Provider Profiling

Mental Health Inpatient Psychiatric Services

01/01/12 to 12/31/12
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 January 1, 2012 to December 31, 2012.

Mental Health Inpatient Psychiatric Services (MH IP) are available to individuals with a psychiatric diagnosis who cannot be appropriately treated in a less intensive level of care due to the need for continuous monitoring by a physician, involvement of a psychiatrist to guide treatment, and in need of nursing care and other intensive supports to implement clinical treatment.

High volume providers were identified for each Contract based on the total number of discharges for each provider. The profiled providers and the high volume criteria are as follows alphabetically:

Bedford/Somerset Profiled Providers - ≥3 discharges
- Altoona Regional Health Systems
- Clarion Psychiatric Center
- Conemaugh Valley Memorial Hospital
- Fairmount Behavioral Health Systems
- J.C. Blair Memorial Hospital
- KidsPeace Hospital, Inc.
- The Meadows Psychiatric Center, Inc.
- Somerset Community Hospital
- Southwood Psychiatric Hospital, Inc.
- Western Psychiatric Institute (OON)

Blair Profiled Providers - ≥2 discharges
- Altoona Regional Health Systems
- Brandywine Hospital
- Brooke Glen Behavioral Hospital
- Clarion Psychiatric Center
- Conemaugh Valley Memorial Hospital
- DuBois Regional Medical Center
- Foundations Behavioral Health, Inc.
- J.C. Blair Memorial Hospital
- The Meadows Psychiatric Center, Inc.
- Roxbury Psychiatric Hospital
- Saint Vincent Health Center (OON)
- Southwood Psychiatric Hospital, Inc.
Western Psychiatric Institute (OON)

Franklin/Fulton Profiled Providers - ≥2 discharges
Altoona Regional Health Systems
Brook Lane Health Services
Chambersburg Hospital
Clarion Psychiatric Center
Fairmount Behavioral Health Systems
Foundations Behavioral Health, Inc.
Horsham Clinic
KidsPeace Hospital, Inc.
The Meadows Psychiatric Institute
Pennsylvania Psychiatric Institute
Philhaven
Roxbury Psychiatric Hospital

Lycoming/Clinton Profiled Providers - ≥8 discharges
Clarion Psychiatric Center
Divine Providence Hospital
Fairmount Behavioral Health Systems
Geisinger Medical Center
KidsPeace Hospital, Inc.
The Meadows Psychiatric Center, Inc.
Pennsylvania Psychiatric Institute
Roxbury Psychiatric Hospital
Soldiers and Sailors Memorial Hospital
Wilkes-Barre Behavioral Hospital Company, LLC

Capital Profiled Providers - ≥50 discharges
Brooke Glen Behavioral Hospital
Fairmount Behavioral Health Systems
Holy Spirit Hospital – Behavioral Health Services
Horsham Clinic
KidsPeace Hospital, Inc.
Lancaster General Hospital
Lancaster Regional Medical Center
The Meadows Psychiatric Center, Inc.
Pennsylvania Psychiatric Institute
Philhaven
Roxbury Psychiatric Hospital

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. Demographic mix is consistent with previous years with no developing change in trend.

Overall, less than one percent of the Members were under age five, eight percent were between six and twelve, fifteen percent were between thirteen and seventeen, six percent were between eighteen and twenty, twenty percent were between twenty-one and thirty, twenty-five 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-one percent of Members receiving this service were female and forty-nine 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.

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

Utilization information available for Members receiving MH IP services includes the total number of discharges, the average length of stay, the number of recidivism episodes, the 30-day readmission rate and the rate of follow up within seven days of discharge.

The number of discharges across the Network for the age group zero to seventeen was 1,306, and the number of discharges for the eighteen and over age group was 4,568, for a grand total of 5,874 discharges.
The average length of stay across the Network for the age group zero to seventeen was 11.70 days. For the age group eighteen and over, the average length of stay was 9.06 days. The overall Network average length of stay total declined slightly from 10.85 to 10.35. Providers that had a total average length of stay below the Network average met one of the four target criteria for performance. The Bedford/Somerset, Blair and Franklin/Fulton Contracts had total averages below the Network total.

Across the Network there were 131 episodes of recidivism, which is the number of readmissions for unduplicated Members, for the age group zero to seventeen and 634 episodes for the age group eighteen and over. For both age groups, there were 765
recidivism episodes. While the number of episodes varies greatly by contract, no contract shows a recidivism rate of greater than 0.5% overall.

The average 30-day readmission rate, which is readmissions for duplicated Members, for the Network was 10.03% for Members age zero to seventeen and 13.88% for Members age eighteen and over. The overall readmission rate was 13.02%. 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 four target criteria for preferred provider status. The Bedford/Somerset, Blair and Lycoming/Clinton Contracts had total average 30-day readmission rates below the Network average.
The average follow up rate within seven days of discharge for the Network was 69.47% for the age group zero to seventeen and 66.36% for the age group eighteen and over, with an overall average total of 67.15%. Providers that had a total follow up rate greater than or equal to the Network average met the third target criteria for performance. The Bedford/Somerset, Lycoming/Clinton and Capital Contracts had average totals below the Network average.

Multi-Year Utilization Comparison

The total number of MH IP discharges has remained fairly steady, with a slight increase, since 2009 for both the 0-17 and 18+ age groups. The 30 day readmission rate has also remained fairly steady, with a decrease from 2011 to 2012, especially in the 0-17 age group, which was at the lowest rate it has been since before 2009. Additionally, the average length of stay has also remained steady, with a slight decrease in the 0-17 age group since 2011. The follow up rate within 7 days of discharge has shown a significant improvement since 2011, with the total rate for both age groups increasing by more than 25%. Although the follow up rate for the 0-17 age group has remained similar to previous years, the 18+ age group has shown the largest increase since prior to 2009.
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 eighteen complaints and 220 quality of care issues, resulting in an average of complaints and quality of care issues per 1000 Members of 0.0888.
There was a total of 911 critical incident reports submitted, thirty-three of which resulted in a quality of care or safety issue, with a corresponding average of 0.0123 critical incident reports resulting in quality of care or safety issues per 1000 Members. All Contracts except Capital had a ratio less than the Network average.

### Compliance

Compliance indicators were measured using the number of denied administrative appeals, the number of provider performance issues reported for each provider and each provider’s treatment record review score.

There were 115 denied administrative appeals across the Network, with an average of 0.0429 denied administrative appeals per 1000 Members. Bedford/Somerset, Blair and Capital scored below the Network average.
Across the Network there were 711 documented provider performance issues, with a corresponding average of 0.2653 provider performance issues per 1000 Members. All Contracts except Blair and Capital scored below the Network average.

The average treatment record review score for the Network was 62%. Blair scored higher than the average, and no providers in the Capital Contract participated in the treatment record review process in 2012. This was due to a change in the Treatment Recorded review process whereby audits were scheduled in coordination with credentialing. However, in 2011 Capital scored a ninety-two percent through the self-audit process.
Competency

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

Co-Occurring Competency is a focus throughout the Network, and MH IP providers are strongly encouraged to incorporate empirically based models that are available and can be of assistance with ongoing efforts.

Providers have the opportunity to attend provider trainings offered by CBHNP throughout the year. Although these meetings are not mandatory, they include valuable information for providers, and all providers are encouraged to attend. During 2012, trainings were offered to providers in the Bedford/Somerset Contract only, and provider participation was five percent.

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 at 100%.

Preferred Provider Status

Ten providers across the Network met all four of the target criteria to achieve preferred provider status. Although all aspects of performance are important, these specific targets of a total average length of stay less than the Network average, a total thirty day readmission rate less than the Network average, a total follow rate within seven days of
discharge greater than or equal to the Network average, and zero Credentialing Corrective actions since 01/01/12, are goals that all providers should strive to achieve.

For MH IP providers, preferred provider status allows for an initial authorization of up to seven days when Medical Necessity Criteria has been met. The MH IP preferred providers are as follows:

Bedford/Somerset
- Altoona Regional Health Systems
- Clarion Psychiatric Center
- Conemaugh Valley Memorial Hospital

Blair
- Altoona Regional Health Systems
- Conemaugh Valley Memorial Hospital

Franklin/Fulton
- Brook Lane Health Services

Lycoming/Clinton
- Divine Providence Hospital
- Geisinger Medical Center
- Pennsylvania Psychiatric Institute

Capital
- Pennsylvania Psychiatric Institute

Network Recommendations

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

- Develop internal policies and procedures to facilitate more effective collaboration with other mental health providers.
- Encourage IP facilities to utilize or offer Peer Support Specialists.
- Consider parent education, support groups, and trainings that can enhance MH IP treatment.
- MH IP providers should work to implement staff training, education, and improved crisis management in order to reduce the use of restraints.
- Establish an active treatment culture that incorporates evidence based treatment packages.
- Encourage co-occurring competency and development.
- Encourage all MH IP staff to actively focus on appropriate and meaningful discharge planning with full family involvement.
- Develop a philosophy that embraces the use of Prevention Plans and 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 MH IP providers in order to share information and collectively address difficulties.
- Develop procedures that will assist MH IP staff with meeting CBHNP expectations.
- Encourage MH 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.
- Encourage MH IP evaluators to closely match the symptoms and behaviors that are presented in the assessment with the discharge recommendations offered.
- Encourage MH IP staff to actively focus on meaningful safety/crisis plans.