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Effects of an integrated care program for outpatients with affective or psychotic disorders

Johannes Hamann *, Stephan Heres, Ute Seemann, Romain Beitinger, Birgit Spill, Werner Kissling

Klinik und Poliklinik für Psychiatrie und Psychotherapie der Technischen Universität München, München, Germany

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ABSTRACT

For many psychiatric conditions outcomes of standard care still fall short of outcomes that are possible according to research literature. One of the major reasons is patient's non-adherence to long-term medication. We performed a mirror image interventional study involving patients suffering from affective ($N=219$) or psychotic disorders ($N=210$) who participated in an integrated care program focusing on treatment adherence. The main outcome variable was the number of inpatients days during the integrated care program compared to the time before the program. The integrated care project studied showed a drop of inpatient days of approx. 75% within the 18-months observation period for both groups. In the affective (psychotic) sample inpatients days dropped from $M=47.1$ days ($M=62.2$ days) in the 18 months before the program to $M=10.8$ days ($M=15.3$ days) during the adherence program. Patients with affective disorders additionally profited with regard to symptom reduction, quality of life and self-reported adherence. Thus, a complex intervention addressing frequent weaknesses of routine psychiatric outpatient care and focussing on adherence and linking up outpatient services is effective with regard to the reduction of inpatient days for patients with affective and patients with schizophrenic disorders.

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1. Introduction

For many psychiatric conditions, outcomes of standard care still fall short of outcomes that are possible according to research literature. Among others, patients' non-adherence to long term medication as well as poor coordination of in- and outpatient care are two of the major threats facilitating relapse prevention and patient recovery (Olfson et al., 1998; Boyer et al., 2000; Cantrell et al., 2006; Goff et al., 2011).

For two major psychiatric conditions (schizophrenia and affective disorders) it is known that many patients suffer from chronic courses, frequent relapses and rehospitalizations, which lead to poor quality of life, low social functioning and high health care costs (Melfi et al., 1998; Cantrell et al., 2006; Emsley et al., 2008). In addition, there is good evidence that "compliance-facilitating" and "care optimizing" interventions actually improve patients' courses of illness and have the potential to improve patient outcomes as well as to reduce health care expenditures (Pitschel-Walz et al., 2001; Goff et al., 2010; Chong et al., 2011). These interventions, for example, include quality management, psycho-educational approaches as well as other psychosocial interventions (case management, etc.).

Despite their proven efficacy these interventions are not often implemented in daily care due to a lack of financing, organizational deficits (e.g. at the interface between in- and outpatient care) or staff shortage (Rummel-Kluge et al., 2006).

As these deficits rely on all medical fields, German laws to modernize statutory health insurance in 2004 promoted the creation of integrated care models that should optimize the link between health care providers in different health care settings (Tigert and Laschinger, 2004).

The present study is an integrated care model for patients with schizophrenia, schizo-affective disorder or affective disorders that mainly focus on two areas: improving patients' adherence and improving communication between in- and outpatient care. It is a cooperation project between different health care providers (a psychiatric hospital, psychiatrists in private practice) and health insurance companies (Betriebskrankenkassen) according to article 63, paragraph 1, and article 65 of the German Social Insurance Code (Sozialgesetzbuch V).

The aim of the present study was to test the hypothesis whether the integrated care program leads to a reduction in inpatient days of patients suffering from depressive or psychotic disorders during the

* Corresponding author. Tel.: +49 89 414 04 282; fax: +49 89 414 066 88.
E-mail address: j.hamann@lrz.tum.de (J. Hamann).

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participation in the program compared to the time before ("mirror image design").

2. Methods

The study was a mirror image interventional study involving patients suffering from depressive or psychotic diseases.

2.1. Features of the integrated care project

The integrated care project is a cooperation between the Association of Munich Psychiatrists (approx. 75 psychiatric practitioners in the Munich region), the Psychiatric Department of the Technische Universität München (a psychiatric hospital) and the Landesverband der Betriebskrankenkassen Bayern (a regional association of insurance companies).

The hub of the program was the "Programm für seelische Gesundheit" (PSG, program for mental health) located close to the participating psychiatric hospital. Here specially trained nurses, physicians and social workers ran the program and offered regular visits for patients as well as all kinds of special interventions.

The PSG offered the following interventions in addition to the usual care by the psychiatrists in private practice:

A) Regular, quarterly, visits by the case-manager of the PSG that included
   - a structured analysis of the patients' compliance behavior in the past (structured interview addressing well known factors associated with non-adherence),
   - based on that, an individualized intervention plan for every patient (see special interventions B) and
   - discussion of early warning signs for a relapse.

B) Special interventions addressing patients' adherence and a better communication/cooperation between patients, psychiatrists and other mental health professionals:
   - Psychoeducation for patients and relatives.
   - 24-h helpline for patients (possibility to call the PSG outside the office hours of the psychiatrists).
   - Use of reminder systems (telephone calls, SMS) to remind patients of appointments.
   - Regular feedback from the outpatient psychiatrists to the PSG with regard to their estimate of the patients' health condition and needs.
   - Regular feedback from the PSG to the psychiatrists with regard to patients' needs, current health status and problematic care issues.
   - Possibility for patients as well as for psychiatrists to make use of additional offers of the PSG such as social worker support and other activities (e.g. art therapy).

2.2. Participants

Patients were eligible if they fulfilled the following inclusion criteria:

- Being treated as an outpatient by one of the participating psychiatrists in private practice (approx. 50% of all psychiatrists in the Munich region).
- Suffering from an affective or psychotic disorder (ICD 10 codes F2 or F3).
- Being a member of the participating insurance companies (BKK Landesverband, covering approx. 2.4 million persons in Bavaria).
- Informed consent.

Eligible patients were recruited at the psychiatric practices and then registered at the PSG by their psychiatrists in private practice who stayed in charge of the medical treatment of the patients.

2.3. Data obtained

Documentation was performed both at the practices as well as at the PSG and included the following data/measures:

At baseline

- socio-demographic data,
- illness history, including hospitalizations and inpatients days within 18 months before study entry,
- illness severity (CGI (Haro et al., 2003)),
- social functioning (GAF (Startup et al., 2002)), and
- patients' adherence (psychiatrists' estimate and MAQ-scale (Morisky et al., 1986)) before study entry.

At 12 and 18 months after study entry

- hospitalizations and inpatients days since study entry,
- illness severity (CGI),
- side-effects of medication,
- social functioning (GAF), and
- patients' adherence (psychiatrists' estimate and MAQ-scale).

As to the nature of the integrated care project, patient recruitment, as well as patient treatment, is still ongoing (without planned termination). For the present analysis we have only included those patients who finished their 18-months follow up by April 2012 at the latest (enrollment in the study by October 2010 at the latest).

2.4. Institutional review board approval

The project was approved by the ethics commission (Ethikkommission) of the Technische Universität München. All patients gave written informed consent.

2.5. Statistical analysis

To test our hypothesis we compared the inpatient days per patient in the program period with the respective time frame before participation in the program by using Wilcoxon-rank-tests, because data were not normally distributed.

Additional exploratory analyses were also undertaken using Wilcoxon-tests.

3. Results

431 patients were recruited for the project by autumn 2010 (see Table 1) of which $N=219$ had an affective disorder according to ICD 10 and $N=210$ a schizophrenic disorder according to ICD 10 (one patient with personality disorder and one patient without documented diagnosis, both were excluded from the analysis).

Table 1 shows the socio-demographic data for the two patient samples. In the affective sample there were more women than men and patients had higher social functioning (e.g. higher GAF scores, more patients working etc.). Patients in both groups were considered moderately ill (CGI scores around 4). Most patients had been hospitalized during their illness and many were hospitalized in the 18-month period before study entry.

3.1. Drop out rate

$N=128$ patients dropped out of the program before the 12-month analysis and were therefore excluded from the further analyses. For 10 of these 128 patients the insurance companies did not reimburse the costs for the integrated care project, 15 patients were enrolled by their psychiatrists, but could never be contacted by the PSG, 45 refused to participate in the program after being enrolled, eight patients moved away from Munich and three were excluded because they were too symptomatic to participate. Of the remaining 47 patient the reasons for dropping out are unknown.

In the psychosis sample, those who dropped out were younger and more ill (CGI), and had lower social functioning (GAF) than patients continuing with the program (t-tests, p-values <0.05). There were no differences regarding gender or previous hospitalizations. In the affective disorders sample, there were no significant differences between drop outs and those patients who continued with regard to these variables (all $p>0.05$).

3.2. Pre- vs. post-comparison of hospitalizations and inpatient days

As shown in Table 2, hospitalizations as well as inpatient days were significantly lower in the 12- and 18-month study phase compared to the 12-/18-month phase before study entry for all patients who had continued until the 12-/18-month follow up. In the psychosis sample, inpatient days were reduced by 74% (for the 12/12 month comparison) and by 75% for the 18/18 month

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