



Follow-Up After Hospitalization for Mental Illness (FUH)

FUH Measure Description

Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients age 6 years and older that results in follow-up care with a mental health provider within 7 and 30 days.

Why is FUH Important?

In 2019, nearly one in five adults aged 18 and older in the U.S. has a diagnosed mental health disorder. Individuals hospitalized for mental health disorders often do not receive adequate follow-up care. Providing follow-up care to patients after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.

Best Practices

- ✓ Educate patients and caregivers on the importance of follow-up to reduce the risk of inpatient admission.
- ✓ Train staff on the “Teach Back Method” to ensure patients and caregivers review and understand discharge instructions and the next steps in their care for follow-up.
- ✓ Develop outreach systems or assign case managers to encourage recently released patients to keep follow-up appointments or reschedule missed appointments.
- ✓ Outreach patients who do not keep initial follow-up appointments.
- ✓ Consider social determinants of health (SDOH) factors as possible barriers to health equity.

Numerator Compliance

Rate 1: 30-Day Follow-Up - A follow-up visit with a mental health provider within 30 days after discharge. Do not include visits that occur on the date of discharge.

Rate 2: 7-Day Follow-Up - A follow-up visit with a mental health provider within 7 days after discharge. Do not include visits that occur on the date of discharge.

For both indicators, any of the following meet criteria for a follow-up visit:

- Outpatient, BH outpatient visit, intensive outpatient encounter, partial hospitalization, community mental health center visit with a mental health provider.
- Electroconvulsive therapy
- Telehealth, telephone or transitional care management services with a mental health provider.
- Visit in a behavioral healthcare setting
- Psychiatric collaborative care management

Numerator Codes

Refer to HEDIS Numerator Codes Dashboard on the Trillium HEDIS Resources website.

Data Collection Method

Administrative (Claims)



Trillium Percentages/National Averages

FUH	Measure Year	Trillium	National Average
Rate 1: 30-Day Follow-Up	2022	41.9	57.1
	2021	40.3	58.7
Rate 2: 7-Day Follow-Up	2022	24.5	36.6
	2021	22.8	38.4