

Psychiatric Hospitalization in Medicaid-eligible Adults: Predictors of Timely Aftercare

Authors/Presenters:

Bradley D. Stein, M.D., Ph.D.,
Senior Director of Research, Evaluation, and
Outcomes
Community Care Behavioral Health
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, Pennsylvania
SteinBD@ccbh.com

Mark J. Sorbero, M.S.
Senior Manager of Research, Evaluation, and
Outcomes
Community Care Behavioral Health
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, Pennsylvania
SorberoMJ@ccbh.com

Jane N. Kogan, Ph.D.
Director of Research, Evaluation, and Outcomes
Community Care Behavioral Health
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, Pennsylvania
KoganJN@ccbh.com

Shari L. Hutchison, M.S.
Project Coordinator, Research, Evaluation, and
Outcomes
Community Care Behavioral Health
One Chatham Center, Suite 700
112 Washington Place
Pittsburgh, Pennsylvania
HutchisonS@ccbh.com

Introduction

Timely treatment following inpatient psychiatric discharge is an important component of good continuity of care, and is one of the quality indicators by which health plans are measured. The present study examines predictors of timely aftercare following inpatient discharge in a large population of Medicaid-eligible adults.

Methods

6730 Medicaid-eligible adults discharged from an inpatient facility during 2004-2005 were identified using secondary claims data from Community Care Behavioral Health, the largest Medicaid Managed Behavioral Health Organization in Pennsylvania. Multivariate logistic regression was conducted to assess the relationship between variables of interest and timely aftercare.

Results

Following discharge from an inpatient psychiatric facility, 30% of individuals received aftercare within 7 days and 49% received aftercare within 30 days. Controlling for age and gender, individuals who had received clinical services in the 30 days prior to hospitalization were more likely to receive aftercare within 7 days (OR: 3.59; 95% CI: 3.20-4.03), as were individuals with longer inpatient stays (10+days: OR: 1.34; CI: 1.15-1.57) and individuals from urban communities (OR: 1.18; CI: 1.05-1.34). African Americans (OR: 0.69; CI: 0.60-0.78), individuals with co-occurring behavioral health and substance abuse disorders (OR: 0.78; CI: 0.68-0.89), individuals involuntarily admitted to the hospital (OR: 0.79; CI: 0.68-0.91) and individuals discharged from the hospital against medical advice (AMA) (OR: 0.59; CI: 0.39-0.87) were less likely to receive follow up within 7 days. At 30-day follow up, individuals with prior clinical services (OR: 3.94; CI: 3.53-4.39) or intensive/acute case management (OR: 1.47; CI: 1.26-1.71) in the 30 days prior to admission were more likely to receive follow up, as were individuals with longer inpatient stays (7-9 days: OR: 1.19; CI: 1.05-1.55; 10+ days: OR: 1.34; CI: 1.15-1.55). African Americans (OR: 0.73; CI: 0.65-0.82), individuals with co-occurring disorders (OR: 0.63; CI: 0.55-0.71), and individuals discharged from the hospital AMA (OR: 0.63; CI: 0.45-0.88) were less likely to receive follow up care.

Conclusions

We found that patient socio-demographic, clinical, and service utilization characteristics predict likelihood of timely follow-up following a psychiatric hospitalization. Efforts to improve follow-up care should target individuals at

higher risk and consideration should be given to the development and evaluation of interventions designed to address specific barriers among these groups