

**PROVIDER NETWORK MONITORING: PROVIDER PROFILING 2008**

**OVERVIEW OF ACTIVITY:** Provider profiling is one method of evaluating the quality and performance of the VBH-PA provider network. Provider profiling is used to examine patterns and trends and to identify outlier providers.

**POPULATION/SAMPLE:** High volume providers for each level of care profiled are included. **Five levels of care were profiled in 2008:**

- Inpatient
- BHRS
- Residential Treatment Facilities (RTF)
- Outpatient Mental Health
- Family Based Mental Health Services (FBMHS)

**QUANTIFIABLE MEASURE:** Specific indicators are identified for each level of care. These generally include average cost per member, average units per member, and average length of stay (for residential levels of care).

**METHODOLOGY:** All five profiles produced in 2008 include data from 2007 with the fiscal year profiles including 2008 data also. The BHRS profile report time period ranges from April 1, 2007 to March 31, 2008. **The FBMHS and Outpatient Mental Health profiles encompass fiscal year July 1, 2007 to June 30, 2008 and are the only two profiles done in 2008 that include all 14 counties.** Indicators for each level of care are identified at the VBH-PA Data Integrity Meeting. Claims data are the primary data source utilized for provider profile reports. For some indicators, authorization data are used. For peer reviews, grievances and complaint data, a database is used.

**PERFORMANCE GOAL:** For key indicators, outliers to the VBH-PA mean are identified.

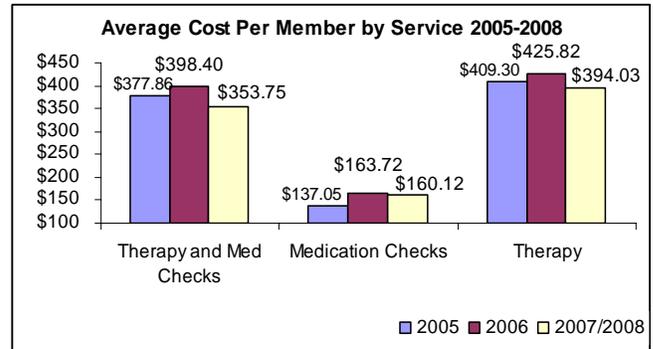
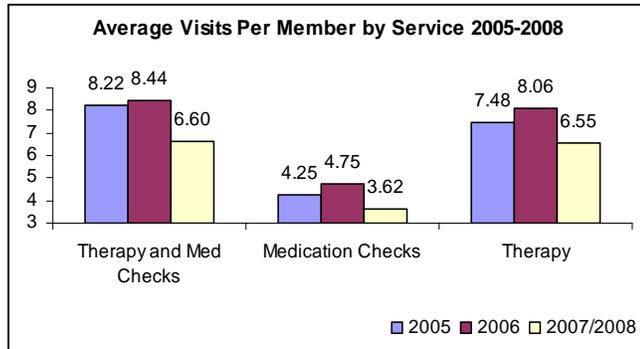
**ANALYSIS/BARRIERS & RESULTS:** **Outlier providers are reviewed and action plans are developed at an internal Provider Profiling Advisory Committee.**

**SUMMARY OF QUALITY IMPROVEMENTS:** Identification of outlier providers is useful for targeting areas for improvement and also to identify potential best practices which could be used by other providers to improve processes or quality of care. **The following pages summarize each level of care profiled including action plans recommended by the Provider Profiling Advisory Committee.** For 2009, VBH-PA will continue to profile the five levels of care, Inpatient, BHRS, RTF, Outpatient Mental Health, and FBMHS, for all 14 counties.

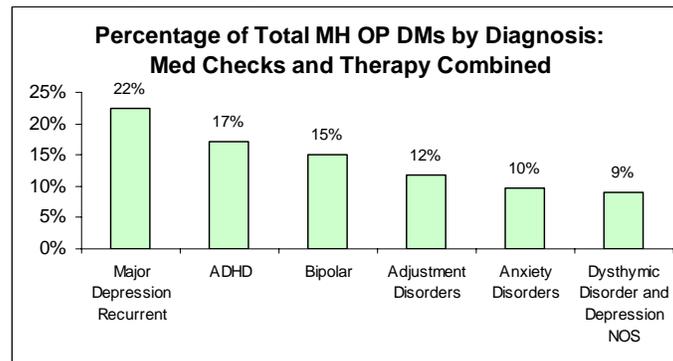
## PROVIDER PROFILING: MENTAL HEALTH OUTPATIENT SERVICES July 2007 - June 2008

The 2007/2008 *Mental Health Outpatient Services Provider Profiling Report* assesses health care delivery and patterns and trends in care among VBH-PA network providers of mental health outpatient services. Providers were included in this report if they served 150 or more distinct members from July 1, 2007 through June 30, 2008. **The 2007/2008 report represented 30,883 distinct members and 47 providers, compared to 36 providers in the 2006 report. Unlike the previous report, this report represents all 14 counties.** Medication checks and therapy were separated for some tables in this profiling report.

**The average number of visits per member and the average cost per member both decreased from 2006 to 2007/2008:**



### Top Six Diagnoses by Distinct Members:



**SUMMARY OF QUALITY IMPROVEMENTS:** In addition, VBH-PA's Quality Department audited 24 out of the 47 profiled providers in 2008. The audit tool, either specifically addressed items that providers had previously been reviewed on and were being re-measured against, or in the case of 'provider choice' were required to add to their charts, measured initial access to services, provider choice, and practice guideline compliance for ADHD, bipolar disorder, major depression, and schizophrenia. **56% of the profiled providers met the standard of the first offered appointment being within 7 days, an increase from last year (50%); 42% of the charts audited had the provider choice form; and 29% of the providers met the 85% performance goal for adherence to best practice guidelines, an increase from last year (8%).** To improve these findings, the Quality Department sent letters to the profiled providers asking them to submit action plans.

**ACTION PLANS:** An internal Provider Profiling Advisory Committee reviews outlier providers and develops action plans. As a result of the 2007/2008 provider profiling report, the Committee discussed contacting one provider who had a significant decrease in the average visits per member, a chart audit will be conducted at one provider, and crisis stabilization is needed in one county due to a high inpatient admission.

## PROVIDER PROFILING: Inpatient Mental Health

January 1, 2007 – December 31, 2007

A comprehensive provider profiling system serves as a quality management tool to support administrative and clinical processes, particularly when opportunities for improvement are identified. Provider profiling can further be described as the process of identifying those providers who consistently meet established VBH-PA clinical and administrative standards based upon performance indicators and routine data analysis. **The following indicators represent 27 mental health inpatient providers serving 25 or more distinct members in 2007.**

| LENGTH OF STAY  | OTHER INDICATORS   |
|---|--|
| Overall = 6.3 days per discharge<br><i>Age group:</i> <ul style="list-style-type: none"> <li>• Age 17 or under = 7.1 days</li> <li>• Age 18 or above = 6 days</li> </ul> <i>Gender:</i> <ul style="list-style-type: none"> <li>• Female = 6.3 days</li> <li>• Male = 6.3 days</li> </ul> <i>Diagnostic categories:</i> <ul style="list-style-type: none"> <li>• Major Depression = 5.6 days</li> <li>• Other Depression = 5.3 days</li> <li>• Bipolar = 6.2 days</li> <li>• Schizophrenia/ Psychosis = 9 days</li> <li>• Child &amp; Adolescent Disorders = 7.5 days</li> </ul> | Total Discharges = 5,111<br>Overall readmission rate = 15.3%<br>Involuntary rate = 19.1%<br>Follow up after hospitalization within 7 days = 45%<br>Average cost per discharge = \$3,627<br>Administrative days /discharge = 19 days<br>IP cases sent for peer review = 3%<br>Member Level I complaint rate = 0.6%<br>Member Level II complaint rate = 0%<br>Percentage of providers reporting critical incidents in 2007 = 85% |

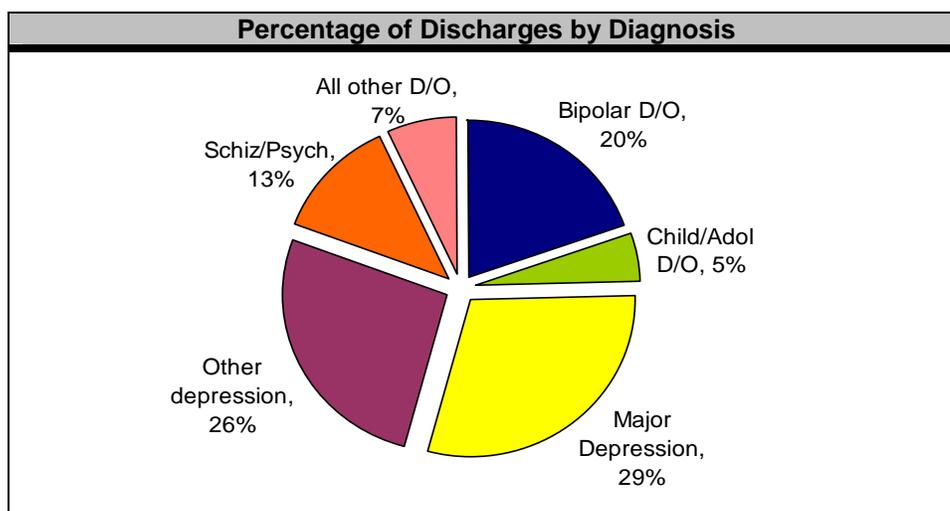


Table 1 shows the inpatient providers with more than 200 discharges in 2007. Administrative data were analyzed to determine which providers were outliers for the following performance indicators: readmission rate; average length of stay; follow-up after discharge rate; and the average cost per discharge.

| Provider # | Discharges | Indicators       |                               |                          |                |
|------------|------------|------------------|-------------------------------|--------------------------|----------------|
|            |            | Readmission rate | Average length of stay (days) | Average cost / discharge | Follow-up rate |
| 7          | 433        | 11.1%            | 5.8                           | \$3,088                  | 44%            |
| 15         | 424        | 19.6%            | 7.5                           | \$4,893                  | 54%            |
| 6          | 407        | 16.2%            | 5.7                           | \$3,271                  | 35%            |
| 16         | 395        | 10.1%            | 4.7                           | \$2,798                  | 49%            |

| Provider #    | Discharges   | Indicators                               |                               |                          |                |
|---------------|--------------|--|-------------------------------|--------------------------|----------------|
|               |              | Readmission rate                         | Average length of stay (days) | Average cost / discharge | Follow-up rate |
| 5             | 375          | 15.2%                                    | 5.6                           | \$3,213                  | 39%            |
| 17            | 342          | 18.1%                                    | 5.2                           | \$2,661                  | 43%            |
| 4             | 302          | 8.9%                                     | 6.2                           | \$4,664                  | 42%            |
| 18            | 294          | 12.2%                                    | 6.2                           | \$3,758                  | 45%            |
| 20            | 276          | 17.0%                                    | 6.2                           | \$4,109                  | 44%            |
| 3             | 275          | 10.9%                                    | 6.4                           | \$3,254                  | 50%            |
| 19            | 261          | 18.8%                                    | 11.5                          | \$6,813                  | 52%            |
| 21            | 257          | 16.7%                                    | 6.4                           | \$3,471                  | 53%            |
| 2             | 245          | 13.5%                                    | 5.7                           | \$3,173                  | 69%            |
| <b>VBH-PA</b> | <b>5,111</b> | <b>15.3%</b>                             | <b>6.3</b>                    | <b>\$3,627</b>           | <b>45%</b>     |
|               |              | <b>Indicates at or above VBH-PA mean</b> |                               |                          |                |

Aggregate results from 121 Consumer/Family Satisfaction Team (C/FST) surveys in 2007 regarding 14 profiled hospitals were analyzed. The results for three selected questions are shown in Table 2.

| Question   | % Yes |
|--|-------|
| Overall, are you satisfied with the service you received?  | 83%   |
| Were your medications and their possible side effects explained clearly by your doctor or nurse? | 74%   |
| Did your provider make you aware of the support services available in your community?'           | 72%   |

**SUMMARY OF QUALITY IMPROVEMENTS:** The overall follow-up after discharge rate in 2006 (44%) was targeted by the MH Inpatient Provider Profiling Advisory Committee for an action plan, which involved individual phone conferences between VBH-PA's Quality Management department and county representatives to discuss follow-up rates and interventions to improve these rates. **The follow-up after discharge rate increased slightly in 2007 to 45%.** In 2006, 10 of the 27 providers included in the 2006 MH Inpatient Provider Profile did not report critical incidents; in response, a letter was sent to these providers by the QM department reminding them of their contractual requirement to report critical incidents to VBH-PA. **In the 2007 profile, only four of the profiled inpatient providers did not report critical incidents.** One provider's high readmission rate in 2006 (24.3%) was targeted for an action plan involving ongoing meetings between this provider and VBH-PA's Medical Director and Clinical Department to address the high rate of readmissions; in 2007, this provider's readmission rate fell to 18.8%. Another provider's high involuntary rate in 2006 (24.2%) decreased to 23% in 2007 after an action plan was developed to examine the timeline between the commitment process and the request for authorization by the hospital.

**ACTION PLAN:** Data from the Mental Health Inpatient Provider Profile 2007 were reviewed by VBH-PA's Provider Profiling Advisory Committee for development of performance improvement plans. The following action plans were discussed:

- One provider was a high outlier in most indicators (length of stay, length of stay by diagnosis, readmissions, cost per discharge, and critical incidents per 100) and a low outlier in the follow-up after discharge rate. A site visit to this provider to review the profile and address these issues was planned.
- One provider was a high outlier in length of stay, readmissions, and cost per discharge. This provider had high turnover of doctors, which may have impacted treatment. A site visit to this provider to review the profile and address these issues was planned.
- Results of the inpatient provider profile were used to identify possible hospitals to add to VBH-PA's Facility Management project.

## PROVIDER PROFILING: Family-Based Mental Health Services FISCAL YEAR 2007/2008

Family-Based Mental Health Services (FBMHS) for children and adolescents are designed to integrate mental health treatment, family support services and casework so that families may continue to care for their children at home. This service should reduce the need for psychiatric hospitalization and out-of-home placement by allowing parents/guardians to maintain their role as the primary caregivers for their children.

The FY2007/2008 FBHMS provider profile included providers from Cambria, Crawford, Erie, Mercer, and Venango counties as well as from VBH-PA’s seasoned counties. **A total of 24 providers who served 15 or more distinct members in FY07/08 were included in this profile.** The total number of distinct members served in FY07/08 was **1,075**. The eight diagnostic categories by costs for the VBH-PA service center for FY07/08 are shown in **Table 1**. The highest percentage of dollars was spent to treat members with Mood Disorders (35%), followed by Attention Deficit/Hyperactivity Disorder (25%), Disruptive Behavior Disorder (17%), and Adjustment Disorder (11%). These four diagnostic categories accounted for 88% of the total costs and 87% of the distinct members.

| Table 1: Diagnostic categories and costs   |                  |                         |                |                     |                  |
|--|------------------|-------------------------|----------------|---------------------|------------------|
| DIAGNOSTIC CATEGORY                        | DISTINCT MEMBERS | PERCENT DIAGNOSTIC COST | UNITS          | PAID AMOUNT         | AVG COST PER MBR |
| Mood Disorders                             | 373              | 35%                     | 171,163        | \$4,642,298         | \$12,446         |
| Attention-Deficit / Hyperactivity Disorder | 247              | 25%                     | 123,732        | \$3,363,267         | \$13,616         |
| Disruptive Behavior Disorder NOS           | 199              | 17%                     | 83,979         | \$2,282,714         | \$11,471         |
| Adjustment Disorders                       | 113              | 11%                     | 53,594         | \$1,459,750         | \$12,918         |
| Anxiety Disorders                          | 75               | 7%                      | 34,437         | \$942,645           | \$12,569         |
| Pervasive Developmental Disorder           | 36               | 3%                      | 15,076         | \$402,368           | \$11,177         |
| Other                                      | 28               | 2%                      | 7,564          | \$205,400           | \$7,336          |
| Schizophrenia / Psychotic Disorder         | 13               | 1%                      | 4,294          | \$114,964           | \$8,843          |
| <b>VBH-PA TOTAL</b>                        | <b>1,075</b>     |                         | <b>493,839</b> | <b>\$13,413,406</b> | <b>\$12,478</b>  |

The overall **VBH-PA average cost per member was \$12,478**. Figure 1 shows the average cost per distinct member by provider in comparison to the VBH-PA average cost.

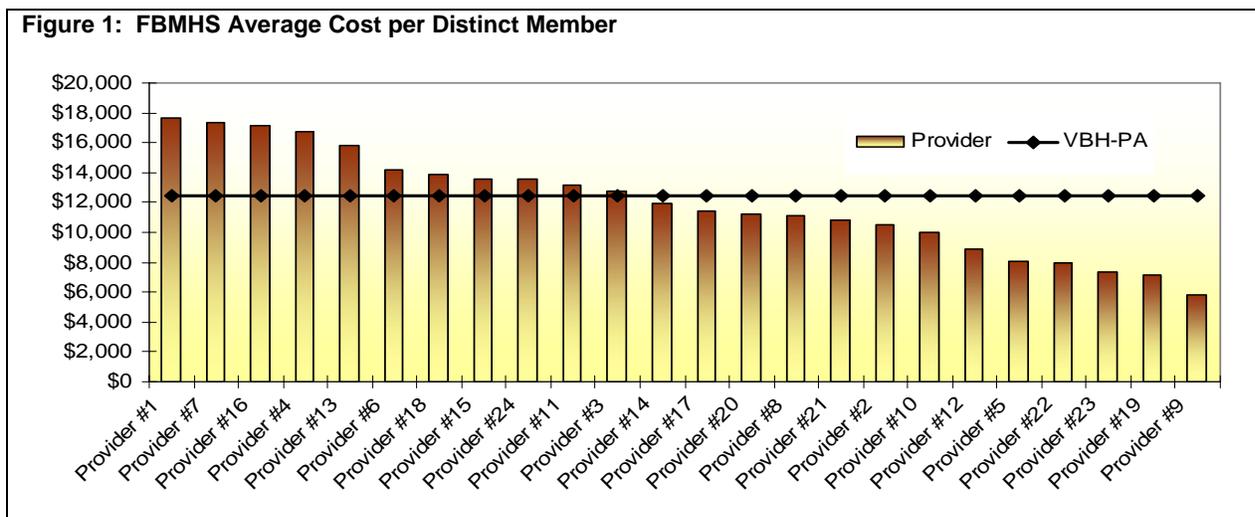
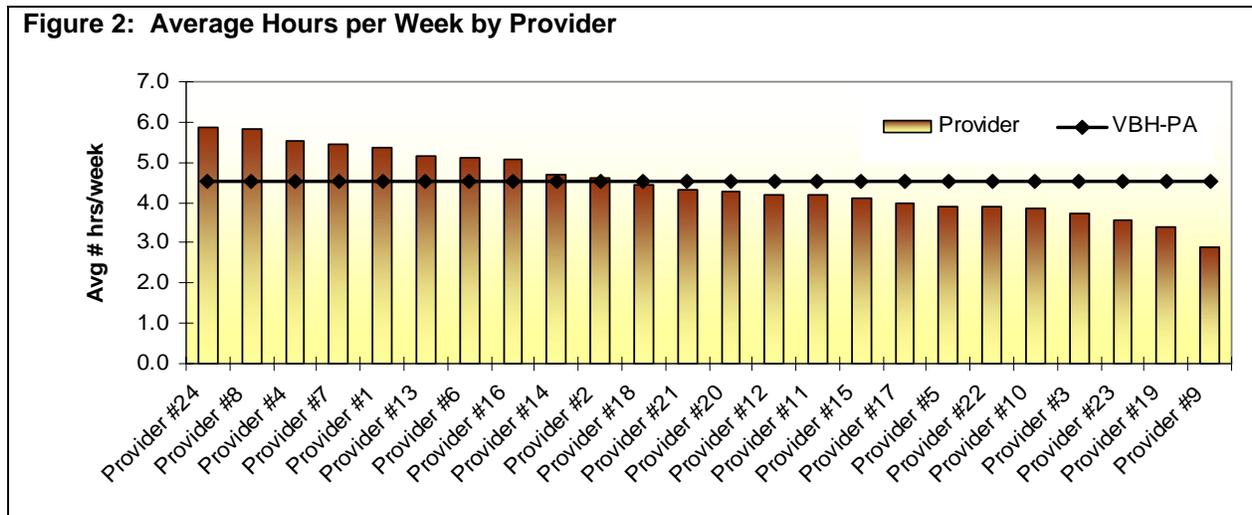


Figure 2 shows the average hours per week by provider. The **VBH-PA average was 4.5 hours per member per week.**



The VBH-PA provider chart audit tool was revised to reflect the Family-Based Mental Health Best Practice Standards that were developed by the Family-Based Mental Health Workgroup in 2007. The revised tool was validated in 2008 on a sample of charts from family-based providers that volunteered to be test sites for piloting the revised tool. A FBMHS audit will take place in 2009.

**SUMMARY OF QUALITY IMPROVEMENTS:** One of the action plans from the Provider Profiling Advisory Committee regarding the FY 2006/2007 family-based provider profile was to discuss the high percentage of distinct members in service over 32 weeks (40% in FY06/07) with family-based providers, with the goal of reducing this rate. This issue was discussed during several Family-Based Provider Advisory Committee meetings throughout 2008. Despite these interventions, the percentage of distinct members in service over 32 weeks increased in the FY 2007/2008 family-based profile (includes family-based providers in the seasoned counties only).

**ACTION PLANS:** Action plans from the **2007/2008 Family-Based Provider Profiling Advisory Committee** included:

- Two family-based providers had high percentages of distinct members in the 18 to 21-year-old age category. Charts from these two providers regarding these members will be requested and examined.
- Some providers had distinct members with multiple inpatient admissions while they were receiving family-based services. The cases of these distinct members will be examined further to see what may have contributed to these multiple inpatient readmissions.
- A forum for mental health outpatient and BHRS providers in the NWBHP and Erie counties is planned for this summer to discuss family-based services available in these counties. VBH-PA's Clinical Department will coordinate this meeting.
- The overall follow-up rate for BHRS (members going into BHRS services after discharge from FBMHS) is 28%. This BHRS follow-up rate includes Strength-based Treatment (SBT). Follow-up data for BHRS will be re-run in order to separate out SBT follow-up from traditional BHRS.

**PROVIDER PROFILING: BEHAVIORAL HEALTH REHABILITATION SERVICES**  
**April 1, 2007 to March 31, 2008**

VBH-PA utilizes a provider profiling system to focus on the assessment of health care delivery and to examine patterns and trends. Profiling serves as a quality management tool to support clinical and administrative processes and identify opportunities for improvement within the provider network. **Each of the 22 providers received a report card** that compares their average cost per member (ACPM) to the VBH-PA average for each diagnosis, an outlier analysis by diagnosis, and provider specific complaint and peer review information. The data below represents overall provider totals.

| Diagnostic Category                 | DM           | Paid Amount          | ACPM             | 2007-08 % of Paid Amt | 2006-07 % of Paid Amt |
|-------------------------------------|--------------|----------------------|------------------|-----------------------|-----------------------|
| Autism Spectrum Disorder (ASD)      | 1412         | \$ 21,236,695        | \$ 15,040        | 59.4%                 | 57.7%                 |
| ADHD                                | 597          | \$ 5,671,430         | \$ 9,500         | 15.9%                 | 16.8%                 |
| Disruptive Behavior D/O             | 476          | \$ 4,634,116         | \$ 9,736         | 13.0%                 | 12.8%                 |
| Major Depression                    | 149          | \$ 1,162,671         | \$ 7,803         | 3.3%                  | 3.4%                  |
| Adjustment Disorders                | 114          | \$ 855,794           | \$ 7,507         | 2.4%                  | 2.4%                  |
| Bipolar                             | 82           | \$ 716,124           | \$ 8,733         | 2.0%                  | 3.0%                  |
| <b>VBH totals for all diagnoses</b> | <b>2,939</b> | <b>\$ 35,749,632</b> | <b>\$ 12,164</b> |                       |                       |

Compared with the 2006/07 results, the average cost increased from \$12,110 to \$12,164 for an approximate increase of less than 0.05%. The overall distinct members count increased by eight percent, from 2,710 to 2,939. The ASD distinct member count increased from 1177 to 1412, (19.9%).

Therapeutic Staff Support (TSS) has the highest percentage of the total paid dollars at 62.5%, followed by behavioral Specialist Consultant (BSC) at 31.5%, and Mobile Therapy (MT) at 6.0%. **These data have remained consistent over time.**

Treating members with a primary diagnosis of ASD comprised 59.4% of the total BHRS dollars paid, while ADHD accounted for about 16% of the total paid amount. **There was an 11.7% decrease in the average units per member (AUPM) for ASD and a 9.0% decrease in the AUPM for ADHD from the previous year.**

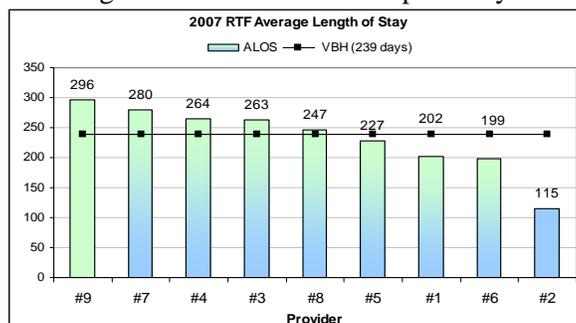
Aggregate Consumer / Family satisfaction data were analyzed using questions that pertained to members receiving BHR services. **Overall satisfaction with services and satisfaction with the ISPT process were at 97% and 95% respectively.**

**ACTION PLAN:** The results of the profile were presented to the Profile Advisory Committee for review. The committee suggested that providers whose peer review rate was above the average be contacted to discuss ways to reduce the outlier rates. This will be addressed as the BHRS chart audits are completed at these providers in 2009. Additionally, 16 of the 22 providers in the profile had submitted claims with a primary diagnosis of adjustment disorder, for a total cost of \$721,000 during the profile period. These providers have been contacted by letter, requesting them to update the diagnosis on the claims to reflect the most current diagnosis. VBH-PA's expectation has been that the provider will use the most serious diagnosis on the claim.

## PROVIDER PROFILING: RESIDENTIAL TREATMENT FACILITIES

January 1, 2007 – December 31, 2007

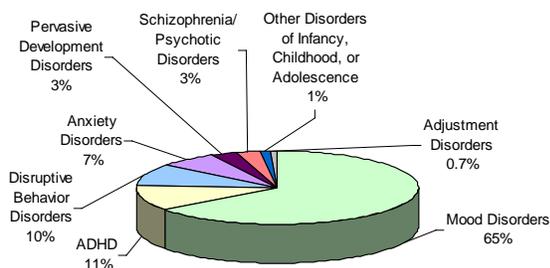
Data used for the Average Length of Stay (ALOS) analysis and average cost per discharge are based on the first paid claim date to the last paid claim date from the claims data for all discharges occurring in the year 2007 for VBH-PA HealthChoices members for Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland Counties. **The overall Average Length of Stay (ALOS) for VBH-PA for 2007 was 239 days or approximately 7.9 months.** The chart below depicts the ALOS for the nine providers, with five or more discharges included in the profile. The high and low outliers are depicted by the solid colors.



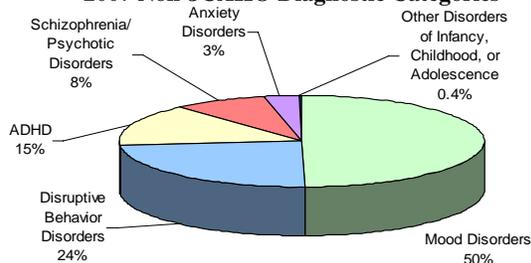
JCAHO and Non-JCAHO facilities have different payment methodologies, so with regard to cost-related data, they must be broken out separately. **The overall average cost per discharge for JCAHO facilities was \$61,997.57, with the males ages 13-17 utilizing 39% of the dollars.** Regarding the Non-JCAHO facilities, the overall average cost per discharge was \$44,147.88, with the males ages 13-17 utilizing 44% of the services.

The eight diagnostic categories for JCAHO facilities are illustrated in the first pie chart. Mood Disorders comprised the highest percentage of dollars (65%). The next pie chart shows the six diagnostic categories for Non-JCAHO facilities with Mood Disorders also comprising the highest percentage of dollars (50%).

2007 JCAHO Diagnostic Categories



2007 Non-JCAHO Diagnostic Categories



**SUMMARY OF QUALITY IMPROVEMENTS:** Three percent (3%) of the 2006 JCAHO discharges and 5.1% of the 2006 Non-JCAHO discharges had a diagnosis of Adjustment Disorder. Since Adjustment Disorder is not an appropriate diagnosis for this level of care, the 2006 RTF Provider Profiling Advisory Committee developed an action plan of mailing letters to the providers using this diagnosis to educate them. As a result, **only one JCAHO discharge for 2007 had an Adjustment Disorder (0.7%) diagnosis on the final claim submitted and there were no Non-JCAHO discharges for 2007 with an Adjustment Disorder diagnosis.** Eleven percent (11%) of the discharges that occurred in 2007 **accessed no follow-up services and 13% went back into the RTF program within 90 days.** This is a quality improvement since the 2006 profile had 22% with no follow-up services and 23% going back into RTF within 90 days.

**2007 Provider Profile Advisory Committee Action Plan:** Four sight visits will be conducted by the Clinical and Quality Departments to individually address high inpatient admission rates, low follow-up rates, and high ALOS and average cost outliers with the applicable providers.