



IMPROVING HEALTH CARE QUALITY

Follow-Up After Emergency Department Visit for Mental Illness

Blue Cross and Blue Shield of Illinois (BCBSIL) collects quality data from our providers to measure and improve the care our members receive. Follow-up after Emergency Department Visit for Mental Illness (FUM) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture emergency department (ED) visits for members ages 6 and older with a diagnosis of mental illness, who received a follow-up visit for mental illness. Two percentages are measured and reported:

- ED visits for which the member received follow-up within 30 days of the ED visit (31 total days)
- ED visits for which the member received follow-up within 7 days of the ED visit (8 total days)

FUM is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.



Why It Matters

Follow-up care for people with mental illness is linked to fewer repeat ED visits, improved physical and mental function and increased compliance with follow-up instructions, according to [NCQA](#). In its [national survey](#), the Substance Abuse and Mental Health Services Administration found that more than 51 million adults ages 18 and older in the U.S. had a mental illness in the previous year, while about 40 million adults received mental health services during that time.

Tips to Consider for EDs

- Help our members schedule an in-person or telehealth visit within 7 days.
- Educate members about the importance of following up with treatment.
- Focus on member preference for treatment, allowing members to take ownership of the treatment process.

Tips to Consider for Providers

- Encourage members to bring their discharge paperwork to their first appointment.
- Educate members about the importance of following up and adhering to treatment recommendations.
- Use the same diagnosis for mental illness at follow-up visits. A non-mental illness diagnosis code will not fulfill this measure.
- Coordinate care between behavioral health and primary care physicians:
 - Share progress notes and updates.
 - Include the diagnosis for mental illness.
 - Reach out to members who cancel appointments and help them reschedule as soon as possible.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSIL Network Consultant.



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