Provider Profiling

Substance Abuse Non-Hospital Halfway House Services

01/01/12 to 12/31/12
Substance Abuse Non-Hospital Halfway House 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.

Substance Abuse Non-Hospital Halfway House services (SA NH HH) are community-based residential treatment and rehabilitation facilities that provide services for chemically dependent persons in a supportive, chemical-free environment. These facilities provide substance abuse treatment, emphasize protective and supportive elements of family living, and encourage and provide opportunities for independent growth and responsible community living.

All SA NH HH providers across the Network with Members in service were profiled during this period. The profiled providers for each Contract are as follows alphabetically:

Bedford/Somerset Profiled Providers
- AC3 Management Company DBA Davis Archway House
- Another Way, Inc.
- Gate House for Men/Women, Inc.
- Greenbriar Treatment Center
- The Highland House, Inc.
- Pyramid Healthcare, Inc.
- White Deer Run/Cove Forge, Inc.

Blair Profiled Providers
- Another Way, Inc.
- Clem-Mar House, Inc.
- Daystar Center for Spiritual Recovery, Inc.
- Gateway Rehabilitation Center
- Greenbriar Treatment Center
- Pyramid Healthcare, Inc.
- Treatment Trends, Inc.
- White Deer Run/Cove Forge, Inc.

Franklin/Fulton Profiled Providers
- Catholic Charities, Inc.
- Clem-Mar House, Inc.
- Gaudenzia, Inc.
- The Highland House, Inc.
- Pyramid Healthcare, Inc.
Lycoming/Clinton Profiled Providers
  Alternative Counseling Associates, Inc.
  Another Way, Inc.
  Catholic Charities, Inc.
  Clem-Mar House, Inc.
  Daystar Center for Spiritual Recovery, Inc.
  Gate House for Men/Women, Inc.
  Gaudenzia, Inc.
  Harwood House
  PA Treatment and Healing
  Pyramid Healthcare, Inc.
  White Deer Run/Cove Forge, Inc.

Capital Profiled Providers
  Alternative Counseling Associates, Inc.
  Another Way, Inc.
  Catholic Charities, Inc.
  Cedar Residence (OON)
  Clem-Mar House, Inc.
  Daystar Center for Spiritual Recovery, Inc.
  Gate House for Men/Women, Inc.
  Gaudenzia Erie, Inc. (OON)
  Gaudenzia, Inc.
  Good Friends, Inc.
  Greenbriar Treatment Center
  Harwood House
  The Highland House, Inc.
  Libertae, Inc.
  PA Treatment and Healing
  Pyramid Healthcare, Inc.
  Treatment Trends, Inc.
  White Deer Run/Cove Forge, Inc.

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

Demographics

Demographic information available for Members receiving SA NH HH services includes age, gender, race and diagnostic data. Demographic mix is consistent with previous years with no developing change in trend.
Overall, four percent of the Members who received SA NH HH services were between the ages of fifteen and twenty, thirty-seven percent were between twenty-one and thirty, thirty-two percent were between thirty-one and forty-four, twenty-seven percent were between forty-five and sixty-four and zero percent of the population was sixty-five years of age or older.

Forty-one percent of Members receiving this service were female and fifty-nine percent were male.

Eighty percent of these Members were Caucasian, thirteen percent were African American and seven percent were categorized as Other.
The most common diagnoses of Members receiving SA NH HH services were Opioid Dependence – 304.00 at twenty-eight percent, Alcohol Dependence – 303.90 at twenty-three percent, Polysubstance Dependence – 304.80 at nineteen percent, Cocaine Dependence – 304.20 at nine percent, and Opioid Dependence, In Remission – 304.03 at six percent.
Utilization information available for Members receiving SA NH HH services includes the total number of discharges, the average length of stay, the number of recidivism episodes and the thirty day readmission rate.

The total number of discharges across the Network was 372, three of which were from the zero to seventeen age group and 369 from the eighteen and over age group.

The average length of stay for the zero to eighteen age group was 156.00 and 65.69 for the eighteen and over age group. The total for the Network was 110.85. Providers that had a total average length of stay below the Network average met one of the three target
criteria for performance. All Contracts except Capital had a total average length of stay less than the Network average.

Across the Network there were four episodes of recidivism, which is the number of readmissions for unduplicated Members, all from the eighteen and over age group in the Capital Contract.

The average thirty day readmission rate, which is readmissions for duplicated Members, for the Network and the eighteen and over age group was 1.08%. The thirty day readmission rates were 0.00% for all Contracts except Capital, which had a rate of 1.52%. Providers that had a total readmission rate below the Network average met the second target criteria for performance.

Multi-Year Utilization Comparison

The number of Members receiving SA NH Halfway House services has shown an increase since 2009, as have the average length of stay. However, the 30 day readmission rate was at the lowest in 2012 than in the three previous years. The number of IP admissions has remained steady in 2009, 2010 and 2012, after a spike in 2011.
Quality

The quality indicators for SA NH HH 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 were a total of three Mental Health Inpatient admissions during SA NH HH services during the profiled period, which was an average of 0.0011 admissions per 1000 Members. Bedford/Somerset, Blair and Lycoming/Clinton had zero Inpatient admissions. The Franklin/Fulton Contract had one admission, with a corresponding average per 1000 Members of 0.0045. The Capital Contract had two Inpatient admissions, with an average of 0.0012 admissions per 1000 Members.

Across the Network there were zero complaints filed and nine quality of care issues during the profiled period. The Network average of complaints and quality of care issues per 1000 Members was 0.0034.
There were eight Critical Incident Reports (CIR’s) filed for SA NH HH services during the profiled period, one of which resulted in a Quality of Care or safety issue, which is an average of 0.0004 CIR’s resulting in Quality of Care or safety issues per 1000 Members.

**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 eighteen denied administrative appeals across the Network, with an average of 0.0067 denied appeals per 1000 Members. The Bedford/Somerset and Franklin/Fulton Contracts feel below the Network average.
There were a total of fifty-three provider performance issues across the Network. The Network number of provider performance issues per 1000 Members was 0.0198. All Contracts except Capital fell below the Network average.

Competency

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

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. However, during 2012, there were no provider trainings offered to SA NH Halfway House providers.

Satisfaction

Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. However, there were no complaints filed for this service during 2012.

Target Criteria

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 zero Credentialing 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.

Bedford/Somerset Profiled Providers
- AC3 Management Company DBA Davis Archway House
- Another Way, Inc.
- Greenbriar Treatment Center
- The Highland House, Inc.
- Pyramid Healthcare, Inc.
- White Deer Run/Cove Forge, Inc.

Blair Profiled Providers
- Another Way, Inc.
- Clem-Mar House, Inc.
- Daystar Center for Spiritual Recovery, Inc.
- Gateway Rehabilitation Center
- Greenbriar Treatment Center
- Pyramid Healthcare, Inc.
- Treatment Trends, Inc.
- White Deer Run/Cove Forge, Inc.

Franklin/Fulton Profiled Providers
- Clem-Mar House, Inc.
- Gaudenzia, Inc.
- The Highland House, Inc.
- Pyramid Healthcare, Inc.
- White Deer Run/Cove Forge, Inc.

Lycoming/Clinton Profiled Providers
• Alternative Counseling Associates, Inc.
• Another Way, Inc.
• Catholic Charities, Inc.
• Clem-Mar House, Inc.
• Daystar Center for Spiritual Recovery, Inc.
• Gate House for Men/Women, Inc.
• Gaudenzia, Inc.
• Harwood House
• Pyramid Healthcare, Inc.
• White Deer Run/Cove Forge, Inc.

Capital Profiled Providers
• Alternative Counseling Associates, Inc.
• Another Way, Inc.
• Cedar Residence (OON)
• Clem-Mar House, Inc.
• Daystar Center for Spiritual Recovery, Inc.
• Gaudenzia Erie, Inc. (OON)
• Gaudenzia, Inc.
• Good Friends, Inc.
• Greenbriar Treatment Center
• Harwood House
• The Highland House, Inc.
• Libertae, Inc.
• Treatment Trends, Inc.
• White Deer Run/Cove Forge, Inc.

Network Recommendations

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

➢ Establish an active treatment culture that incorporates evidence based treatment packages.
➢ Continue co-occurring competency and treatment efforts.
➢ Encourage all SA NH HH 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 HH providers in order to share information and collectively address difficulties.
➢ Develop procedures that will assist SA NH HH staff with meeting CBHNP expectations.
CBHNP

- Develop internal policies and procedures to facilitate more effective collaboration with other mental health providers and community agencies (e.g., Probation; CYS).
- Utilize Best Practice Guidelines to inform all treatment efforts.