



**MHSPHP**  
Military Health System Population Health Portal



# MHSPHP Metrics Forum

## Mental Health Follow-up



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# Please check your profile email

- Please check your profile settings for a correct email address. I send out one email per month regarding the metrics webinars and will send a blaster if the portal is expected to down for an extended period of time.
- From CarePoint welcome page, click on Welcome in upper LEFT, then profile/settings
- Select User Profile

Welcome, Judith Rosen

Judith Rosen  
Profile / Settings  
Applications  
Log Out

nePoint  
ation Portal

User Profile Context Settings

Civilian

**Civilian Judith Rosen**  
Last Login: 1/7/2015 6:38:10 PM Account Creation: 3/27/2013 4:46:56 PM

Your Profile

<b>Name (Non-Editable)</b>	<b>Service</b>	<b>Rank</b>
Judith Rosen		Civilian

**MTF**

59 MDW-359 MDG-JBSA-RANDOLPH

Your Contact Information

<b>Commercial Duty Phone</b>	<b>Email Address*</b>
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# Overview

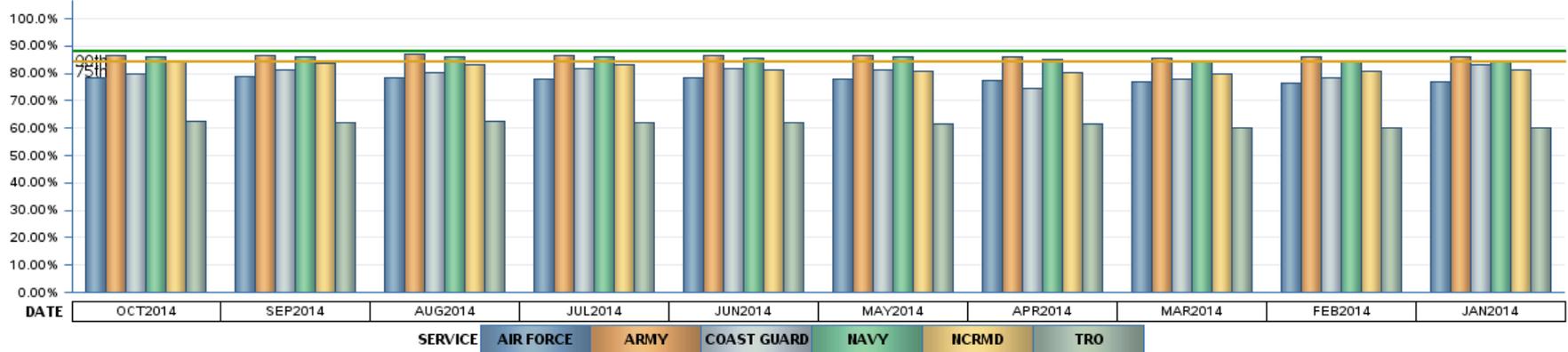
- Mental Health Follow-up
  - Methodology
  - FAQ highlights
  - Metric challenges



## Follow-Up after Hospitalization for Mental Illness: within 30 Days of Discharge

Applied filters: None

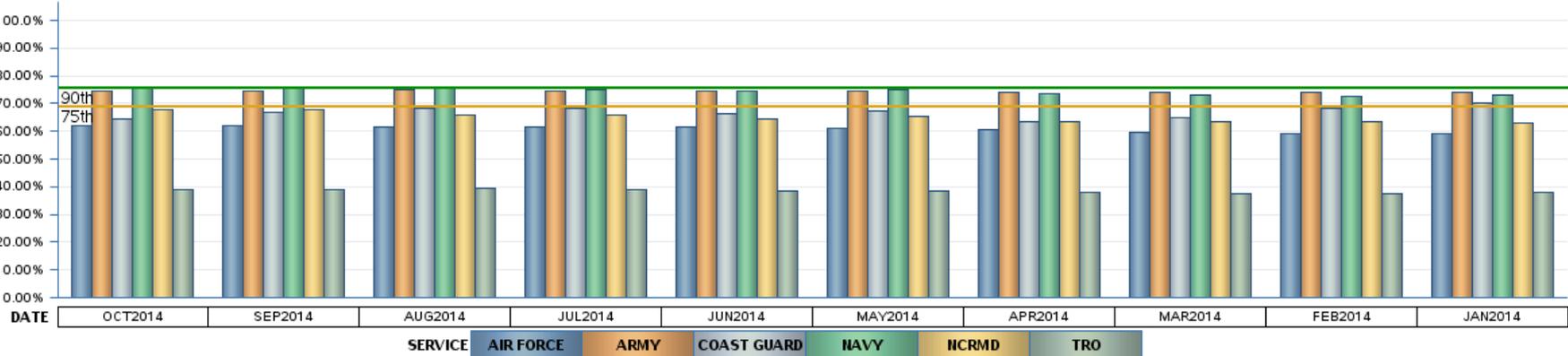
### 30 Days Score



## Follow-Up after Hospitalization for Mental Illness: within 7 Days of Discharge

Applied filters: None

### 7 Days Score





- Jan data metrics will be posted in March
- HEDIS benchmarks are not releasable outside DoD
- Follow-up in 30 days
  - 90<sup>th</sup> percentile benchmark decreased: -3.16%
  - 75<sup>th</sup> percentile benchmark increased: -3.65%
- Follow-up in 7 days
  - 90<sup>th</sup> percentile benchmark decreased: -3.9%
  - 75<sup>th</sup> percentile benchmark decreased: -5.21%



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# Mental Health Follow-up

- Percent of TRICARE Prime enrolled patients who received follow-up within 7 days of mental health primary diagnosis discharge.
- Percent of TRICARE Prime enrolled patients who received follow-up within 30 days of Mental Health Primary diagnosis discharge.

# Primary Diagnoses Included

- Schizophrenia (295.x)
- Episodic Mood Disorders (296.x)
- Delusional Disorders (297.x)
- Psychoses (298.x)
- Pervasive Developmental Disorders (299.x)
- Obsessive Compulsive Disorders (300.3)
- Dysthymic Disorders (300.4)
- Personality Disorders (301.x)
- Acute Reaction to Stress (308.x)
- Adjustment Reaction (309.x)
- Depressive Disorder NEC (311)
- Disturbance of Conduct (312.x)
- Disturbance of emotions specific to childhood and adolescence (313.x)
- Hyperkinetic syndrome of childhood (314.x)



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# Metric Fine Print

- Over age 6
- Excludes patients with another admission of any type within 30 days of discharge date
- Looks at discharges in first 11 months of the 12 month period ending on “current as of date”



## FAQ: What are the enrollment criteria for the patients attributed to my MTF's HEDIS<sup>®</sup> metric?

- The enrolled DMIS location for the month of the discharge is the where the patient impacts the metric.
- If the patient PCSs or separates, they remain in the metric until their discharge no longer occurred in the first 11 months of the last year. In other words, these patients will remain in the metric reports for almost a year.
- Patients only need to be enrolled for the admission month and the month after the admission to be included in the metric. There are no long term continuous enrollment criteria for this metric.



# FAQ: Which provider visits count?

CHCS Spec Code	Description
070	Psychiatrist
071	Child Psychiatrist
072	Psychoanalyst
073	Psychiatric Resident/Intern With License
074	Alcohol Abuse Counselor
075	Drug Abuse Counselor
076	Physicians/Psychiatry and Neurology/Addictive/Psychiatry
505	Psychiatry Consultant
601	Mental Health Nurse
611	Psychiatric Nurse Practitioner
702	Clinical Psychologist
703	Psychology Social Worker
714	Social Work Case Manager (only for encounters in MEPRS BF**)

- Visits must be with specialist, not PCM to count



## FAQ: Where is the action list?

- Most mental health admissions are in civilian hospitals
- Claims take 30 days or longer to process
- Patient needs follow-up prior to 30 days
- Action list from claims data is not possible: need a local solution
- Best source is live admissions data direct from hospitals or managed care support contractor
  - Each region has different processes to notify MTF of admissions

Follow-Up after Hospitalization for Mental Illness: All

# Mental Health Follow-up Best Metrics

Applied filters: DATE equal to SEP2013 AND Rows SEP2013.Eligible greater than 20

DATA DATE			Eligible	SEP2013	
SERVICE	COMMAND	DMIS		30 Days Score	7 Days Score
AIR FORCE	PACAF	0638 INST: OSAN AB	22	100.0%	100.0%
ARMY	NRMC	0554 INST: JOINT (AF) BASE LANGLEY- EUSTIS	33	100.0%	100.0%
NAVY	NAVMED_VV	0208 INST: CAMP PENDLETON	22	100.0%	100.0%
ARMY	PRMC	0534 INST: SCHOFIELD BARRACKS	128	100.0%	98.41%
	ERMC	1017 INST: VILSECK	42	97.62%	97.62%
	PRMC	8903 INST: PYONGTAEK	37	97.30%	97.30%
	WRMC	1489 INST: JOINT (AF) BASE LEWIS- MCCHORD	38	100.0%	97.22%
NAVY	NAVMED_E	0370 INST: FORT WORTH	34	100.0%	97.06%
ARMY	SRMC	1550 INST: FT. GORDON	33	100.0%	96.97%
	WRMC	0204 INST: JOINT (AF) BSE ELMENDORF- RICHARDSON	81	98.36%	96.72%
NAVY	OPSFORCE	6303 INST: SAN DIEGO	82	97.56%	96.34%
AIR FORCE	PACAF	0804 INST: KADENA AB	27	100.0%	96.30%
NAVY	OPSFORCE	6318 INST: BREMERTON	27	100.0%	96.30%
ARMY	SRMC	7307 INST: FT CAMPBELL	245	98.78%	95.92%
		1592 INST: FT. HOOD	219	98.63%	95.89%
	ERMC	1016 INST: GRAFENVOEHR	24	100.0%	95.83%
	PRMC	8916 INST: SEOUL	44	97.73%	95.45%
NAVY	OPSFORCE	6320 INST: PEARL HARBOR	55	94.55%	94.55%
ARMY	SRMC	1506 INST: FT. CAMPBELL	85	97.65%	94.12%
	WRMC	1649 INST: JOINT (AF) BASE LEWIS- MCCHORD	50	96.00%	94.00%

- What type of population served?
  - Active duty only
  - AD, dependents, retirees, VA
- Where are the discharges from?
  - Purchased Care
  - MTF
- Where is the follow-up going to be?
  - Network Care
  - MTF
- Learn from MTFs with similar populations

## Active Duty only

- Many DMIS locations have only active duty enrollees
- These locations should be doing well on metrics due to civilian facilities must contact MTF when admitting
- MTF in more control of processes involved

## Mixed Enrollee Beneficiaries

- How does MTF get notified of purchased care
- Where will follow-up care be since many MTFs only provide outpt mental health service to active duty
- We do not receive VA patient inpatient or outpatient encounter data—so if patient seen in VA, no encounter captured



# Where are the discharges from?

## MTF

- MTF knows when the pt is being discharged
- Might not be your MTF (DMIS)
- MTFs who admit for these diagnoses must make sure pts have follow-up within 7 days scheduled before discharge

## Purchased Care

- Communication with Managed Care Support Contractor and mental health facilities key to success
- Admitting facilities know must notify MTF for Active duty admissions
- Non-active duty can self refer to mental health so PCM may not be in loop, but facility must contact TRICARE to coordinate coverage
- Managed Care support contractor has admission and discharge info: must improve communication



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# Where is Follow-up Care for patient?

## MTF

- If you provide Mental health care to that category of patient, then MTF needs to ensure pts are scheduled within 7 days of discharge
- Continuity is very important, so ensure follow-up is at location where patient will receive ongoing care

## Purchased Care

- Do not bring patients in to MTF for one follow-up just to meet a metric
- If in purchased care, it should be arranged prior to discharge
- Suggestion: contact pt within 24 hours of discharge to ensure follow-up appt is within 7 days with their desired provider

- HEDIS technical specifications list different criteria for identifying mental health follow-up visit
  - By mental health provider with specific E&M or CPT codes in particular settings OR
  - By “revenue code” for mental health facility outpt visits
- Revenue codes are not in the claims data
  - Revenue codes are translated into prov specialty, place of service, CPT codes in the claims data
  - DHA is researching if the translation meets HEDIS criteria and seeking to fund change to data to include revenue codes
  - Impact is: potentially some follow-up visits at mental health facilities are missing in the data



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Questions ?