Successful Transitions from Inpatient to Ambulatory Care Performance Improvement Project 2014 - 2017

Successful Transitions from Inpatient Care to Ambulatory Care for Pennsylvania HealthChoices Members Hospitalized with a Mental Health or a Substance Abuse Diagnosis is a new statewide Performance Improvement Project (PIP) for all Behavioral Health Managed Care Organizations (BH-MCO) issued by OMHSAS. The background and basis of this PIP is grounded in research that supports the theory that individuals who follow-up with their outpatient appointments and medications after inpatient hospitalization are less likely to be readmitted than individuals who do not. Research additionally indicates outcomes are enhanced if these follow-up appointments are preceded by a clinically-sound bridge between inpatient and outpatient levels of care; further, research demonstrates that “patient profiling” to identify at-risk individuals, medication counseling, ongoing treatment engagement, and outpatient care management can all contribute to reducing readmission rates.

The PIP objectives are as follows:

- Reduce mental health and substance abuse readmissions post-inpatient discharge.
- Increase kept ambulatory follow-up appointments post-inpatient discharge.
- Improve medication adherence post-inpatient discharge.

The project includes Core Performance Measures as follows:

- Behavioral Health Readmission within 30 Days of Inpatient Psychiatric Discharge and Inpatient Substance Abuse Discharge (BHR).
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA).
- Percentage of discharge management plans (DMP) including both medication reconciliation and all components of medication and therapy follow-up appointments: appointment dates, appointment times, provider names, provider addresses and provider phone numbers.

Community Care, our oversight entities, and other stakeholders will use 2014 data as the baseline for the core measures. Claims and pharmacy data will be used to collect necessary data for the core performance measures related to BHR and SAA.

In order to collect core performance measure data related to the DMP indicators, Community Care will conduct record reviews with identified inpatient behavioral health providers. These reviews will occur throughout the course of the project with the initial review occurring in early 2015. Record reviews will target information from the chart on
discharge planning indicators such as: was a DMP present in chart, documentation that the member was given a copy of the DMP, medication reconciliation documented, first follow-up visit scheduled within seven days of discharge, first follow-up visit scheduled within 14 days of discharge, and at least one of the scheduled follow-up visits occurred within 14 days of discharge.

Community Care conducted a barrier analysis with input from counties in October 2014 to identify factors that adversely impact a successful transition from inpatient to ambulatory care. We will focus on this topic for the next three years while continuing our efforts around timely follow-up, readmission, engagement in treatment, medication adherence, and other factors that may impact a successful transition from inpatient to ambulatory care. Additional data collection activities may occur based on the development of new measures or additional interventions pending further review of the barrier analysis. Providers are welcome to provide feedback to us on this project by contacting their provider representative.

Additional indicators may be added to the record review.