



Disease continuum for Schizophrenia Disease Management Program

Elements	Presentation	Maintenance	Acute Complication	Post-acute
Goals	1) Identify and Diagnose early and correctly.	1) To optimize adaptive functioning in the community 2) Minimize side effects, risk of relapse and need for hospitalization. 3) To improve quality of life of patients and reduction in symptoms.	<i>Inpatient/ EC</i> 1) Stabilization (including safety measures such as admission or OPC) to suppress symptoms and improve role functioning. 2) Risk assessment to prevent harm through precautions. 3) Transition to lower level of care 4) Enhance social support system.	<i>Inpatient/ EC</i> 1) Engage into outpatient treatment programs to minimize relapse.
Level of Care	Outpatient, EC, Inpatient, Nurselink, PCP	Outpatient 1) Combination of modalities including regular medication clinics, day programs, case management and other psychosocial intervention. 2) Patient receives treatment according to individualized treatment plan and ongoing assessment of needs/stressors.	<i>Inpatient</i> 1) Combination of modalities to include medication, group therapy (problem-solving, good chemistry), complete physical work-up, psychosocial assessment and family contact. 2) Treatment plan developed within 24 hours of admission. <i>EC</i> 1) Combination of medication management, physical work-ups, CHCS review, family contact, and psychosocial assessment 2) Initiates abbreviated TX plan or modifies existing plan.	<i>Inpatient</i> 1. 1 week follow-up to discharge from Hospital or Intense Case Management. <i>EC</i> 1. 3 day follow-up from EC

Secondary Prevention	Early detection	<ol style="list-style-type: none"> 1. Early recognition of prodromal symptoms 2. Education of families regarding prodromal symptoms 	Inpatient/EC <ol style="list-style-type: none"> 1. Focus on identification of relapse symptoms. 2. Education of patient and families regarding relapse symptoms. 	Inpatient/EC <ol style="list-style-type: none"> 1. Monitor compliance with keeping appointments.
Diagnosis/Assessment	<ol style="list-style-type: none"> 1. R/O drug-induced psychosis, Bipolar, Depression with Psychosis or other organic causes. 2. Drug screen, CBC, UA, TFT's 3. Complete Psychiatry Assessment 	<ol style="list-style-type: none"> 1. Ongoing monitoring and assessment to include, positive and negative symptoms, side effects, substance use, and depression. 2. AIMS q 6 months. 3. GAF q 6 months and with critical visits. 4. MMSE q 1 year. 5. Medication levels as specified by guidelines 6. Diagnosis review upon initial treatment planning and updates. 	Inpatient <ol style="list-style-type: none"> 1. R/O drug induced psychosis or other organic causes. 2. Drug screen 3. Update psych assessments. 4. Physical Exam 5. Mental Status Exam that includes neurological evaluation. 6. Screening Labs ie EC <ol style="list-style-type: none"> 1. R/O drug induced psychosis or other organic causes. 2. Drug Screen 3. Provide data to update assessments 4. Physical Exam or assessment if clinically indicated 5. MSE with Neurological evaluation as indicated 6. Screening Labs as indicated 7. Orders consults as indicated 	Inpatient/EC <ol style="list-style-type: none"> 1. Contact 2. Transportation 3. Access to care
Psychosocial Treatment	<ol style="list-style-type: none"> 1. Psychosocial Evaluation 2. Initiate Treatment Plan 	<ol style="list-style-type: none"> 1 Family psychosocial interventions. 2. Community Support Programs including living skills, social skills, and stress management. 3. Vocational Rehabilitation 4. Case Management 	Inpatient <ol style="list-style-type: none"> 1. Family psychosocial intervention. Focus on relapse prevention 2. Case Management. Intensified via entire treatment team. 3. Referral to local and national support group 	Inpatient <ol style="list-style-type: none"> 1. Treatment plan stresses performance at lower levels both vocationally and socially to decrease risk of relapse.

Medication Treatment	Risperidone or Olanzapine or Seroquel (consider least expensive unless choice clinically contraindicated) Algorithm	Either enter or adjust according to algorithm	Either enter or adjust according to algorithm	Continue to follow Algorithm
Education	<ol style="list-style-type: none"> 1. Complete Family Education (medications, illness, system, sx management, support groups) 2. Patient Ed slowly 3. Medication Sheets 	<ol style="list-style-type: none"> 1. Living with Schizophrenia handout 2. Brain Picture Handout 3. Medication Sheets 4. Videotapes “Living with Schizophrenia” 	Inpatient/EC <ol style="list-style-type: none"> 1. Living with schizophrenia 2. Brain picture Handout 3. Introduction to thought Disorder regarding clinic 4. Assist and facilitate co-morbid disease specific education eg diabetes, HTN. 5. Medication Sheets 	Inpatient/ EC <ol style="list-style-type: none"> 1. Contact to stress importance of compliance with appointments 2. Medication Sheets 3. Introduction to thought disorder regarding clinic
General Health	Refer to PCP for assessment	<ol style="list-style-type: none"> 1. PCP for Health Care 2. Standards of Health care same as normative age groups in the population. 	Inpatient <ol style="list-style-type: none"> 1. General PCP screen completed by psychiatry and incorporated into updated RX plan. EC <ol style="list-style-type: none"> 1. Provide Nurse Link# and consults as indicated 	
Outcomes	SF 12/GAF <u>Schizophrenia Scales</u> Patient Satisfaction Visit/Compliance TX	SF 12- Patient Satisfaction <u>Schizophrenia rating Scales</u> GAF/AIMs Revisits	<u>Schizophrenia Scales</u> Patient Satisfaction survey GAF Revisits	SF 12 <u>Schizophrenia Scales</u> Patient Satisfaction