QUALITY IMPROVEMENT AFFINITY GROUP HIGHLIGHTS

July 2023

Highlights from the Improving Behavioral Health Follow-Up Care Affinity Group

Background

Almost 40 percent of adult Medicaid and CHIP beneficiaries under age 65 experienced mental illness and/or substance use disorders, collectively referred to as behavioral health conditions, in 2020.[1] Timely ambulatory follow-up care for beneficiaries treated for behavioral health conditions in emergency departments (EDs) and inpatient settings has been shown to reduce suicidal ideation, inpatient readmissions and ED revisits and improve medication adherence.[2, 3]

Medicaid, as the single largest payer for mental health services in the United States, and the Children's Health Insurance Program (CHIP) play a key role in promoting behavioral health follow-up care.[4] Follow-up should occur within 30 days of the ED visit or discharge, ideally within seven days.

To promote timely follow-up behavioral health care in Medicaid and CHIP, the Centers for Medicare & Medicaid Services (CMS) convened the Improving Behavioral Health Follow-Up Care affinity group.

From September 2021 to June 2023, three states participated in the affinity group: Arizona, Minnesota, and Mississippi (Figure 1). State teams worked with CMS to implement a quality improvement (QI) project using process flow maps to improve access to and coordination of follow-up care.

Figure 1. State Participation in the Improving Behavioral Health Follow-Up Care Affinity Group

Using Process Flow Maps to Improve Behavioral Health Follow-Up Care

For the duration of the affinity group, CMS supported states in using data-driven approaches to identify, test, implement, and evaluate strategies to improve follow-up care for beneficiaries with behavioral health care needs. To understand the opportunities for improvement in their respective states, the state teams worked with CMS and their QI partners to develop process flow maps (Box 2, next page). While process flow maps varied from state to state, most included the key steps outlined in Figure 2.

Creating process flow maps specific to each state enabled the teams to understand more fully what happened from the time of an ED visit or hospital admission to the time of discharge and receipt of follow-up care.

[1] https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/.

[2] https://pubmed.ncbi.nlm.nih.gov/31068399/.

[3] https://pubmed.ncbi.nlm.nih.gov/22846445/.

[4] https://www.medicaid.gov/medicaid/benefits/behavioral-health-services/index.html.

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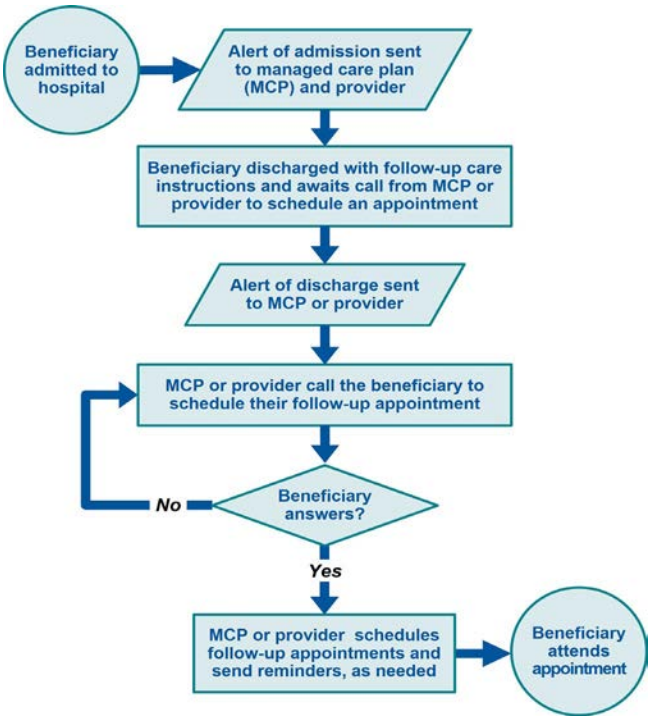
Figure 2. Example Process Flow Map for Improving Behavioral Health Follow-Up Care



As state teams created and tested process flow maps, they learned several best practices for using the maps, including:

- Identify who performs each step and designate backup staff responsible for implementing the step if primary staff members are unavailable.
- Specify when each step occurs and its duration.
- Provide tools for conducting each step, if needed. For example, developing a script for outreach calls can ensure that the caller has essential information and can answer all beneficiary questions.

Mississippi developed a process flow map to design and test a new discharge process that involved a hospital ED and its affiliated community mental health centers (CMHCs). The process flow map specified steps for ED staff to share discharge summary information with a designated CMHC staff member, schedule the patient's follow-up appointment before discharge from the ED, and meet with the beneficiary while still in the ED to discuss transportation needs for any follow-up appointments. After ED discharge, CMHC staff contacted beneficiaries to remind them of upcoming appointments. Data collected by the state team before and after testing showed a large increase in patients attending their follow-up appointment within seven days, from 32 percent of patients discharged from the partner hospital to 94 percent. The state team planned to sustain this approach by incorporating the improvements into a managed care plan's performance improvement project.

Box 2. Using Process Flow Maps to Improve Behavioral Health Follow-Up Care

A process flow map, or flow chart, is a visual display of the steps in a process. Developing process flows promoted a deeper understanding of the behavioral health follow-up care process and supported the state teams in identifying problems, gaps, and inefficiencies.

The process flow maps provided a basis for designing and testing new processes and helped build consensus among the staff responsible for implementing successful new processes. Finally, process flow maps enabled state teams to identify the resources and data needed to develop and monitor the new processes.

More information on using process flow maps for QI is available at https://www.ihi.org/resources/Pages/Tools/Flowchart.aspx.

Minnesota engaged the Encounter Alert System (EAS) staff at one high-performing behavioral health home to develop an ideal process flow for follow-up appointments. The state team specified best practices for each step. For example, after talking to providers, the state team learned that there was no contingency plan for regular schedulers' absences on a given day; the state team added guidance for identifying and training backup staff to serve as schedulers. At the end of the affinity group, the state team planned to disseminate the process flow map to behavioral health providers via the state's provider newsletter and the state's website.

Arizona worked with two behavioral health practices to better understand care coordination outreach after notice of beneficiaries' behavioral health–related ED visits or hospitalizations. The state team learned that fewer than half of the beneficiaries in the two behavioral health practices received any outreach to schedule follow-up care. The state team created a process flow map with timelines for call completion. The team also worked with care coordinators and providers to develop a script

to improve outreach, including questions about patient barriers and needs. Testing showed that 100 percent of patients in both practices received follow-up care scheduling calls; however, patient attendance at follow-up visits within seven days was mixed. Eighteen percent of visits were completed at one practice, and 62 percent of visits were completed at the other. QI work is ongoing to understand the data and test additional approaches.

Key Considerations for Improving Behavioral Health Follow-Up Care

State teams identified two important considerations for improving behavioral health follow-up care: (1) initiating care coordination before discharge and (2) addressing beneficiaries' health-related social needs.

Initiating Care Coordination Before Discharge

State teams learned that starting care coordination before discharge was one effective way to ensure that beneficiaries received follow-up care. Components of successful process flow maps included "warm hand-offs" that (1) connect the discharging provider directly with the follow-up provider, (2) include scheduling follow-up appointments before discharge, and (3) allow for the set-up of appointment reminder phone calls or text messages.

Mississippi engaged existing "peer bridgers" (similar to peer support specialists) to connect with beneficiaries while they are in the ED to discuss the importance of follow-up care and facilitate "warm hand-offs" between the ED provider and a follow-up behavioral health provider. Peer bridgers also sent reminders to encourage beneficiaries to attend their follow-up appointments.

Arizona engaged an organization that provides rapid response services to patients in the ED to support follow-up care processes. A rapid response team of behavioral health counselors scheduled follow-up visits and enabled "warm hand-offs" by connecting the ED and behavioral health providers. The Arizona team also clarified that meeting with a rapid response team member in the ED was an acceptable follow-up event for the FUA and FUM measures. Given the initial success of this approach, the state team planned to continue engaging ED rapid response services in follow-up appointments and scheduling.

Addressing Health-Related Social Needs

There is growing awareness that health-related social needs, such as access to transportation, can affect beneficiaries' ability to maintain their health and well-being. State teams learned that a lack of reliable transportation prevented beneficiaries from attending behavioral health follow-up appointments.

Mississippi and Arizona updated their discharge process flow maps to require staff members to ask beneficiaries about their transportation needs and, when necessary, connect beneficiaries to the relevant services.

For More Information

More information about the Improving Behavioral Health Follow-Up Care Learning Collaborative is available at https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/behavioral-health-learning-collaborative/index.html. Technical assistance resources are available to help states develop their own behavioral health follow-up care QI projects, including background materials, a driver diagram and change idea table, and a measurement strategy.

More information about other Medicaid and CHIP QI initiatives is available at https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/index.html.

To obtain technical assistance, please email MedicaidCHIPQI@cms.hhs.gov.

About the CMS Medicaid and CHIP Quality Improvement (QI) Program

The CMS Medicaid and CHIP QI program provides state Medicaid and CHIP programs and their QI partners with the information, tools, and expert support they need to improve access, care, and outcomes for Medicaid and CHIP beneficiaries. Technical assistance is available to help states build QI knowledge and skills; develop QI projects; and implement, spread, and scale up QI initiatives. Participation is voluntary and involves collaboration between Medicaid and CHIP program leaders and other partners, including MCPs, and public health agencies.