Presented By: Yasmeen Maghareh

LSU Health
NEW ORLEANS

BACKGROUND

Major Depressive Disorder (MDD) is a leading cause of disability among youths worldwide (WHO, 2021).

Hospitalizations highlight the need for continuity of care.

30-day outpatient follow-up after psychiatric hospitalization is a national quality benchmark (NCQA, 2023; CMS, 2022).

Continuity of care helps prevent readmissions and improve long-term outcomes.

Sources: WHO, 2021; NCQA, 2023; CMS, 2022

WHAT IS MAJOR DEPRESSIVE DISORDER (MDD)?

DSM-5: ≥2 weeks of depressed mood or loss of interest/pleasure, with ≥4 additional symptoms:

- Sleep/appetite disturbance, low energy, poor concentration, guilt/worthlessness, psychomotor changes, suicidal ideation

Prevalence:

- ~ 3–5% of children (6–11 yrs)
- ~ 12–15% of adolescents (12–17 yrs) (CDC, 2023; NIMH, 2022)

Common reasons for hospitalization:

- Suicidal ideation/attempts
- Severe depressive episodes with impaired functioning
- Co-occurring psychiatric crises (anxiety, substance use, psychosis)

Early onset → higher risk of recurrence and chronic disability.

Sources: APA DSM-5, 2013; CDC, 2023; NIMH, 2022; SAMHSA, 2020

PROJECT FOCUS & SIGNIFICANCE

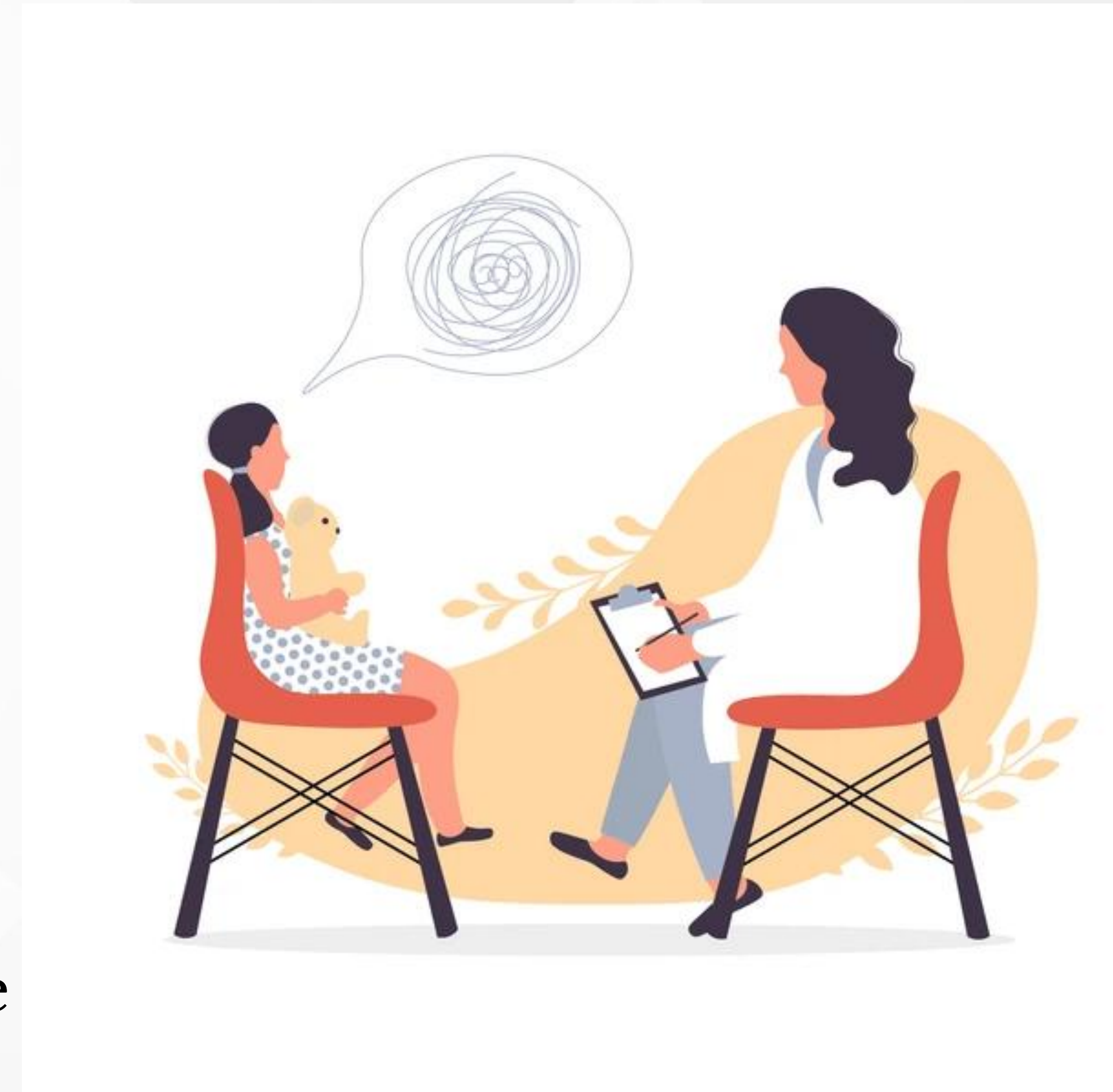
Objective: Assess continuity of behavioral healthcare in pediatric MDD patients (ages 6–18) in Louisiana.

Compare urban vs rural, and gender differences.

Examine relationship between 30-day follow-up and patient demographics.

Significance:

- Highlights barriers to behavioral health access in Louisiana
- Identifies vulnerable populations at risk of poor care
- Supports strategies to improve equitable access



Sources: NCQA, 2023; CMS, 2022; SAMHSA, 2020

REVIEW CODES EXAMINED

Review Codes:

Code	Description
F33	Major depressive disorder, recurrent
F33.9	Major depressive disorder, recurrent, unspecified
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.4	Major depressive disorder, recurrent, in remission
F33.40	Major depressive disorder, recurrent, in remission, unspecified
F33.41	Major depressive disorder, recurrent, in partial remission
F33.42	Major depressive disorder, recurrent, in full remission
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.8	Other recurrent depressive disorders
F32	Depressive episode
F32.9	Major depressive disorder, single episode, unspecified
F32.0	Major depressive disorder, single episode, mild
F32.1	Major depressive disorder, single episode, moderate
F32.5	Major depressive disorder, single episode, in full remission
F32.4	Major depressive disorder, single episode, in partial remission
F32.3	Major depressive disorder, single episode, severe with psychotic features
F32.2	Major depressive disorder, single episode, severe without psychotic features

OUTPATIENT FOLLOW-UP (2023)

January 2023 - December 2023
Ages: 6-18

Males: 38/91 → 41% patients had followups
Females: 119/212 → 56% patients had followups

Findings: More than 1.3x as many females, compared to males, followed up after hospitalization.

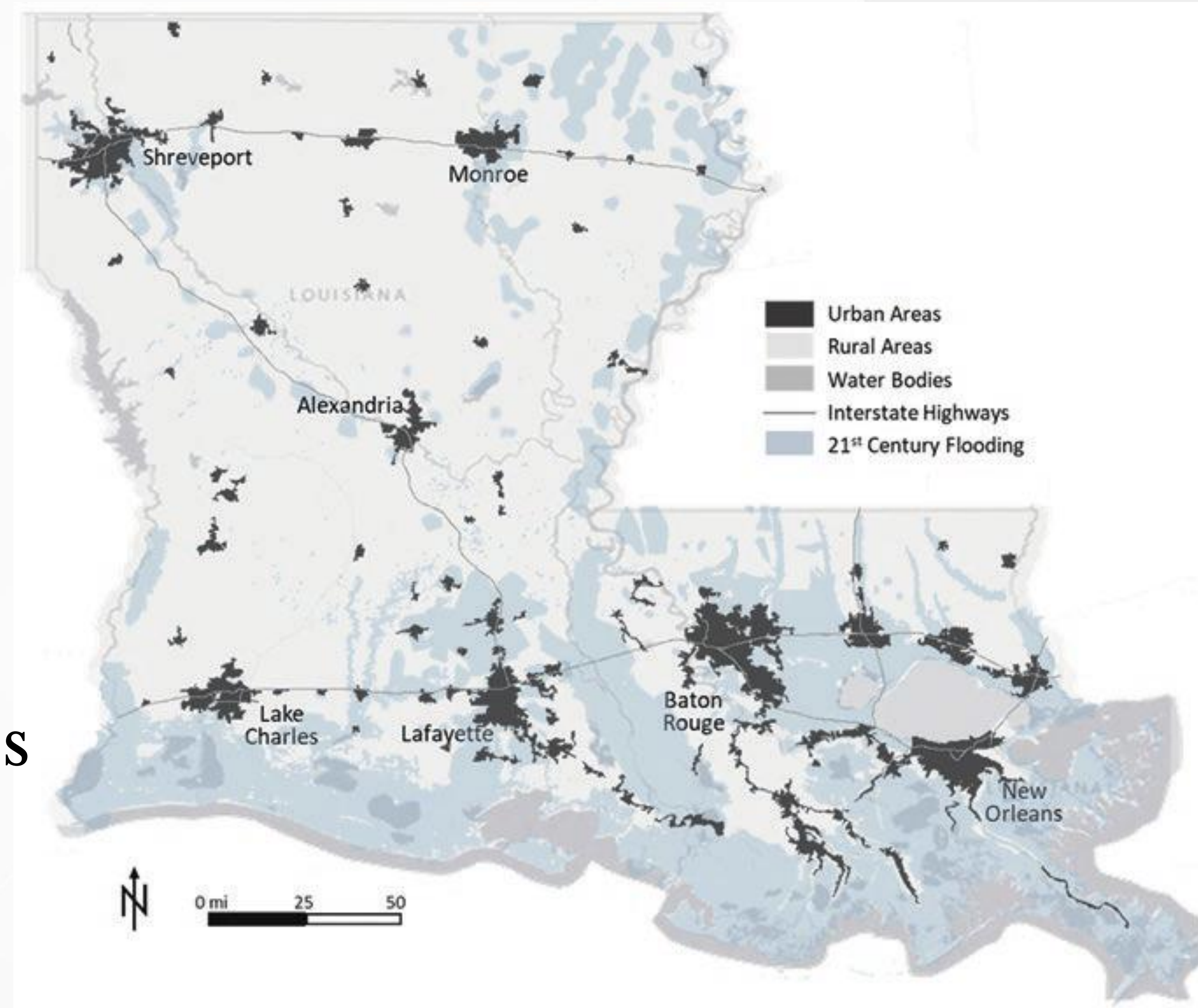
URBAN V/S RURAL DEMOGRAPHICS (2023)

Ages: 6-18

Rural Demographics:
- Rural: 41/76 → 53%

Urban Demographics
- Urban: 116/150 → 77%

Findings: Majority of follow-ups occurred in urban areas.



OUTPATIENT FOLLOW-UP (2024)

January 2024 - December 2024
Ages: 6-18

Males: 64/135 → 47% of patients had followup
Females: 210/268 → 78% patients had followup

Findings: More than 1.6x as many females, compared to males, followed up after hospitalization.

URBAN V/S RURAL DEMOGRAPHICS (2024)

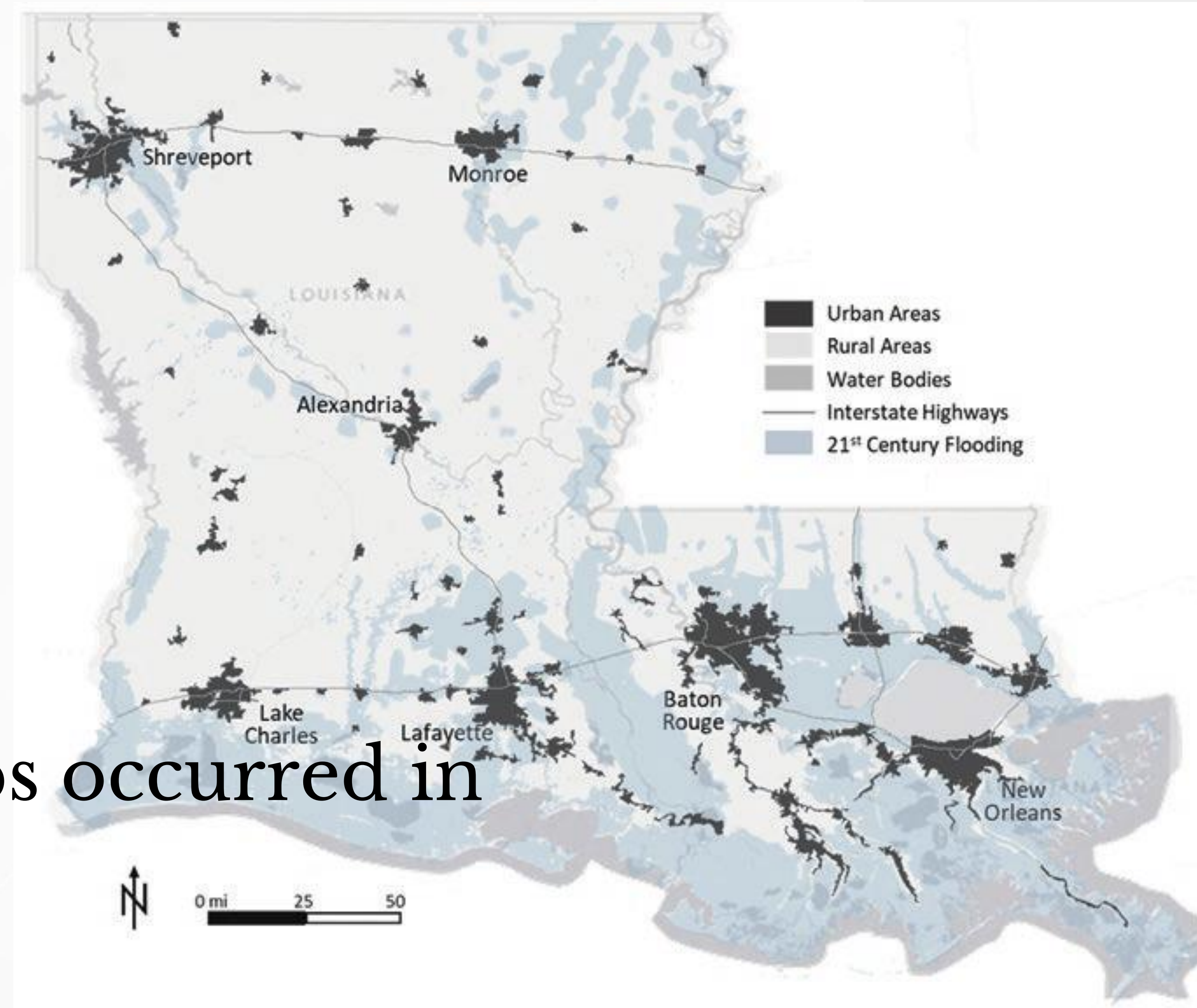
Ages: 6-18

Rural Demographics:

- Rural: 96/274 → 35%

Urban Demographics

- Urban: 178/274 → 65%



Findings: Majority of follow-ups occurred in urban areas.

OUTPATIENT FOLLOW-UP (2025)

January 2025 - December 2025
Ages: 6-18

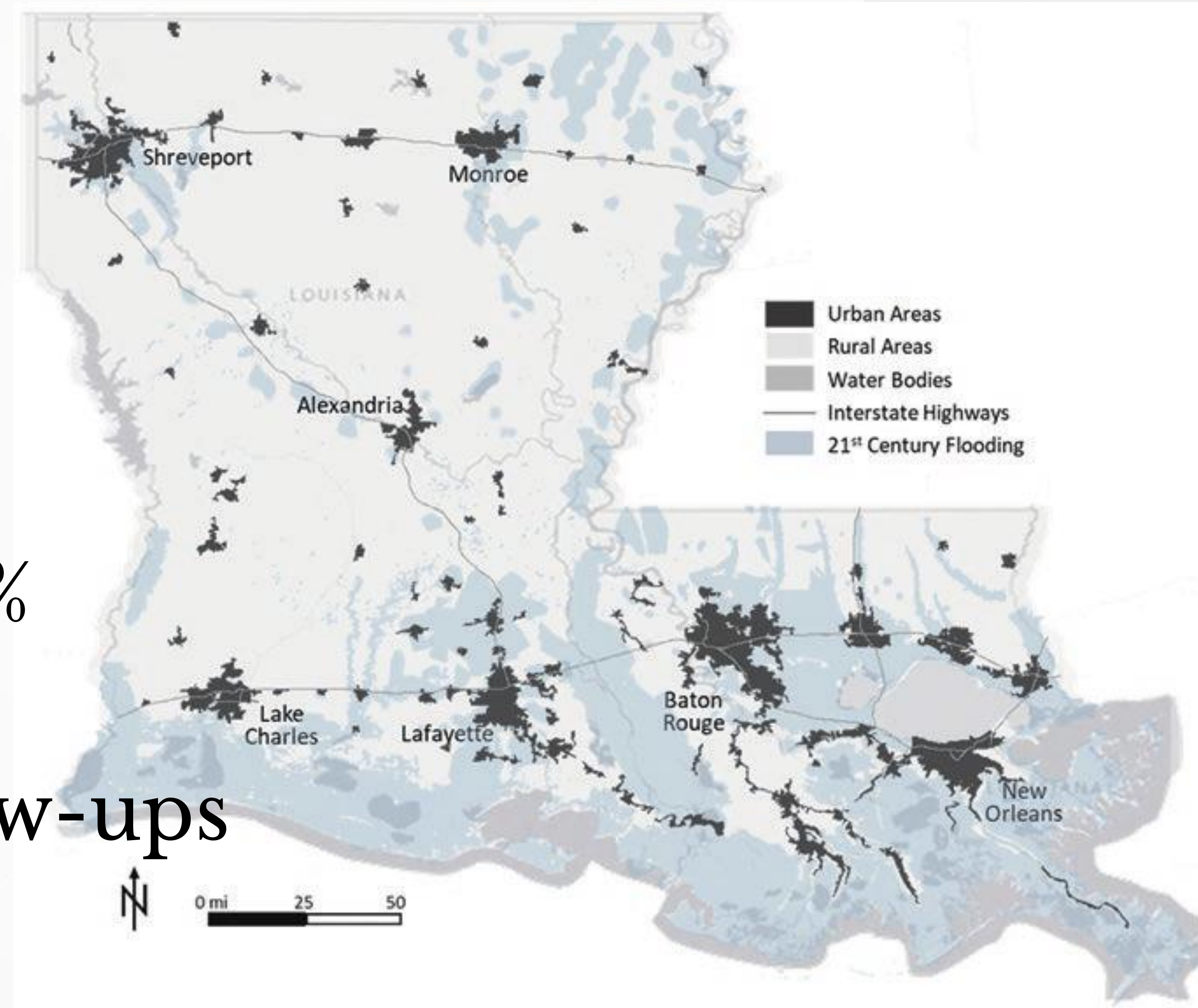
Males: 41/85 → 48% patients had followup
Females: 78/129 → 60% patients had followup

Findings: Male and female follow-ups increased from 2024.

URBAN V/S RURAL DEMOGRAPHICS (2025)

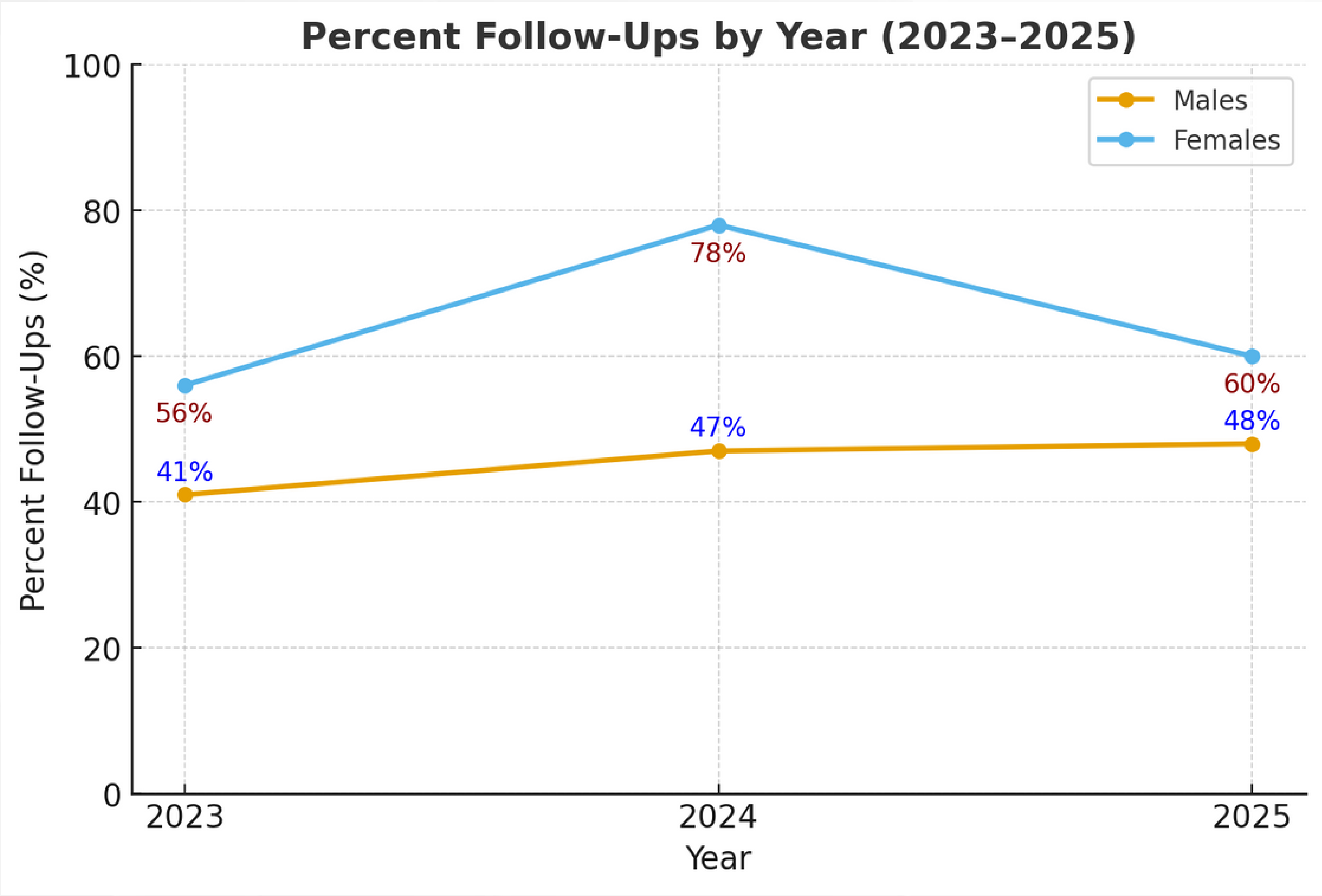
Ages: 6-18

- Rural Demographics:
  - Rural: 34/119⟶ 28%
- Urban Demographics
  - Urban: 85/119 ⟶ 71%



Findings: Majority of follow-ups occurred in urban areas.

SIGNIFICANCE OF THIS STUDY



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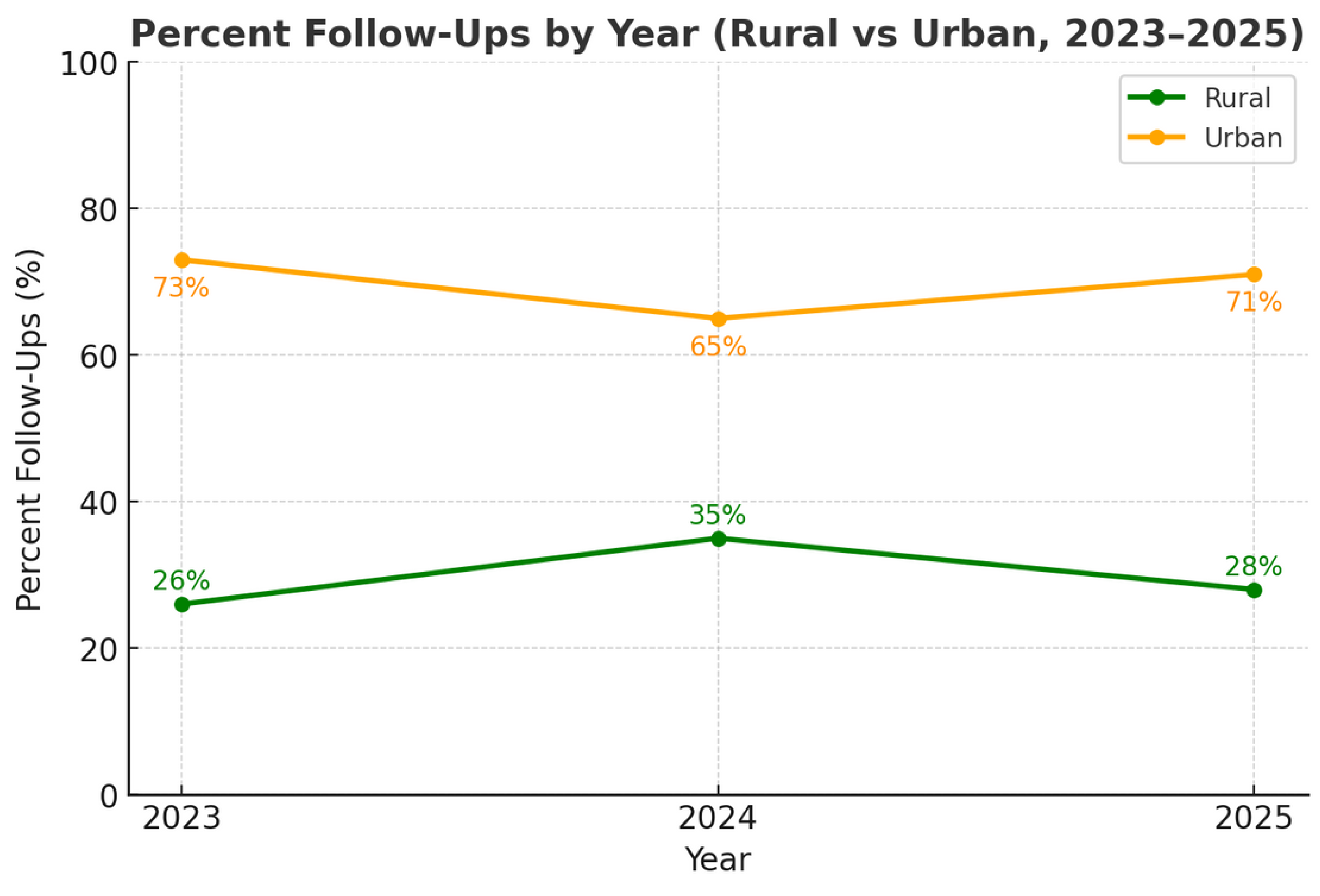

MEASURES IN PLACE

- **Enhanced hospital-to-MCO workflow: Real-time data exchange for admissions, discharges, and transfers to improve continuity of care.**
- **Warm hand-offs to behavioral health providers: Partnering with high-volume providers, scheduling MH/ follow-ups within 7 days, and navigator-led face-to-face visits.**
- **Discharge planning & information sharing: Members leave with a discharge plan, current medications, and scheduled aftercare appointments; providers receive details within 72 hours.**
- **Follow-up reminders & support: Case managers provide reminder calls 1–2 days before appointments and assist with transportation needs.**
- **Medication reconciliation & addressing barriers: Ensuring access to approved medications, addressing social determinants of health, and using teach-back methods to improve health literacy.**

SUGGESTIONS

- **Pediatric Specific Strategies**
  - **Embed behavioral health providers in pediatric primary care settings to increase access and reduce stigma .**
  - **Expand use of telehealth for youth follow-up visits, especially after hospitalization.**
  - **School-based mental health liaisons to ensure smooth transition from inpatient to outpatient follow-up .**

- **Addressing Rural vs. Urban Gaps**
  - **Implement mobile crisis teams and community health workers in rural areas to bridge access gaps .**
  - **Provide transportation vouchers or ride-share partnerships for rural families.**
- **Urban focus: improve care coordination hubs to reduce no-shows and enhance scheduling efficiency .**
- **Cross-Cutting Approaches**
  - **Leverage health information exchange for timely communication between hospitals and community providers .**
  - **Use text-message or app-based reminders tailored for adolescents and families .**

THANK YOU !

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PROBLEM STATEMENT

In Louisiana, many pediatric MDD patients experience gaps in follow-up care after discharge.

Contributing disparities:

- Geographic: Rural vs urban access
- Socioeconomic: Transportation, insurance, financial strain
- Demographic: Age and gender differences
- System-level: Wait times, provider shortages, stigma

Gaps in care → higher risk of ER visits, rehospitalization, and poorer long-term outcomes.

Sources: Alegría et al., 2018; SAMHSA, 2020; CDC, 2022