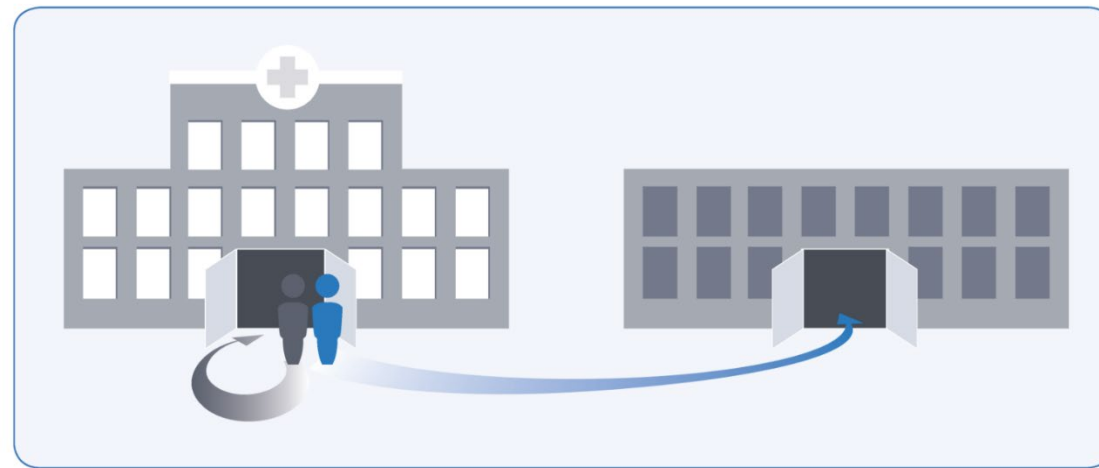




Care Coordination for adult patients with SMI

From Inpatient to Outpatient



Objectives

- Program Introduction
 - Understand participant roles in both inpatient and outpatient care
- Clinical Course of Serious Mental Illness (SMI)
- Risk Factors for Relapse/Recurrence
- Discussion of Coordination of Care and Discharge Planning
 - Interventions identified in review articles to help patients get to follow-up care
 - Discussion questions on interventions and roles
- Hypothetical profile of a patient with SMI
 - Inpatient treatment
 - Outpatient treatment
 - Discussion questions

Getting to Know Your Inpatient and Outpatient Treatment Teams



INTRODUCE yourself, and share where you work and whether it is an inpatient and/or outpatient setting



DESCRIBE your current roles in treating and coordinating between settings of care for adult patients with SMI

[Back to Objectives](#)

Schizophrenia



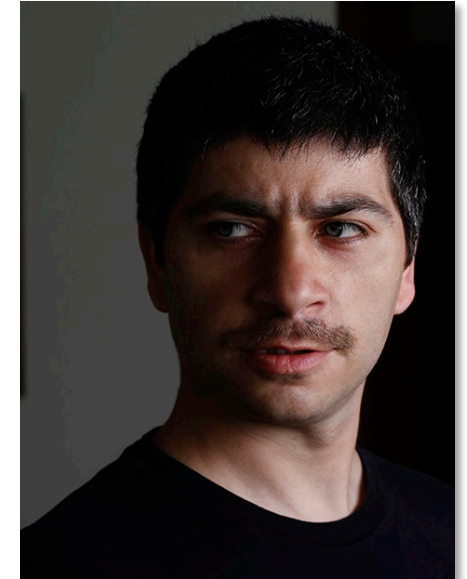
Bipolar Disorder



[Back to Objectives](#)

Bob: Profile and History

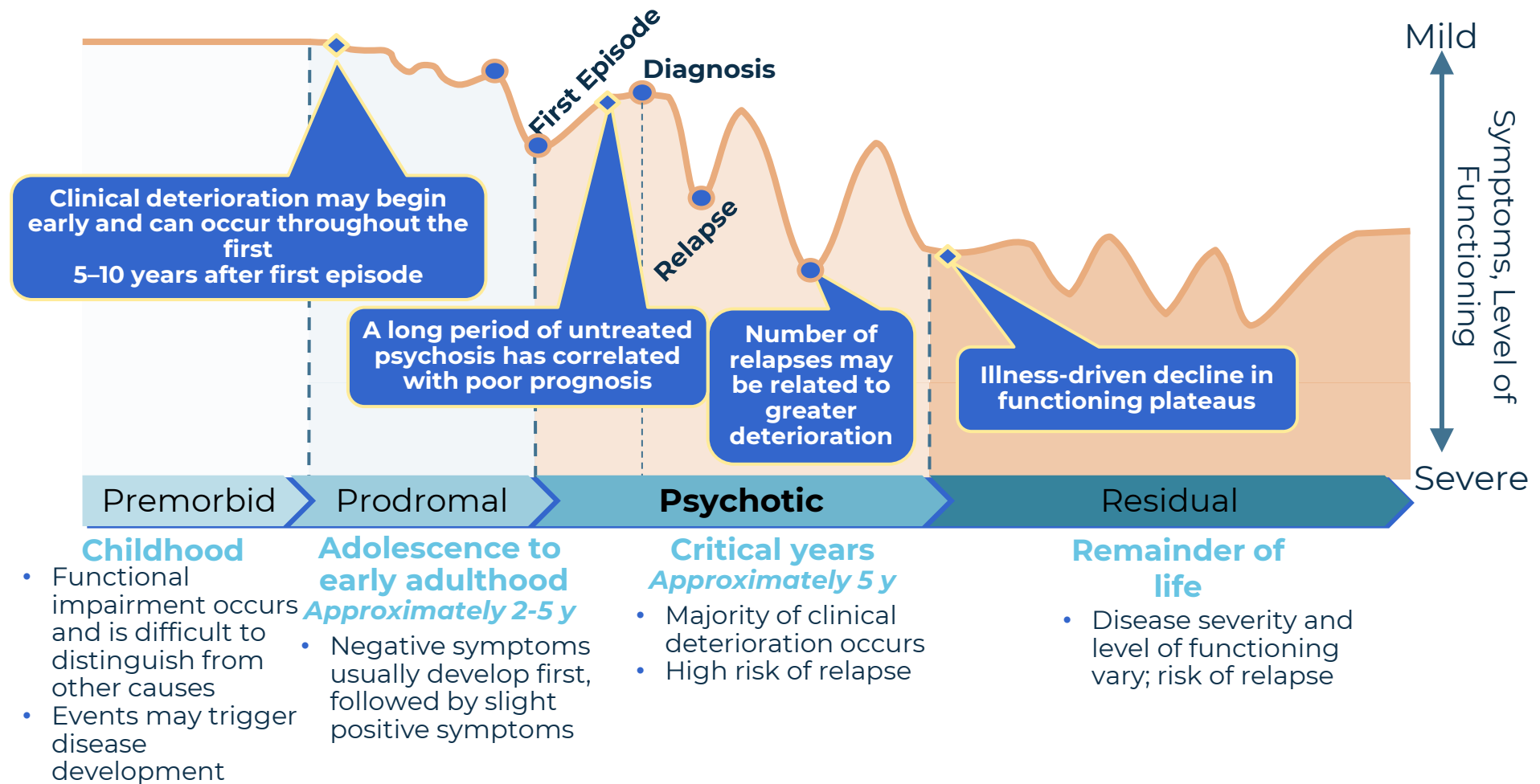
- Bob , age 25 years, diagnosed at age 18 with schizophrenia and recently admitted to the hospital with incoherent speech and claiming that the government had inserted a mind control device into his brain.
- Lives with his family, who are afraid of him, and have little understanding of his illness
- His mother reported that he had been hospitalized multiple times for “episodes like this” in the past
- During each hospitalization, his symptoms improved with antipsychotic therapy
- When previously discharged, Mr. Davis was provided with a prescription for an antipsychotic and the address and phone number of a local CMHC where he could continue to receive care
- Although his mother convinced him to seek help at the CMHC shortly after discharge, he quickly began to think that they were “part of the government” and stopped his visits and his medications
- Mr. Davis has not had a job for the past 3 years
- History of poor medication adherence
- Several antipsychotics were tried with minimal success



Case study is for illustrative purposes only.

[Back to Objectives](#)

The Theoretical Course of Schizophrenia Progression May Lead to Functional Decline¹⁻⁴



1. Lieberman JA, et al. *CNS Spectr.* 2007;12(10)(suppl 18):1-16;
2. Emsley R, et al. *BMC Psychiatry.* 2013;13:50.

3. McGlashan TH. *Schizophr Bull.* 1988;14(4):515-542;
4. Lehman AF. *Am J Psychiatry.* 2004;161(suppl 2):1-56.

[Back to Objectives](#)

Claire: Profile and History

Currently

- She is 21 years old
- She lives with a roommate, works part-time at a grocery store, and is enrolled at a local community college. She is experiencing difficulty with her schedule and academic demands

History

- Diagnosed with BP-1 at 19 years of age when she experienced a period of mania
- Symptoms have included racing thoughts, elevated mood, risky behaviours, and grandiosity
- She has been hospitalized 3 times in the past 2 years
- She has reported a history of suicidal ideation approximately 2 years ago

Treatment History

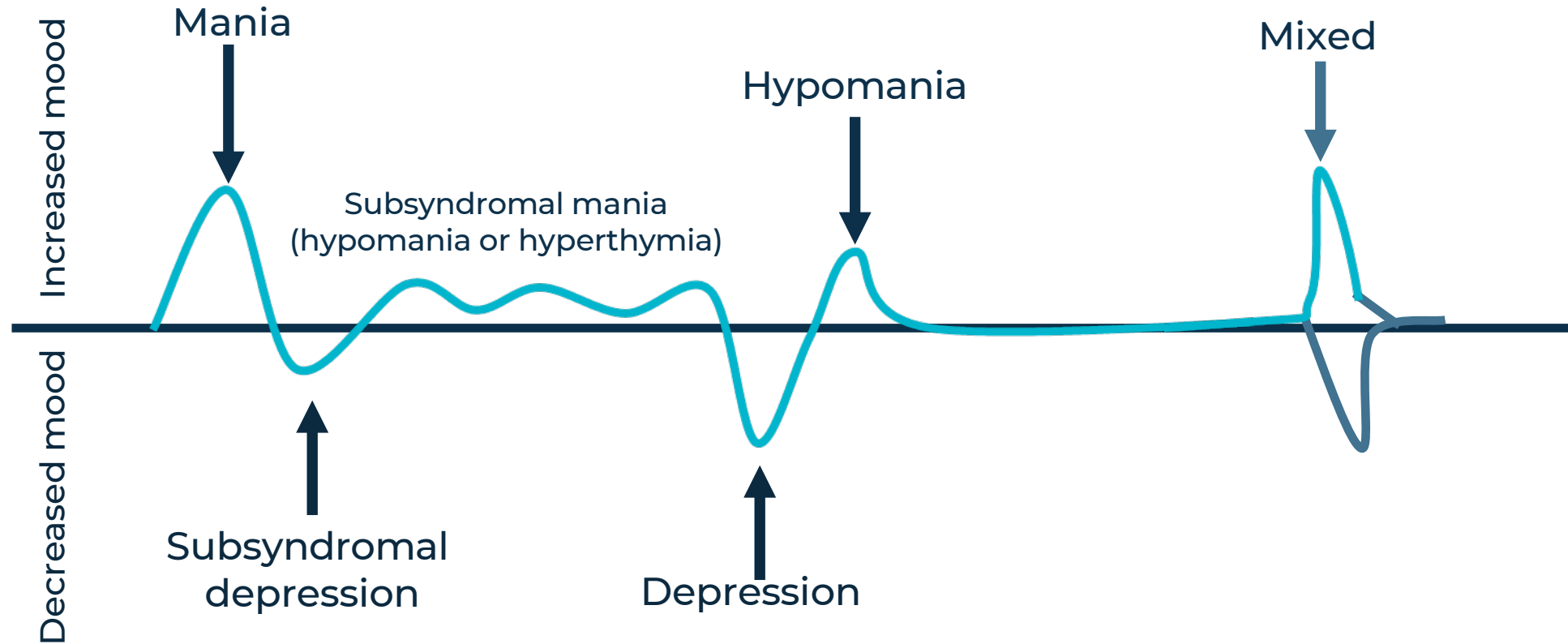
- Mood stabilizers and antipsychotics
- Previously expressed concerns with taking her daily oral antipsychotic



Case study is for illustrative purposes only.

[Back to Objectives](#)

Bipolar Disorder Is Multidimensional

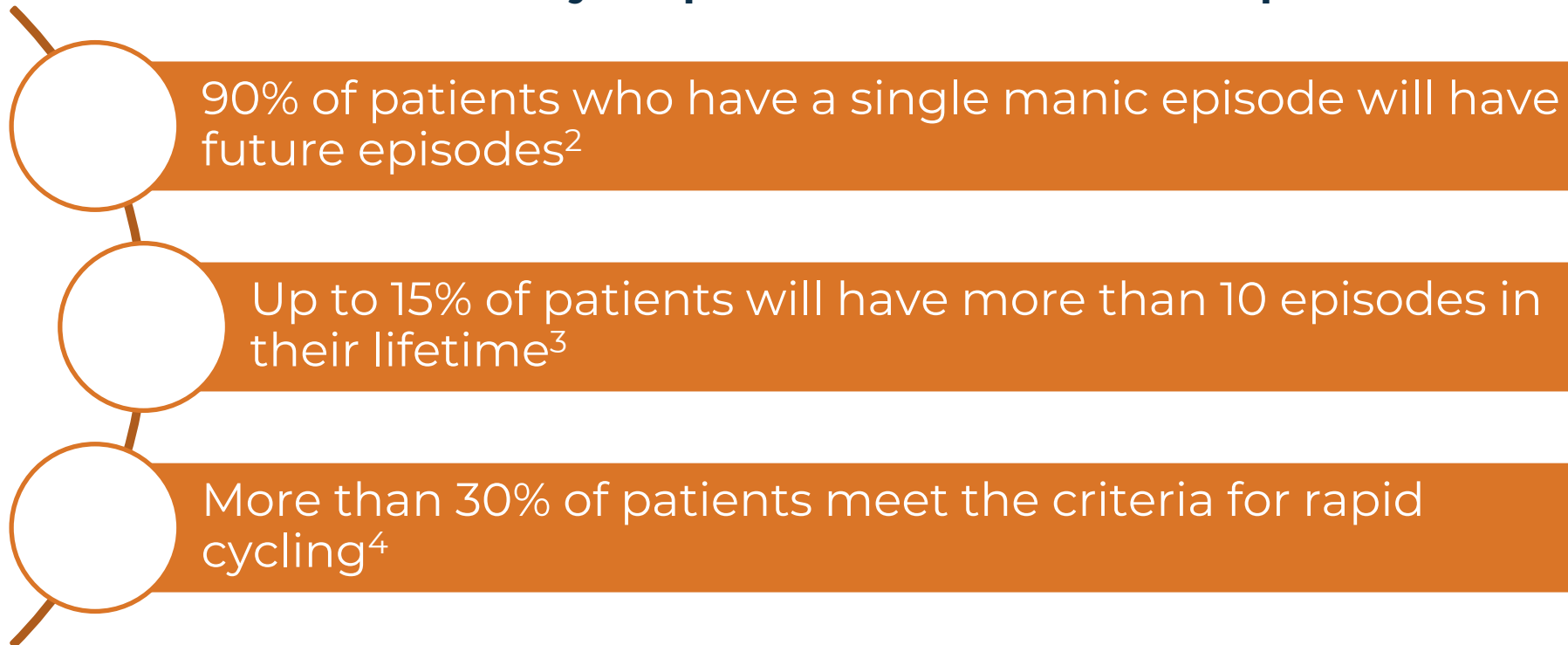


1. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. 2013.

[Back to Objectives](#)

Frequency of Episode Recurrence

Bipolar disorder is a chronic illness characterized by frequent recurrent affective episodes¹



1. Judd et al. *Arch Gen Psychiatry*. 2008;65:386-394.
2. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. 2013.
3. Müller-Oerlinghausen et al. *Lancet*. 2002;359:241-247.
4. Lee et al. *Br J Psychiatry*. 2010;196:217-225.

[Back to Objectives](#)

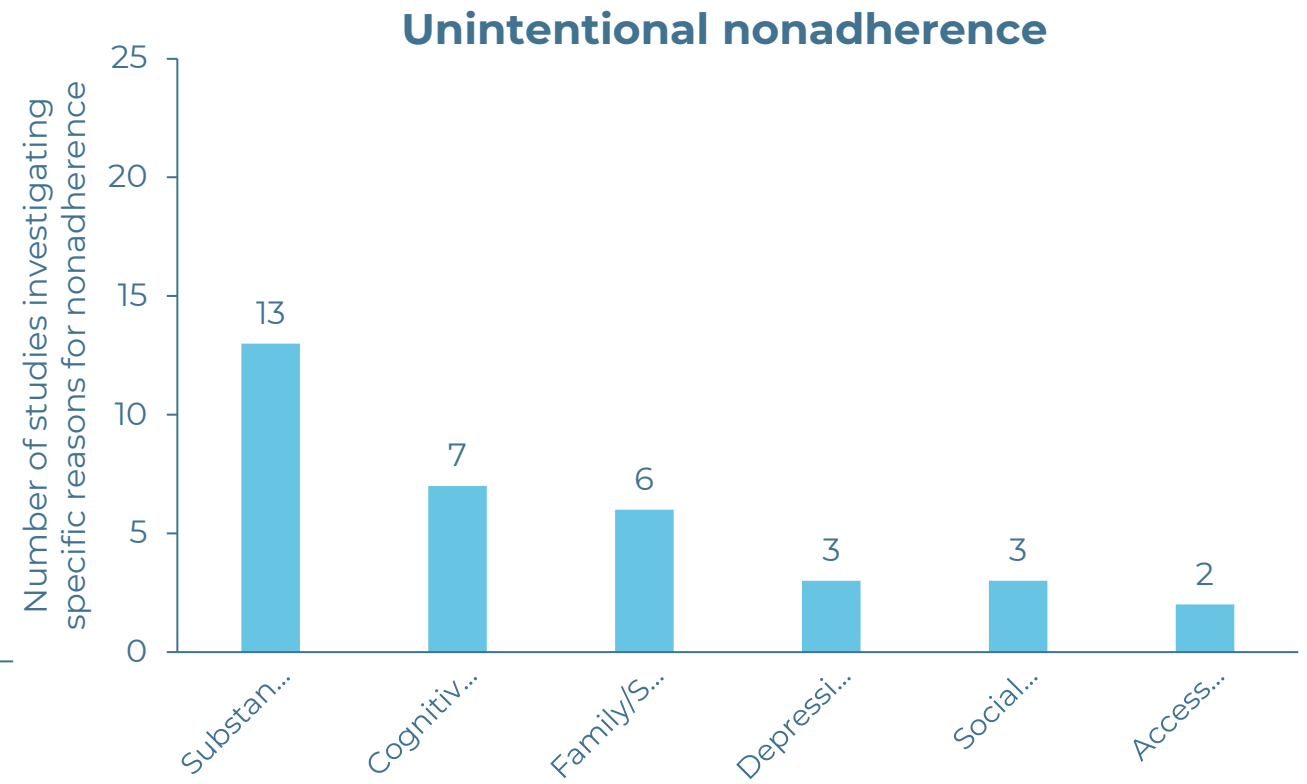
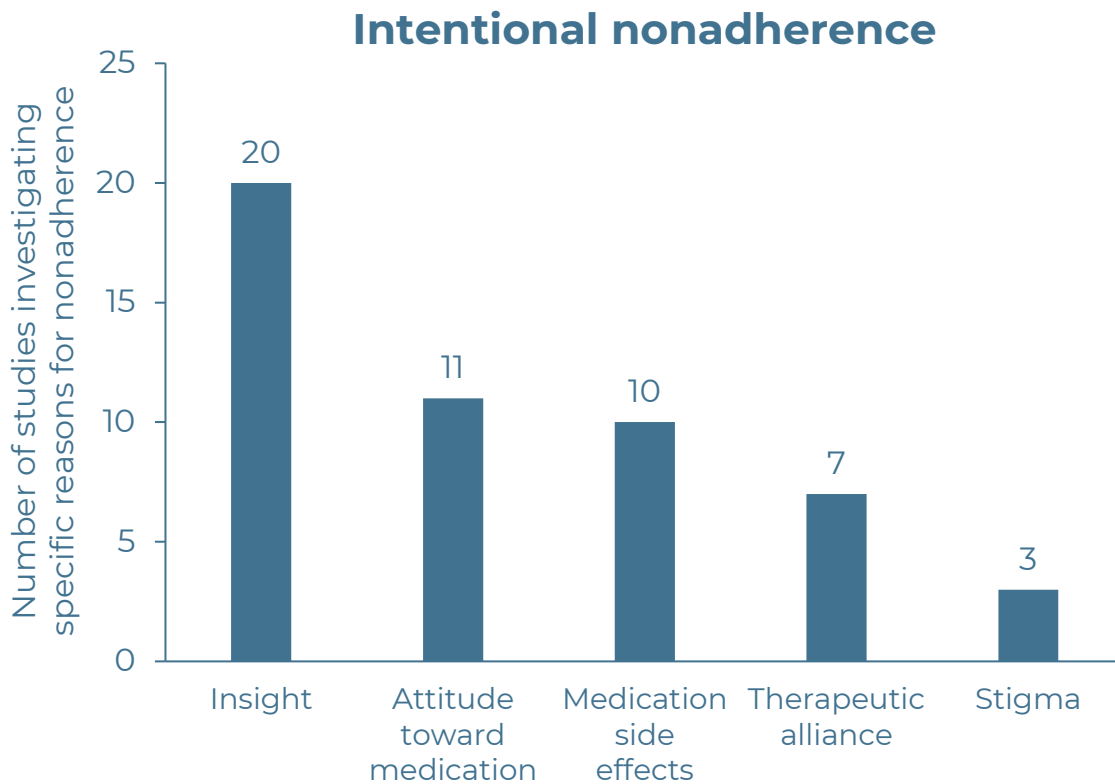


What are the risk factors for relapse/reoccurrence?

[Back to Objectives](#)

Leading Causes of Nonadherence in Patients With Serious Mental Illness

Reported causes of modifiable reasons for nonadherence to AP medication in patients with serious mental illness (N=36 articles)



AP, antipsychotic.

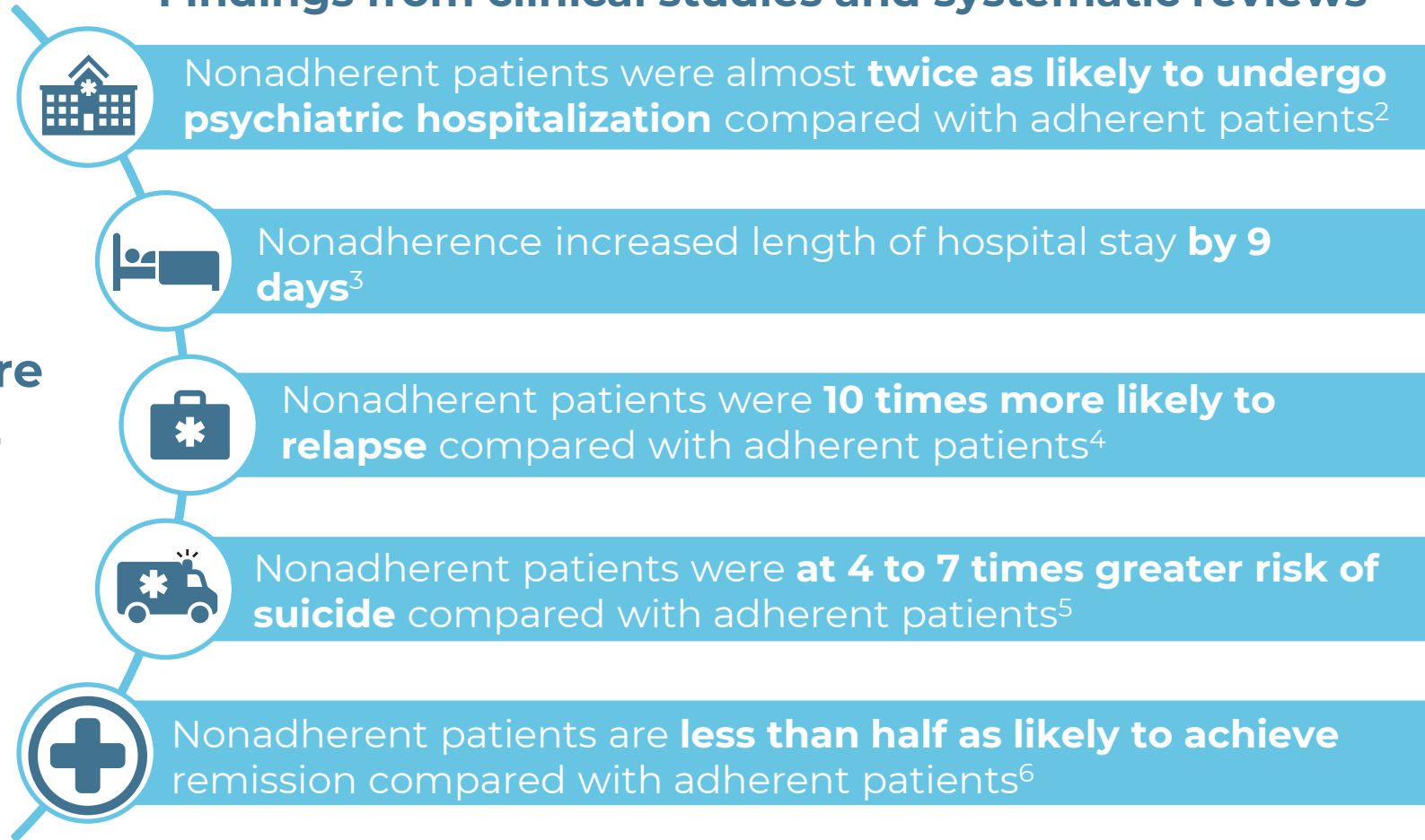
1. Velligan et al. *Patient Prefer Adherence*. 2017;11:449-468

[Back to Objectives](#)

Poor Adherence May Lead to Poor Patient Outcomes

Findings from clinical studies and systematic reviews

Up to 75% of patients are nonadherent within 2 years of discharge¹



1. Velligan et al. *J Clin Psychiatry*. 2009;70(suppl 4):1-46. 2. Ascher-Svanum et al. *BMC Res Notes*. 2009;2:6. 3. Sun et al. *Curr Med Res Opin*. 2007;23:2305-2312. 4. Morken et al. *BMC Psychiatry*. 2008;8:32. 5. Higashi et al. *Ther Adv Psychopharmacol*. 2013;3:200-218. 6. Novick et al. *Schizophr Res*. 2009;108:223-230.

[Back to Objectives](#)

Would you consider an LAI for patients with poor adherence?

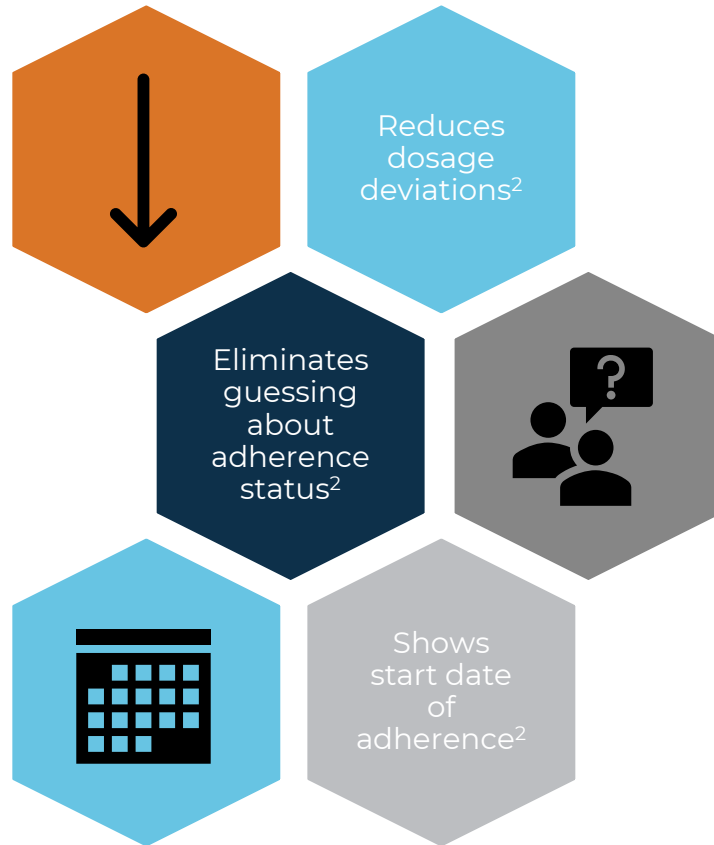


What are your best practices for discussing the benefits and drawbacks of LAI use with patients?

Do you employ different strategies in the inpatient setting vs the outpatient setting?

[Back to Objectives](#)

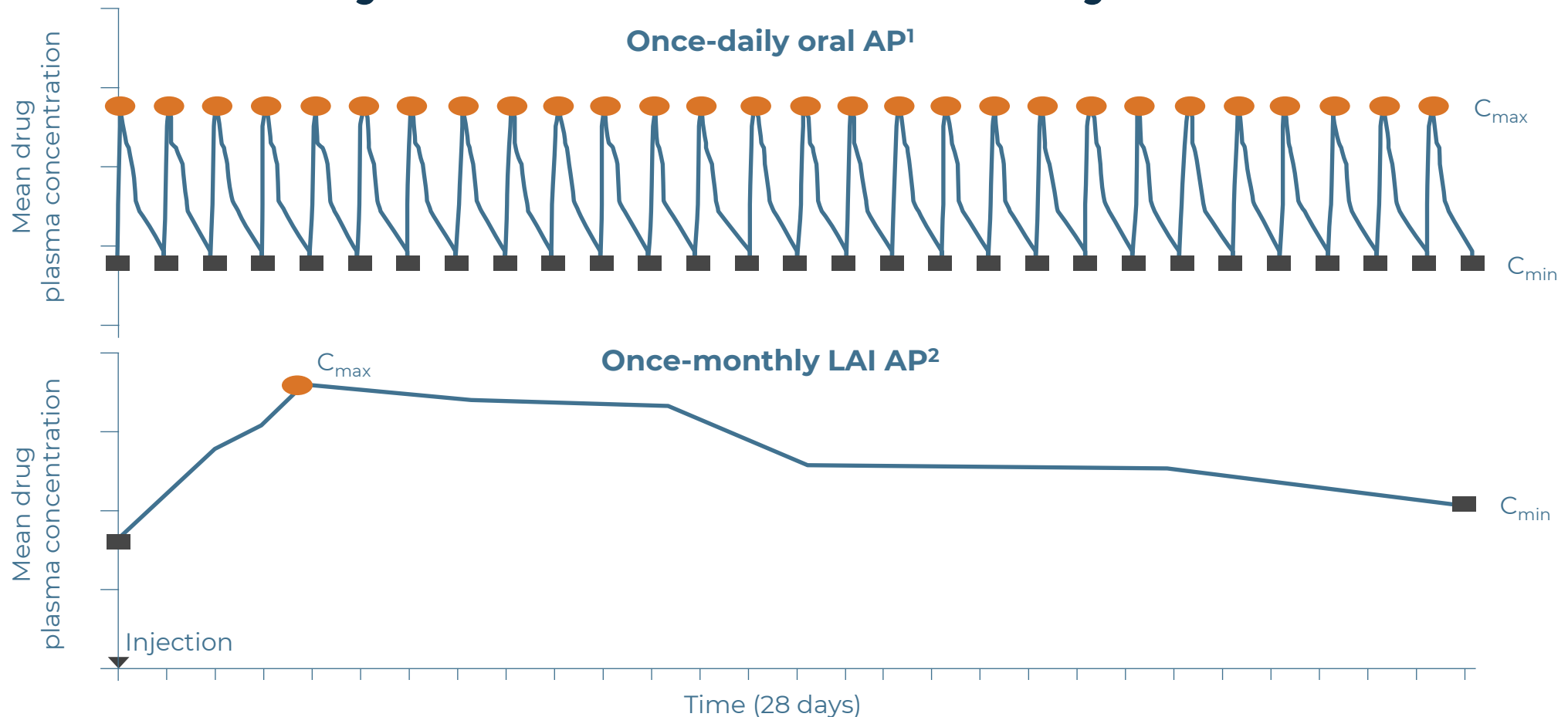
Potential Advantage of LAI



1. McEvoy JP. *J Clin Psychiatry*. 2006.
2. Brissos et al. *Therapeutic Advances in Psychopharmacology*. 2014..

[Back to Objectives](#)

Hypothetical Steady-State Plasma Levels Over 1 Month With Once-Daily Oral and Once-Monthly LAI APs



AP, antipsychotic; C_{max} , maximum plasma concentration; C_{min} , minimum plasma concentration; LAI, long-acting injectable. Modeled data are based on the recommended starting dose of an actual daily oral AP¹ with variations expected between the pharmacokinetic parameters of different daily oral APs.^{1,3} Some long-acting formulations require overlapping dosing of oral AP treatment at initiation²; modeled data are based on the recommended starting dose of a once-monthly LAI AP² with variations between the pharmacokinetic parameters of different once-monthly LAI APs.^{2,3}

1. Mallikaarjun et al. *J Clin Pharmacol*. 2004;44:179-187. 2. Mallikaarjun et al. *Schizophr Res*. 2013;150:281-288. 3. Sheehan et al. *Innov Clin Neurosci*. 2012;9(7-8):17-23. 4. Kane et al. *Eur Neuropsychopharmacol*. 1998;8:55-66.

[Back to Objectives](#)

Potential Reasons for Low LAI Use in Early-Phase Schizophrenia



Challenges in perception

- Overestimate of adherence
- Bias against injections
- Perception of inappropriate in early-phase disease



Challenges in education

- Poor understanding of LAI benefit
- Lack of LAI training
- Inadequate training in shared decision-making
- Communication strategies needed



Challenges in clinical use

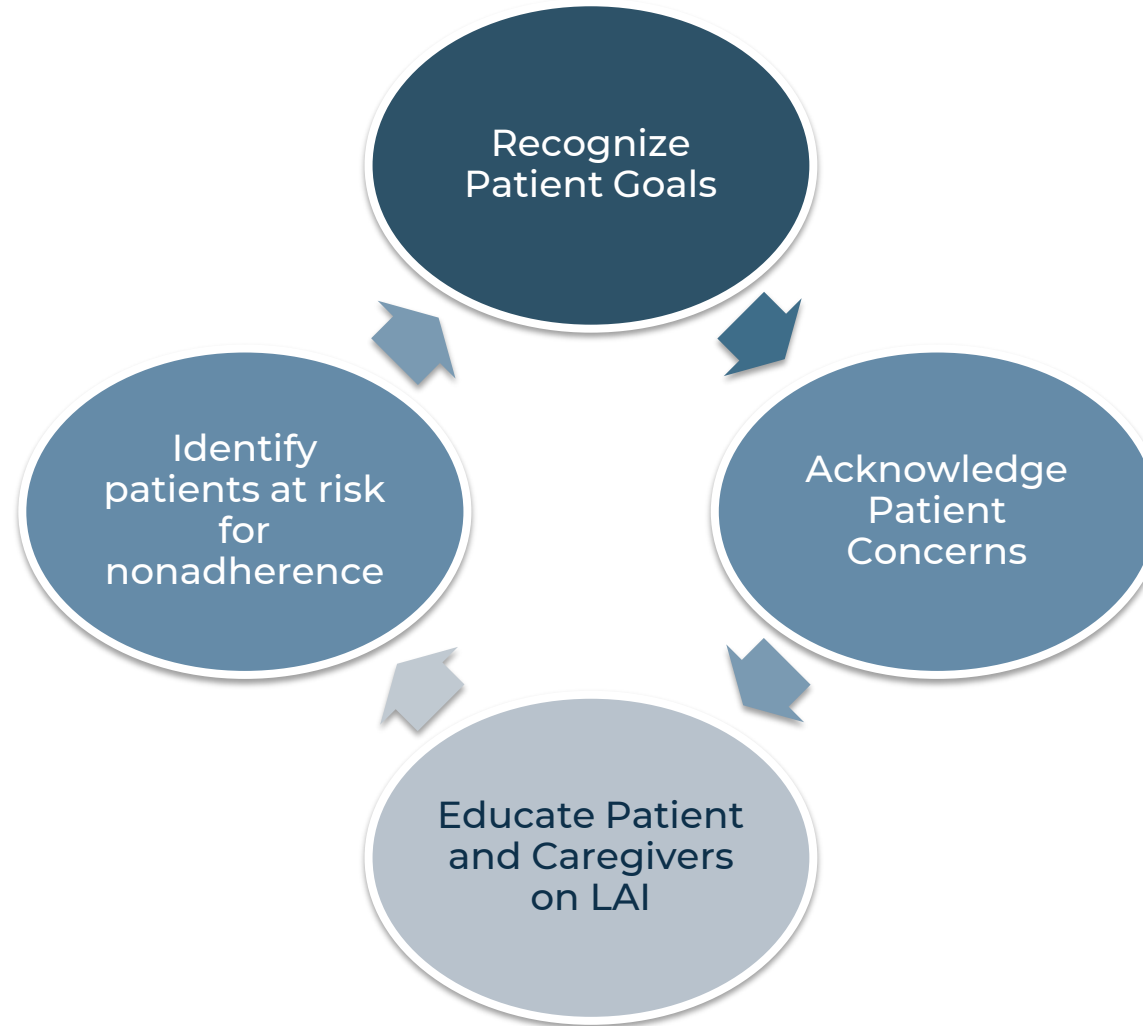
- Impact on therapeutic alliance
- Inadequate implementation by inpatient referrals
- Insufficient caregiver involvement
- Mixed results of oral vs LAI trials

LAI, long-acting injectable.

1. Kane and Correll. *J Clin Psychiatry*. 2019;80:1N18031AH1C.

[Back to Objectives](#)

Shared Decision-Making for LAI



1. https://www.thenationalcouncil.org/wp-content/uploads/2021/12/2022.02.02_NC_Updated-Guide-To-LAMs.pdf

[Back to Objectives](#)

Role play

Picture in picture

PSYCHU

Welcome to a virtual role-play created for you to practice your communication skills

This interactive experience is your opportunity to interact with fictional representations of the people you speak with. You'll choose your scenario and have a discussion with a patient, a parent or a multi-disciplinary team member. The goal of the conversation will be to accomplish the specific aim of the role-play you select.

Watch the video to see how it works

Play video ▶

[Back to Objectives](#)

Transition of Care for Patients With Serious Mental Illness

[Back to Objectives](#)



“It is important that there be **no gaps in service delivery because patients are vulnerable to relapse and need support in resuming their normal life¹”**

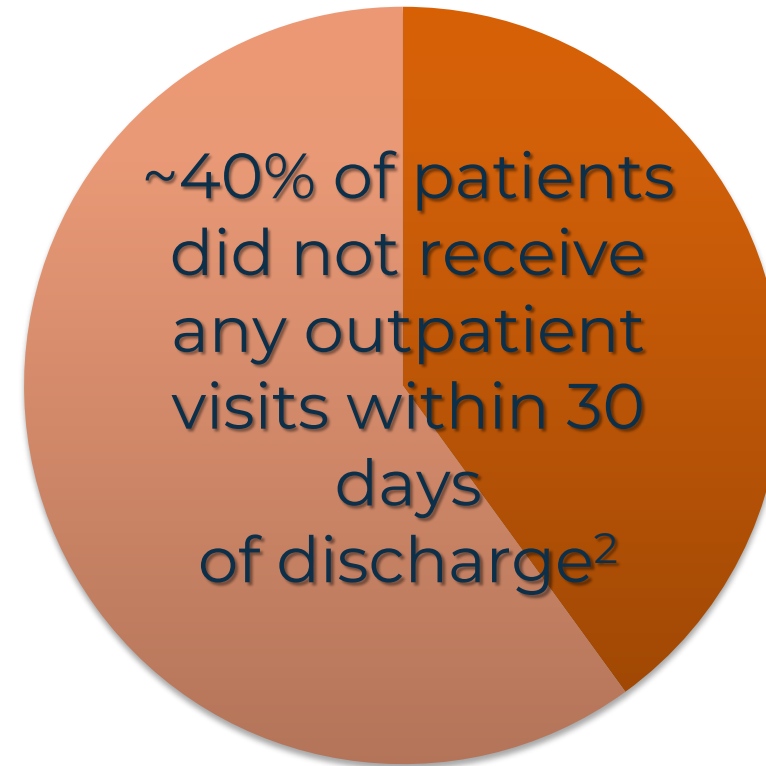
-APA Guidelines

1. Lehman AF, Lieberman JA, Dixon LB, et al. American Psychiatric Association; Steering Committee on Practice Guidelines. Practice Guideline for the treatment of patients with schizophrenia, second edition. *Am J Psychiatry*. 2004;161 (2 Suppl):1-56.

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[Back to Objectives](#)

Many Patients With Schizophrenia Fail to Transition From Inpatient Settings to CMHCs



CMHCs = community mental health centers.

1. Boyer CA et al. *Am J Psychiatry*. 2000;157(10):1592-1598;
2. Olsson M et al. *J Clin Psychiatry*. 2010;71(7):831-838.

[Back to Objectives](#)

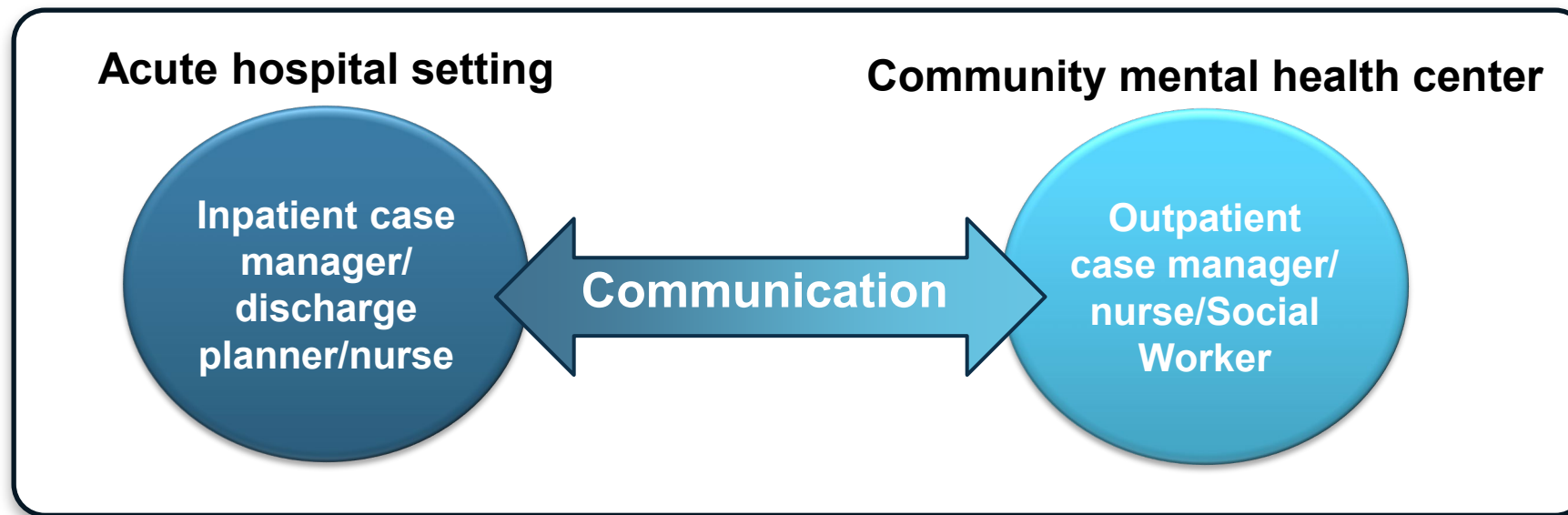


Based on your experience, what are the challenges and barriers to good coordination of care when discharging patients with SMI.

[Back to Objectives](#)

Effective Communication May Improve the Clinical Bridging of Patients from Acute to Outpatient Settings

Based on a study of 229 inpatients with a primary psychiatric diagnosis: Patients whose discharge plans were discussed by inpatient and outpatient clinicians were more than twice as likely to keep their initial outpatient appointment (43% vs. 19%)¹



1. Boyer CA et al. Am J Psychiatry. 2000;157(10):1592-1598.

[Back to Objectives](#)

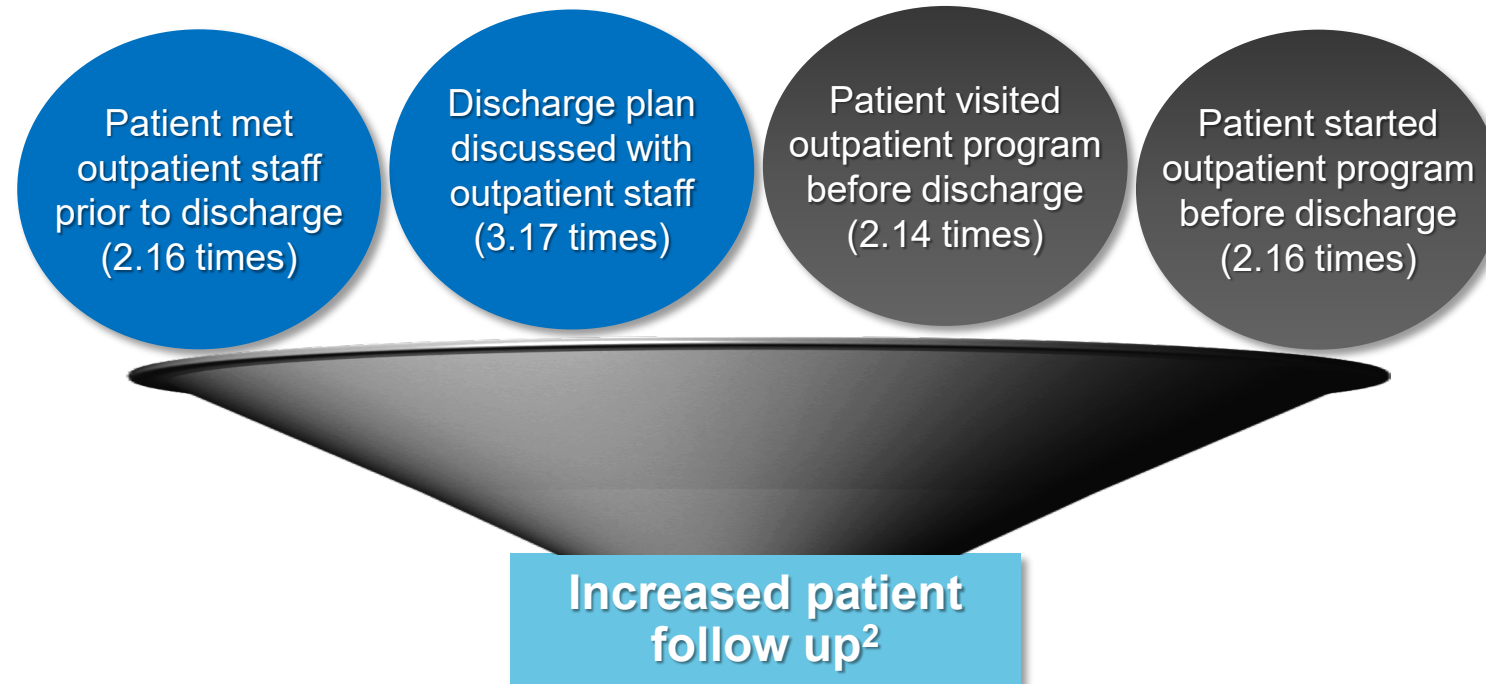


What is the process in your setting for discharge/intake when coordinating care between inpatient and outpatient treatment settings?

[Back to Objectives](#)

Direct Patient Involvement in the Discharge Plan Improved Likelihood of Patients Keeping Their Initial Follow-up Appointment

Implementing a discharge plan, providing education, and ensuring follow up increased the self-care abilities of patients with schizophrenia¹



1. Khankeh H et al. Iran J Nurs Midwifery Res. 2011;16(2):162-168;
2. Boyer CA et al. Am J Psychiatry. 2000;157(10):1592-1598.

[Back to Objectives](#)

Effective Communication May Improve the Clinical Bridging of Patients from Acute to Outpatient Settings

- A study of Medicaid hospitalized patients demonstrated the following discharge planning practices increase the likelihood and timeliness of the first outpatient appointment¹:



1. Smith TE, Abraham M, Bolotnikova NV, et al. Psychiatric inpatient discharge planning practice and attendance at aftercare appointments. *Psychiatr Serv.* 2017;68(1):92-96

[Back to Objectives](#)

Effective Transitioning Can Decrease Risk of Rehospitalization

In an ex-US database study, including patients with schizophrenia spectrum disorders: Patients attending a single, timely (within 60 days of discharge), outpatient appointment were

6 times

less likely to be readmitted to the hospital within 90 days



1. Lin HC, Lee HC. *Am J Orthopsychiatry*. 2008;78(4):494-497.

[Back to Objectives](#)



Which, if any, of the three interventions do you currently engage in?

[Back to Objectives](#)

Addressing Transition of Care Needs at Time of Hospitalization

[Back to Objectives](#)

The Discharge Plan Starts at Hospital Admission

- Should be a collaborative process between hospital staff, the patient, the family, and the community aftercare agencies¹
- Services that are needed can include²:
 - Assistance with finding adequate housing
 - Obtaining referrals for patients to enter vocational / prevocational planning
 - Obtaining referrals for patients into programs that offer social activities
- Based on 1 study, patient involvement in outpatient programs while still in the hospital had a significant impact on patients keeping scheduled appointments for outpatient services³
- Identifies the patient's plans and support that the patients and caregiver would require after discharge from the in-patient unit¹



1. Alghzawi HM. *Int Scholarly Research Network*. 2012;article ID 638943;
2. Olfson M, Walkup J. *N Dir Ment Health Serv*. 1997;73:75-85;
3. Boyer CA et al. *Am J Psychiatry*. 2000;157(10):1592-1598.

[Back to Objectives](#)

Conclusions

- The clinical course for both schizophrenia and bipolar illness are chronic and progressive placing patients at high risk for relapse and recurrence.
- Risk factors for non-adherence can be multifactorial and lead to poor patient outcomes
- LAI's may be an effective tool to improve rates of medication non-adherence
- Optimizing coordination of care can assist in minimizing gaps in service delivery to patients at high risk for relapse/recurrence.

[Back to Objectives](#)

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