transfer to an acute or nonacute facility within the follow-up period.

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Exclusions

Non-mental health or Schizophrenia readmission or direct transfer.

Exceptions

N/A

Numerator Inclusions/Exclusions

Inclusions

An outpatient visit, intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days / 30 days after discharge. Include outpatient visits, intensive outpatient encounters or partial hospitalizations that occur on the date of discharge.

Any of the following meet criteria for a follow-up visit:

- A visit with a mental health practitioner
- A visit in a behavioral healthcare setting
- A visit in a nonbehavioral healthcare setting with a mental health practitioner
- A visit in a nonbehavioral healthcare setting with a diagnosis of mental illness
- Transitional care management (TCM) services where the date of service on the claim is 29 days after the date the patient was discharged with a principal diagnosis of schizophrenia
- TCM services where the date of service on the claim is 29 days after the date the patient was discharged with a principal diagnosis of schizophrenia

Note: TCM is a 30-day period that begins on the date of discharge and continues for the next 29 days. The date of service on the claim is 29 days after discharge and not the date of the face-to-face visit.

Exclusions

Unspecified

Computation of the Measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Risk Adjustment

No