
Clinical Practice Guidelines Update

This [comprehensive guideline](#) was created and updated in 2020 to assist medical professionals in decision making for diagnosis and treatment of postmenopausal osteoporosis. The recommendations include use of pharmacologic therapy, how to monitor treatment, what defines successful treatment, roles of concomitant use of and sequential use of therapeutic agents, compression fracture vertebral augmentation and when to refer to an endocrinologist.

Along with the guideline is an updated 2020 updated algorithm which includes clarification of the diagnosis of osteoporosis, treatment options for postmenopausal osteoporosis with an updated stratification of the patient according to high-risk and very high-risk, inclusion of the new anabolic agent romosoxumab in the treatment algorithm, as well as transitions from therapeutic agents to now include denosumab.

These guidelines are sponsored by the American Association of Clinical Endocrinologists (AACE) and American College of Endocrinology (ACE). The expert panel created the guidelines through clinical evidence review per AACE/ACE guideline protocols.

Follow-up After Hospitalization for Mental Illness

Mental health illnesses still remain one the most common causes of hospitalization in the United States for those aged 18-44 years old. One study showed mental illness accounted for 18.7% of pediatric admissions, with a 30-day readmission rate of 8.0%.

Patients hospitalized for mental health issues are vulnerable after their discharge, making timely follow-up care by trained mental health clinicians critical for their health and well-being. Mental health clinicians are specifically qualified to identify potential reactions to medication changes made during hospitalization, as well as coping difficulties patients are experiencing while transitioning back to school, work and home.

The HEDIS measure Follow-Up After Hospitalization for Mental Illness (FUH) assesses the percentage of adults and children 6 years of age and older who were hospitalized for treatment of mental health disorders and had a follow up visit with a mental health provider within 7 days of discharge and within 30 days of discharge. The measure requires follow up to be with a mental health provider due to their specific qualifications to identify challenges for this population.

Timely follow-up care after hospitalization for mental illness decreases the likelihood of readmission, promotes better continuity of care, and results in improved outcomes. How can health care providers impact follow up care?

- Educate patients on the importance of following up with a mental health provider after hospitalization
- Promote early patient and family engagement in discharge planning
 - Schedule follow up appointments prior to discharge, utilizing telehealth services to bridge access gaps when appropriate
 - Provide appointment details such as date, time, provider name and address
 - Provide culturally competent care - a patient's culture and belief system can influence if they will seek help, what type of help, what coping styles and supports they have and what treatments might prove to be successful.
 - Identify barriers to care such as transportation and financial concerns
 - Identify resources including community health resources
- Improve communication between inpatient and outpatient resources to ensure smooth transitions

Connect patient to Network Health Case Management if not already established: 920-720-1340 or 800-555-3616

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