Follow Up After Emergency Department Visit for Mental Illness (FUM)

Let’s work together to improve health outcomes. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet details key points of the featured HEDIS measure.

What is the measure?
This measure includes patients ages 6 years and older who had emergency department (ED) visits with a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit for mental illness with primary care physician OR a mental health practitioner.

How to Improve Your Quality Score

- Ensure that a patient with a principal diagnosis of a mental health disorder or with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder has a follow-up visit with any practitioner, including visits on the date of the ED visit
- The measure looks at visits within 7 days and visits within 30 days after the ED visit, and includes visits on the date of the ED visits
- Educate inpatient and outpatient providers about the measure and the clinical practice guidelines

Exclusions

- Exclude ED visits that result in an inpatient stay and ED visits followed by admission to an acute or non-acute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit (31 total days), regardless of principal diagnosis for the admission.
- Members in hospice are excluded from the eligible population.

Recommended Routine Treatment with a Mental Health Practitioner

- Intensive outpatient encounter or partial hospitalization program
- Telehealth visit (telehealth, teleconference, Teledoc®, etc.)
- Community visit
- Electroconvulsive therapy

To find the category (Medicare Stars, Federal Employee Program®, etc.) this measure applies to, see our chart of HEDIS® measures.