"Follow-Up After Hospitalization for Mental Illness"

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Background: Timely follow-up after hospitalization for mental illness has been shown to decrease suicidal ideation, reduce the rate of readmission, and improve adherence to medication[1,2]. Having an established follow-up plan in place before leaving the emergency department has been reported as a top priority in recovering from a psychiatric crisis by patients among other interventions such as peer support group referrals and tactics to afford medications[3]. It is known that prior outpatient mental health care and counties with more psychiatrists are positive predictors of follow-up at both seven and thirty days post-discharge for psychiatric illness in children ages six to seventeen[1]. However, the statewide average rate of 30-day follow-up among Healthy Louisiana Medicaid members in all age groups in 2022 was only 38.33%, deviating far from the Medicaid 2021 Quality Compass national 50th percentile of 60.08%. We aim to investigate predictive factors that influence the rate of follow-up after hospital admission for mental illness among Louisiana's Medicaid population to improve patient outcomes and decrease readmissions.

Methods: Using data from AmeriHealth Caritas Louisiana (one of Louisiana's Medicaid managed care organizations), follow-up rates of 3,358 patients between the ages of 18-64 with a history of hospitalization for depression, bipolar disorder, and schizophrenia in 2022 were reviewed. Criteria for follow-up required that the patient meet with a licensed mental health provider within 30 days of discharge from the hospital. The patient data was stratified by age, gender, major diagnosis, region of Louisiana, rural or urban parishes, race and ethnicity, distance from a provider, and total hospital visits. Rates of follow-up by each group were compared to the Healthy Louisiana Medicaid average in 2022.

Results: Of the patients investigated, 1,065 (31.72%) followed-up within 30 days, while 2,293 (68.28%) did not. Higher rates of follow-up were found in those of female gender (34%), and West Central region residence (36%). Lower rates of follow-up were found in those of Hispanic or Latino ethnicity (26%), Northwest region residence (25%), with a depressive diagnosis (27%), and at an increased distance to a provider. No substantial difference was seen amongst patients stratified by age, within rural or urban communities, or by total hospital visits.

Conclusions: Current AmeriHealth Caritas Louisiana interventions for psychiatric crisis management include linking members to aftercare with Behavioral Health providers prior to discharge from the hospital or emergency department and identifying and addressing needs of sub-populations by stratifying data by member race/ethnicity, member region of residence, gender, high-utilizers, Serious Mental Illness diagnosis, co-occurring disorders, age, and if available sexual orientation. Using their recommendations as a guideline for the Louisiana population, we suggest investigating the differences between the West Central and Northwest regions of the state, specifically determining the density of providers within each region. Implementing telepsychiatry may be beneficial if a lack of providers is contributing to the discrepancy amongst regions and to mitigate problems with access to healthcare for those at an increased distance to their provider. Lastly, further investigation is warranted to determine why those with depressive diagnoses have lower follow-up rates.

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