

# **PROVIDER PROFILING MENTAL HEALTH INPATIENT 2008**

## **OVERVIEW**

Value Behavioral Health of Pennsylvania (VBH-PA) utilizes a provider profiling system to focus on the assessment of health care delivery and to examine patterns and trends in care. 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.

VBH-PA utilizes profiling as an analytical process in order to compare practice patterns of similar providers based on a standard set of measures. Profiling is a source for obtaining comparative data among providers. These and other provider profiling data may be used to develop initiatives such as performance-based contracting or preferred provider processes. Provider profiles are reviewed by a committee at VBH-PA for development of performance improvement plans.

For the calendar year 2008, the mental health inpatient provider profile includes the following indicators:

### **LENGTH OF STAY**

- Overall average length of stay with outlier analysis
- Average length of stay by age group (17 and under; 18 and over)
- Average length of stay by gender
- Average length of stay by diagnostic group (top five diagnostic groups by number of discharges)
- Length of stay by diagnosis outliers

### **TOP FIVE DIAGNOSTIC CATEGORIES**

- Top five diagnostic groups as a percent of total discharges
- Length of stay for top five diagnostic groups

### **READMISSION RATES WITHIN 30 DAYS OF DISCHARGE**

- Overall readmission rates
- Readmission rate by age group (17 and under; 18 and over)

### **INVOLUNTARY ADMISSIONS**

- Percent of involuntary admissions for ages over 18
- Outlier analysis of involuntary rates

### **FOLLOW-UP AFTER DISCHARGE**

- Number/percent of discharges with outpatient follow-up within 7 days
- Outlier analysis

## **COST PER DISCHARGE AND ADMINISTRATIVE DAYS**

- Average cost per discharge and outlier analysis
- Number of administrative days by county and by state hospital in 2008
- Average cost per discharge for administrative days

## **COMPLAINTS, PEER REVIEWS AND GRIEVANCES**

- Number/percent of member level I and level II complaints per provider and VBH-PA
- Number/percent pended to peer review and percent non-certified
- Number of level I and level II grievances and percent upheld

## **CRITICAL INCIDENTS**

- Number of reported critical incidents and rate per 100 discharges

## **CONSUMER/FAMILY SATISFACTION RESULTS**

- Results for selected Consumer/Family Satisfaction Team (C/FST) survey questions

### **Twenty network providers who served 100 or more distinct members were included for 2008.**

Discharges of members whose primary insurance is Medicare were excluded. Data for the Western Psychiatric Institute & Clinic (WPIC) specialty unit (service code 114) were not included in order to allow for a more accurate comparison of WPIC with other providers. Mental health inpatient providers located in the counties new to VBH-PA as of July 1, 2007 (Cambria, Crawford, Erie, Mercer and Venango) were included; these providers are highlighted in light yellow in the tables throughout this report.

Data used in this provider profile are based on authorization data; claims data (for costs); and a database that tracks peer reviews, complaints, and grievances for all discharges or admissions (voluntary/involuntary) occurring in the year 2008 for VBH-PA HealthChoices members. The term “VBH-PA average” or “VBH-PA rate” refers to the 20 providers included in the profile. Methodology and analysis for specific indicators are discussed in each section.

Outlier analyses identify providers as above or below the VBH-PA average. The outlier analysis is based on the calculation of the distance from the average by standard deviation of the normalized data. A provider is identified as an outlier above or below the mean if they are one or more standard deviations from the average.

## PROFILED PROVIDERS AT A GLANCE

Twenty (20) network providers that had 100 or more discharges in 2008 are included in this provider profile. **There were a total of 6,951 discharges from these 20 inpatient providers in 2008.** Table 1 provides a summary of the overall results.

<b>Length of Stay</b>		<b>Average LOS (days)</b>
	Overall	6.2
<b>Age group:</b>	Age 17 or under	6.9
	Age 18 and above	6
<b>Gender:</b>	Female	6.4
	Male	6.1
<b>Diagnosis:</b>	Major Depression	5.5
	Other Depression	5
	Bipolar Disorder	6.3
	Schizophrenia/ Psychosis	9.2
	Child and Adolescent Disorders	6.8
<b>Diagnosis at Discharge</b>	<b># of discharges</b>	<b>% of discharges</b>
Major Depression	2,276	33%
Other Depression	1,527	22%
Bipolar Disorder	1,252	18%
Schizophrenia / Psychosis	884	13%
Child and Adolescent Disorders	409	6%
Other Diagnoses	606	9%
<b>Other Indicators</b>		
Overall readmission rate		13.4%
Involuntary rate		17.4%
Follow-up after hospitalization within 7 days after discharge		60%
Average cost per discharge		\$4,076
Administrative days /discharge		18.8 days
Member Level I complaint rate		0.4%
Inpatient cases sent for peer review		4%
Percentage of providers reporting critical incidents		95%

## LENGTH OF STAY

### Methodology:

Data on length of stay (LOS) are based on the admission and discharge dates given by the provider to VBH-PA. Administrative days (days waiting for transfer to a state hospital) and denied days were excluded. An average length of stay was then determined based on the total number of days divided by the total number of discharges. Extended care days were not included in the average length of stay for these providers or the VBH-PA average. The average length of stay for Western Psychiatric Institute and Clinic does not include its specialty unit days. Diagnosis refers to the diagnosis reported to VBH-PA by the provider.

### Discussion:

- **Length of stay by provider:** The average length of stay by provider in 2008 (**Table 2**) ranges from 4.5 to 13.4 days, with a total average (mean) length of stay of 6.2 days. The VBH-PA average length of stay in 2008 (6.2) is nearly the same as the average length of stay in 2007 (6.3).

Provider	Discharges	Average LOS (days)	Outlier
Provider #14	302	4.5	
Provider #8	491	4.6	
Provider #6	225	4.6	
Provider #7	171	5.0	
Provider #10	459	5.3	
Provider #1	676	5.4	
Provider #11	336	5.5	
Provider #2	251	5.5	
Provider #13	302	5.7	
Provider #20	193	5.8	
Provider #3	313	5.8	
Provider #4	400	5.9	
Provider #16	303	6.0	
Provider #5	524	6.3	
Provider #12	232	6.7	
Provider #9	413	6.7	
Provider #15	467	7.3	
Provider #19	524	7.7	
Provider #12	123	9.6	Above (1.72)
Provider #17	246	13.4	Above (3.60)
<b>VBH-PA Total</b>	<b>6,951</b>	<b>6.2</b>	

**Note: Providers from the "new" counties are shaded in yellow in all of the tables in this report.**

- **Length of stay by age category:** The average length of stay for the 17 and under age group (Table 3) ranges from 2.3 to 14.2 days. The VBH-PA average is 6.9 days, a decrease from the overall average in 2007 (7.1 days). The average length of stay for the 18 and over age group ranges from 4 to 12.7 days, with an overall average LOS of 6 days (equal to last year's overall average).

<b>Table 3: Average length of stay by age group</b>					
Provider	Discharges	Age 17 or under		Age 18 and above	
		% of total discharges	Average LOS	% of total discharges	Average LOS
Provider #1	676	37%	5.2	63%	5.5
Provider #19	524	27%	10.2	73%	6.7
Provider #5	524	31%	6.9	69%	6.1
Provider #8	491	9%	4.5	91%	4.6
Provider #15	467	55%	7.2	45%	7.5
Provider #10	459	N/A	N/A	100%	5.3
Provider #9	413	N/A	N/A	100%	6.7
Provider #4	400	2%	3.6	98%	6.0
Provider #11	336	N/A	N/A	100%	5.5
Provider #3	313	1%	2.3	99%	5.8
Provider #16	303	6%	4.7	94%	6.1
Provider #13	302	26%	4.2	74%	6.2
Provider #14	302	N/A	N/A	100%	4.5
Provider #2	251	100%	5.5	<1%	4.0
Provider #17	246	44%	14.2	56%	12.7
Provider #12	232	97%	6.6	3%	10.6
Provider #6	225	16%	4.1	84%	4.7
Provider #20	193	6%	6.3	94%	5.8
Provider #7	171	N/A	N/A	100%	5.0
Provider #12	123	N/A	N/A	100%	9.6
<b>VBH-PA Total</b>	<b>6,951</b>	<b>23%</b>	<b>6.9</b>	<b>77%</b>	<b>6.0</b>

- **Length of stay by gender:** The average length of stay for females (**Table 4**) ranges from 4.3 to 15.7 days with an overall VBH-PA average of 6.4 days (about equal to 2007's average, 6.3 days). The length of stay for males ranges from 4.3 to 11.4 days, and the overall LOS for males is 6.1 days (a slight decrease from last year's average of 6.3 days).

<b>Table 4: Average length of stay by gender</b>					
<b>Provider</b>	<b>Discharges</b>	<b>Female</b>		<b>Male</b>	
		<b>% of total discharges</b>	<b>Average LOS</b>	<b>% of total discharges</b>	<b>Average LOS</b>
Provider #1	676	49%	5.8	51%	4.9
Provider #19	524	48%	8.9	52%	6.5
Provider #5	524	46%	6.2	54%	6.5
Provider #8	491	52%	4.9	48%	4.3
Provider #15	467	44%	7.1	56%	7.5
Provider #10	459	51%	5.4	49%	5.1
Provider #9	413	46%	6.5	54%	6.9
Provider #4	400	60%	6.2	41%	5.4
Provider #11	336	55%	5.5	45%	5.6
Provider #3	313	57%	5.7	43%	5.9
Provider #16	303	51%	6.0	49%	6.1
Provider #13	302	53%	5.2	47%	6.2
Provider #14	302	44%	4.6	56%	4.4
Provider #2	251	50%	5.6	50%	5.5
Provider #17	246	46%	15.7	54%	11.4
Provider #12	232	43%	6.2	57%	7.0
Provider #6	225	55%	4.3	45%	5.0
Provider #20	193	57%	6.2	43%	5.2
Provider #7	171	58%	5.2	42%	4.7
Provider #12	123	65%	9.6	35%	9.7
<b>VBH-PA Total</b>	<b>6,951</b>	<b>50%</b>	<b>6.4</b>	<b>50%</b>	<b>6.1</b>

- **Length of stay by diagnosis:** The diagnostic group (**Table 5**) with the highest VBH-PA average length of stay is Schizophrenia/Psychosis (9.2 days) and the diagnostic group with the lowest average length of stay is Other Depression (5 days). There was a slight decrease in length of stay for the Child/Adolescent Disorders diagnostic category (from 7.5 days in 2007 to 6.8 days in 2008). **Table 6** shows the providers with a length of stay of one or more days above the VBH-PA average length of stay for each diagnostic category.

**Table 5: Average length of stay by diagnosis**

		Major Depression		Other Depression		Bipolar Disorder		Schizophrenia / Psychotic Disorder		Child/Adolescent Disorders		Other diagnoses	
Provider	# Discharges	% of discharges	Avg LOS	% of discharges	Avg LOS	% of discharges	Avg LOS	% of discharges	Avg LOS	% of discharges	Avg LOS	% of discharges	Avg LOS
Provider #1	676	49%	4.7	4%	4.3	19%	5.3	15%	8.1	5%	5.8	8%	5.2
Provider #19	524	32%	5.7	10%	4.9	23%	9.1	16%	10.8	12%	7.9	7%	7.8
Provider #5	524	19%	6.0	41%	5.7	7%	6.2	12%	9.0	6%	7.1	15%	5.8
Provider #8	491	29%	4.5	38%	4.2	12%	4.9	11%	5.9	2%	6.8	9%	4.2
Provider #15	467	38%	7.0	18%	6.8	21%	7.2	6%	11.0	9%	7.2	8%	7.1
Provider #10	459	30%	4.7	32%	4.1	16%	6.0	14%	8.4	1%	3.3	6%	5.1
Provider #9	413	34%	5.6	10%	5.3	23%	5.5	25%	9.6	1%	5.7	7%	7.6
Provider #4	400	45%	5.2	8%	4.8	27%	5.1	16%	9.7	1%	5.5	4%	6.8
Provider #11	336	22%	5.0	28%	4.4	26%	5.2	16%	8.9	2%	4.8	6%	5.2
Provider #3	313	41%	4.6	16%	3.8	26%	6.0	11%	11.2	1%	8.8	5%	8.4
Provider #16	303	39%	5.4	27%	5.2	12%	5.8	13%	10.1	2%	4.8	8%	5.6
Provider #13	302	32%	5.1	22%	4.6	22%	5.9	11%	9.5	4%	6.3	8%	4.7
Provider #14	302	31%	4.2	32%	3.9	14%	5.0	14%	5.8	3%	5.1	6%	4.2
Provider #2	251	15%	5.3	25%	5.4	11%	5.9	1%	6.0	25%	5.7	23%	5.4
Provider #17	246	21%	15.8	30%	8.1	11%	12.4	6%	18.3	11%	13.0	22%	17.7
Provider #12	232	19%	6.5	16%	5.8	17%	8.5	3%	7.9	34%	6.0	11%	7.1
Provider #6	225	40%	4.6	26%	3.5	16%	5.4	8%	7.9	2%	3.4	8%	3.6
Provider #20	193	27%	5.4	30%	4.4	19%	6.3	12%	9.8	3%	3.8	8%	5.6
Provider #7	171	36%	4.7	30%	4.4	18%	5.2	11%	6.8	1%	6.0	6%	5.5
Provider #12	123	40%	9.4	11%	8.0	24%	10.3	23%	10.5	2%	7.5	2%	6.0
<b>VBH-PA Total</b>	<b>6,951</b>	<b>33%</b>	<b>5.5</b>	<b>22%</b>	<b>5.0</b>	<b>18%</b>	<b>6.3</b>	<b>13%</b>	<b>9.2</b>	<b>6%</b>	<b>6.8</b>	<b>9%</b>	<b>6.9</b>

<b>Table 6: Providers with LOS of one or more days above the VBH-PA average (by diagnosis)</b>		
<b>MAJOR DEPRESSION</b>		
<b>Provider</b>	<b># Discharges</b>	<b>Average LOS</b>
Provider #17	51	15.8
Provider #12	49	9.4
Provider #15	176	7.0
Provider #12	45	6.5
<b>VBH-PA Total – Major Depression</b>	<b>2,276</b>	<b>5.5</b>
<b>OTHER DEPRESSION</b>		
<b>Provider</b>	<b># Discharges</b>	<b>Average LOS</b>
Provider #17	75	8.1
Provider #12	13	8.0
Provider #15	84	6.8
<b>VBH-PA Total – Other Depression</b>	<b>1,527</b>	<b>5.0</b>
<b>BIPOLAR DISORDER</b>		
<b>Provider</b>	<b># Discharges</b>	<b>Average LOS</b>
Provider #17	26	12.4
Provider #12	29	10.3
Provider #19	123	9.1
Provider #12	40	8.5
<b>VBH-PA Total – Bipolar Disorder</b>	<b>1,252</b>	<b>6.3</b>
<b>SCHIZOPHRENIA / PSYCHOSIS</b>		
<b>Provider</b>	<b># Discharges</b>	<b>Average LOS</b>
Provider #17	15	18.3
Provider #3	34	11.2
Provider #15	30	11.0
Provider #19	86	10.8
Provider #12	28	10.5
<b>VBH-PA Total – Schizophrenia / Psychosis</b>	<b>884</b>	<b>9.2</b>
<b>CHILD / ADOLESCENT DISORDERS</b>		
<b>Provider</b>	<b># Discharges</b>	<b>Average LOS</b>
Provider #17	26	13.0
Provider #3	4	8.8
Provider #19	61	7.9
<b>VBH-PA Total – Child/Adolescent Disorders</b>	<b>409</b>	<b>6.8</b>

## TOP FIVE DIAGNOSTIC CATEGORIES

### Methodology:

The indicators in this section are:

- Top five diagnostic groups as a percent of total discharges
- Two-year comparison of the length of stay of top five diagnostic groups

The top five diagnostic groups were identified by the total number of discharges in that group for VBH-PA. The diagnosis used was the diagnosis given to VBH-PA by the provider at admission. Length of stay was calculated using the same methodology described in the length of stay section.

The Child/Adolescent diagnostic category includes such diagnoses as ADHD, Autism, Conduct Disorders, Oppositional Defiant Disorder, Separation Anxiety Disorder, Disruptive Behavior Disorder NOS, and Reactive Attachment Disorder.

Mood disorders were broken out into three categories: Bipolar Disorder, Major Depression and Other Depression. The “Other Depression” category includes Dysthymic Disorder, Cyclothymic Disorder, Depressive Disorder NOS and Mood Disorder due to a specified general medical condition.

### Discussion:

The top five diagnostic groups and the percent of total discharges are shown in **Figure 1** below. Major Depression and other depression diagnoses represent 55% of total discharges. **Figure 2** shows average length of stay by diagnosis for 2008 compared to 2007. **The overall length of stay by diagnosis is nearly unchanged from 2007 for most diagnoses except Child/Adolescent Disorders, which decreased from an average of 7.5 days in 2007 to 6.8 days in 2008.**

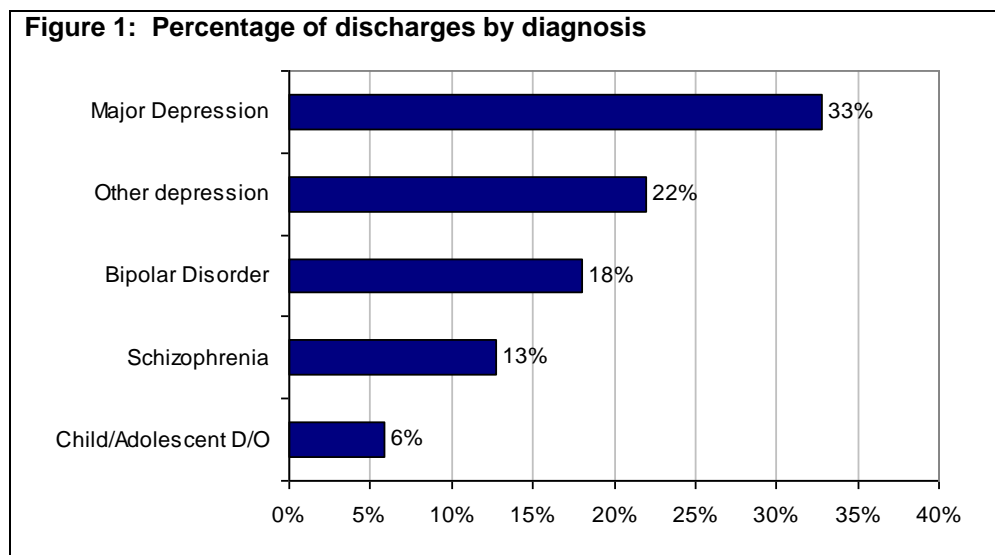
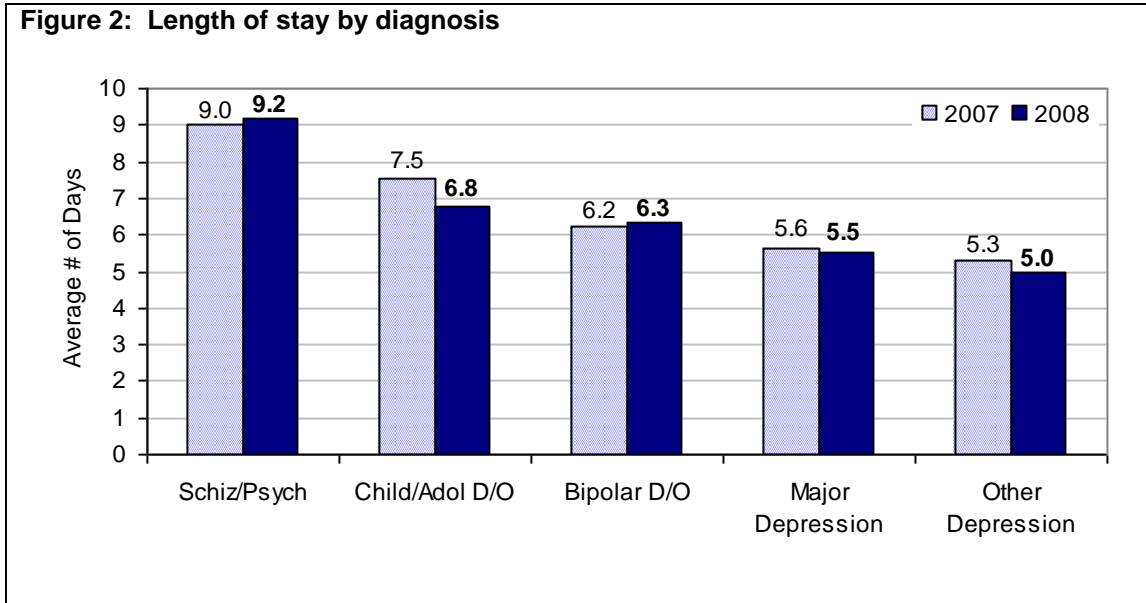


Figure 2: Length of stay by diagnosis



## READMISSION RATES

### Methodology:

Indicators in this section are:

- Readmission rates for 0 – 30 days
- Readmission rates by age group (17 and under, 18 and over) for 0 – 30 days

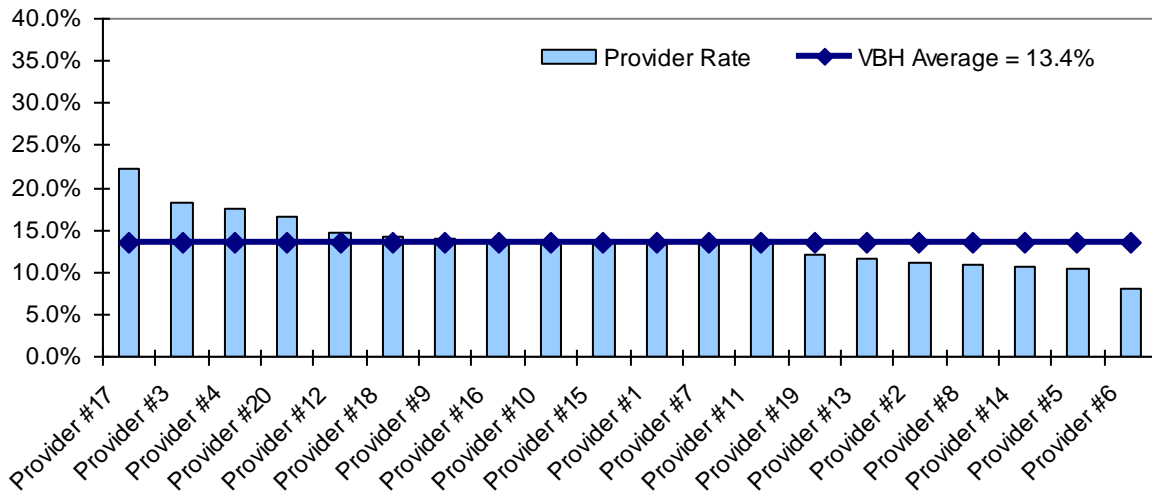
An admission is counted as a readmission if there was a prior hospitalization with a discharge date within 30 days of the admission. For members who were readmitted to a different provider from the first, the readmission was counted to the first provider and not to the readmitting provider. For the age break out, a member was placed in the adult (18 and over) group if they turned 18 between the time of the discharge and the readmission.

For this year's provider profile, members that were readmitted on the same day or the following day after being discharged were identified and investigated to find out which readmissions were true readmissions and which were actually transfers. Transfers occur when members are transferred from one provider to another, or when members are admitted to the psychiatric unit, transferred to a medical unit, and then transferred back to the psych unit. The cases that were identified as transfers are excluded from the following readmission rate analysis; because of this, the readmission rates for 2008 are lower than 2007's rates, which included possible transfers.

### Discussion:

- Readmission rates for 0 – 30 days range from 8% to 22%. **The profiled provider readmission rate is 13.4%** (see **Figure 3**).
- Readmission rates for the 17 and under age group range from 0% to 33.3%, and the VBH-PA average is 10.5% (see **Table 7**). Readmission rates for the 18 and over age group range from 8.4% to 100% (one discharge who was subsequently readmitted) with a VBH-PA average of 14.3%.

**Figure 3: Readmission rates by provider – all ages**



**Table 7: Mental health inpatient readmission rates**

Provider	# Discharges	Readmission Rate	Age Group	
			<18 Rate	>= 18 Rate
Provider #17	246	22.4%	14.8%	28.3%
Provider #3	313	18.2%	33.3%	18.1%
Provider #4	400	17.5%	0.0%	17.8%
Provider #20	193	16.6%	9.1%	17.0%
Provider #12	123	14.6%	N/A	14.6%
Provider #12	232	14.2%	13.8%	28.6%
Provider #9	413	14.0%	N/A	14.0%
Provider #16	303	13.5%	5.6%	14.0%
Provider #10	459	13.5%	N/A	13.5%
Provider #15	467	13.5%	11.2%	16.3%
Provider #1	676	13.5%	9.9%	15.6%
Provider #7	171	13.5%	N/A	13.5%
Provider #11	336	13.4%	N/A	13.4%
Provider #19	524	12.0%	9.0%	13.2%
Provider #13	302	11.6%	6.3%	13.5%
Provider #2	251	11.2%	10.8%	100.0%*
Provider #8	491	11.0%	2.3%	11.9%
Provider #14	302	10.6%	N/A	10.6%
Provider #5	524	10.3%	9.3%	10.7%
Provider #6	225	8.0%	5.7%	8.4%
<b>VBH-PA Total</b>	<b>6,951</b>	<b>13.4%</b>	<b>10.5%</b>	<b>14.3%</b>

\*This rate represents one (1) discharge – an 18-year-old – who was subsequently readmitted.

## INVOLUNTARY RATES

### Methodology:

The indicators included in this section are:

- Number of adult admissions (distinct members)
- Percent of involuntary admissions
- Outlier analysis of involuntary rates

The involuntary rates are a percentage of total adult admissions. Adult admissions are defined as ages 19 and older by OMHSAS' *Quarterly Monitoring Report (QMR)*.

### Discussion:

- Providers' involuntary rates range from 0% to 29.8%.
- **The VBH-PA overall involuntary rate is 17.4%.** This rate is lower than the 2007 involuntary rate (19.1%).
- Eight providers are above the VBH-PA average; five of these providers are outliers. Most of the providers are below the mean.

Table 8: Involuntary admission rates				
Provider	Total Adult Admissions	Involuntary Admissions	Involuntary Rate	Outlier
Provider #10	459	137	29.8%	Above (1.5)
Provider #3	310	91	29.4%	Above (1.5)
Provider #12	7	2	28.6%	Above (1.4)
Provider #11	336	94	28.0%	Above (1.3)
Provider #17	138	35	25.4%	Above (1.0)
Provider #8	447	100	22.4%	
Provider #20	182	40	22.0%	
Provider #1	423	79	18.7%	
Provider #19	380	64	16.8%	
Provider #9	413	62	15.0%	
Provider #14	302	45	14.9%	
Provider #12	123	18	14.6%	
Provider #7	171	24	14.0%	
Provider #13	222	29	13.1%	
Provider #15	209	26	12.4%	
Provider #5	363	37	10.2%	
Provider #4	393	27	6.9%	Below (-1.3)
Provider #6	190	13	6.8%	Below (-1.3)
Provider #16	285	8	2.8%	Below (-1.8)
Provider #2	1	0	0.0%	Below (-2.1)
<b>VBH-PA Total</b>	<b>5,354</b>	<b>931</b>	<b>17.4%</b>	

## FOLLOW-UP WITHIN 7 DAYS AFTER DISCHARGE

### Methodology:

The indicators for this section are:

- Number and percent of discharges with outpatient follow-up within 7 days
- Outlier analysis

The eligible population (discharges) was identified as follows:

- Discharges from 1/1/08 through 12/1/08 who were 6 years of age or older as of the date of discharge.
- The member was continuously enrolled in HealthChoices from the date of discharge through 30 days after discharge.
- The member had an ICD-9 diagnostic code of 295-299, 300.3, 301, 308, 309, 311-314.
- Members were excluded if they were transferred directly to another non-acute facility or readmitted within 30 days.
- Denied claims were not excluded.

The numerator (number of the population/discharges who had a follow-up within 7 days) was identified as follows:

- An ambulatory follow-up visit on the date of discharge up to 7 days after discharge.
- Service codes included for ambulatory follow-up were industry standard codes as defined by HEDIS and PA-specific local codes such as BSC, blended case management, certain drug and alcohol services, peer support services, psychological testing and family psychotherapy, among others. TSS is not an acceptable code for follow-up.

### Discussion:

- The percent of members who had follow-up within 7 days after discharge in 2008 ranges from 38.3% to 99.6%. **The VBH-PA average is 59.5%**, higher than the follow-up rate in 2007 (45%).
- Some follow-up services were included in this year's rate that were not included in last year's follow-up rate, such as peer support services and certain ICSI codes for BSC and MT services. This may have helped increase the rates for certain providers and for VBH-PA overall.
- Follow-up rates for nine providers are above the VBH-PA average, indicating that members discharged from these providers more often received follow-up within 7 days. Although there are many factors that affect follow-up after discharge, one factor could be that these providers have better discharge planning. Most of these nine providers were also above the VBH-PA average in last year's provider profile.

<b>Table 9: Follow-up within 7 days after discharge</b>				
<b>Provider</b>	<b># Discharges</b>	<b># Follow-up within 7 days</b>	<b>Rate</b>	<b>Outlier</b>
Provider #2	251	250	99.6%	Above (2.73)
Provider #12	123	100	81.3%	Above (1.47)
Provider #12	232	178	76.7%	Above (1.15)
Provider #17	246	181	73.6%	
Provider #15	467	327	70.0%	
Provider #19	524	345	65.8%	
Provider #8	491	312	63.5%	
Provider #13	302	189	62.6%	
Provider #10	459	281	61.2%	
Provider #7	171	101	59.1%	
Provider #11	336	197	58.6%	
Provider #3	313	183	58.5%	
Provider #1	676	366	54.1%	
Provider #6	225	121	53.8%	
Provider #5	524	280	53.4%	
Provider #14	302	149	49.3%	
Provider #16	303	145	47.9%	
Provider #4	400	188	47.0%	
Provider #9	413	170	41.2%	Below (-1.30)
Provider #20	193	74	38.3%	Below (-1.49)
<b>VBH-PA Total</b>	<b>6,951</b>	<b>4,137</b>	<b>59.5%</b>	

## **COST PER DISCHARGE AND ADMINISTRATIVE DAYS**

### **Methodology:**

The indicators in this section are:

- Cost per discharge
- Outlier analysis

Cost per discharge is based on claims and is calculated by dividing the total paid to that facility by the number of discharges. Costs are affected by the rates paid to the hospitals as well as length of stay. For the facilities that are non-inclusive, claims are paid to the attending physician as well as to the facility. These paid claim amounts were added to the facility total. Paid claims for ECT were also added. Administrative days (days waiting for transfer to state hospital) and Medicare costs were excluded. VBH-PA pays for administrative days and extended care days but they are not reflected in the cost analysis.

## ***COST PER DISCHARGE***

### **Discussion:**

- Cost per discharge ranges from \$2,511 to \$7,985. The VBH-PA average cost per discharge in 2008 (\$4,076) is higher than the 2007 average cost per discharge (\$3,627). The average costs for most providers are below the VBH-PA average cost per discharge. Eight providers are above the VBH-PA average; three of these providers are outliers in terms of cost.
- The average cost per discharge is 12% higher than last year while the length of stay remained steady.

<b>Table 10: Average cost per discharge by provider</b>			
<b>Provider</b>	<b># Discharges</b>	<b>Avg. cost / discharge</b>	<b>Outlier</b>
Provider #17	246	\$7,985	Above (2.9)
Provider #12	123	\$6,655	Above (1.9)
Provider #9	413	\$5,430	Above (1.0)
Provider #15	467	\$5,024	
Provider #1	676	\$4,665	
Provider #5	524	\$4,512	
Provider #3	313	\$4,171	
Provider #19	524	\$4,136	
Provider #12	232	\$3,779	
Provider #10	459	\$3,751	
Provider #16	303	\$3,606	
Provider #6	225	\$3,603	
Provider #4	400	\$3,601	
Provider #13	302	\$3,557	
Provider #2	251	\$3,343	
Provider #11	336	\$3,217	
Provider #7	171	\$2,953	
Provider #20	193	\$2,789	Below (-1.0)
Provider #14	302	\$2,511	Below (-1.2)
Provider #8	491	\$2,511	Below (-1.2)
<b>VBH-PA Total</b>	<b>6,951</b>	<b>\$4,076</b>	

## **ADMINISTRATIVE DAYS**

Administrative days are days members spend on the inpatient unit while waiting for transfer to state hospitals. Indicators include:

- Number of administrative days and average days per discharge by hospital
- Number of administrative days by county and by state hospital
- Total and average costs

**In 2008, there were a total of 2,307 administrative days, with a total cost of \$1,487,807; both of these indicators are higher than last year** (in 2007, there were 1,037 administrative days at a total cost of \$603,859). Thirteen of the 20 profiled providers had administrative days, with the number of administrative days ranging from 21 to 458 days. The average number of days per discharge ranges from 12.7 to 28.6 days (see **Table 11**).

<b>Table 11: Administrative days by provider</b>			
<b>Provider</b>	<b># Discharges</b>	<b>Days</b>	<b>Average days / discharge</b>
Provider #9	16	458	28.6
Provider #7	1	26	26.0
Provider #19	7	147	21.0
Provider #17	1	21	21.0
Provider #13	7	137	19.6
Provider #10	26	507	19.5
Provider #8	7	130	18.6
Provider #1	12	221	18.4
Provider #15	5	88	17.6
Provider #3	12	193	16.1
Provider #20	4	59	14.8
Provider #6	2	27	13.5
Provider #5	23	293	12.7
<b>VBH-PA Total</b>	<b>123</b>	<b>2,307</b>	<b>18.8</b>

**Table 12** shows the inpatient administrative days and costs by county and state hospital. Data by county are provided for two reasons: (1) state hospital assignment is by county; and (2) the counties are mandated by OMHSAS to keep state hospital admissions at a certain level.

Any reductions in administrative days and costs that resulted from the closure of Mayview State Hospital at the end of 2008 seem to have been offset by the inclusion of VBH-PA's newer counties in this analysis. Most of the newer counties use Warren State Hospital (Crawford, Erie, Mercer and Venango); however, Cambria County uses Torrance State Hospital.

<b>Table 12: Inpatient administrative days and costs by county and state hospital</b>					
	<b>Discharges</b>	<b># Admin. days</b>	<b>Average admin. days</b>	<b>Cost</b>	<b>Average cost per discharge</b>
VBH-PA Total	123	2,307	18.8	\$1,487,807	\$12,096
<b>TORRANCE STATE HOSPITAL</b>					
<b>County</b>	<b>Discharges</b>	<b># Admin. days</b>	<b>Average admin. days</b>	<b>Cost</b>	<b>Average cost per discharge</b>
Armstrong	7	144	20.6	\$80,775	\$11,539
Butler	13	201	15.5	\$127,176	\$9,783
Cambria	7	147	21.0	\$76,734	\$10,962
Fayette	8	160	20.0	\$82,340	\$10,293
Indiana	3	48	16.0	\$29,070	\$9,690
Westmoreland	25	483	19.3	\$287,200	\$11,488
<b>Total</b>	<b>63</b>	<b>1,183</b>	<b>18.8</b>	<b>\$683,295</b>	<b>\$10,846</b>
<b>WARREN STATE HOSPITAL</b>					
<b>County</b>	<b>Discharges</b>	<b># Admin. days</b>	<b>Average admin. days</b>	<b>Cost</b>	<b>Average cost per discharge</b>
Erie	27	659	24.4	\$316,913	\$11,738
NWBHP (Crawford, Mercer, Venango)	33	465	14.1	\$487,599	\$14,776
<b>Total</b>	<b>60</b>	<b>1,124</b>	<b>18.7</b>	<b>\$804,512</b>	<b>\$13,409</b>

## COMPLAINTS, PEER REVIEWS AND GRIEVANCES

### Methodology:

The indicators included in this section are:

- Member level I complaints and percent of discharges – number of level I complaints divided by total discharges per provider and overall VBH-PA rate
- Peer review pending – number of cases referred to peer review divided by total discharges
- Peer review non-certified - number of cases non-certified divided by number of cases pending
- Level I grievances – number of level I grievances and percent upheld
- Level II grievances – number of level II grievances and percent upheld

### COMPLAINTS

- **There were a total of 27 member level I complaints in 2008. The overall level I complaint rate for all profiled providers is 0.4%,** about equal to last year's rate (0.6%).
- The types of complaints varied. "Dissatisfied with treatment" was the most common complaint category (N = 16, or 59%). Complaints under this category tended to focus on the following: members expressing dissatisfaction with inpatient staff and/or the course of treatment (including medications); being unhappy with discharge planning or the circumstances around their discharge; and being unhappy with the quantity and/or quality of their time with the psychiatrist. The next most common complaint categories were "provider billed member" (N = 4, 15%) and "unethical/inappropriate behavior" (N = 4, 15%). Complaints regarding unethical/ inappropriate behavior were mainly about the inpatient staff being rude to the members; also, one member felt that his/her involuntary admission to the hospital was invalid.
- There was **one level II complaint in 2008.**

Provider	# Discharges	# Complaints	% of Discharges
Provider #12	232	3	1.3%
Provider #17	246	3	1.2%
Provider #19	524	5	1.0%
Provider #12	123	1	0.8%
Provider #14	302	2	0.7%
Provider #7	171	1	0.6%
Provider #20	193	1	0.5%
Provider #10	459	2	0.4%
Provider #15	467	2	0.4%
Provider #8	491	2	0.4%
Provider #2	251	1	0.4%
Provider #3	313	1	0.3%
Provider #4	400	1	0.3%
Provider #5	524	1	0.2%
Provider #1	676	1	0.1%
<b>VBH-PA Total 2008</b>	<b>6,951</b>	<b>27</b>	<b>0.4%</b>

## PEER REVIEWS AND GRIEVANCES

### Discussion:

- **The percentage of cases pended to peer review ranged from 1% to 15% with a VBH-PA overall rate of 4%** (about equal to last year's rate of 3%).
- The percentage of cases pended to peer review that were non-certified ranged from 38% to 88% with a VBH-PA overall rate of 66%.
- There were 33 level I grievances involving these providers in 2008; **71% of these level I grievances were upheld.**
- In 2008, there were **ten (10) level II grievances, 70% of which were upheld.**

Table 14: Peer reviews and grievances								
Provider	# Discharges	Peer Review			Grievance Level I		Grievance Level II	
		# Pended	% Pended	% Non-cert	#	% Upheld	#	% Upheld
Provider #17	246	36	15%	61%	17	59%	8	63%
Provider #12	123	13	11%	54%	0	N/A	0	N/A
Provider #12	232	23	10%	78%	3	67%	0	N/A
Provider #1	676	50	7%	68%	4	100%	0	N/A
Provider #9	413	20	5%	70%	0	N/A	0	N/A
Provider #4	400	18	5%	78%	4	100%	0	N/A
Provider #19	524	23	4%	57%	0	N/A	0	N/A
Provider #14	302	13	4%	85%	0	N/A	0	N/A
Provider #13	302	10	3%	60%	0	N/A	0	N/A
Provider #8	491	16	3%	63%	1	0%	0	N/A
Provider #2	251	8	3%	88%	0	N/A	0	N/A
Provider #20	193	6	3%	67%	1	100%	0	N/A
Provider #11	337	10	3%	60%	0	N/A	0	N/A
Provider #7	171	5	3%	60%	0	N/A	0	N/A
Provider #16	303	8	3%	63%	1	0%	0	N/A
Provider #10	459	8	2%	38%	0	N/A	0	N/A
Provider #15	467	8	2%	38%	1	100%	2	100%
Provider #3	313	5	2%	80%	0	N/A	0	N/A
Provider #5	524	8	2%	63%	1	100%	0	N/A
Provider #6	225	2	1%	50%	0	N/A	0	N/A
<b>VBH-PA Total</b>	<b>6,951</b>	<b>290</b>	<b>4%</b>	<b>66%</b>	<b>33</b>	<b>71%</b>	<b>10</b>	<b>70%</b>

## CRITICAL INCIDENTS

Critical Incidents are reviewed for the purpose of risk reduction within the provider network. Nineteen types of events qualify as critical incidents. All reported incidents, as well as other indicators (such as age and diagnosis), are tracked and trended by provider and are presented at the monthly Quality Management Committee meetings. Network providers are contracted to report all incidents to VBH-PA for triage as critical events.

**Table 15** represents only those inpatient providers that reported a critical incident in 2008. **Nineteen (19) of the 20 profiled providers (95%) had one or more reported incidents in 2008. VBH-PA would expect that most providers would have critical incidents to report, although most are unfounded. A provider with a high number of incidents most likely indicates that the provider is a good reporter.** The number of critical incidents reported in 2008 was 54% higher than the number reported in 2007 (197). This increase can be attributed to the newly contracted hospitals and the intensive VBH-PA training regarding the reporting of incidents.

<b>Table 15: Critical incidents</b>			
<b>Provider</b>	<b>Discharges</b>	<b>Reported Incidents</b>	<b>Incidents Per 100 Discharges</b>
Provider #7	171	26	15.2
Provider #17	246	31	12.6
Provider #11	336	42	12.5
Provider #16	303	35	11.6
Provider #19	524	45	8.6
Provider #13	302	15	5.0
Provider #12	123	6	4.9
Provider #4	400	15	3.8
Provider #20	193	6	3.1
Provider #14	302	9	3.0
Provider #8	491	13	2.6
Provider #3	313	8	2.6
Provider #10	459	9	2.0
Provider #15	467	8	1.7
Provider #1	676	9	1.3
Provider #12	232	3	1.3
Provider #2	251	3	1.2
Provider #9	413	3	0.7
Provider #5	524	1	0.2
<b>VBH-PA 2008 Total</b>	<b>6,951</b>	<b>287</b>	<b>4.1</b>

## NETWORK PROVIDERS CONSUMER/FAMILY SATISFACTION RESULTS

**Overview:** The focus of the Consumer/Family Satisfaction Team (C/FST) program is to solicit input from consumers (both children and adults) and families of consumers utilizing mental health and substance abuse services. This is accomplished largely through face-to-face interviews by the C/FST. The purpose of the C/FST program is to determine whether consumers and families are satisfied with services in terms of access, delivery, outcomes, appropriateness of service, and being treated with dignity and respect. C/FST interviews also assist in early identification and resolution of potential problem areas. All service providers are required to cooperate with the C/FST and its activities and are expected to provide space for interviews, per their contract with VBH-PA.

**Methodology:** Each county has a survey tool that is compliant with the DPW Appendix L. Most of the counties use the same survey tool; however, two counties use a survey tool unique to their county. All counties gather and report data in a formalized fashion to their county MH/MR office, VBH-PA and OMHSAS. All have processes for providing feedback to providers and requesting action plans from providers as needed.

**Results:** Selected questions and member responses are presented in **Table 16**, representing 224 surveys about 18 hospitals. The responses included in this report are an aggregate of the results from C/FST surveys (from 10 counties) conducted on this level of care in 2008. Fifteen of the profiled providers are included in the following C/FST survey results.

<b>Table 16: C/FST survey results</b>					
<b>C/FST QUESTIONS</b>	<b>Yes</b>	<b>No</b>	<b>Not Answered</b>		
Overall, are you satisfied with the service you received?	82%	16%	3%		
Were your medications and their possible side effects explained clearly by your doctor or nurse?	72%	13%	16%		
Did your provider make you aware of the support services available in your community?	84%	13%	2%		
<b>STATE MANDATED QUESTIONS</b>	<b>Yes</b>	<b>Sometimes</b>	<b>No</b>	<b>Not Answered</b>	
In the past 12 months, were you able to get the help you needed?	62%	21%	3%	14%	
Were you given the chance to make treatment decisions?	68%	18%	12%	1%	
	<b>Much better</b>	<b>Little better</b>	<b>About the same</b>	<b>Little worse</b>	<b>Much worse</b>
What effect has the treatment you received had on the quality of your (or your child's) life?	19%	52%	17%	6%	4%