FRAMEWORKS
in Health and Quality

Schizophrenia Relapse Reduction Program

Addressing Relapse and Readmissions in Schizophrenia

This resource is provided for informational purposes only and is not intended as reimbursement or legal advice. You should seek independent, qualified professional advice to ensure that your organization is in compliance with the complex legal and regulatory requirements governing health care services, and that treatment decisions are made consistent with the applicable standards of care.

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46% of hospital CEOs indicated that studying avoidable readmissions to reduce penalties is a specific concern under health care reform implementation.[1]

These are challenging and complex times for hospital leadership. According to the 2014 American College of Healthcare Executives' annual survey of the most important issues confronting hospitals, financial challenges tops the list, followed by health care reform implementation, governmental mandates, and patient safety and quality.[1]

Issue	Rank
Financial challenges	2.5
Health care reform implementation	4.6
Governmental mandates	4.6
Patient safety and quality	4.7
Care for the uninsured/underinsured	5.5
Patient satisfaction	5.9
Physician-hospital relation	5.9
Population health management	6.8
Technology	7.3
Personnel shortages	7.4

(N=338)

The average rank given to each issue was used to place issues in order of concern to hospital CEOs, with the lowest numbers indicating the highest concerns. The survey was confined to CEOs of community hospitals (nonfederal, short-term, nonspecialty hospitals).

The Impact of the Affordable Care Act (ACA)

According to a 2014 report from the Substance Abuse and Mental Health Services Administration, the implementation of the ACA is expected to add **2.7%, or $7.3 billion**, to the level of mental health and substance use disorders spending in 2020.[2] Hospitalizations are expected to account for **19.0% of the anticipated $91 billion increase** in mental health spending between 2009 and 2020.[2]

Identifying Conditions With High Readmission Rates

A 2014 data report from the Agency for Healthcare Research and Quality presented that in 2011, for Medicaid patients, the 3 conditions with the largest number of 30-day all-cause readmissions were[3]:

- Mood disorders – **41,600 readmissions**
- Schizophrenia – **35,800 readmissions**
- Diabetes – **23,700 readmissions**

These conditions resulted in approximately **$839 million** in hospital costs in 2011.[3]

The following estimates are based upon data from the Healthcare Cost and Utilization Project National Inpatient Sample and the Nationwide Readmissions Database.[4]

Hospital Inpatient Stays for Schizophrenia, 2012[4]

- Schizophrenia accounted for **383,000 hospital stays**
  - The average length of stay was 10.4 days
  - Stays for schizophrenia were approximately twice as long as stays for non-mental or substance use disorder conditions
  - 77.7% of patients with schizophrenia were discharged to home or self-care

Hospital Readmissions for Schizophrenia, 2012[4]

- 22.4% of initial inpatient stays for schizophrenia were followed by readmission for any cause within 30 days
- Average cost per stay for schizophrenia was **$8,800** for the initial hospital stay for a schizophrenia diagnosis and **$8,600** for an all-cause readmission stay

The Case for Improvement[5]

A retrospective analysis of 2003 national Medicaid claims data focused on follow-up treatment episodes of adults (aged 20 to 63 years) who received inpatient care for schizophrenia with a sample of 59,567 treatment episodes from 49,239 patients found that:

- Within the first week of hospital discharge, approximately **4 in 10 (41.7%)** treatment episodes in the study sample included ≥ 1 schizophrenia-related outpatient visit
- By 30 days, this percentage had increased to nearly **6 in 10 (59.3%)**

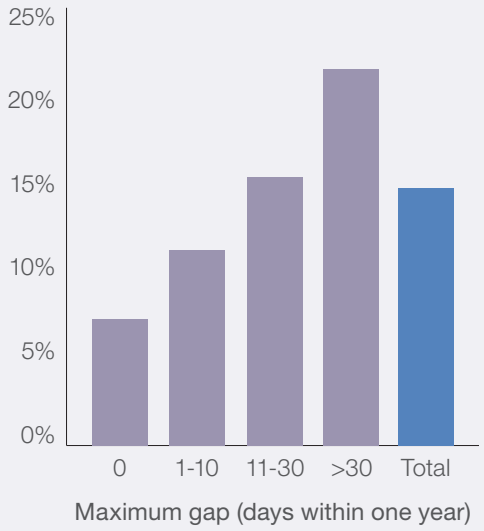
Gaps in Therapy May Lead to Rehospitalization[6]

In a retrospective review of California Medicaid claims for 4,325 outpatients who were prescribed antipsychotics for treatment of schizophrenia from 1999 to 2001, therapy gaps of (*Figure 1*):

- 1 to 10 days resulted in nearly 2 times the risk of rehospitalization
- 11 to 30 days resulted in nearly 3 times the risk of rehospitalization
- More than 30 days resulted in nearly 4 times the risk of rehospitalization

Figure 1

Percentage of Patients With Schizophrenia Rehospitalized by Maximum Gap in Therapy[6,a]



N=4325

[a]All pairewise comparisons were significant at $p<0.005$

Patient Wellness and Continuity of Care Through Discharge Planning

According to the American Psychiatric Association's schizophrenia treatment guidelines, bridging the gap between inpatient treatment and the patient's first outpatient appointment is important because patients are vulnerable to relapse and need support in adjusting to community life.[7]

The National Council for Community Behavioral Healthcare suggests that members of the hospital and community mental health center (CMHC) treatment teams should jointly participate in the hospital discharge-planning process to help ensure continuity of care for the patient.[8]

This may include coordination with multiple outpatient services[9,10]:

- Individual and group counseling
- Relapse prevention groups
- Substance abuse self-help groups
- Community mental health centers or other outpatient facilities
- Primary care physician appointments, especially for patients with comorbidities

Otsuka's Commitment

Otsuka America Pharmaceutical, Inc. is committed to working with you and your team to help reduce the risk of relapse and readmission for patients with schizophrenia. Our ***Frameworks in Health and Quality Schizophrenia Relapse Reduction Program*** provides resources that focus on relapse reduction, adherence issues, continuity of care, and discharge planning to help address the challenge of relapse reduction in schizophrenia.

References: 1. American College of Healthcare Executives. Survey: healthcare finance, reform top issues confronting hospitals in 2014. https://www.ache.org/pubs/Releases/2015/top-issues-confronting-hospitals-2014.cfm. Published January 12, 2015. Accessed August 11, 2015. **2.** Substance Abuse and Mental Health Services Administration. *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020*. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2014. **3.** Hines AL, Barrett ML, Jiang HJ, Steiner CA. *Conditions With the Largest Number of Adult Hospital Readmissions by Payer, 2011*. HCUP Statistical Brief #172. April 2014. Rockville, MD: Agency for Healthcare Research and Quality; 2014. **4.** Heslin KC (AHRQ), Weiss AJ (Truven Health Analytics). *Hospital Readmissions Involving Psychiatric Disorders, 2012*. HCUP Statistical Brief #189. May 2015. Rockville, MD: Agency for Healthcare Research and Quality; 2015. **5.** Olfson M, Marcus SC, Doshi JA. Continuity of care after inpatient discharge of patients with schizophrenia in the Medicaid program: a retrospective longitudinal cohort analysis. *J Clin Psychiatry*. 2010;71(7):831-838. **6.** Weiden PJ, Kozma C, Grogg A, Locklear J. Partial compliance and risk of rehospitalization among California Medicaid patients with schizophrenia. *Psychiatr Serv*. 2004;55(8):886-891. **7.** Lehman AF, Lieberman JA, Dixon, LB, et al for the Work Group on schizophrenia, American Psychiatric Association. *Practice Guideline for the Treatment of Patients with Schizophrenia. II. Formulation and Implementation of a Treatment Plan*. Arlington, VA: American Psychiatric Publishing, Inc.; 2004. **8.** National Council for Community Behavioral Healthcare (NCCBH). *Consensus Statement on the Continuity of Medication Therapy for the Treatment of Schizophrenia & Other Mental Illnesses*. Washington, DC: NCCBH; March 27, 2007. **9.** Department of Health and Human Services. Centers for Medicare & Medicaid Services. *Medicare Learning Network: Discharge Planning*. October 2014. **10.** Baron M, Erlenbusch B, Moran CF, et al. *Best Practices Manual for Discharge Planning: Mental Health & Substance Abuse Facilities, Hospitals, Foster Care, Prisons and Jails*. Los Angeles, CA: Los Angeles Coalition to End Hunger & Homelessness; August, 2008.

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