



The Healthcare Effectiveness Data and Information Set (HEDIS®)

The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used to measure performance on important dimensions of care and services.

This document is intended to provide tips for physicians for the following HEDIS measures:

ANTIDEPRESSANT MEDICATION MANAGEMENT (AMM)

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS (FUH)

PLAN ALL-CAUSE READMISSIONS (PCR)

This document also includes information on **coordination-of-care (COC)** assistance to promote a whole-person healthcare approach and assist physicians and providers in focusing on behavioral healthcare along with physical healthcare.

Antidepressant Medication Management (AMM)

TIPS FOR PHYSICIANS AND PROVIDERS

Antidepressant Medication Management (AMM) is one of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set measures.

Humana encourages its members to communicate with you and be engaged in their follow up care and medication management.

MEASURE AT A GLANCE

- **Measure abbreviation:** AMM
- **Measurement period:** The 12-month window starting May 1 of the year prior to the measurement year and ending April 30 of the measurement year
- **Eligible population:** Patients 18 and older as of the index prescription start date (IPSD) who have commercial and Medicare coverage

ASSESSMENT PHASES FOR 2020

Performance is assessed using claims-based data. Two rates are reported:

1. **Acute phase:** Patients must remain on an antidepressant medication for at least 84 days (12 weeks).
2. **Continuation phase:** Patients must remain on an antidepressant medication for at least 180 days (six months).

MEASURE BEST PRACTICES

- Stress timely 90-day prescription refills to support medication adherence in both phases
- Educate your patient on the importance of remaining on the antidepressant
- Schedule appointments to discuss barriers to medication adherence



ADDITIONAL INFORMATION AND RESOURCES ABOUT DEPRESSION

- In 2016, 12.8% of adolescents 12 to 17 (3.1 million adolescents) had a major depression episode (MDE) during the past year; 6.7% of adults 18 or older (16.2 million adults) had at least one MDE in the past year.¹
- The National Alliance on Mental Illness offers resources and information about depression. You can visit its website at www.nami.org/Learn-More/Mental-Health-Conditions/Depression.

We can help

Contact Humana to request a care coordinator who will help your patient navigate the healthcare system and link him/her to in-network behavioral health providers with follow-up post discharge.



Commercial Customer Service:
800-448-6262

Medicare Customer Service:
800-457-4708

Coordination of care for Humana-covered patients

TIPS FOR PHYSICIANS AND PROVIDERS



Humana offers coordination-of-care (COC) assistance to help make it easier to care for your patient. You'll have access to more information to help support your treatment goals. Care coordinators can act as an extension of your practice.

IMPORTANT MENTAL HEALTH AND PHYSICAL HEALTH CORRELATION DATA²

- 70% of patients diagnosed with opioid use disorder have a mental illness.
- Patients with Type 2 diabetes mellitus are twice as likely to experience depression as the general population.
- Patients with a mental illness are twice as likely to smoke.
- Up to 50% of patients with cancer have a mental illness, especially depression and anxiety, and treating symptoms of depression in cancer patients may improve survival time.
- Patients who are depressed have twice the risk of having a heart attack as the rest of the population, and patients with cardiac disease who also are depressed have an increased risk of dying. Moreover, treating the symptoms of depression after a heart attack has been shown to lower mortality and re-hospitalization rates.

COORDINATION OF CARE IN 2018

Humana analyzed COC efforts in 2018 and reported these outcomes:³

- 80% of providers routinely exchange information across the continuum of medical care.
- 82% of providers routinely exchange information across the continuum of behavioral healthcare.
- 84% of providers are aware of the Clinical Practice Guidelines and where to locate them.

RESEARCH AND COORDINATION OF CARE

The Agency for Healthcare Research and Quality states that the main goal of care coordination is to meet patients' needs and preferences in the delivery of high-quality, high-value healthcare.

This means that the patients' needs and preferences are known and communicated at the right time to the right people, and that this information is used to guide the delivery of safe, appropriate and effective care.

REFERRING HUMANA-COVERED PATIENTS TO HEALTHCARE PROFESSIONALS

Have you identified a behavioral health or physical health condition that requires coordinated care with another provider?

Could your patient benefit from the assistance of a Humana care coordinator to find a provider? If so:

Contact Humana to request a care coordinator.

The coordinator will help your patient navigate the healthcare system and link him/her to in-network behavioral health or physical health providers and specialists with follow-up post discharge.



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Follow-Up After Hospitalization for Mental Illness (FUH)

TIPS FOR PHYSICIANS AND PROVIDERS

Follow-Up After Hospitalization for Mental Illness (FUH) is one of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set measures. Humana encourages its members to communicate with you and be engaged in their follow-up care and medication management.

MEASURE AT A GLANCE

- **Measure abbreviation:** FUH
- **Measurement period:** Jan. 1 to Dec. 1 of the measurement year
- **Eligible population:** Patients 6 and older who were hospitalized for treatment of select mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner—commercial and Medicare coverage

ASSESSMENT MEASURES FOR 2019

Performance is assessed using claims-based data. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within seven days of discharge
2. The percentage of discharges for which the member received follow-up within 30 days of discharge

MEASURE BEST PRACTICES

- Schedule an appointment for the patient within seven days after hospital discharge.
- Document current phone numbers, address and alternate contact person for follow-up outreach.
- If the patient is not seen within seven days after discharge, schedule a follow-up within 30 days of discharge.



ADDITIONAL INFORMATION AND RESOURCES ABOUT MENTAL ILLNESS

- According to NCQA, 2 million people in the U.S. are hospitalized each year for mental illness. Because they are particularly vulnerable to relapse after discharge, follow-up care by trained mental health clinicians is critical.⁴

We can help

Contact Humana to request a care coordinator who will help your patient navigate the healthcare system and link him/her to in-network behavioral health providers with follow-up post discharge.



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Plan All-Cause Readmissions (PCR)

TIPS FOR PHYSICIANS AND PROVIDERS

Plan All-Cause Readmissions (PCR) is one of the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set measures. Health plans use this measure to evaluate themselves and the services provided by you, the healthcare professional. Humana encourages its members to communicate with you and be engaged in their follow-up care and medication.

MEASURE AT A GLANCE

- **Measure abbreviation:** PCR
- **Measurement period:** Jan. 1 to Dec. 1 of the measurement year
- **Eligible population:** Patients 18 and older with acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission—commercial and Medicare coverage

ASSESSMENT PHASES FOR 2019

Performance is assessed using claims-based data and reported in the following categories:

1. Count of index hospital stays (IHS) (denominator)
2. Count of 30-day readmissions (numerator)
3. Average adjusted probability of readmission

MEASURE BEST PRACTICES

Health plans use NCQA's HEDIS measures to identify care opportunities and assess patient care. Quality improvement opportunities focus on best practices, HEDIS technical specifications, targeted interventions and education for patients and physicians/providers. Suggested best practices for the PCR measure include:

- Begin discharge planning at admission to secure adequate outpatient care.
- Coordinate care among physical health and behavioral healthcare providers.
- Clearly communicate discharge plans and discuss reasons why a patient cannot follow up with appointments included in their discharge plan.



ADDITIONAL RESOURCES ABOUT HOSPITAL READMISSIONS

- Patients being discharged from the hospital who have a clear understanding of their after-hospital care instructions, including how to take their medications and when to make follow-up appointments, are 30% less likely to be readmitted or visit the emergency department than patients who lack this information.⁵
- Limited health literacy skills are associated with an increase in preventable hospital visits and admissions.⁶

We can help

Contact Humana to request a care coordinator who will help your patient navigate the healthcare system and link him/her to in-network behavioral health providers with follow-up post discharge.



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References

- ¹Substance Abuse and Mental Health Services Administration. “Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health.” Sept. 7, 2017. Retrieved from www.samhsa.gov/data/report/key-substance-use-and-mental-health-indicators-united-states-results-2016-national-survey
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- ³2018 Provider Satisfaction Survey results. This is an annual survey for Humana Providers.
- ⁴National Committee for Quality Assurance. “Follow-Up After Hospitalization for Mental Illness.” Retrieved from www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/
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- ⁶Office of Disease Prevention and Health Promotion (ODPHP). (2010). National action plan to improve health literacy. U.S. Department of Health and Human Services. Retrieved from https://health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf