The purpose of the HMO Follow-up After Hospitalization for Mental Illness QI Fund Project is to increase the rate of behavioral health follow-up care for members age 6 and older who were hospitalized for treatment of selected mental health disorders. The 2009 project goal for the 7-day follow-up rate was ≥70%.

The following table displays the 2005-2009 Network results.

<table>
<thead>
<tr>
<th>Mental Health Indicator*</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up visit with a Behavioral Health Practitioner within 7 days of Discharge</td>
<td>65.5% (1,577/2,406)</td>
<td>69.8%* (1,637/2,344)</td>
<td>73.5%* (1,734/2,359)</td>
<td>76.3%* (1,771/2,320)</td>
<td>77.3%** (1,827/2,364)</td>
</tr>
</tbody>
</table>

*Statistically significant improvement p<0.005, compared to prior year.

**Statistically significant improvement p<0.005, 2009 compared to 2007.

**Identified Barriers to Follow-Up After Hospitalization for Mental Illness:

**Members:**
- May not be compliant with follow-up
- May not have an appointment with a Behavioral Health Specialist scheduled within seven days of discharge
- May not be aware that follow-up with a Behavioral Health Specialist is recommended within seven days of discharge
- May feel better after discharge and decide a follow up appointment is not necessary
- May lack a support system to ensure appropriate follow-up care
- May believe there is a stigma related to having mental health diagnosis

**Behavioral Health Specialist:**
- May not have a previous relationship with the member in both inpatient and outpatient settings
- May not transition follow-up visits within 7 days of discharge with a Behavioral Health Specialist
- May not utilize home health services for members with a history of non-compliance
- May not use partial hospital programs or intensive outpatient programs for follow-up care

**IPAs:**
- May not be aware of all mental health admissions
- May not have a way to contact the member after hospital discharge to encourage follow-up care
- May not have performance guarantees related to follow-up care in their mental health vendor contracts
- May not utilize home health services for members with a history of non-compliance
- May not use partial hospital programs or intensive outpatient programs for follow-up care
- May not arrange for follow-up visit with a with a Behavioral Health Specialist prior to discharge
- May not work with the hospital discharge planner to arrange for follow-up care

**Interventions Implemented to Address Identified Barriers:**

**Members:**
- Provided online resources, including Personal Health Manager and Ask a Nurse

**Physician/IPAs:**
- Awarded a Follow-Up After Hospitalization for Mental Illness Blue Star to IPAs with a 2008 7-day Rate of ≥60%
- Made a QI Fund payment to IPAs with project results that met or exceeded established thresholds
- Completed the Follow-up after Hospitalization for Mental Illness QI Project and provided feedback to IPAs
- Posted “Tips for Improving Mental Health Follow-up” on the BCBSIL Provider website
• Posted a sample letter on the BCBSIL Provider Web site for IPA use to educate members on the importance of follow-up treatment after hospitalization for mental illness
• Quality Improvement staff held quarterly QI Forums
• Met with individual IPAs who needed additional support with the mental health project

Analysis of the results for the 2009 Follow-Up after Hospitalization for Mental Illness QI Fund Project shows a one-percentage point increase in the 7-day follow-up rate from 2008 to 2009. The 7-day follow-up rate has increased by 11.8 percentage points from 2005 to 2009. The QI Fund Project and the interventions implemented have had a positive effect on the 7-day follow-up rate. The goal for the 7-day follow-up rate of ≥70% was met.