

# Provider Profiling

Substance Abuse Non-  
Hospital Detoxification  
Services

10/1/09 to 9/30/10





## **Substance Abuse Non-Hospital Detoxification 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.

Substance Abuse Non-Hospital Detoxification Services (SA NH Detox) are non-hospital based medically monitored services that provide twenty-four hour observation, monitoring and treatment for Members who require treatment for the symptoms of physical dependence.

All SA NH Detox providers across the Network with Members in service were profiled during this period, resulting in fifteen profiled providers. It is important to note that profiling was completed using data from across the Network, including both Capital and North Central Contracts.

### **SA NH Detox Profiled Providers**

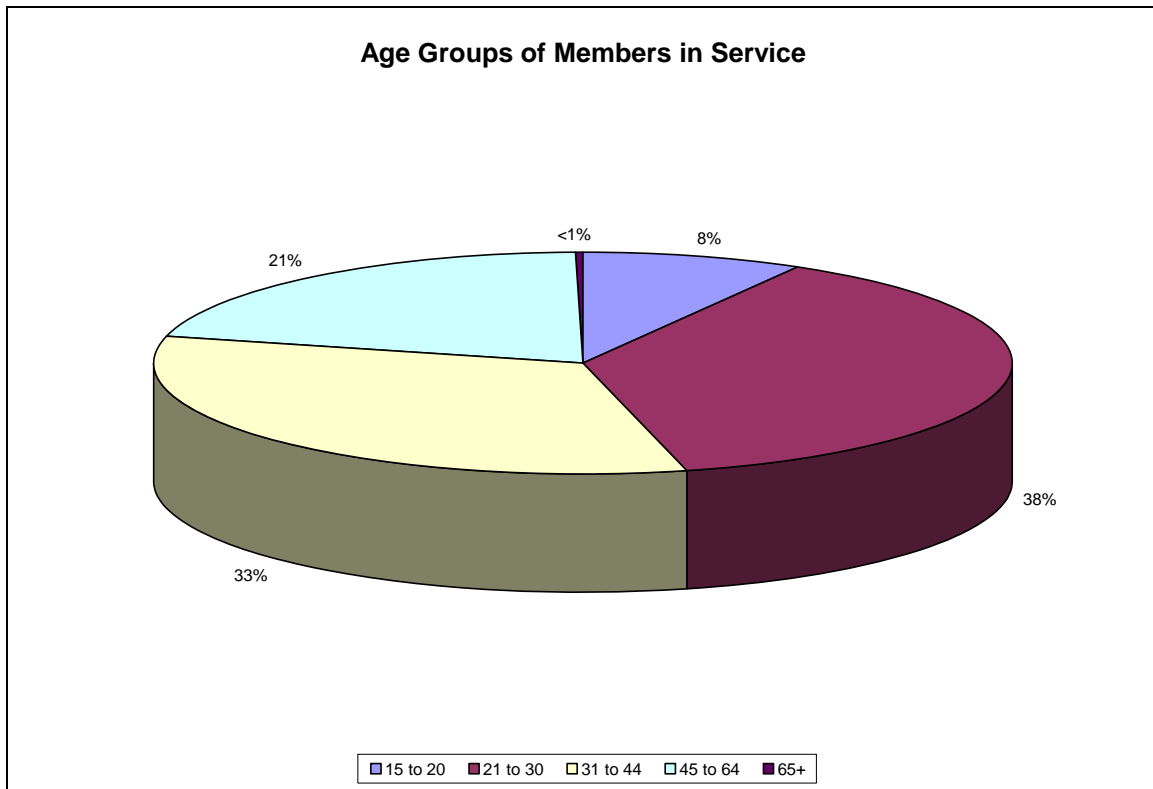
1. Bowling Green Brandywine, Inc.
2. Clearbrook, Inc.
3. Eagleville Hospital
4. Fairmount Behavioral Health Systems
5. Firetree, LTD.
6. Gaudenzia, Inc.
7. Greenbriar Treatment Center
8. Mirmont Treatment Center
9. Pyramid Healthcare, Inc.
10. Twin Lakes Center
11. Universal Health Services Recovery – Keystone, Inc.
12. Universal Health Services
13. Valley Forge Medical Center
14. White Deer Run/Cove Forge, Inc.
15. Wilkes Barre Behavioral Hospital Co.

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

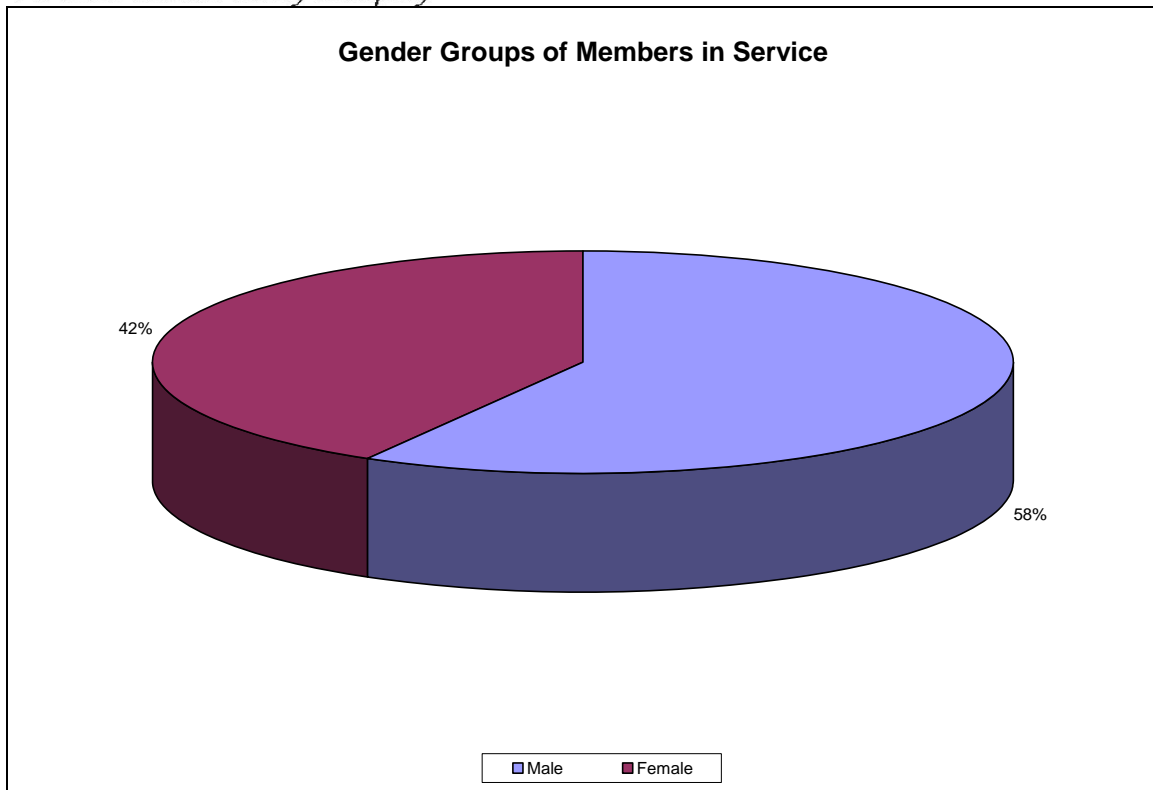
### **Demographics**

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

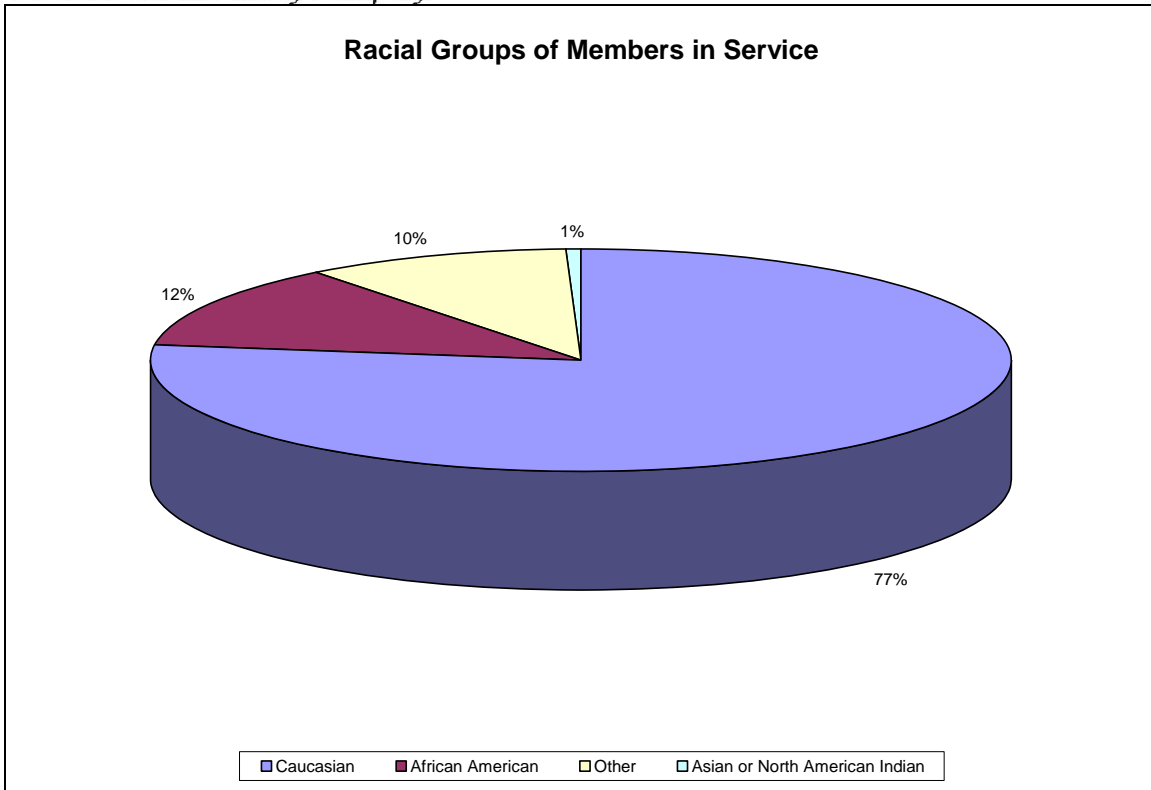
Overall, eight percent of the Members who received SA NH Detox services were between the ages of fifteen and twenty, thirty-eight percent were between twenty-one and thirty, thirty-three percent were between thirty-one and forty-four, twenty-one percent were between forty-five and sixty-four and less than one percent of the population was sixty-five years of age or older.



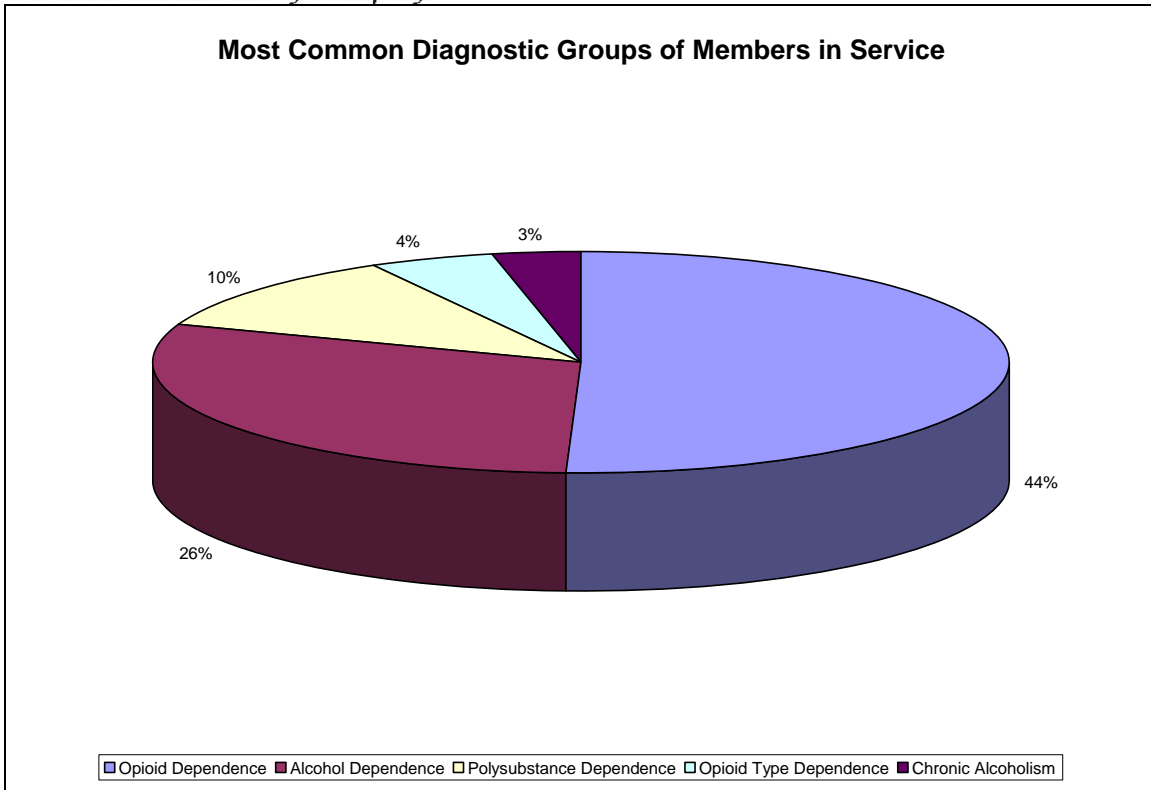
Forty-two percent of Members receiving this service were female and fifty-eight percent were male.



Seventy-seven percent of these Members were Caucasian, twelve percent were African American, ten percent were categorized as Other, and one percent were Asian or North American Indian.



The most common diagnoses of Members receiving SA NH Detox services were Opioid Dependence – 304.00 at forty-four percent, Alcohol Dependence – 303.90 at twenty-six percent, Polysubstance Dependence – 304.80 at ten percent, Opioid Type Dependence – 304.01 at four percent and Chronic Alcoholism – 303.91 at three percent.



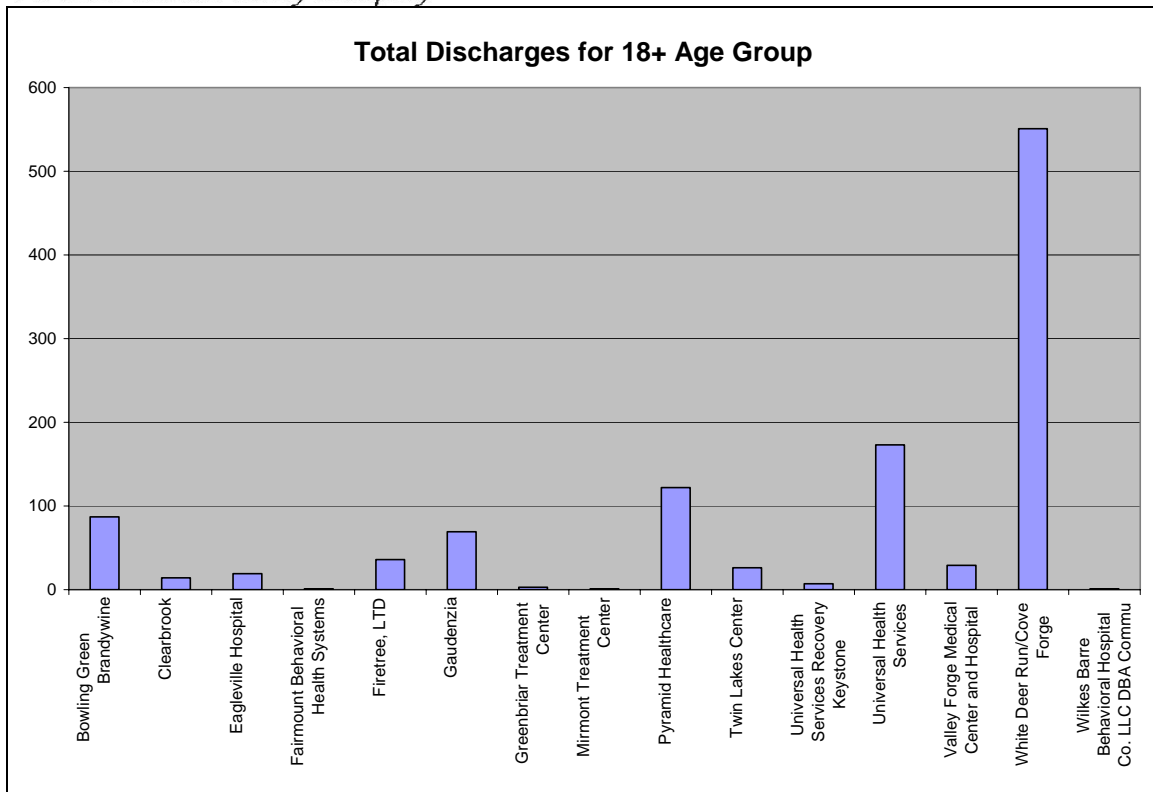
## Utilization

Utilization information available for Members receiving SA NH Detox services includes the total number of discharges, the average length of stay, number of recidivism episodes and the thirty day readmission rate.

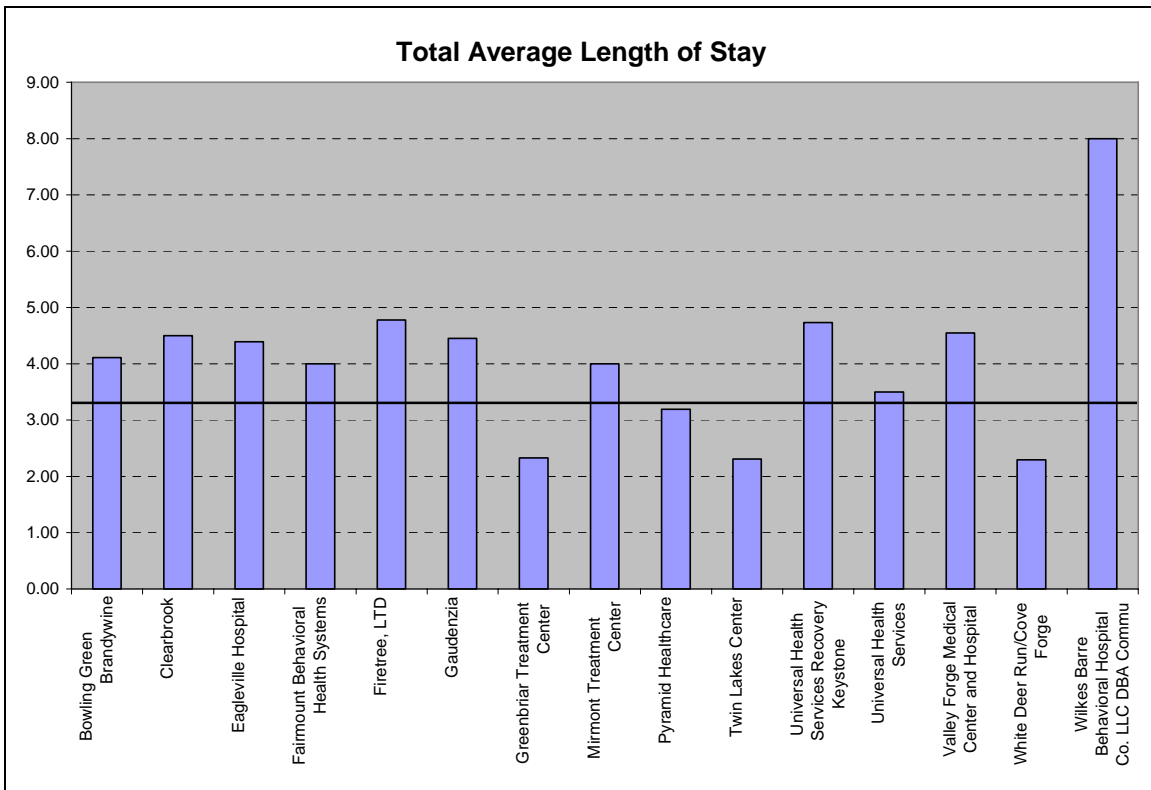
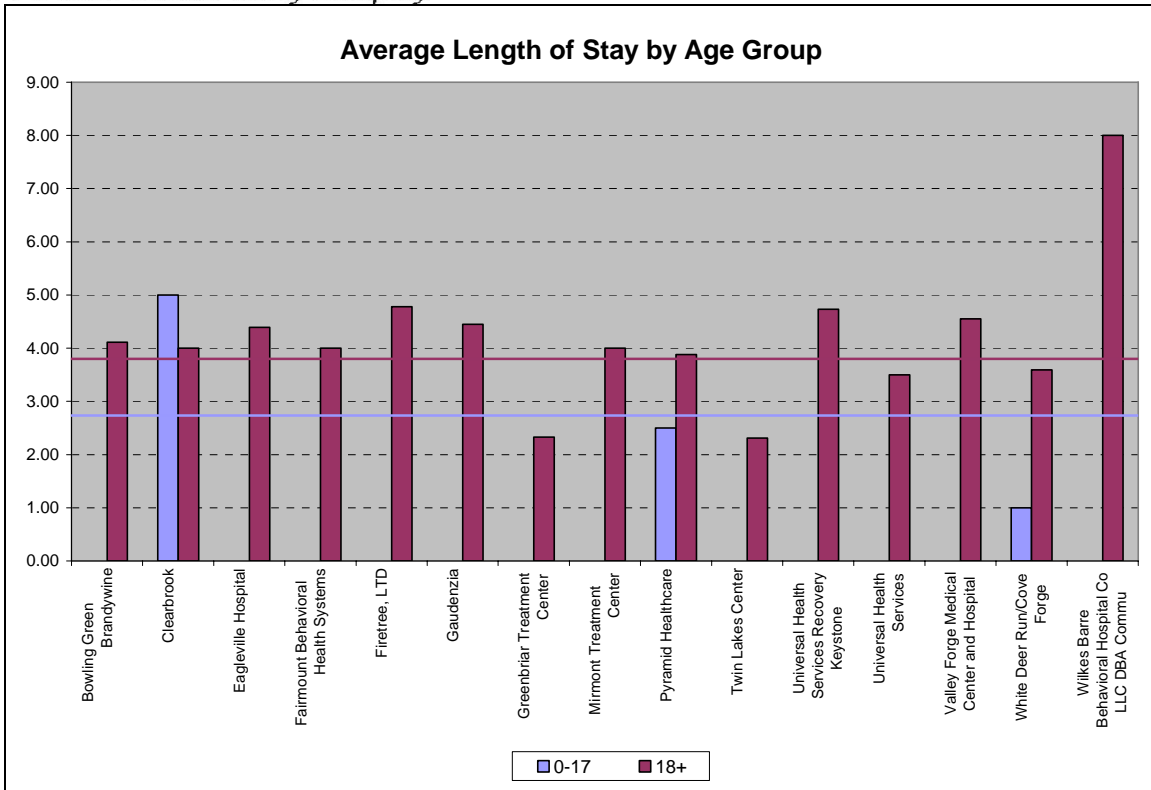
It should be noted that only three of the profiled providers, Clearbrook, Pyramid Healthcare and White Deer Run/Cove Forge, treated Members in the zero to seventeen age group. Therefore all other providers have a score of zero in the charts below that indicate data from this group.

The total number of discharges across the Network for the age group zero to seventeen was four, down from six in 2008-2009. Clearbrook had one discharge, Pyramid Healthcare had two discharges, and White Deer Run/Cove Forge had one discharge in this age group.

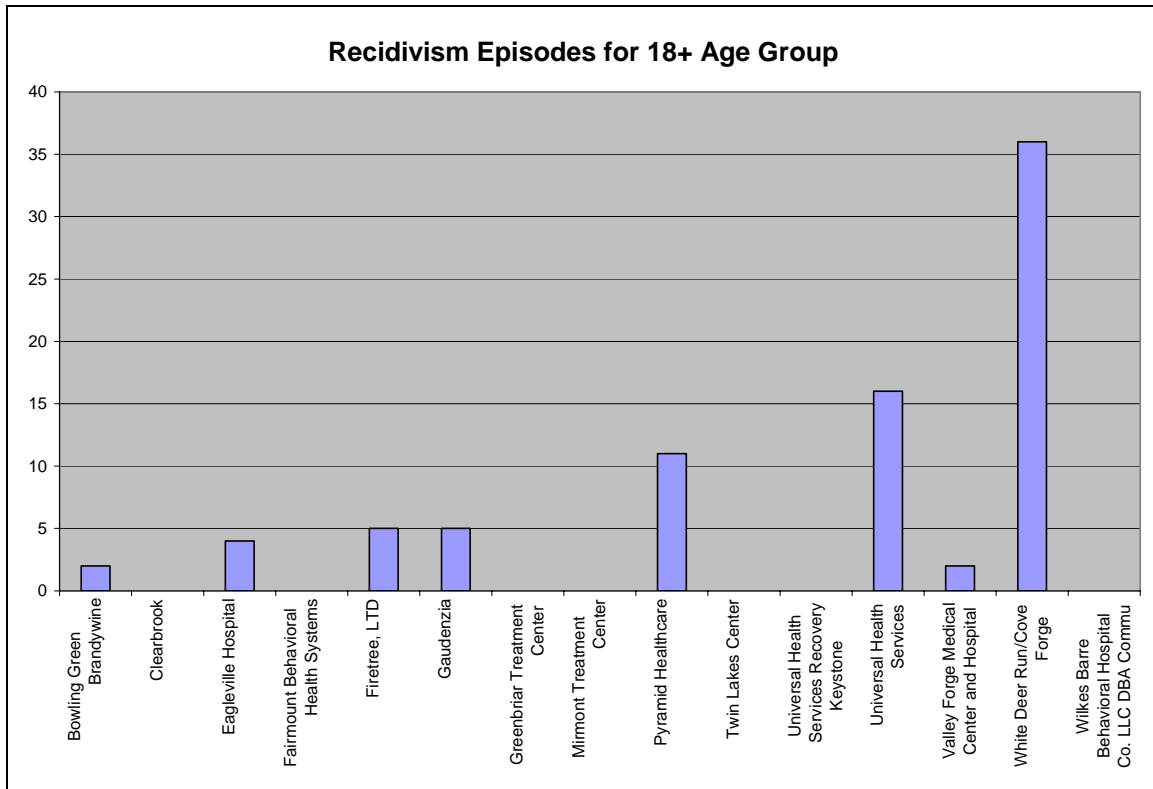
The total number of discharges for the age group eighteen and over was 1,139, increased from 1,037 in 2008-2009, with providers ranging from one to 551 discharges.



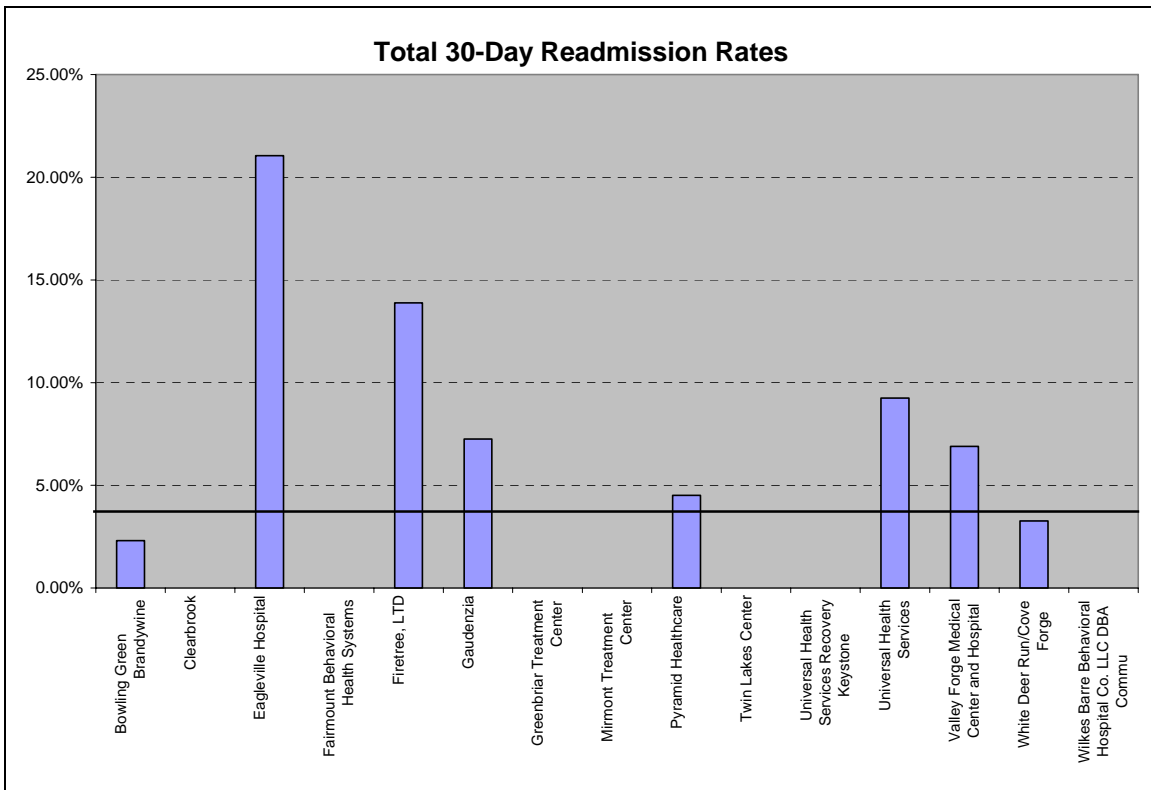
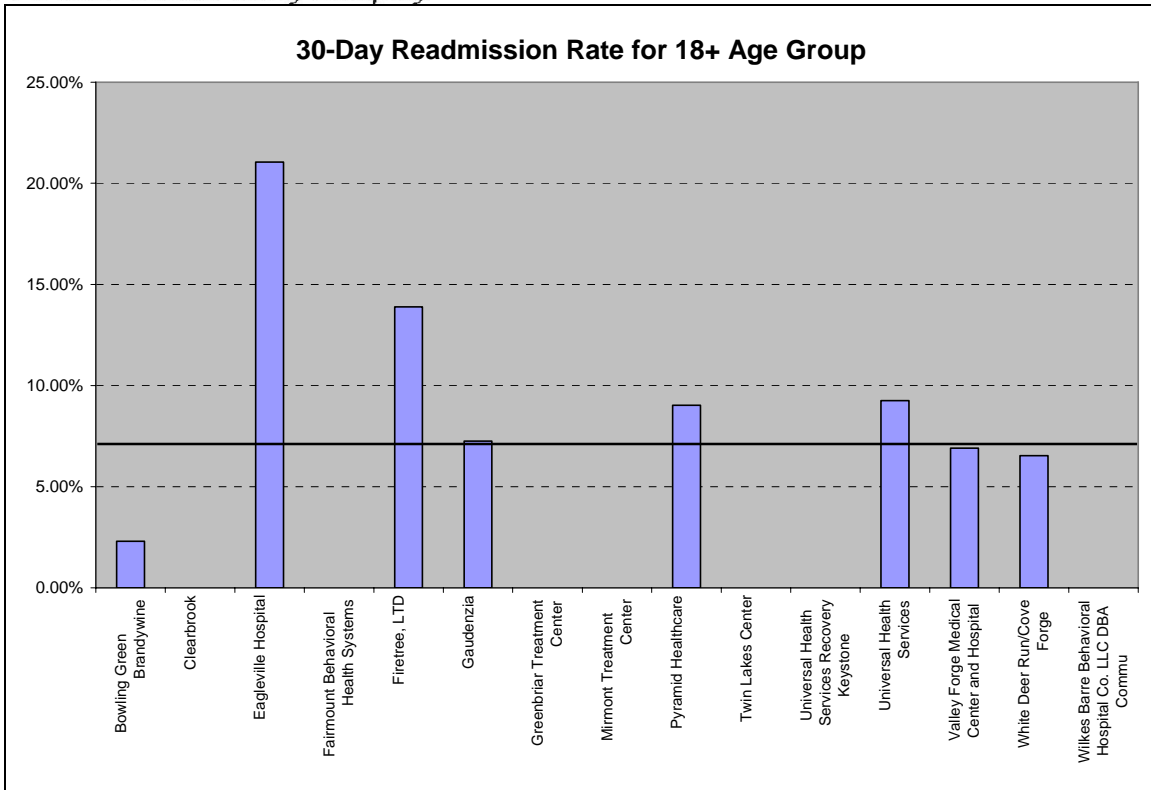
The average length of stay across the Network for the age group zero to seventeen was 2.75 days, which is a slight increase from 2.20 days in 2008-2009. For the age group eighteen and over, the average length of stay was 3.75 days, also a slight increase from 3.48 days in 2008-2009. The total Network average length of stay was 3.25 days. These averages are indicated by the solid black lines in the charts below. Providers that had an overall average length of stay for both age groups below the Network average of 3.25 days met one of the three target criteria for performance. As indicated in the Total Average Length of Stay chart below, four of the fifteen profiled providers met this goal.



Across the Network there were zero episodes of recidivism for the age group zero to seventeen and eighty-one episodes for the age group eighteen and over. The episodes for the profiled providers ranged from zero to thirty-six. In 2008-2009 there were zero recidivism episodes for the zero to seventeen age group and sixty-eight for the eighteen and over age group.



The average thirty day readmission rate for the Network was zero percent, the same as 2008-2009, for Members age zero to seventeen and 7.11%, increased slightly from 6.56% in 2008-2009, for Members age eighteen and over, as indicated by the solid black lines in the chart below. Providers that had a total readmission rate for both age groups below the Network average of 3.56% met the second of three target criteria for performance. Nine providers met this goal.





The quality indicators for SA NH Detox services were measured by the total number of mental health inpatient admissions during treatment, the number of complaints, the number of quality of care issues, and the number of critical incident reports submitted by the provider.

There was a total of one mental health inpatient admission from Bowling Green Brandywine during SA NH Detox services during the profiled period, which was a 0.09% ratio of admissions to Members served. The third target criterion for performance was a ratio of mental health inpatient admissions to members served that fell below the Network average. All providers met this goal except Bowling Green Brandywine, which had a ratio of 1.15%.

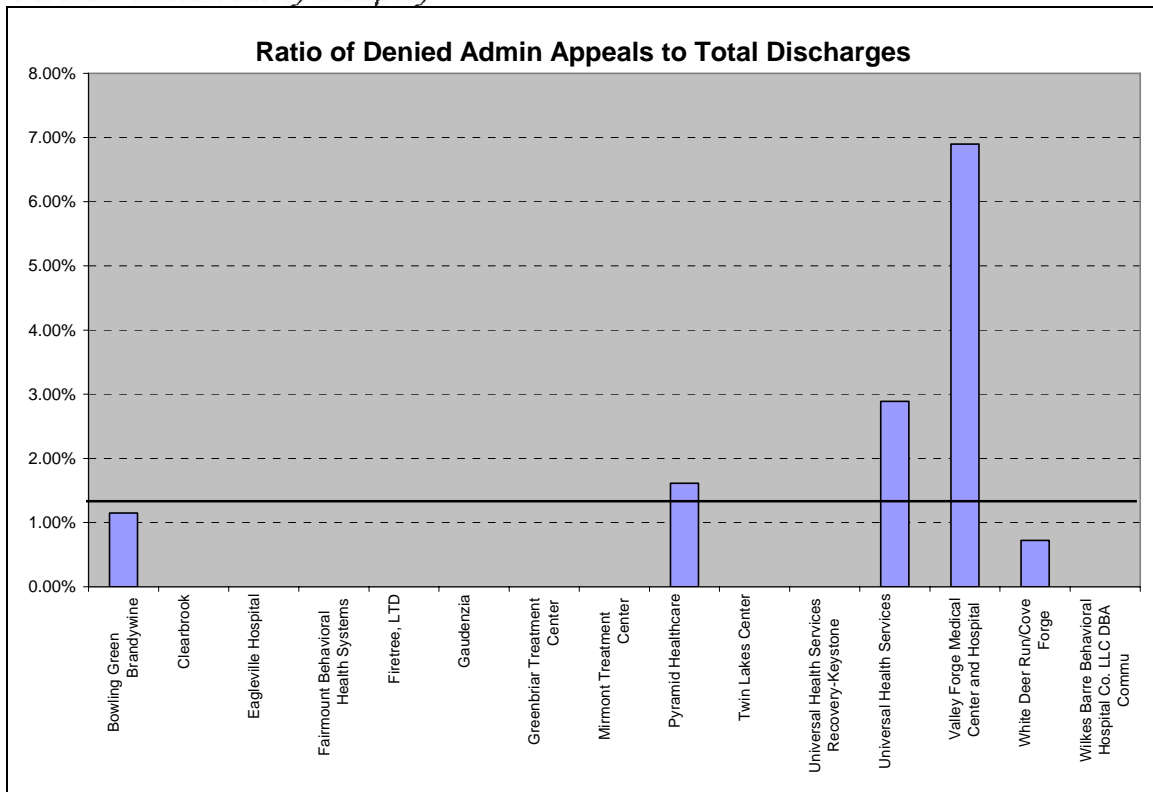
Across the Network there were a total of three complaints and quality of care issues, resulting in a 0.26% ratio of complaints and quality of care issues to total discharges. Bowling Green Brandywine had one complaint and Universal Health Services had two quality of care issues.

There were zero Critical Incident Reports (CIR's) filed for SA NH Detox services during the profiled period.

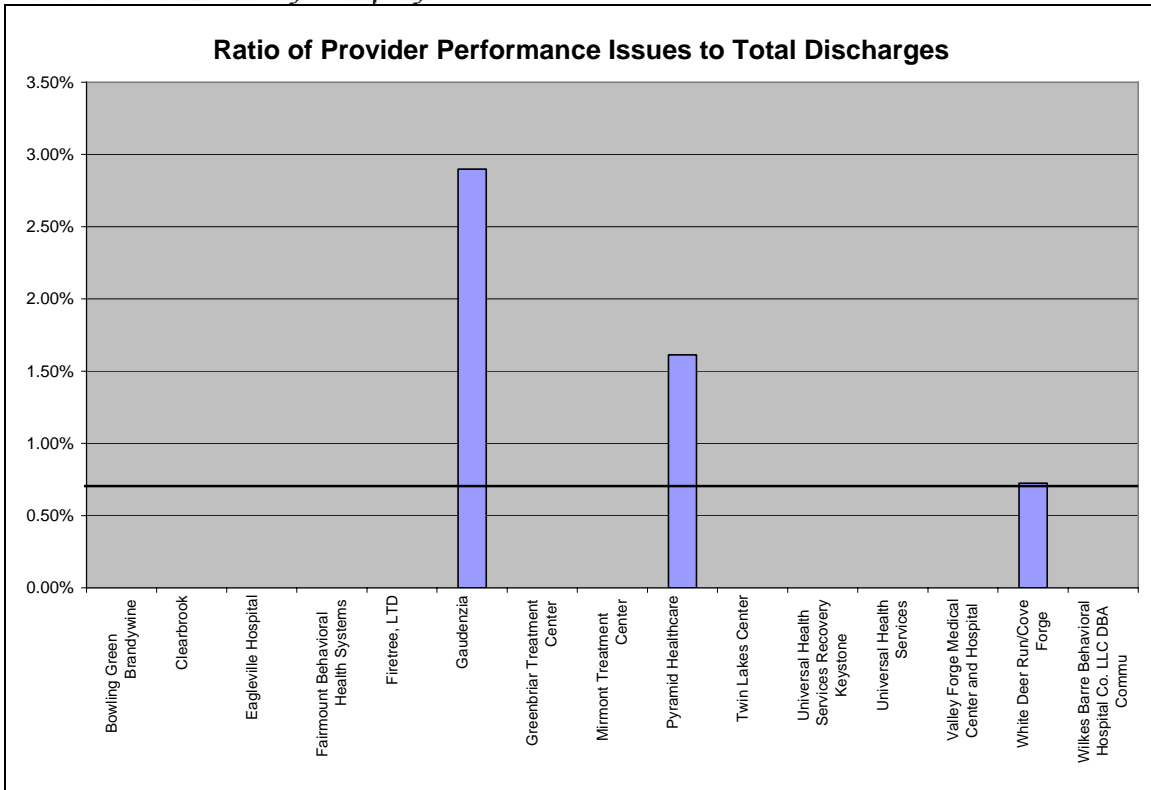
## **Compliance**

Compliance indicators were measured using the number of denied administrative appeals and the number of provider performance issues reported for each provider.

There were fourteen denied administrative appeals across the Network, with an average ratio of denied administrative appeals to total discharges of 1.22%. The profiled providers ranged from zero denied administrative appeals to five.



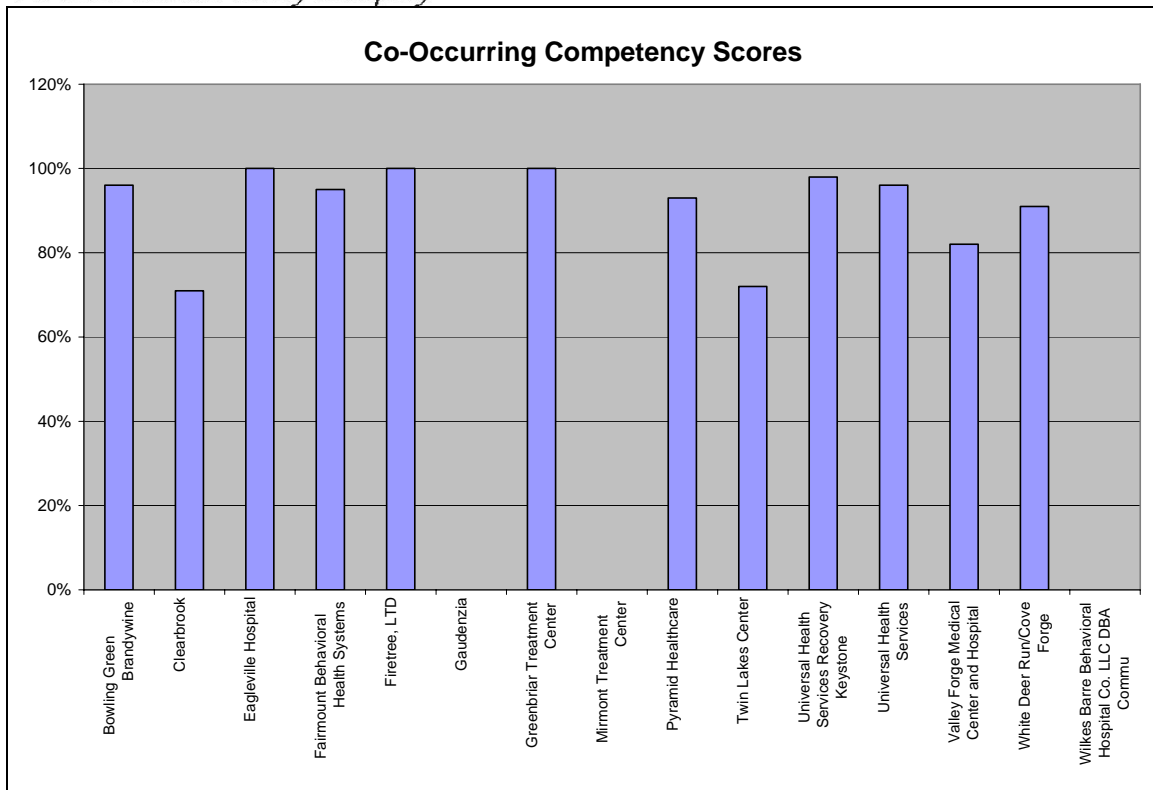
Although provider performance monitoring is subdivided in to several provider issues, profiling was completed using the issues with the highest volume of documented instances. The issues with the highest number of instances used for profiling were *incorrect or no record of aftercare appointment information and provider failure to respond to CBHNP request*. Across the Network there were eight documented issues, with a ratio of 0.70% of provider performance issues to total discharges. The profiled providers ranged from zero documented issues to four.



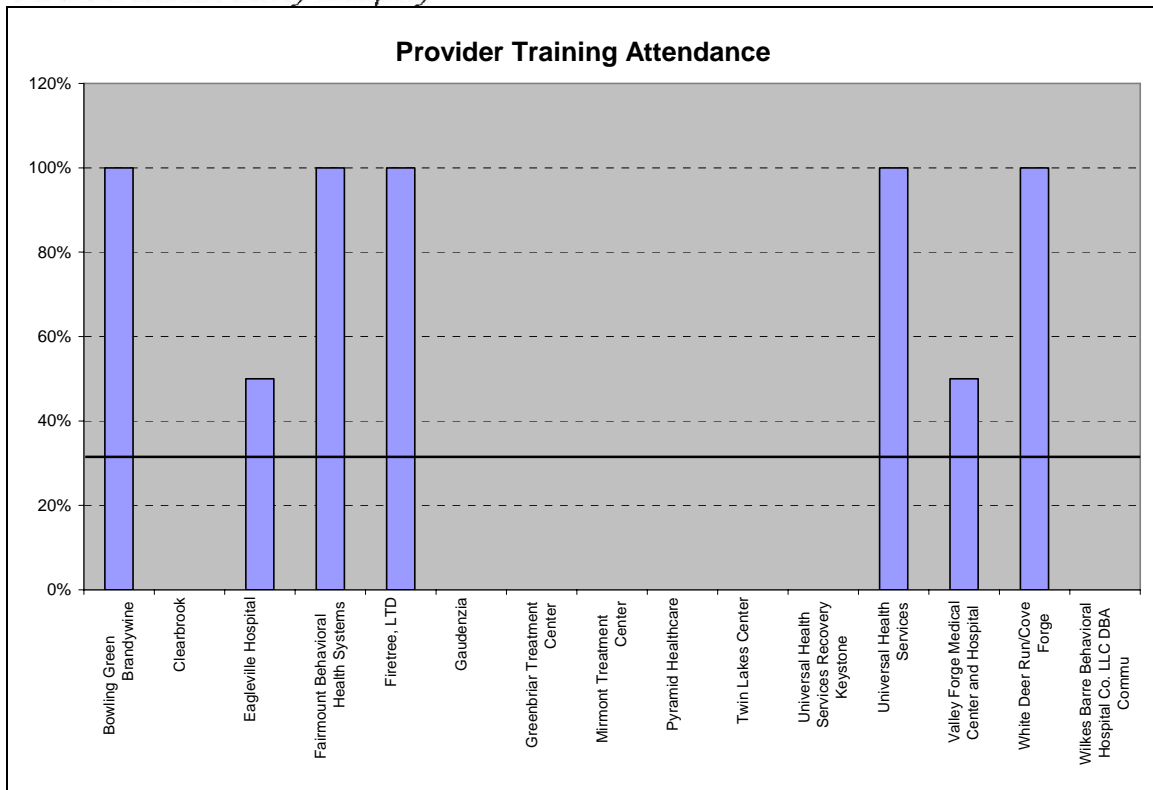
## Competency

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

All providers received a Co-Occurring Competency ranging from zero to 100%, with the exception of Gaudenzia. At this time there is no data available for this provider and therefore a score of zero was recorded.



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 thirty-three percent, indicated by the solid black line in the chart below. Eight of the fifteen profiled providers had an attendance score less than the Network average.



**Satisfaction**

Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed.

The Member was 100% satisfied with the outcome of the one complaint filed against the profiled providers.

**Target Criteria**

Three providers, Greenbriar Treatment Center, Twin Lakes Center and White Deer Run/Cove Forge, Inc., met all of the 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, a thirty day readmission rate less than the Network average, and a ratio of inpatient admissions to total discharges 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 SA NH provider performance can be identified.

- Establish an active treatment culture that incorporates evidence based treatment packages
- Encourage all SA NH staff to actively focus on appropriate and meaningful discharge planning with full family involvement
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports
- Develop a consortium of SA NH providers in order to share information and collectively address difficulties
- Develop procedures that will assist SA NH staff with complying to CBHNP expectations
- Encourage SA NH 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 and community agencies (e.g., Probation; CYS)