Oklahoma Health Care Authority

Behavioral Health Quality Assessment and Performance Improvement (QAPI) Study

Executive Summary

Report for Contract: State Fiscal Year 2010

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APS HEALTHCARE

Executive Summary

Working in conjunction with the Oklahoma Heath Care Authority (OHCA), APS Healthcare (APS) conducted a study to examine frequencies of follow-up care and patterns of recidivism/readmission for members under the age of 21 who utilized inpatient behavioral health services during state fiscal year (SFY) 2009. APS adapted Healthcare Effectiveness Data and Information Set (HEDIS®) 2009 methodologies for the measure "Follow-Up After Hospitalization for Mental Illness" to examine the frequency of outpatient follow-up care accessed after discharge from acute inpatient behavioral health facilities and residential treatment centers (RTC). APS also examined demographic data to identify possible patterns of recidivism within 30 days of discharge from inpatient acute settings and from RTC's.

APS analyzed two datasets; one for the HEDIS® measure that examined rates of follow-up care after discharge from an inpatient behavioral health setting and another for rates of recidivism. The methodology for the HEDIS® measure "Follow-Up After Hospitalization for Mental Illness" specifically excludes discharges that were followed by readmission or rehospitalization within 30 days. As this criterion is not conducive to examining 30-day recidivism, a separate analysis was conducted over recidivism for discharges occurring in SFY 2009. In both datasets the discharge was the unit of analysis.

Chi-square tests ($p \leq .05$) were performed to determine if statistical differences existed within demographic groups for follow-up care after discharge using the HEDIS® measure and the occurrence of recidivism within 30 days.

Follow-Up After Inpatient Acute Discharge

Statistically, females were significantly more likely to receive follow-up care within 30 days after discharge than males (47% vs. 41%). Additionally, the proportion of discharges with follow-up care within 30 days increased as member age group increased; 28.6% of the 3 to 6 age group, 36.4% of the 7 to 11 age group, 40.3% of the 11 to 17 age group and 51.9% of the 18 to 20 age group received follow-up care within 30 days of discharge.

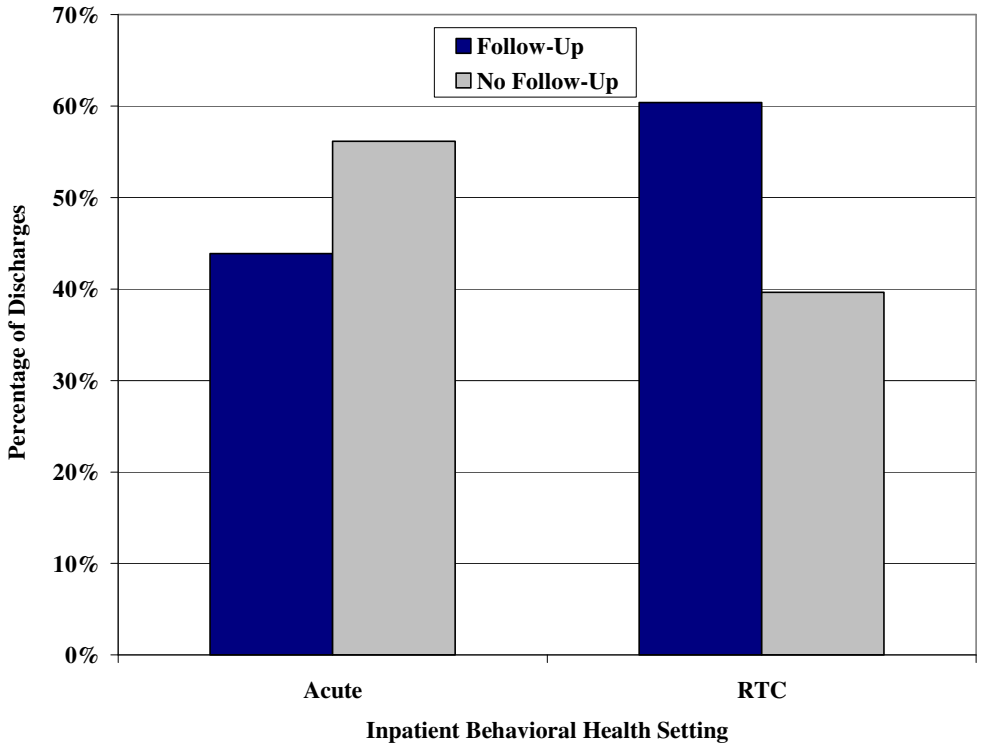
Follow-Up After RTC Discharge

Members between the ages of 18 and 20 were significantly less likely to receive follow-up care after discharge from an RTC than all other age groups, with less than half of discharges (48.4%) identified as not receiving follow-up care. In addition, members residing in urban areas received follow-up care in higher proportions than rural members, 62.7% vs. 56.6%, respectively.

Summary of Follow-Up Results

As depicted in Figure 1, the rate of follow-up care after discharge from an RTC was greater than rate of follow-up care after discharge from an inpatient acute setting. In SFY 2009, 43.9% of inpatient acute discharges received outpatient follow-up care within 30 days of discharge, compared to 60.4% of RTC discharges.

Figure 1. Rates of Follow-Up Care within 30 Days of Discharge from Inpatient Acute Facilities and RTC's in SFY 2009



Inpatient Acute Recidivism

Members between the ages of 18 and 20 were statistically more likely to be readmitted to an acute inpatient behavioral health setting within 30 days (49.4%). Furthermore, African Americans had the highest proportion (15.2%) of members returning to acute care within 30 days of discharge while American Indians had the least returning (7.2%). Discharges for Title 19 (TXIX) members (14.3%) and custody (CUST) members (16.5%) were more likely to have an acute readmission within 30-days than SoonerCare Choice (S-CHC) members (7.8%).

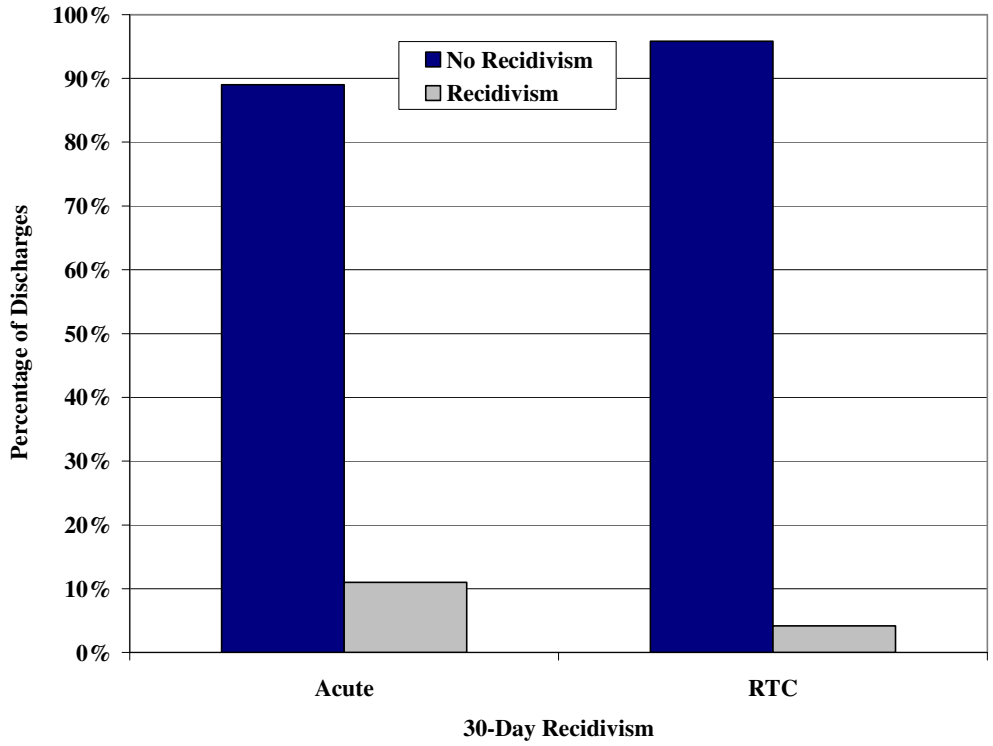
RTC Recidivism

Among age groups, 18 to 20 year olds were statistically less likely than other age groups to return to an RTC within 30 days, with less than 1% of discharges returning. Urban members were proportionately more likely to return to an RTC within 30 days of discharge (4.8%) than rural members (3.2%), and discharges for TXIX members (46.4%) were more likely to result in recidivism than were discharges for members of other health programs.

Summary of Recidivism Results

As depicted in Figure 2, the rate of 30-day inpatient acute recidivism after discharge from an inpatient acute stay was greater than rate of 30-day RTC recidivism after discharge from an RTC stay. In SFY 2009, 11% of inpatient acute discharges returned to an inpatient acute setting within 30 days of discharge, compared to 4.2% of RTC discharges returned to an RTC within 30 days of discharge.

Figure 2. Rates of Recidivism within 30 Days of Discharge from Inpatient Acute Care and RTC's in SFY 2009



Conclusion

Member age at discharge appeared to be a significant factor in predicting utilization of outpatient care within 30 days of discharge from inpatient behavioral health settings. In particular, discharges for members in the 18 to 20 years age group demonstrated contradicting tendencies to utilize outpatient follow-up care, depending on the type of stay. The 18 to 20 years age group was the only age group with more than half of the members receiving follow-up care after an inpatient acute discharge (51.9%) and the only age group with less than half of the members receiving follow-up care after a RTC discharge (48.4%). Additionally, members in the 18 to 20 years age group were significantly more likely to return to inpatient acute care within 30 days of discharge and composed almost half (49.4%) of inpatient acute recidivism.

In addition, gender also appeared to play a factor with accessing follow-up care, primarily following an inpatient acute stay. Females (47.1%) were significantly more

likely to access follow-up care after a discharge from an acute inpatient behavioral health setting than males (41%). This tendency was also observed for follow-up care after a discharge from a RTC, but was not statistically significant.

Furthermore, members' residence demonstrated statistical significance for RTC stays; discharges for rural members had lower proportions in both receiving follow-up care within 30 days of discharge from an RTC and 30 day RTC recidivism.

Lastly, program enrollment was a significant factor for both inpatient acute and RTC recidivism; members enrolled in TXIX and CUST were more likely to return to inpatient acute care within 30 days of discharge, while members enrolled in S-CHC, TXIX, and CUST were less likely to return to RTC care within 30 days of discharge.