

Provider Profiling

Partial Hospitalization
Programs

10/1/09 to 9/30/10





Partial Hospitalization Programs

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.

Partial Hospitalization Programs (PHP) are active outpatient psychiatric day or evening treatment sessions that include medical, psychiatric, psychological, and psychosocial treatment. This service is provided in a supervised, protective setting for a minimum of 3 hours and a maximum of 6 hours in a 24-hour period. The session is provided by a psychiatrist or by psychiatric partial hospitalization personnel under the supervision of a psychiatrist.

Overall, fifteen PHP providers were profiled based on high volume criteria. The high volume criterion that was utilized was a facility serving more than twenty-five unique Members for the period.

Profiled Providers

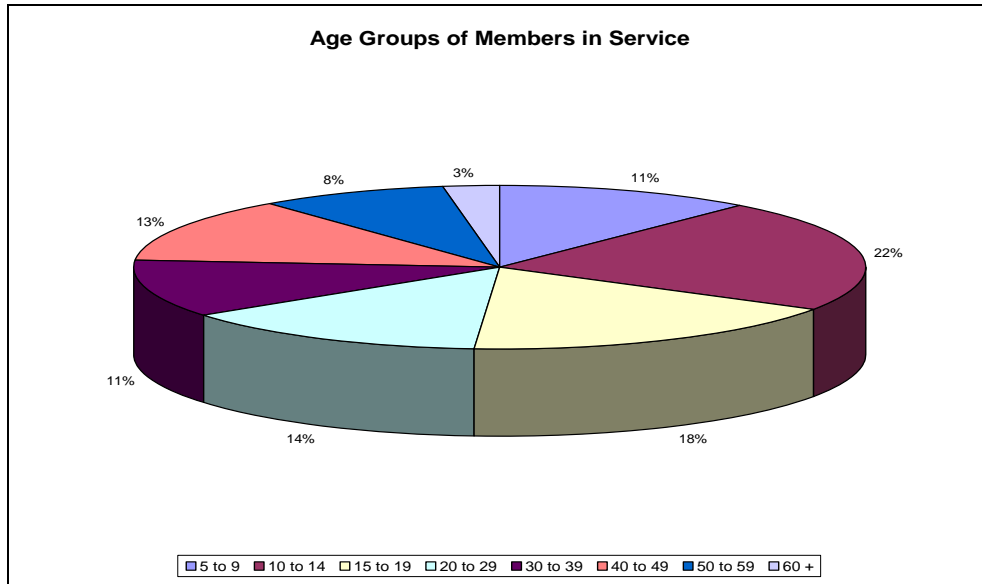
1. Bedford-Somerset MH/MR
2. Behavioral Specialists, Inc.
3. Capital Area Intermediate Unit
4. Catholic Charities, Inc.
5. Children's Aid Home Programs
6. Community Services Group, Inc.
7. Edgewater Psychiatric Center – NHS
8. Home Nursing Agency
9. Northwestern Human Services of PA
10. Nulton Diagnostic and Treatment
11. Pennsylvania Psychiatric Institute
12. Philhaven
13. Pinnacle Health Hospitals, Inc.
14. Steven's Center – NHS
15. Universal Community Behavioral Health

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

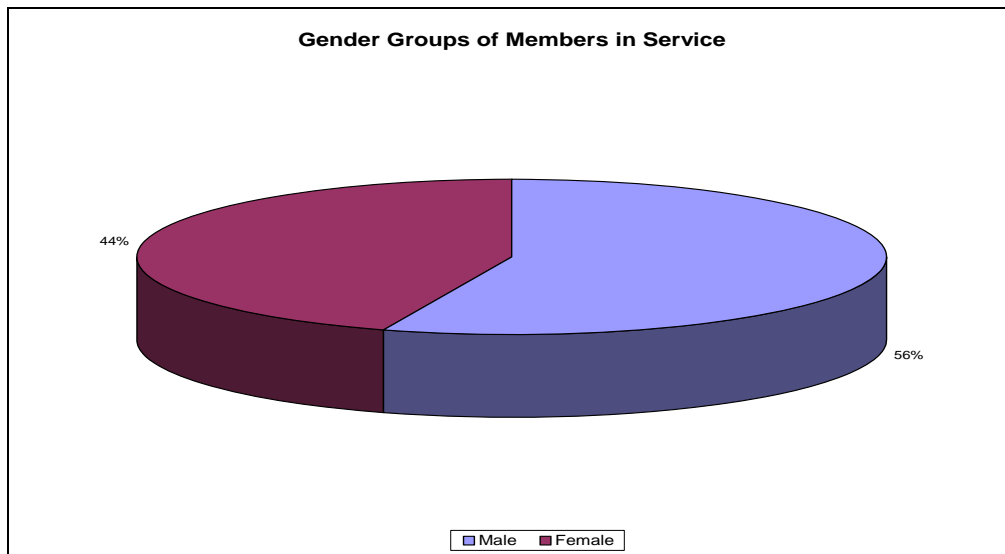
Demographics

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

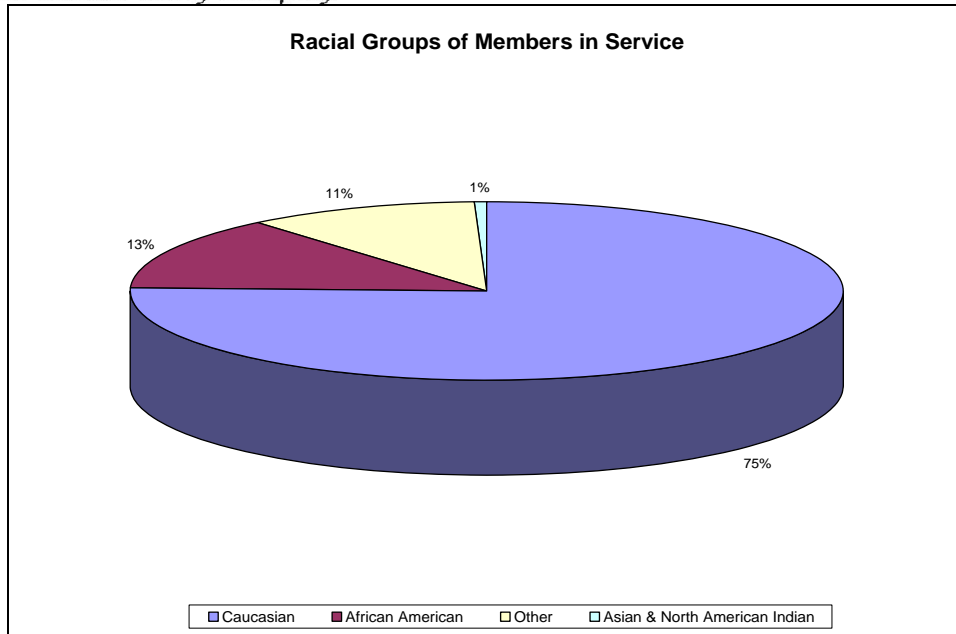
Overall, eleven percent of the Members were between the ages of five and nine, twenty-two percent were between ten and fourteen, eighteen percent were between fifteen and nineteen, fourteen percent were between twenty and twenty-nine, eleven percent were between thirty and thirty-nine, thirteen percent were between forty and forty-nine, eight percent were between fifty and fifty-nine, and three percent were over the age of sixty.



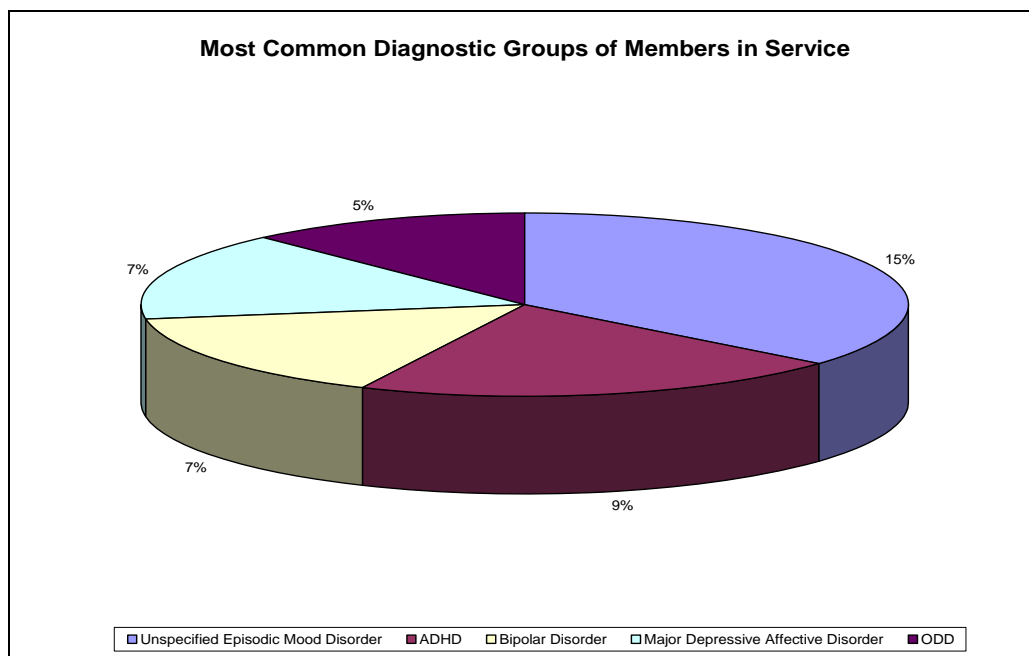
Fifty-six percent of Members receiving this service were male and forty-four percent were female.



Seventy-seven percent of these Members were Caucasian, thirteen 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 Partial Hospitalization Services were Unspecified Episodic Mood Disorder – 296.90 at fifteen percent, Attention Deficit Hyperactivity Disorder – 314.01 at nine percent, Bipolar Disorder – 296.80 at seven percent, Major Depressive Affective Disorder – 296.33 at seven percent and Oppositional Defiant Disorder – 313.81 at five percent.

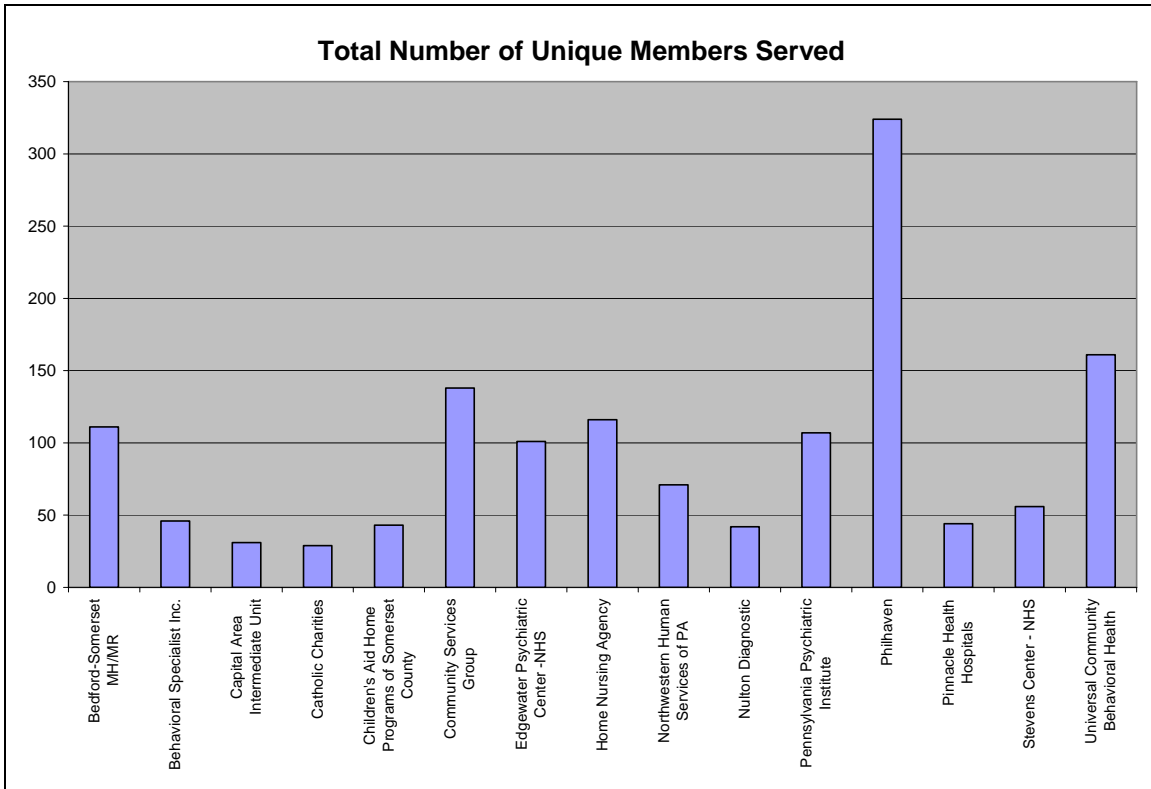


Utilization

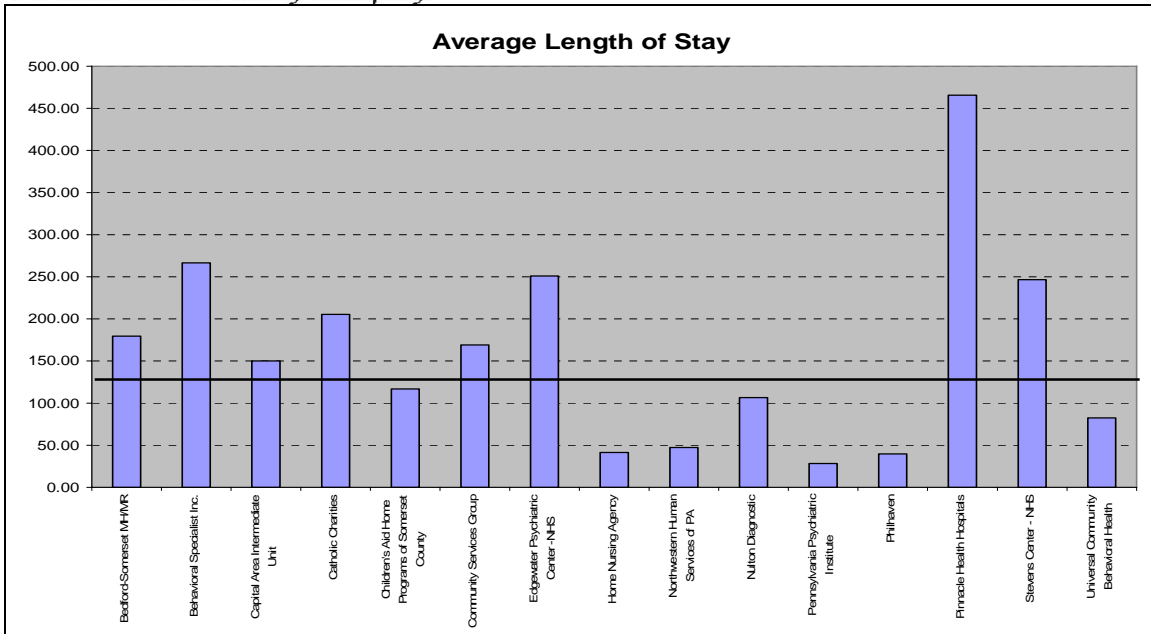


Utilization information available for Members receiving PHP services includes the number of unique Members, the average length of stay, which is limited to data for discharged treatments only, and the number of Inpatient or Residential Treatment Facility (RTF) admissions during treatment.

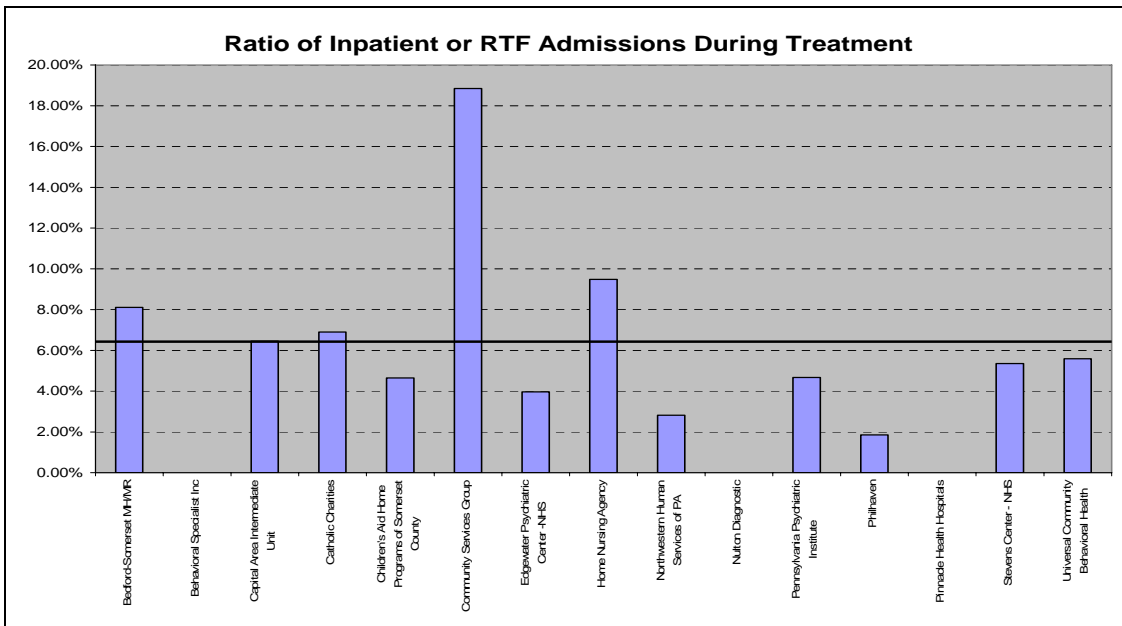
The total number of unique Members served across the Network was 1,398, up from 1,108 in 2008-2009. The number of unique Members served by the profiled providers ranged from twenty-nine to 324.



The average length of stay across the Network was 118.34, down from 153.18 days in 2008-2009, as indicated by the solid black line in the chart below. Providers that had an average length of stay below the Network average met one of the four target criteria for overall performance. Seven of the fifteen profiled providers met this goal.

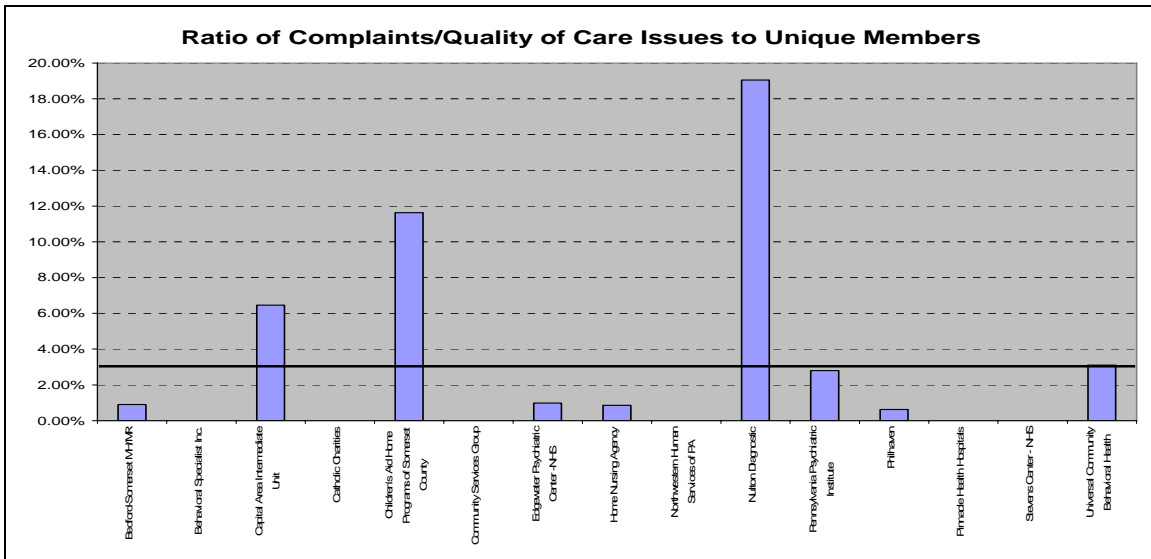


Across the Network, the total number of inpatient or Residential Treatment Facility admissions was 84, representing a ratio of 6.01% admissions to unique Members. The profiled providers ranged from zero to twenty-six admissions during the period, with a corresponding ratio of admissions to unique Members of zero percent to 18.84%.

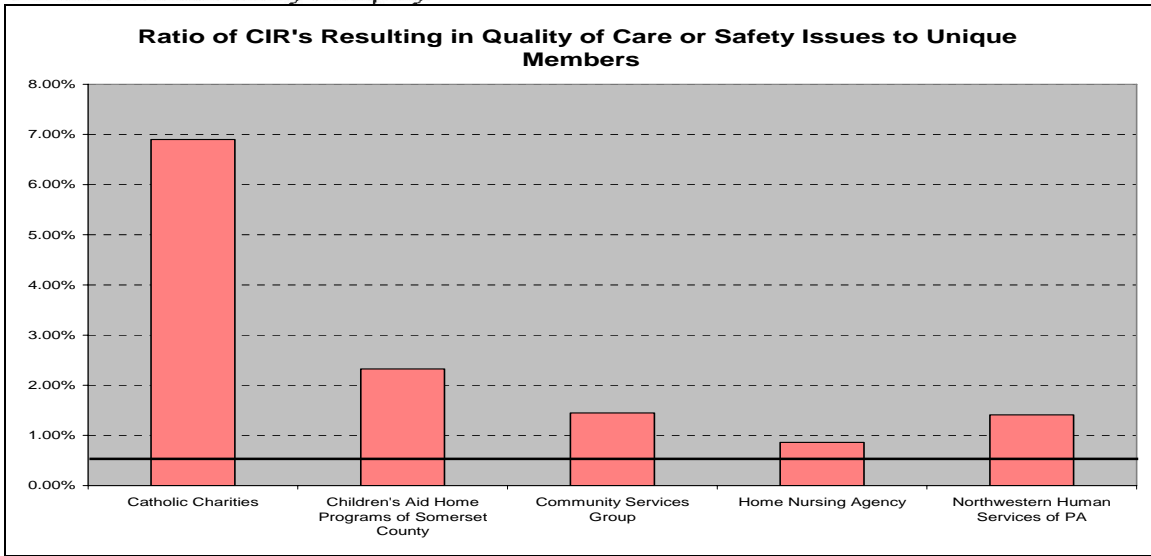


The quality indicators for PHP services were measured by the total number of complaints, quality of care issues, critical incident reports submitted by the provider and the provider’s Co-Occurring Competency Score.

Across the Network there were a total of forty-two complaints and quality of care issues reported, resulting in a negligible 3.00% ratio of complaints/quality of care issues to Members served.



There were a total of 206 critical incident reports (CIR’s) submitted across the Network. Seven of the reported critical incidents resulted in quality of care or safety issues, which is a 0.50% ratio of CIR’s resulting in quality of care or safety issues to unique Members. Ten of the profiled providers had zero CIR’s resulting in quality of care or safety issues. The remaining five providers had ratios that scored above the Network average.

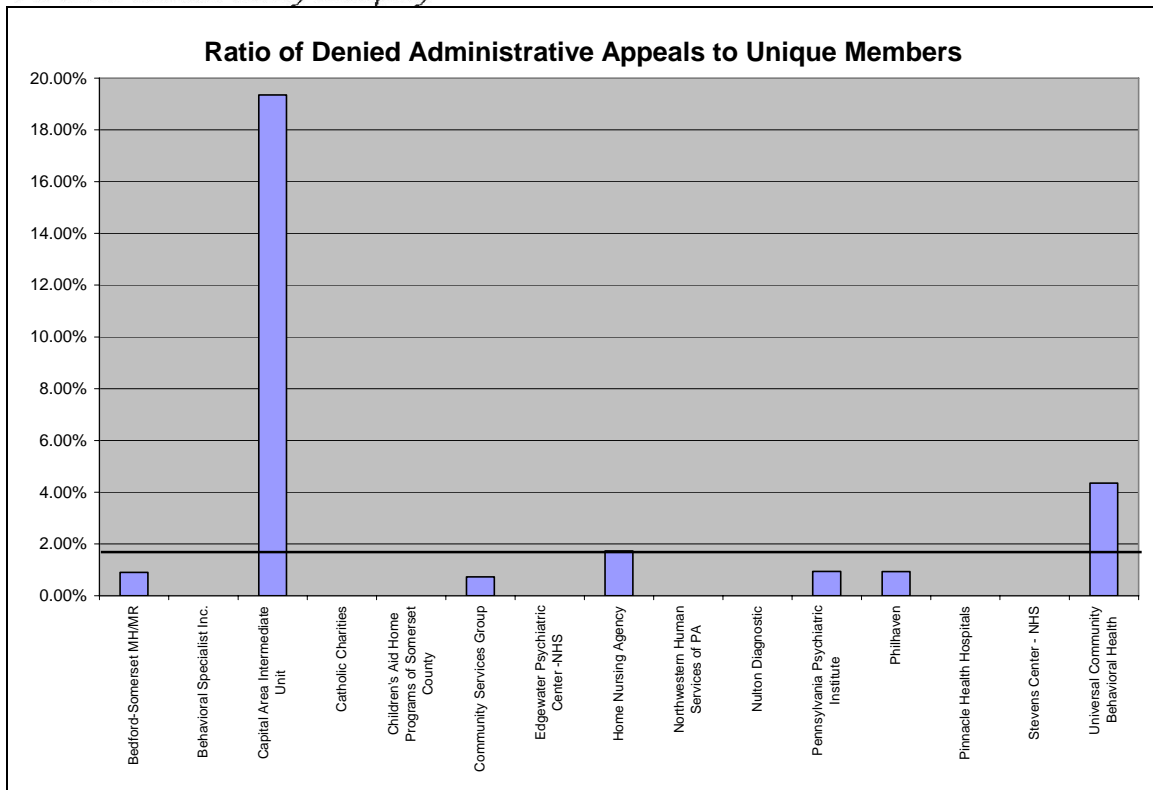


Of the fifteen profiled providers, only two received a Co-Occurring Competency Score. Both Bedford-Somerset MH/MR and Community Services Group scored seventy-nine percent. All other providers received a zero percent score, except Universal Community Behavioral Health, which did not have data available to calculate a score.

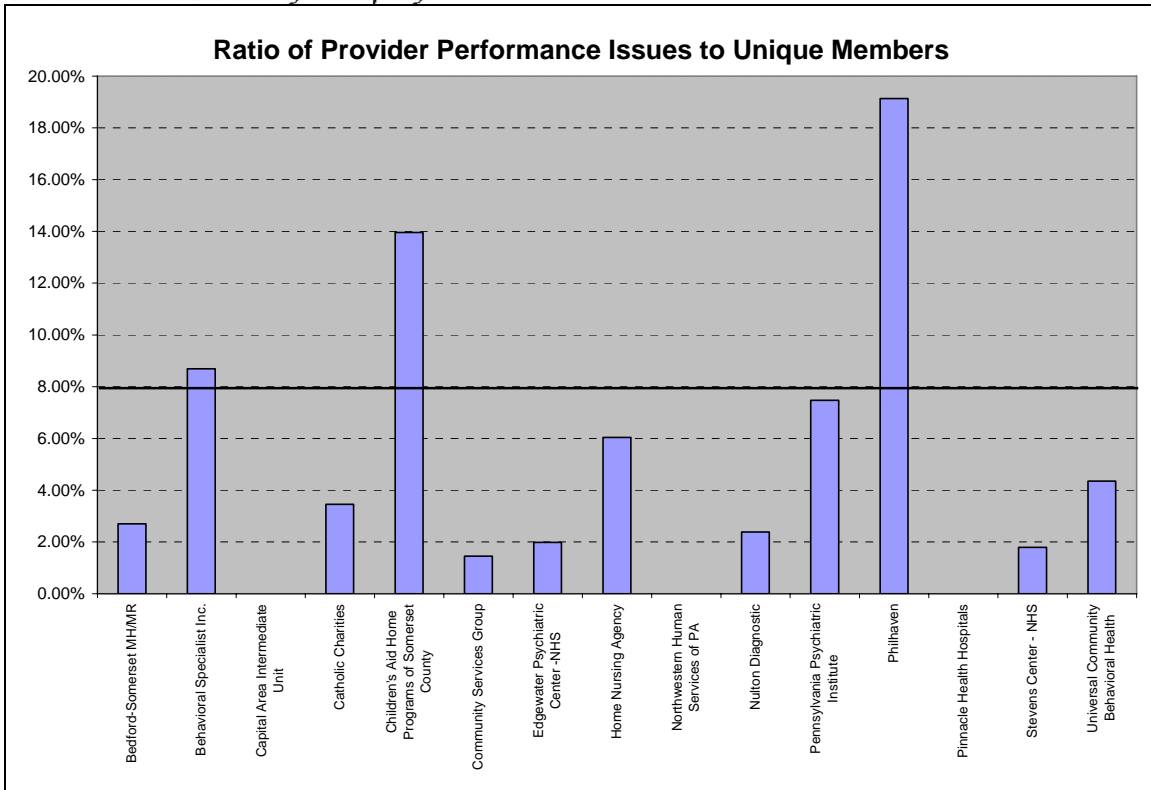
Compliance

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

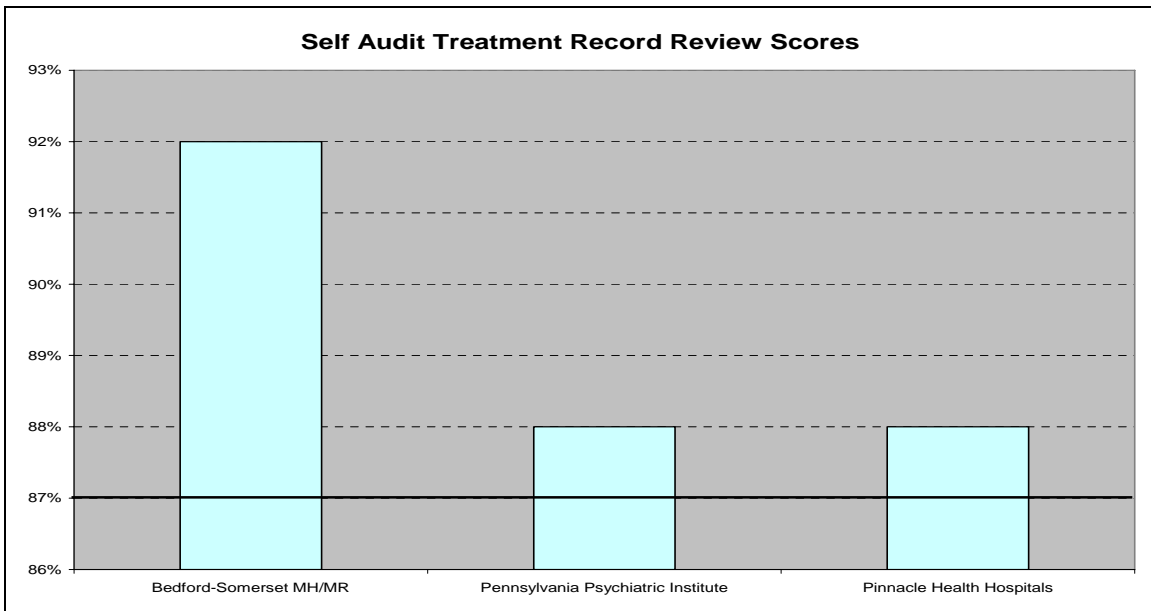
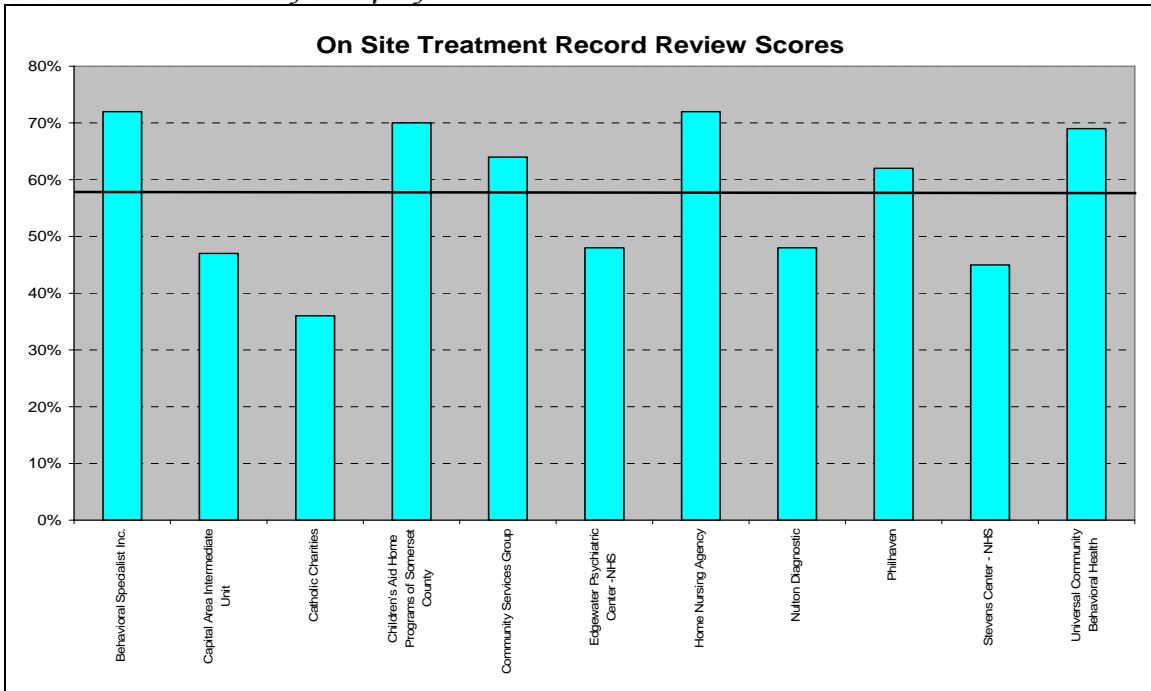
There were twenty-three denied administrative appeals across the Network, with an average ratio of denied administrative appeals to unique Members of 1.65%, as indicated by the solid black line in the chart below. The twelve providers that had a ratio of denied administrative appeals to Members seen less than the 1.65% Network average met the second target criteria for performance.



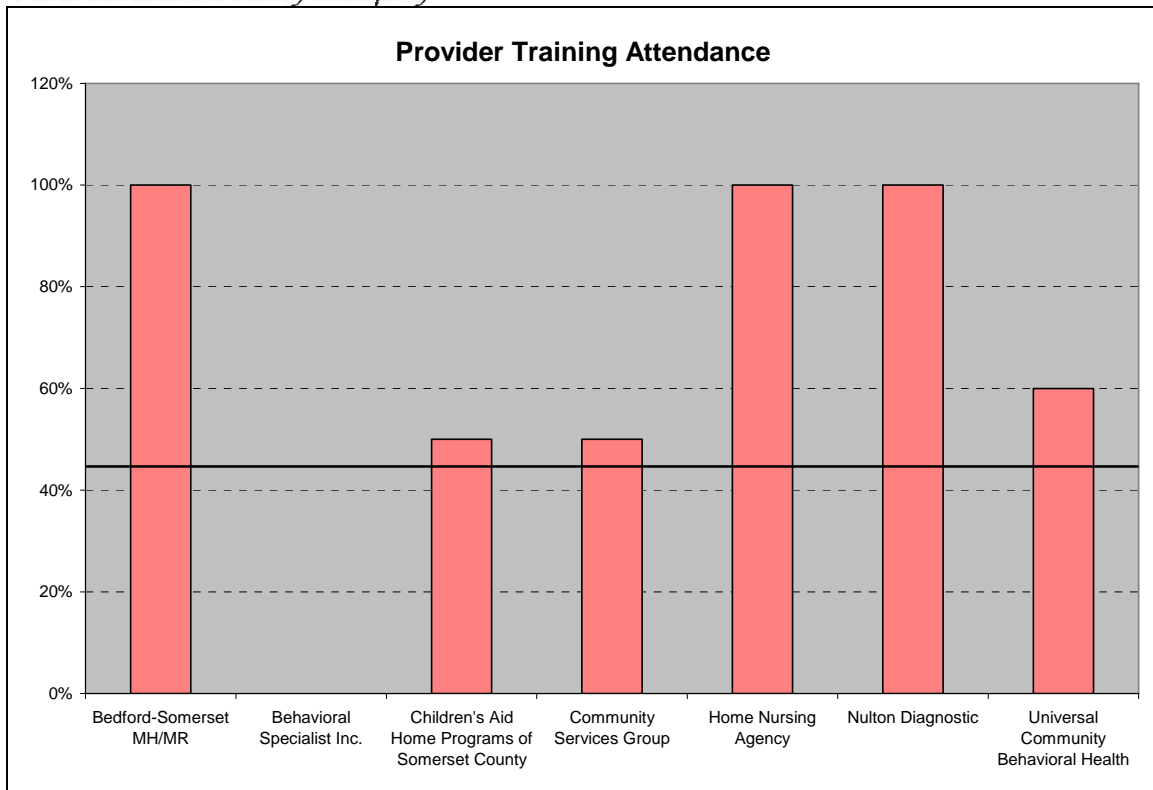
Although provider performance measures are taken using a variety of provider issues, profiling was completed using the issue with the highest volume of documented instances. The identified issue was incorrect or no record of aftercare appointment information. Across the Network there were 108 documented issues, resulting in a 7.73% ratio of provider performance issues to Members served, as indicated by the solid black line in the chart below. Twelve providers fell below the Network average ratio of 7.73%, and these providers met the last target criterion for performance.



The average on site Treatment Record Review score across the Network was fifty-seven percent. Eleven of the profiled providers received an on site review, and their scores ranged from thirty-six to seventy-two percent. The average self audit Treatment Record Review score across the Network was eighty-seven percent. Three of the profiled providers completed self audits and scored from eighty-eight to ninety-two percent. The passing score for all providers was seventy-two percent. One provider, Northwestern Human Services of PA, was not audited during the profiled period.



Providers have the opportunity to attend provider trainings done by CBHNP throughout the year. Although these meetings are not mandatory, they include valuable information for providers, and they are encouraged to attend. The Network average of provider training attendance was forty-four, indicated by the solid black line in the chart below. It should be noted that the Capital Area did not hold any provider trainings during the profiled period, so eight of the fifteen profiled providers did not have a training attendance score.



Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. Overall satisfaction with MH PHP complaints across the Network was 100%. Eleven of the fifteen providers had no complaints filed against them. The remaining four providers, Home Nursing Agency, Pennsylvania Psychiatric Institute, Philhaven and Universal Community Behavioral Health had a 100% satisfaction rating.

Target Criteria

Three providers, Northwestern Human Services of PA, Nulton Diagnostic and Pennsylvania Psychiatric Institute, met all three target criteria for overall performance. Although all aspects of performance are important, these specific targets of an average length of stay less than the Network average, the number of denied administrative appeals less than the Network average, and the number of provider performance issues less than the Network average, are goals that all providers should strive to achieve.

Network Recommendations

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

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- Encourage PHP 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 PHP 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 PHP providers in order to share information and collectively address difficulties
- Develop procedures that will assist PHP staff with complying to CBHNP expectations
- Encourage PHP evaluators to closely match the symptoms and behaviors that are presented in the assessment with the discharge recommendations offered
- Strengthen efforts to more actively involve family in treatment, as well as heighten educational efforts and generalization of skills obtained during PHP participation