Reduced Hospitalization in Community Based Early Psychosis Treatment

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INTRODUCTION

Schizophrenia begins in youth, lasts a lifetime, and results in ongoing cognitive decline, repeated psychiatric crises, and frequent hospitalization.

Over 1% of the population suffers from schizophrenia - 2.5 million people in the US.

Schizophrenia sufferers die, on average, 25 years prematurely. Schizophrenia is more lethal in terms of years of life lost than any cancer except testicular and ovarian cancer.

PREP

PREP is a community-academic partnership providing rigorous evidence-based treatment for schizophrenia to over 250 clients annually.

Core partners are Felton Institute/Family Service Agency of San Francisco and the University of California, San Francisco.

Now operating in 5 California counties; 2 have CMS funding; 3 have local and state funding

PREP is a model of how effective treatment can be migrated out of university research settings and taken to scale in the community.

AIM

The objective of this study was to evaluate PREP hospitalization reduction and cost savings given the following considerations:

- Schizophrenia is the 7th most expensive disease in the US healthcare system.
- >70% of this cost is from hospitalization.
- Nearly 75% of life-time medical costs of schizophrenia patients are associated with repeated hospitalization.

METHOD

PREP Evidence Based Interventions

1. Rigorous early diagnosis
2. Cognitive Behavioral Therapy for Psychosis
3. Multifamily Psychoeducational Groups (MFG)
4. Algorithm-guided Medication Management
5. Individualized Placement and Support (IPS)
6. Computer-based Cognitive Rehabilitation

Participants

- From 5 California counties where PREP is currently operating.
- Enrolled in PREP during FY 12-13 or FY 13-14.
- Diagnosed with schizophrenia spectrum disorder.
- Received treatment for ≥6 months.

PRELIMINARY RESULTS

Changes in Acute Care: First PREP Year versus Prior Year Treatment as Usual

<table>
<thead>
<tr>
<th></th>
<th>Year before entry</th>
<th>First Tx Yr. (annualized)</th>
<th>Difference</th>
<th>Year before entry</th>
<th>First Tx Yr. (annualized)</th>
<th>One-tailed t-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric ER Visits</td>
<td>291</td>
<td>0.80</td>
<td>0.60</td>
<td>(0.19)</td>
<td>1.06</td>
<td>1.69</td>
</tr>
<tr>
<td>Psychiatric Hospitalization Episodes</td>
<td>291</td>
<td>0.69</td>
<td>0.41</td>
<td>(0.28)</td>
<td>0.99</td>
<td>1.21</td>
</tr>
<tr>
<td>Annual Days of Psych. Hospitalization</td>
<td>291</td>
<td>10.45</td>
<td>4.44</td>
<td>(6.01)</td>
<td>25.35</td>
<td>15.22</td>
</tr>
</tbody>
</table>

Reduction in Psychiatric ER Visits

Reduction in Annual Hospitalization Episodes

Reduction in Annual Days Hospitalized

Cost Savings: First PREP Year versus Prior Year Treatment as Usual

<table>
<thead>
<tr>
<th></th>
<th>Treatment as Usual: Year Prior</th>
<th>1st PREP Treatment Year</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>$12,690.68</td>
<td>$5,390.71</td>
<td>$(7,299.98)</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>$1,500.34</td>
<td>$ 893.81</td>
<td>$(606.53)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$3,301.20</td>
<td>$9,111.00</td>
<td>$5,809.80</td>
</tr>
<tr>
<td>Total</td>
<td>$17,492.22</td>
<td>$15,395.52</td>
<td>$(2,096.71)</td>
</tr>
</tbody>
</table>

DISCUSSION

- Statistically significant reductions (p<.02) occurred in number of psychiatric emergency room visits.
- Highly statistically significant reductions (p<.001) occurred in both frequency of psychiatric hospitalizations and number of days hospitalized on an annualized basis.
- Consistent reduction in hospitalizations is particularly noteworthy since PREP is operating in such a diverse array of rural and urban counties. This suggests that the treatment approach is both robust and portable.

ACKNOWLEDGEMENTS

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