Provider Profiling

Partial Hospitalization Programs

01/01/12 to 12/31/12
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.

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.

All PHP providers in the North Central Contracts were profiled. However, due to the large number of PHP providers in the Capital Contract, a high volume criterion of providers serving greater than 5 unique Members during the period was used to determine the profiled providers. The profiled providers by Contract are as follows alphabetically:

Bedford/Somerset Profiled Providers
- Alternative Community Resource Program
- Bedford-Somerset MH/MR
- Chestnut Ridge Counseling Services
- Children’s Aid Home Programs
- Children’s Behavioral Health, Inc.
- Footsteps Psychological Services, Inc.
- Home Nursing Agency
- Nulton Diagnostic and Treatment Center

Blair Profiled Providers
- Children’s Aid Home Programs of Somerset County, Inc.
- Home Nursing Agency
- Nulton Diagnostic and Treatment Center
- Pyramid Healthcare, Inc.
- Universal Community Behavioral Health

Franklin/Fulton Profiled Providers
- Catholic Charities, Inc.
- Nulton Diagnostic and Treatment Center
- Stevens Center – Northwestern Human Services
- 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. Demographic mix is consistent with previous years with no developing change in trend, except for slight variation in diagnostic mix with the most prevalent category in 2012 being Attention Deficit Hyperactive Disorder.

Overall, nine percent of the Members were between the ages of five and nine, twenty-four percent were between ten and fourteen, nineteen percent were between fifteen and nineteen, eleven percent were between twenty and twenty-nine, fourteen percent were between thirty and thirty-nine, eleven percent were between forty and forty-nine, nine percent were between fifty and fifty-nine, and two percent were over the age of sixty.
Fifty-four percent of Members receiving this service were male and forty-six percent were female.

Seventy-six percent of these Members were Caucasian, twelve percent were African American, and twelve percent were categorized as Other.
The most common diagnoses of Members receiving Partial Hospitalization Services were Attention-Deficit/Hyperactivity Disorder – 314.01 at ten percent, Major Depressive Disorder – 296.33 at seven percent, Depressive Disorder, Not Otherwise Specified – 311 at seven percent, Mood Disorder, Not Otherwise Specified – 296.90 at seven percent, and Bipolar Disorder, Not Otherwise Specified – 296.80 at six 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 Mental Health Inpatient or Residential Treatment Facility (RTF) admissions during treatment.

The total number of unique Members served across the Network was 1,690. The number of unique Members served by each Contract ranged from seventy-nine to 1,048.

The average length of stay across the Network was 92.06. Providers that had an average length of stay below the Network average met a target criterion for overall performance. The Blair, Franklin/Fulton and Capital Contracts had an average length of stay below the Network average.
Across the Network, the total number of Mental Health Inpatient or Residential Treatment Facility admissions was 106 during treatment, representing an average of 0.0396 admissions per 1000 Members. The Blair, Franklin/Fulton and Lycoming/Clinton Contracts had an average less than the Network.

### Multi-Year Utilization Comparison

Members receiving MH PHP services have shown an overall increase since 2009. However, the average length of stay has shown a decrease since 2009, with a slight increase from 2011 to 2012. The number of IP or RTF admissions was showing a trend upward until 2012, when the number of admissions decreased slightly.
Quality

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 each provider’s Co-Occurring Competency progress.

Across the Network there were a total of eighty-one complaints and quality of care issues reported, resulting in an average of 0.0302 complaints and quality of care issues per 1000 Members. The Franklin/Fulton, Lycoming/Clinton and Capital Contracts scored below the Network average.

There were a total of 203 critical incident reports (CIR’s) submitted across the Network. Twenty-seven of the reported critical incidents resulted in quality of care or safety issues, which is an average of 0.0101 CIR’s resulting in quality of care or safety issues per 1000 Members. Both the Franklin/Fulton and Lycoming/Clinton Contracts had zero CIR’s resulting in quality of care or safety issues.
Compliance

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

There were thirty-nine denied administrative appeals across the Network, with an average of 0.0146 denied administrative appeals per 1000 Members. The Blair, Franklin/Fulton and Capital Contracts scored below the Network average.
Across the Network there were 387 documented provider performance issues, resulting in an average of 0.1444 provider performance issues per 1000 Members. All Contracts except Bedford/Somerset scored below the Network average.

The average treatment record review score across the Network was seventy-three percent. The Bedford/Somerset Contract scored higher than the Network average. Additionally, the Lycoming/Clinton Contract did not include any providers that participate in the treatment record review process in 2012, but the average self audit score for the Lycoming/Clinton Contract in 2011 was ninety-one percent.
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 providers are encouraged to attend. The Network average of provider training attendance was thirty-eight percent. The Blair Contract scored above the Network average.

![Provider Training Attendance](image)

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%.

**Target Criteria**

Although all aspects of performance are important, the specific targets of an average length of stay less than the Network average and zero Credential Corrective Actions since 01/01/12 are goals that all providers should strive to achieve. The following providers from each Contract met the target criteria for performance.

**Bedford/Somerset Providers:**
- Footsteps Psychological Services, PC
- Home Nursing Agency

**Blair Providers:**
- Home Nursing Agency
- Pyramid Healthcare, Inc.
- Universal Community Behavioral Health

**Franklin/Fulton Providers:**
Network Recommendations

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

- 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.
- Actively work to incorporate discharge planning early in treatment.
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports.
- Develop a consortium of providers in order to share information and collectively address provider difficulties.
- Consider parent education, support groups, and trainings that can enhance PHP treatment.
- 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.
- Develop procedures that will assist PHP staff with meeting 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. Encourage IP staff to actively focus on meaningful safety/crisis plans.