

Overview of Early Intervention Services for Schizophrenia

Module C: Continuing Treatment in CSC

Vinod Srihari, MD Laura Yoviene Sykes, PhD







Outline



Key Concepts:



- 1. STEP Care: Structure, Processes and Outcomes
 - a. Overview of 6 core elements of care
 - b. Intra- and Inter-team communication/coordination (Huddle, team rounds, SBAR)
 - c. Core outcomes and standards for best practice EIS

2. STEP Care: Culture

- a. Phase-specific care: How to adapt and present care to emerging adults and their families
- b. Workplace culture: How to empower clinicians towards autonomy and mastery and prevent burnout

Early Intervention Service Care Pathway

www.step.yale.edu

Early Detection (Module A)

Community education

3 months

- Academic detailing of referral sources
- · Rapid eligibility determination and assertive enrollment into care

Deliverable

Equitable, non-coercive and rapid (low DUP) access to care across target region.

Evaluation & Initiation of Treatment (Module B)

- Comprehensive case formulation including working diagnosis and treatment plan
- Initiation of initial phase of treatment, including family education
- · Risk mitigation for suicide, violence, and criminal justice liaison

Deliverable

Case formulation and preliminary treatment

Continuing Treatment in Coordinated Specialty Care (Module C)

- Ongoing longitudinal diagnostic evaluation
- Individual psychotherapy
- Pharmacological treatment
- · Family education: individual and group based
- Rehabilitation: support for education, employment, vocational counseling
- · Primary care coordination
- · Case Management: e.g. housing, transportation, entitlements

Deliverable

Value: i.e. Population health outcomes benchmarked to international standards/low cost of care

Care Transition (Module D)

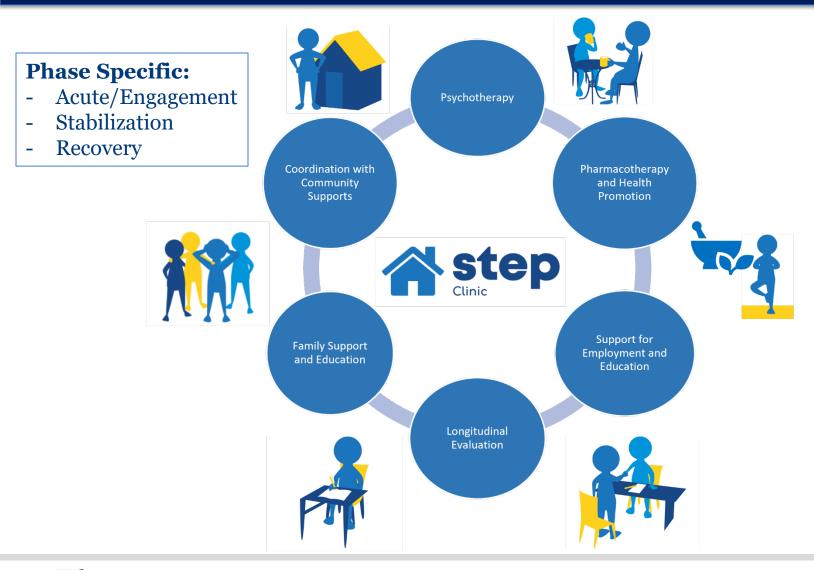
3 months

- Individualized selection and referral to local outpatient provider (e.g. primary care, behavioral health, LMHA)
 - Ongoing liaison and maintenance of good bidirectional referral and consultative network
 - Regular audit of post-transfer engagement rates with continuous performance improvement

Deliverable

High engagement rates in mainstream services; Tele-consultation to build clinical capacity and regular audit of population health outcomes to drive performance improvement across local network of care.

STEP Elements of Care



STEP Elements of Care





Evaluation

Targets of Medication Treatment



1. 'Positive' symptoms: 'Psychosis'

- Reality distortion (delusions, hallucinations)
- Disorganization (thought, behavior, expression of feeling)

2. 'Negative' symptoms

- lack of motivation (avolition)
- reduction in spontaneous speech (alogia)
- social withdrawal (apathy)

Targets of Medication Treatment



3. Cognitive deficits

- Memory (working and long term)
- Attention, processing speed
- Executive functioning
- Social cognition

4 & 5. Affective dysregulation

- Depressive symptoms
- Manic symptoms

Phases of Illness - Medication Targets



1. ACUTE

Safety: aggression/hostility

Symptoms: **remission** of 'positive', mood/anxiety symptoms

Suicide, cognitive losses, substance use, -ve sx

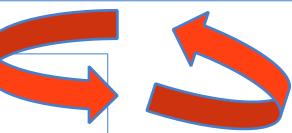
2. STABILIZATION

Prevent relapse

Support rehabilitation

Proactively address side effects (e.g. sexual, wt gain, cognitive)

Work/school, relationships



3. RECOVERY

Prevent relapse

Maintain functioning

Cardiovascular risk

Pharmacologic Treatment



Principles of Prescribing

- Shared decision making
- Empirical studies in humans > theoretically based > clinical experience
- Minimum effective dose "start low, go slow"
- Limit combination treatments
- Regularly re-assess for response to interventions d/c ineffective medications
- Monitor adherence and address non-adherence (barriers, VNAs, LAIs)
- Treat to remission
- Maximize *tolerability*
- Address Cardiovascular Risk (wt gain, lipids, glucose dysregulation)
- Integrate with rehabilitation and personal priorities

Medication Guide for Primary Non-Affective Psychotic Illness



Stage 1: 'First-episode' Psychosis
Trial of a single SGA (except Olanzapine) toward remission

Consider Clozapine for suicidality/violence

Stage 2: Second trial of SGA or FGA (toward remission)

Consider long acting (IM)
medications at all stages for (a)
non-adherence or (b) dose
related side effects or
(c) convenience or (d)
inadequate response

Stage 3: Clozapine

Stage 4: Clozapine + ??

Stage 5: ECT or enroll in clinical trial

Opportunities for Quality Improvement / EBP implementation across a statewide learning collaborative



- **Negative symptoms:** differential diagnosis, systematic and iterative evaluation and treatment of multiple causes
- Adherence: use of visiting nurses, collaborate with local pharmacy, pill counts, working with family, empowering patient, LAIs
- CV Risk: proactive workflows to increase monitoring and response, collaboration with primary care
- **Shared Decision Making:** educational materials to help patients/families/ prescribers communicate effectively about risks and benefits of APDs and areas of uncertainty
- Clozapine underutilization: shared tools for screening and monitoring for myocarditis/cardiomyopathy/VTE/ agranulocytosis and shared decision making (e.g. tools to communicate rare but serious risks like pulmonary emobolus, Myocarditis/agranulocytosis)
- LAI underutilization: complicated pharmacokinetics, complicated insurance authorization

Integrate & collaborate with non-prescriber clinicians and rehab staff!

STEP Elements of Care



Phase Specific:

- Acute/Engagement
- Stabilization
- Recovery



Longitudinal Evaluation



Evaluation is a core element throughout STEP Care:

- Module A Rapid assessment for eligibility
 - Outreach and admissions coordinator: DUP, Pathways to Care, family concerns, capabilities
- Module B Evaluation and initiation of treatment
 - Learning as much as we can, as quickly as we can: Differential Diagnosis, Pluralistic case formulation
- Module C Repeated assessments and evaluation of diagnostic possibilities
 - regular outcomes assessments take place (~ every 3-6 months), as well as continuous updating of diagnosis and case formulation as more information is gathered through working with the patient and family and other sources of collateral.

STEP: Culture is essential for Process innovation within Structure of service



- Huddle in addition to being an essential process to coordinate care amidst the team, also opportunity for peer supervision and support
- **Informatics** Empower with data, but not overwhelm or burden
- Professional development/growth opportunities