

Provider Profiling

Mental Health Inpatient
Psychiatric Services

10/1/09 to 9/30/10





Mental Health Inpatient Services

CBHNP utilizes a provider profiling process that is an important provider-level quality improvement activity, as well as an opportunity to internally track and trend data over a set period of time to identify possible areas of improvement. It is also a tool to make meaningful comparisons based on a varied data set including claims data, authorization data, quality reports and demographic information. Provider profiling results have been compiled using data from October 1, 2009 to September 30, 2010.

Mental Health Inpatient Psychiatric Services (MH IP) are those engaged in providing long-term and short-term inpatient psychiatric services for the diagnosis, treatment and care of individuals with mental diseases.

Overall, fifteen MH IP providers were profiled based on high volume criteria. The high volume providers were identified as those facilities that had greater than seventy-five discharges for the period. It is important to note that the data is representative of the entire Network, combining both Capital and North Central data for each identified provider.

MH IP Profiled Providers

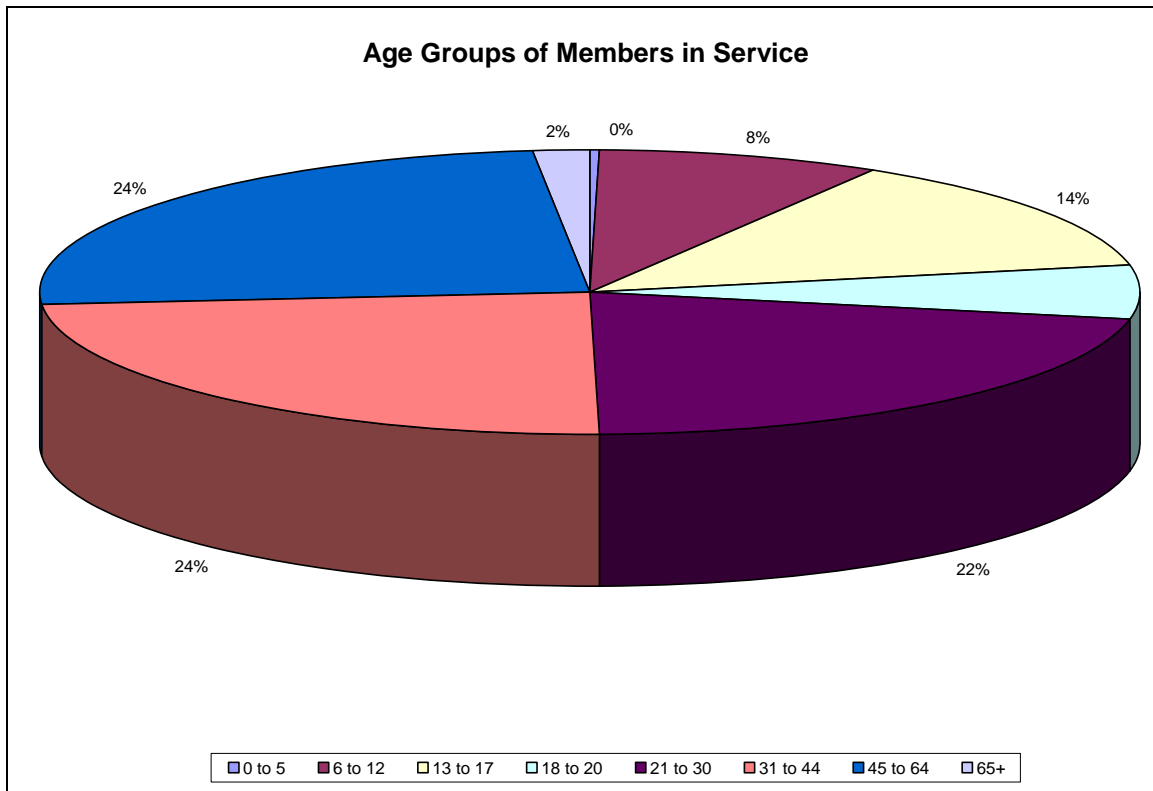
1. Altoona Regional Health System
2. Brook Lane Health Services
3. Brooke Glen Behavioral Hospital
4. Chambersburg Hospital
5. Conemaugh Valley Memorial Hospital
6. Divine Providence Hospital
7. Fairmount Behavioral Health Systems
8. Holy Spirit Hospital
9. KidsPeace Hospital
10. Lancaster General Hospital
11. Lancaster Regional Medical Center
12. Pennsylvania Psychiatric Institute
13. Philhaven
14. Somerset Community Hospital
15. Universal Health Services, Inc.

Profiled indicators include demographics, utilization, quality, compliance, competency and satisfaction.

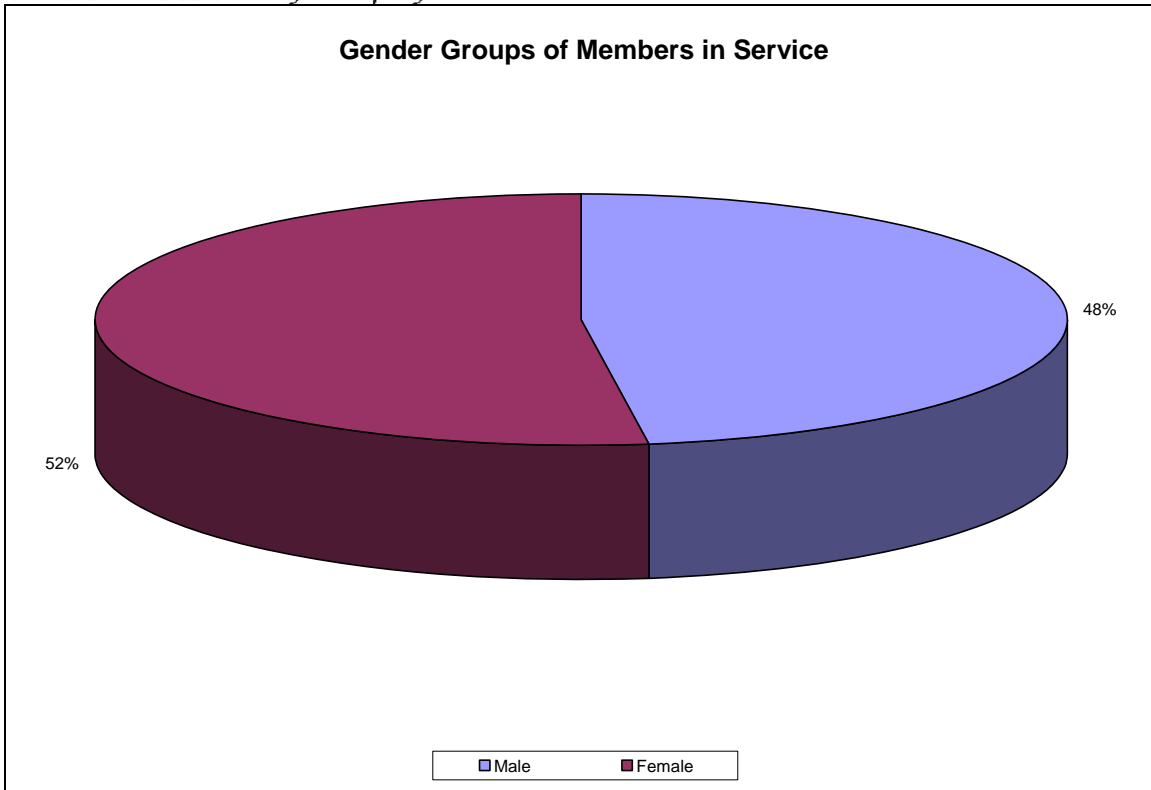
Demographics

Demographic information available for Members receiving MH IP services includes age, gender, race and diagnostic data.

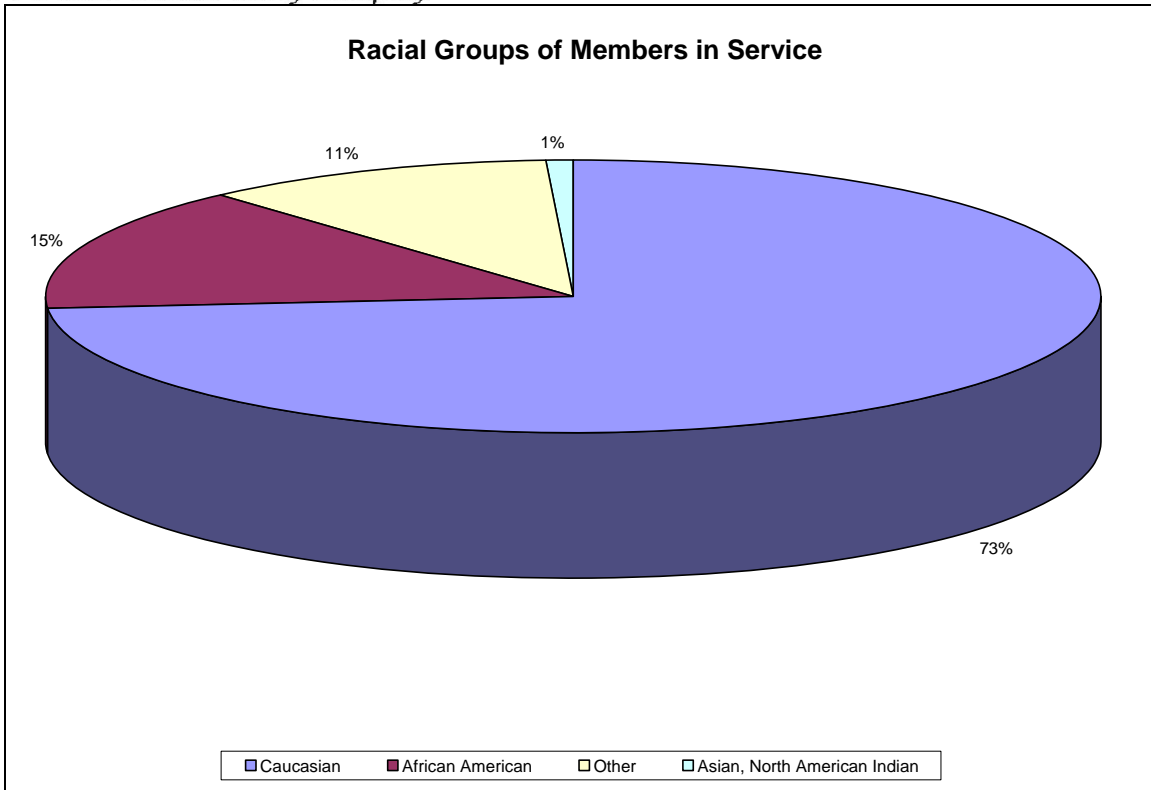
Overall, less than one percent of the Members were between the ages of zero and five, eight percent were between six and twelve, fourteen percent were between thirteen and seventeen, six percent were between eighteen and twenty, twenty-two percent were between twenty-one and thirty, twenty-four percent were between thirty-one and forty-four, twenty-four percent were between forty-five and sixty-four, and two percent were over the age of sixty-five.



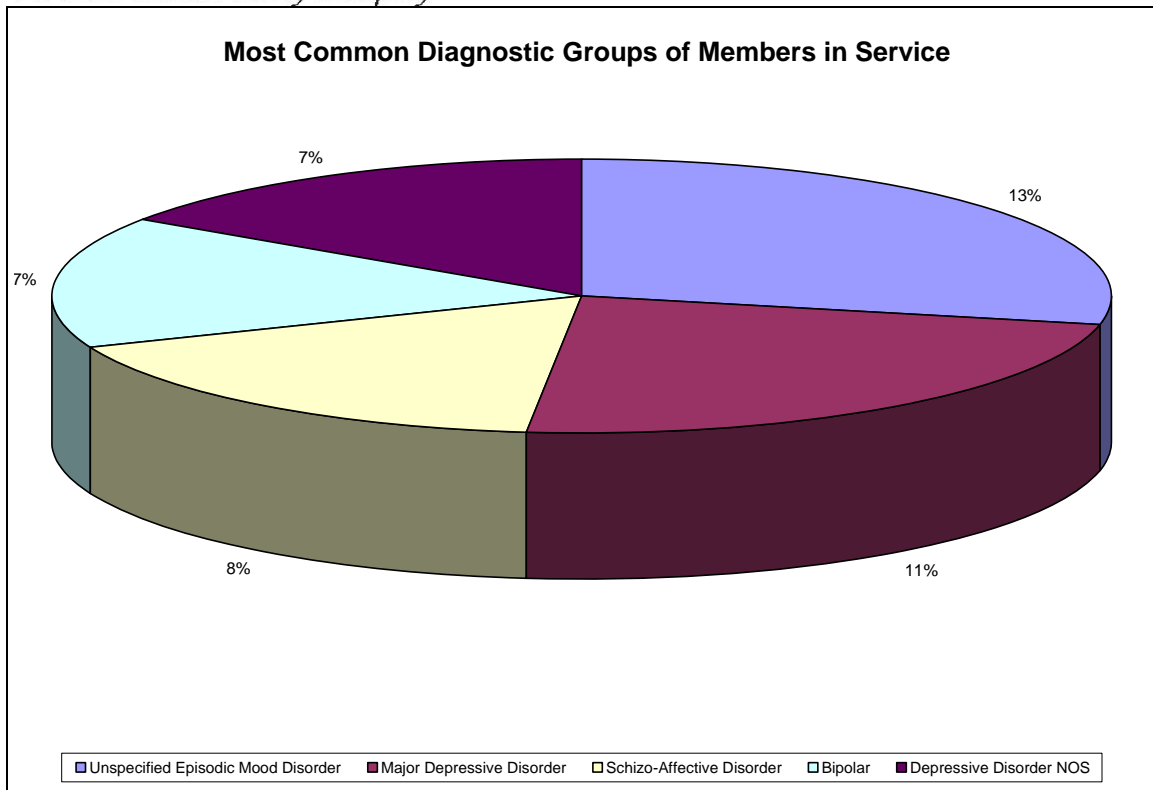
Fifty-two percent of Members receiving this service were female and forty-eight percent were male.



Seventy-three percent of these Members were Caucasian, fifteen percent were African American, eleven percent were categorized as Other, and one percent were Asian and North American Indian.



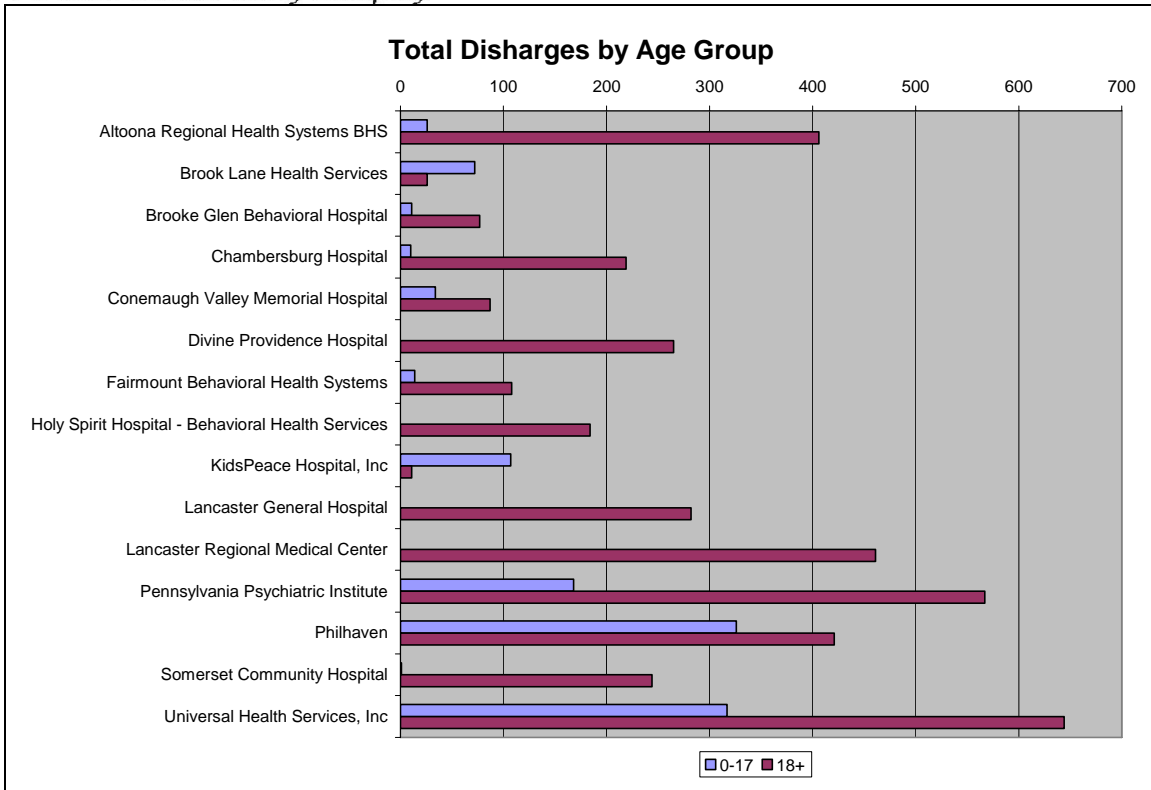
The most common diagnoses of Members receiving Mental Health Inpatient Services were Unspecified Episodic Mood Disorder – 296.90 at thirteen percent, Major Depressive Disorder – 296.33 at eleven percent, Schizoaffective Disorder – 295.70 at eight percent, Bipolar Disorder – 296.80 at seven percent, and Depressive Disorder Not Otherwise Specified– 311 at seven percent.



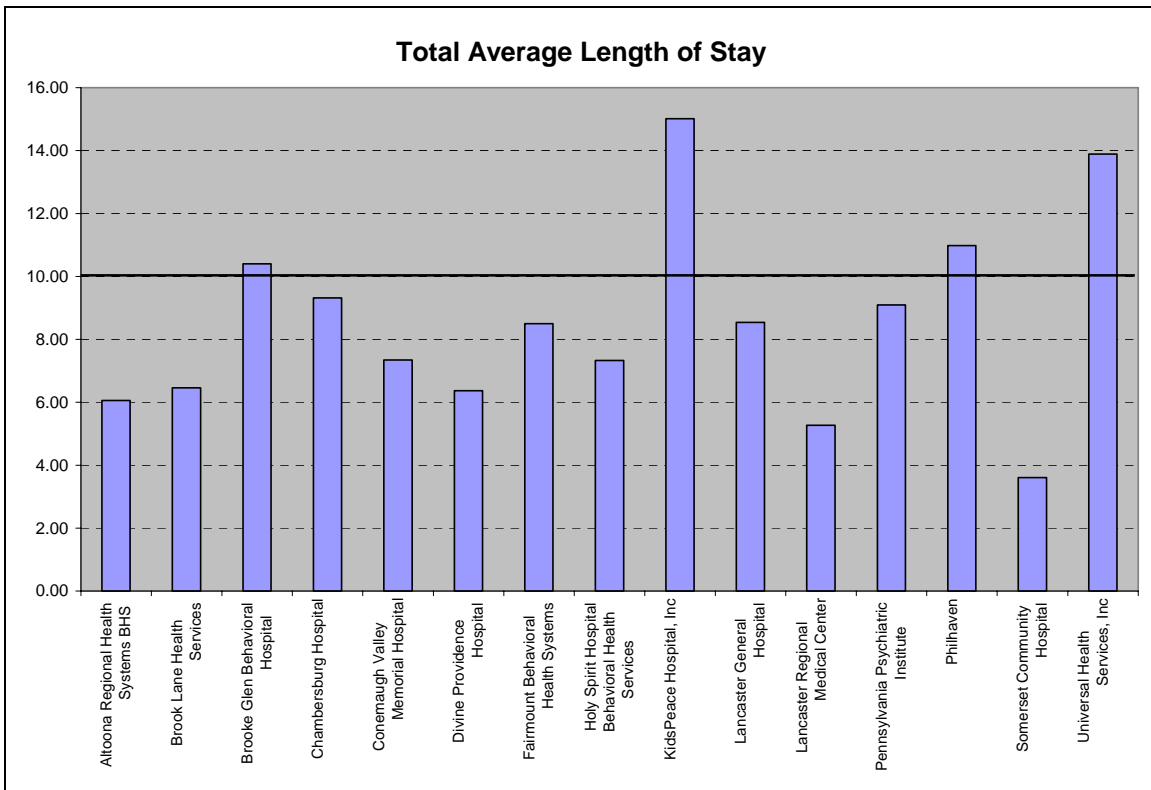
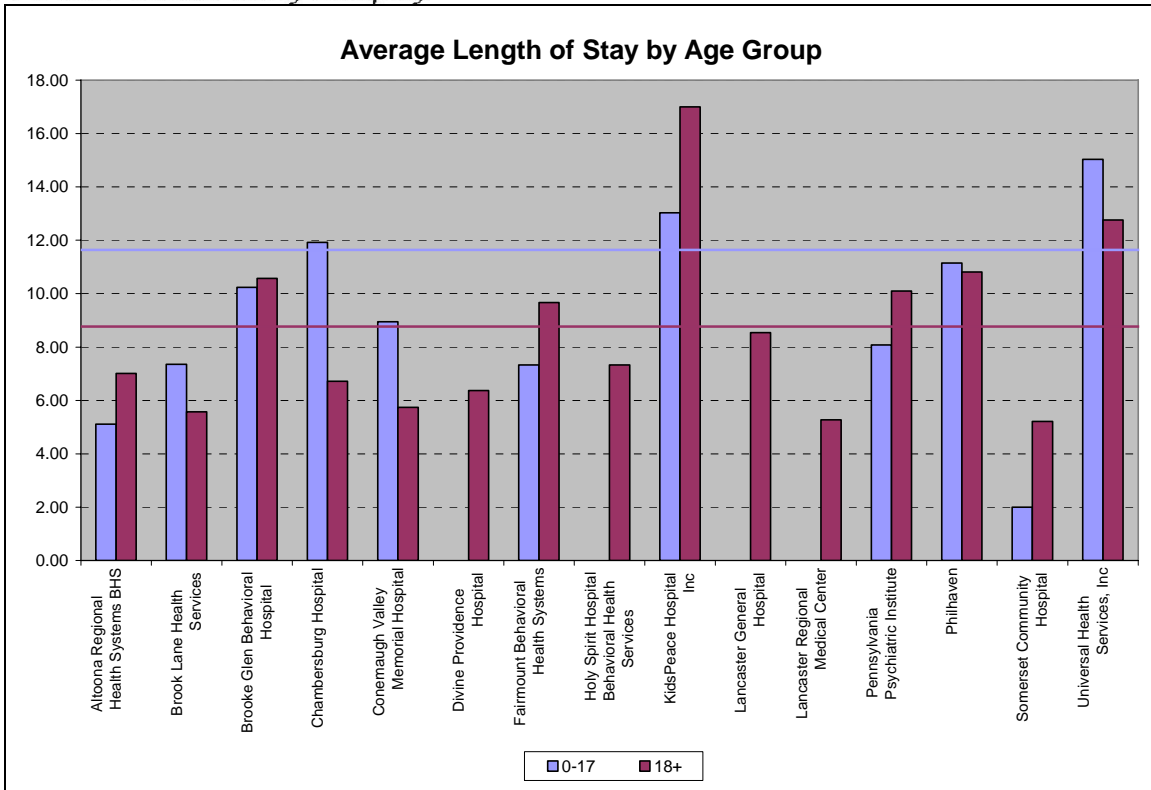
Utilization

Utilization information available for Members receiving MH IP services includes the total number of discharges, average length of stay, number of recidivism episodes, 30-day readmission rate and rate of follow up within seven days of discharge. It should be noted that four providers, Divine Providence Hospital, Holy Spirit Hospital, Lancaster General and Lancaster Regional, did not provide services to Members from the zero to seventeen age group. Therefore these providers have a score of zero in the charts below for the zero to seventeen age group.

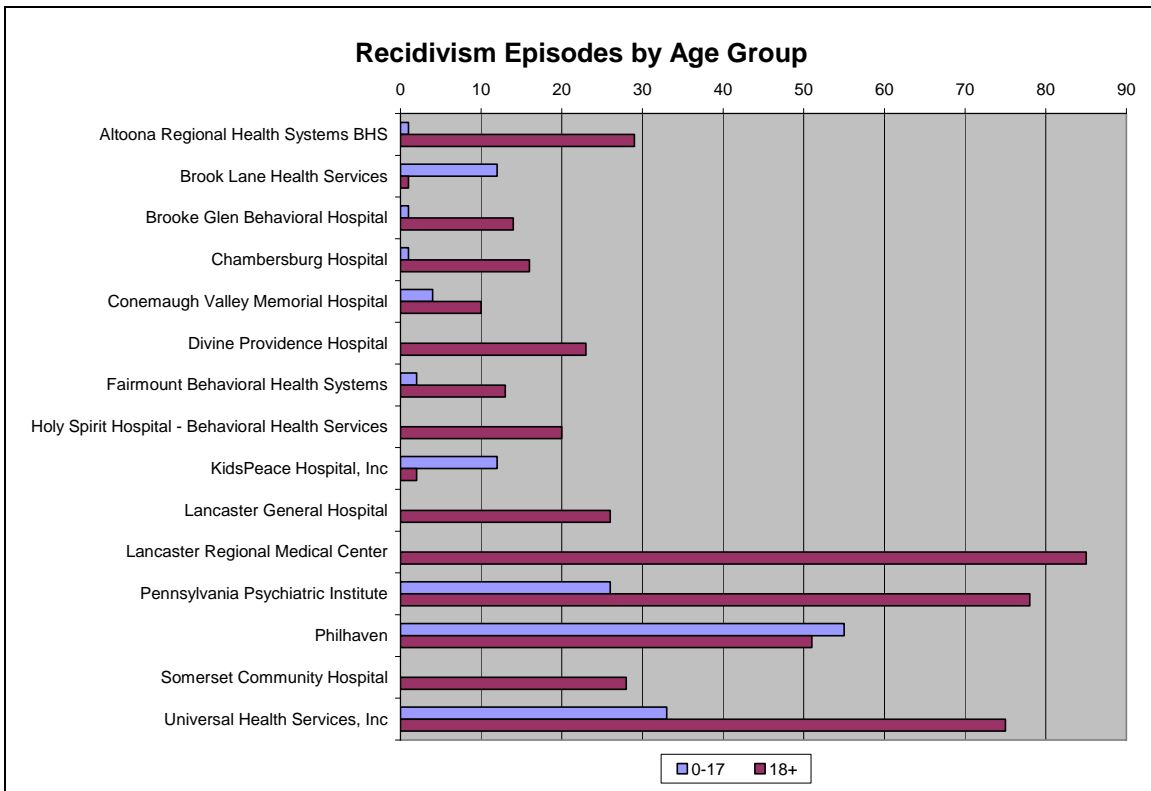
The total number of discharges across the Network for the age group zero to seventeen was 1,194, which is slightly greater than the 2008-2009 results of 1,069. The total number of discharges for the age group eighteen and over was 4,308, which is a moderate increase from the 2008-2009 total of 3,938.



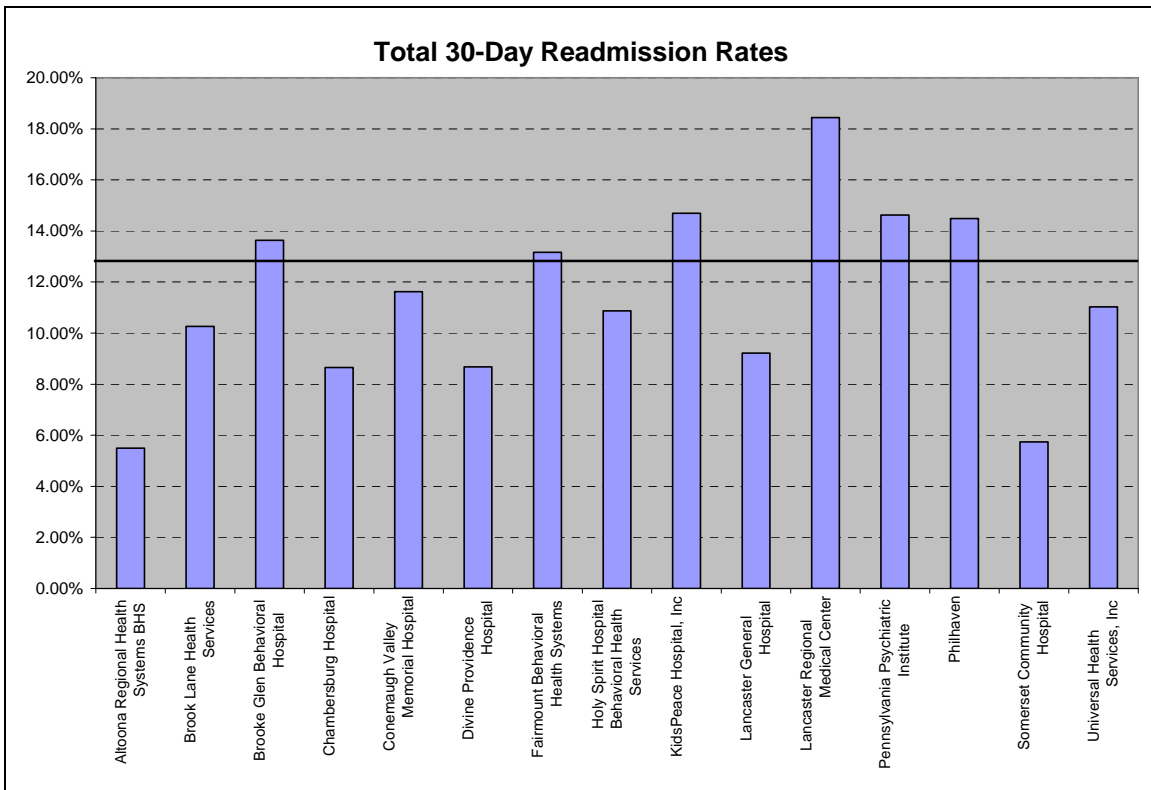
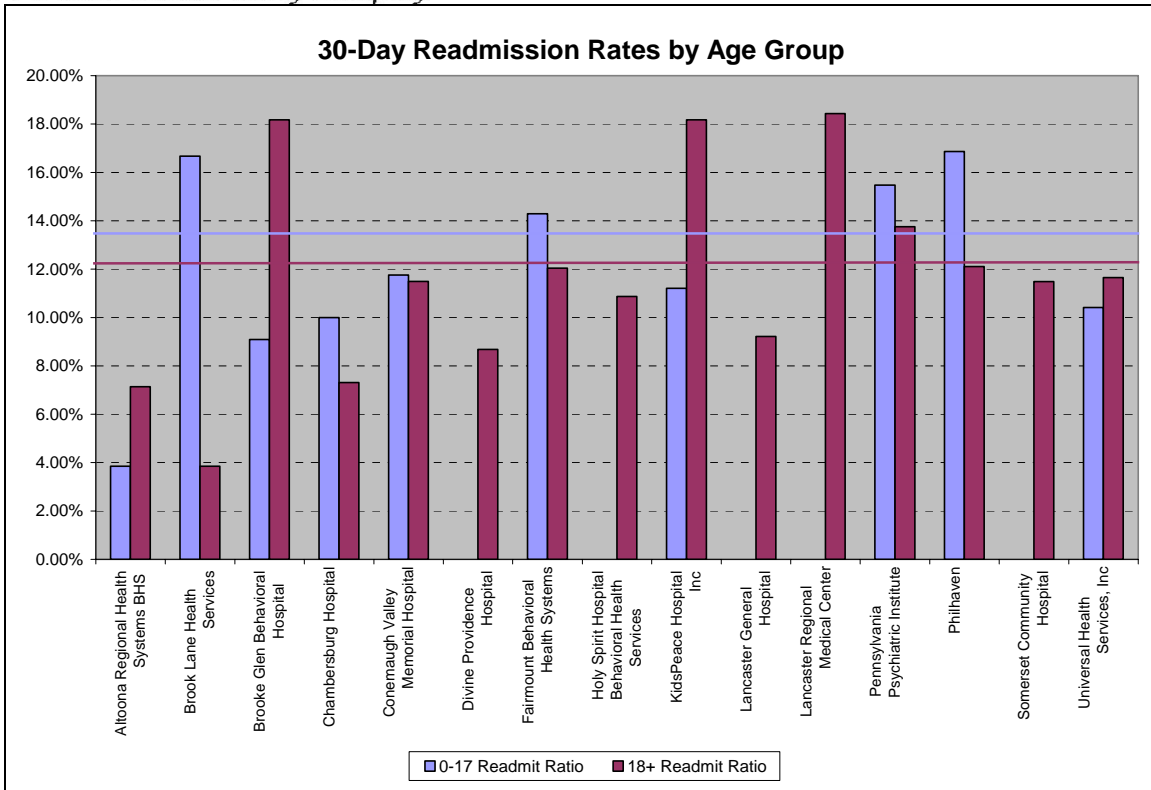
The average length of stay across the Network for the age group zero to seventeen was 11.33 days, slightly greater than 2008-2009's average of 11.31 days. For the age group eighteen and over, the average length of stay was 8.67 days, which is a slight increase from the average of 7.42 days in 2008-2009. These averages are indicated by the solid lines in the charts below. Providers that had a total average length of stay for both age groups below the Network average met one of the three target criteria for preferred provider status. Eleven of the fifteen profiled providers met this goal.



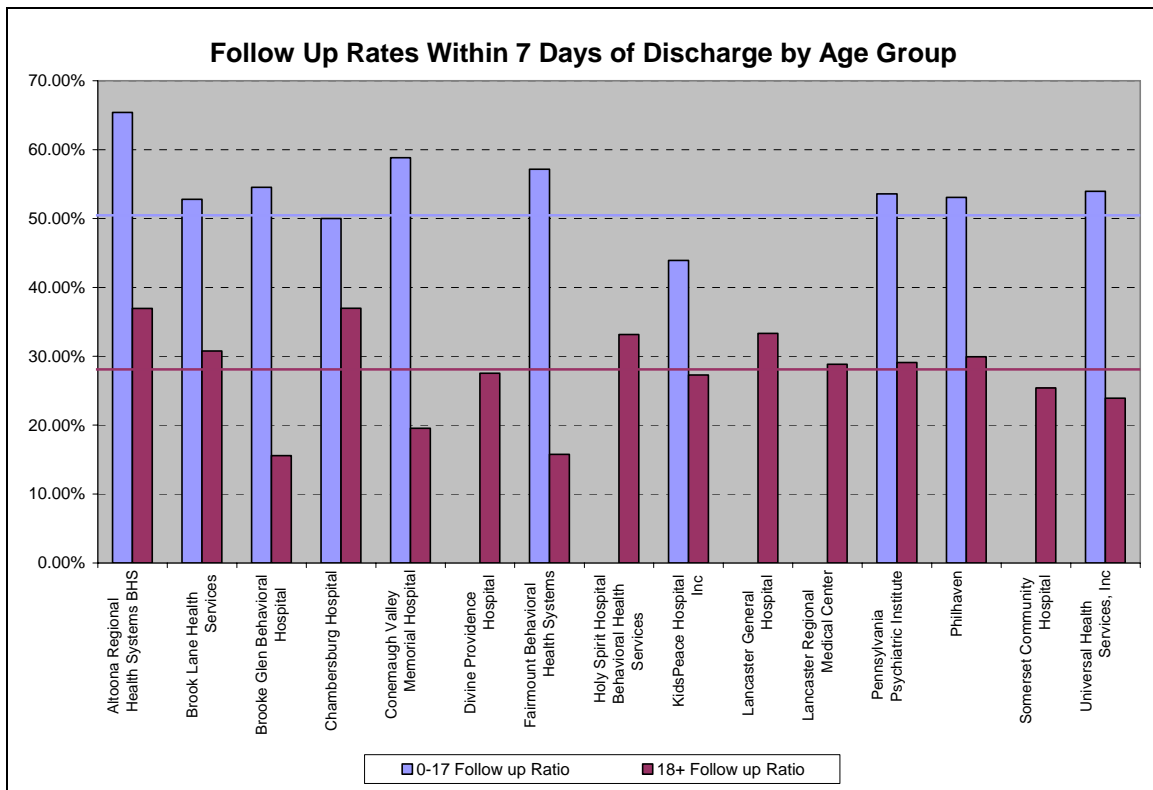
Across the Network there were 163 episodes of recidivism, or the number of admissions for unduplicated Members, for the age group zero to seventeen and 522 episodes for the age group eighteen and over, both an increase from the number of episodes from 2008-2009 of 116 and 522 respectively. The episodes for the profiled providers ranged from zero to eighty-five.

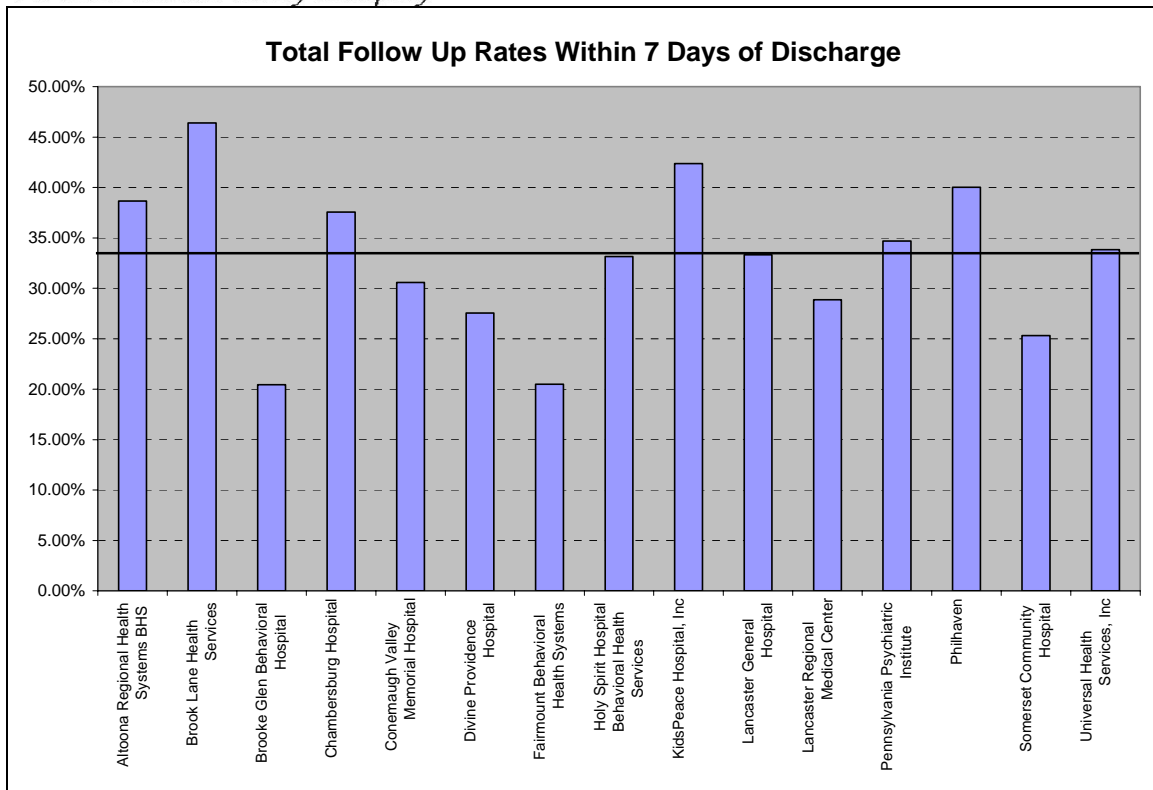


The average 30-day readmission rate for the Network was 13.65% for Members age zero to seventeen and 12.12% for Members age eighteen and over, as indicated by the solid lines in the charts below. These averages are also greater than the 2008-2009 averages of 10.85% for zero to seventeen and 11.76% for eighteen and over. Readmission rates are based on readmissions to any MH IP facility within 30 days, excluding transfers. Providers that had a total readmission rate below the Network average met the second of three target criteria for preferred provider status. Nine providers met this goal.



The average follow up rate within seven days of discharge for the Network was 51.42% for the age group zero to seventeen and 28.18% for the age group eighteen and over. These rates have significantly decreased since 2008-2009, which showed averages of 73.11% for zero to seventeen and 50.50% for eighteen and over. The range of the follow up rates for the profiled providers was from zero percent to 65.38%, with an overall total of 33.22% for both age groups combined. The Office of Mental Health and Substance Abuse set a gold standard rate of 90% Member participation in aftercare follow up within 7 days.

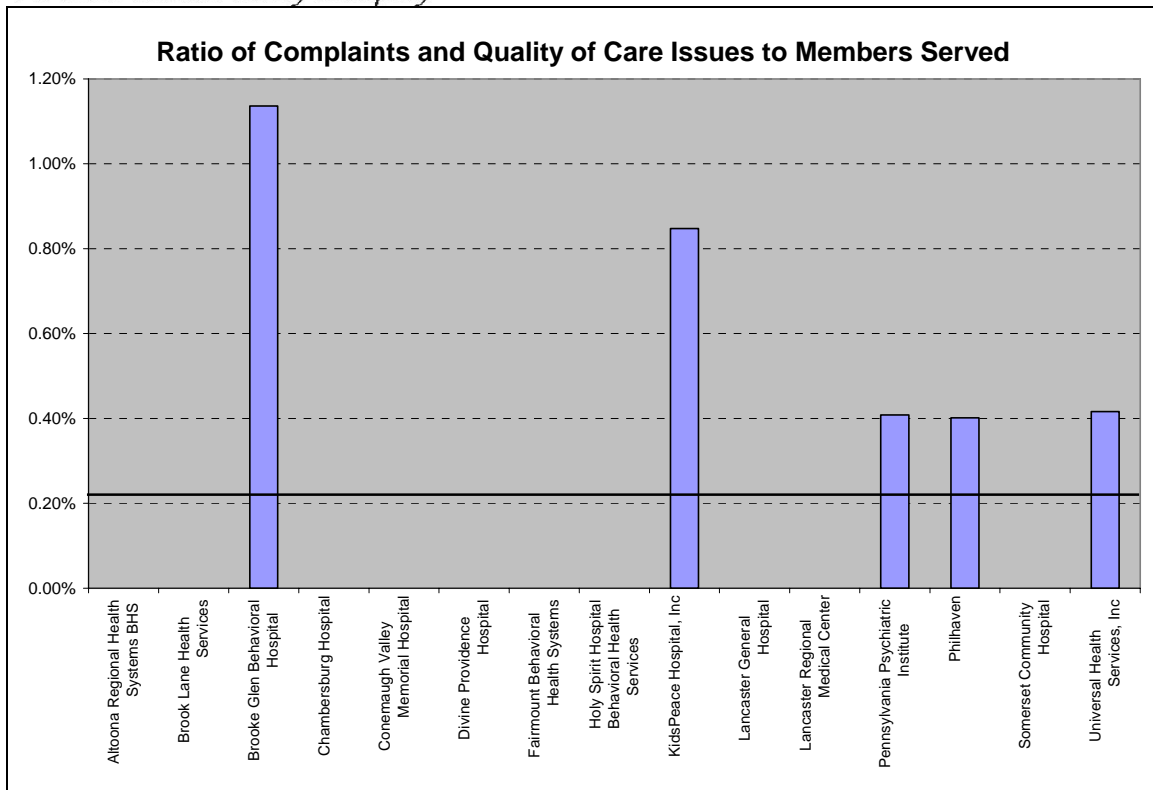




Quality

The quality indicators for MH IP services were measured by the total number of complaints, quality of care issues and critical incident reports submitted by the provider.

Across the Network there were a total of thirty-six complaints and quality of care issues, resulting in a 0.27% ratio of complaints and quality of care issues to Members served. Providers that had no complaints indicative of Member safety or other risk problems or quality of care issues met the third and final criteria for preferred provider status. Ten providers met this goal. The remaining providers had from one to four complaints filed against them. Additionally, the number of quality of care issues ranged from one to five.

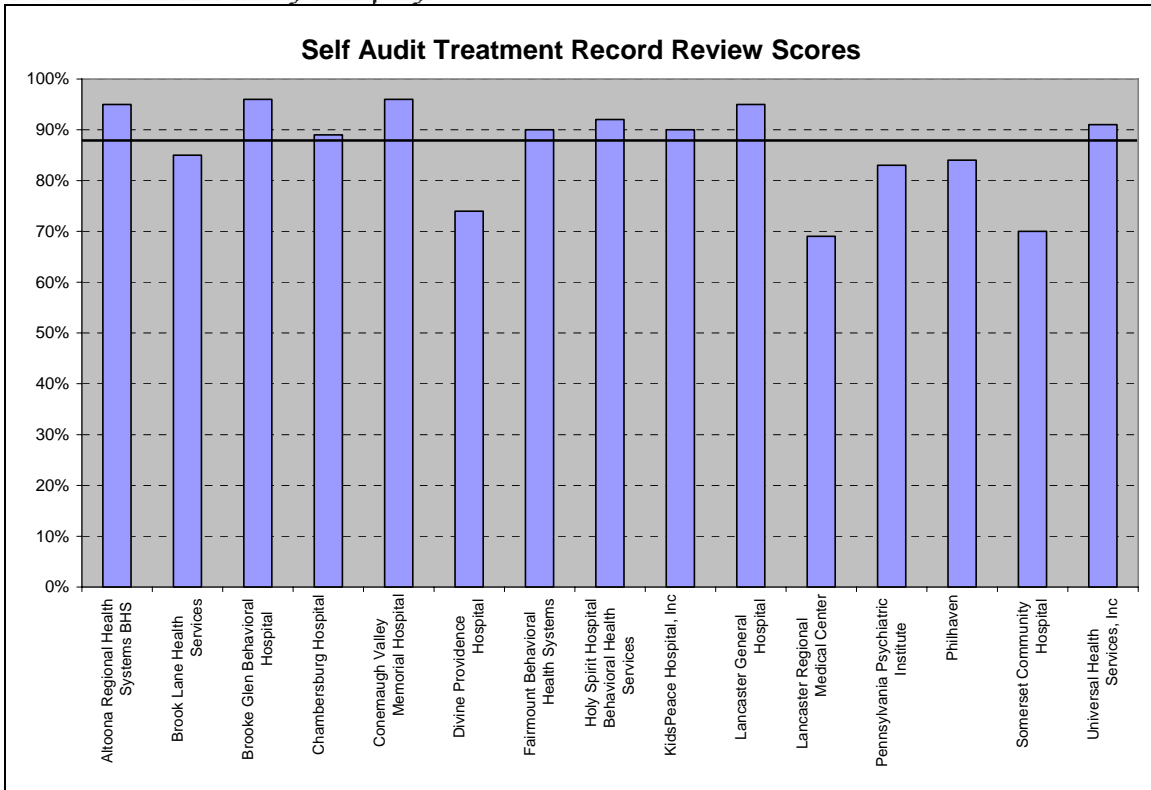


There were a total of 349 critical incident reports submitted, eleven of which resulted in a quality of care or safety issue, with a corresponding ratio of 0.20% of critical incident reports resulting in quality of care or safety issues to Members served. All of the profiled providers had a ratio of zero percent except Fairmount Behavioral Health Systems and Universal Health Services, which had ratios of 1.64% and 0.21% respectively.

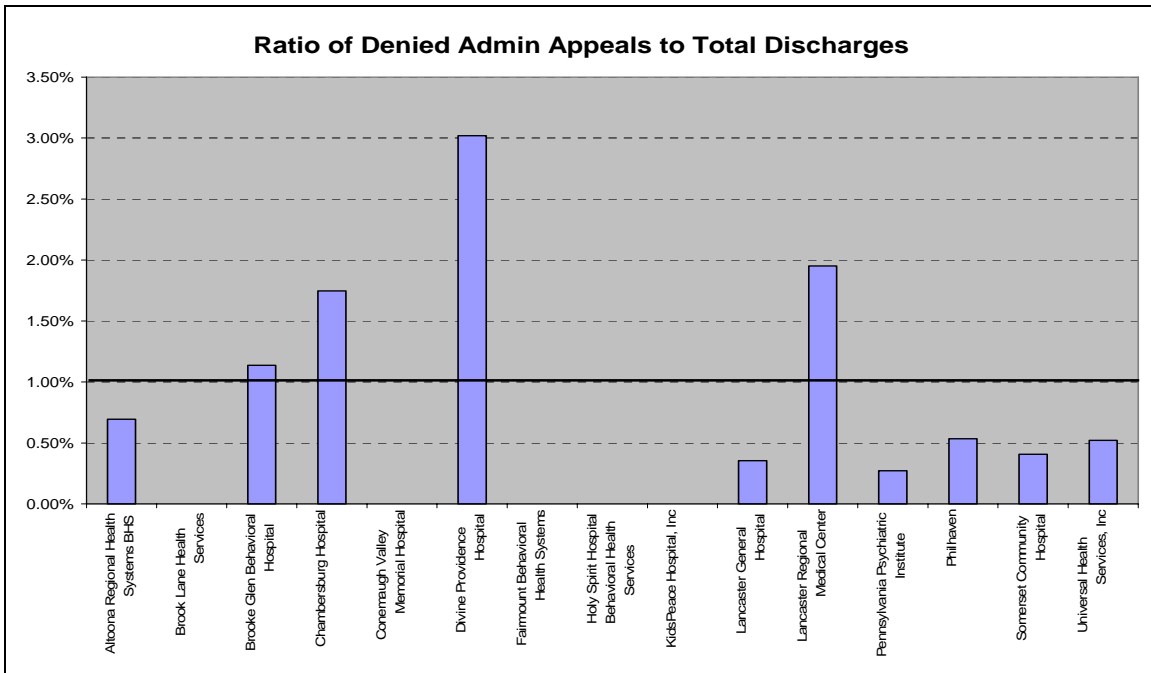
Compliance

Compliance indicators were measured using providers' Treatment Record Review scores, the number of denied administrative appeals and the number of provider performance issues reported for each provider.

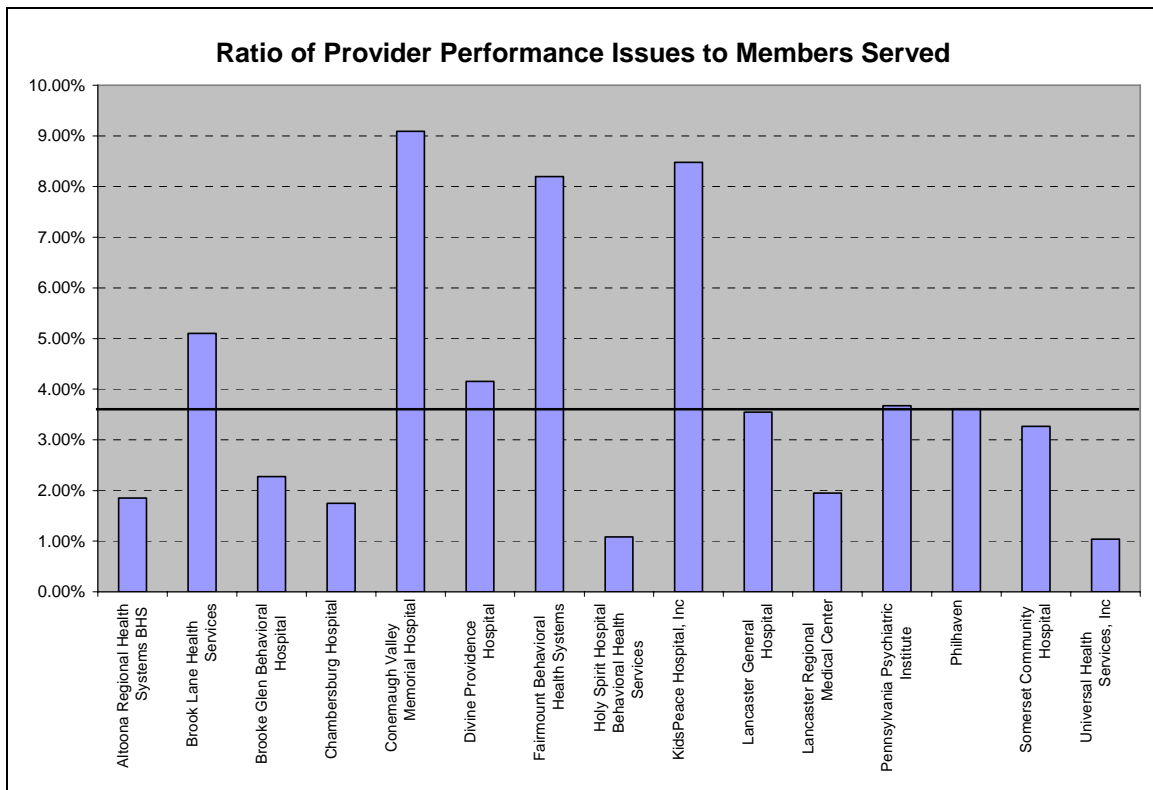
The average self audit Treatment Record Review score across the Network was 87%. None of the profiled providers received an on site audit during the profiled period. The passing score for all providers was 72%.



There were fifty-six denied administrative appeals across the Network, with an average ratio of denied administrative appeals to total discharges of 1.02%.



Although provider performance monitoring is subdivided in to several provider issues, profiling was completed using the issue with the highest volume of documented instances. The issue with the highest number of instances used for profiling was *incorrect or no record of aftercare appointment information*. Across the Network there were 198 documented issues, with a corresponding ratio of 3.60% of provider performance issues to Members served. Providers who had a ratio of provider performance issues to Members served less than or equal to the Network average of 3.60% met the final target criteria for preferred provider status. Eight of the fifteen profiled providers met this criterion.



Competency

Competency was measured using the provider's Co-Occurring Competency score and the percentage of provider trainings that were attended.

All providers received a Co-Occurring Competency score of zero percent, with the exception of Chambersburg Hospital, KidsPeace Hospital and Pennsylvania Psychiatric Institute, which scored eighty percent, forty-five percent and seventy-two percent respectively. Additionally, during the profiled period, there was no data available for Conemaugh Valley Memorial Hospital, Lancaster General Hospital and Philhaven, and therefore no scores are available for these providers.



Only four of the profiled providers, Divine Providence Hospital, Fairmount Behavioral Health Systems, KidsPeace Hospital and Universal Health Services, attended the available provider trainings held throughout the profiled period. In fact, these providers attended 100% of the available trainings. Across the Network, provider training attendance ranked at only 17%.

Satisfaction

Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. Members were satisfied with the outcomes of the complaints filed against five of the profiled providers 100% of the time. Overall satisfaction for the entire Network was also measured as 100%.

Preferred Provider Status

Five providers, Altoona Regional Health Systems, Chambersburg Hospital, Holy Spirit Hospital, Lancaster General Hospital and Somerset Community Hospital, met all four of the target criteria to achieve preferred provider status. For MH IP providers, preferred provider status allows for an initial authorization of up to five days when Medical Necessity Criteria has been met. In summary, the target criteria included an average length of stay less than the Network average, a 30-day readmission rate less than or equal to the Network average, no complaints indicative of Member safety or other risk problems and a ratio of provider performance issues to total discharges of less than or equal to the Network Average.

Network Recommendations

When summarizing the information contained above, several strategies for impacting IP provider performance can be identified.

- Encourage IP providers and evaluators (primarily psychiatrists) to implement more structured training and supervision including CASSP, Life Domain format, Best Practice guidelines, and levels of care
- Establish an active treatment culture that incorporates evidence based treatment packages
- Encourage all IP staff to actively focus on appropriate and meaningful discharge planning with full family involvement
- Develop a philosophy that embraces the use of WRAPs, as well as actively uses recovery principles
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports
- Develop a consortium of IP providers in order to share information and collectively address difficulties
- Develop procedures that will assist IP staff with complying to CBHNP expectations



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- Encourage IP evaluators to closely match the symptoms and behaviors that are presented in the assessment with the discharge recommendations offered
- Develop internal policies and procedures to facilitate more effective collaboration with other mental health providers
- Encourage IP facilities to utilize Peer Support Specialist on the units to further promote the utilization of this service.