

## Risk Factors That Decrease Chances of Attending Follow-Up Care

The following factors were identified in Magellan’s 2020 Follow-Up After Hospitalization Root Cause Analysis that examined factors contributing to lower rates of attending follow-up care 7 and 30 days after a psychiatric hospitalization. A search of recent literature also revealed that having a secondary diagnosis of a substance use disorder is a risk factor of not following up.<sup>1</sup> Additionally, a recent study found that having outpatient treatment prior to a hospitalization positively impacted follow-up rates.<sup>2</sup> So, a lack of outpatient treatment immediately prior to the hospitalization was added to the risk factor tool, even though we did not include this in our Root Cause analysis.

This checklist is not intended to be predictive, but to serve as a guiding tool. Keep in mind that the presence of any of these factors may combine with external factors (lack of immediate response by OP provider, long wait time, not being given enough input into discharge planning, etc.) to increase the risk of not following up with behavioral health aftercare.

If the member is presenting one of more of these factors, please incorporate that information into your clinical and risk assessments, along with other Social Determinants of Health (SDoH) factors that could present a barrier to follow-up care. Then with the member’s input, formulate plans to address any identified barriers, and consider referring to BCM/TCM, Peer Support, and/or one of Magellan’s Complex Care Management programs. Please ask your Magellan Care Manager about how to make any of these referrals if you are not sure.

✓	Risk Factors
	Age: Member is under 45, or over 65
	Gender: Member is Male
	Primary Dx: Diagnosed with a Depressive Disorder, Bipolar Disorder, or Psychosis- not schizophrenia
	Has a secondary diagnosis of a substance use disorder in addition to the primary MH disorder
	Reports past negative experiences with OP treatment/providers
	Has transportation challenges
	Is at the “precontemplation” stage of change (does not believe treatment is needed)
	Has no supportive person in place to encourage or assist with follow-up
	Is homeless or has unstable housing
	Is experiencing or reporting significant sedation related to medications
	Not involved in outpatient treatment in the 3 months immediately prior to the hospitalization

<sup>1</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4861685/pdf/nihms782688.pdf>

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182296/pdf/nihms583596.pdf>