

IIR 98-108 Cost Effectiveness of Guidelines-Concordant Care for Schizophrenia

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Funding Period: July 1999 - June 2001

BACKGROUND / RATIONALE:

The VA has developed clinical practice guidelines for schizophrenia, and emphasizes guideline implementation as a strategy to improve the quality of care. In this context, we need to determine whether guideline concordant care is cost-effective, and whether the benefits of guideline implementation outweigh the costs.

OBJECTIVE(S):

The objectives of this study are (1) to examine the effectiveness of an enhanced strategy in improving guideline concordance for schizophrenia treatment and to examine the cost of this strategy, compared to a standard strategy; 2) to examine the outcomes and costs of schizophrenia treatment in relation to the degree to which the treatment is concordant with the guidelines; and (3) to examine the overall outcomes and overall costs of the two strategies, regardless of guideline concordance.

METHODS:

We will conduct the analyses using data being collected in another HSR&D project (CPG 97-027) in which two guideline implementation strategies are being compared with regard to impact on processes and outcomes of care for schizophrenia. The main outcome measure used in this study is quality-adjusted life years (QALYs), adopting the method developed by Brazier, et al., to convert SF-36 scores into a preference-based single utility index. We will also examine in sensitivity analyses measures for symptom severity and side effects. We will examine costs of implementing the enhanced strategy, the costs of health services, and the costs of patients' time and transportation to obtain the health services. We will calculate the incremental QALYs for patients in the enhanced strategy sites, compared to patients in the standard strategy sites, and the incremental costs (of intervention, of service use, and to patients) in the enhanced strategy sites, compared to the standard strategy sites.

FINDINGS / RESULTS:

Enrollment, follow-up assessments, and data entry have been completed for the parent study. A total of 399 subjects were enrolled in this study and completed a baseline interview. Eighty-six percent of the subjects completed a 6-month follow-up interview. The demographic information about the sample is as follows: 95% male, 63% black, 30% white, 7% hispanic, 78% not married, 22% married and 99% were veterans. Average age was 48 with a range of 23-66. Baseline Positive and Negative Syndrome Scale (PANNS) average score was 82 with a range of 41-141.

STATUS:

In progress.

IMPACT:

Today's VA health care system demands accountability. Managed care has become the dominant form of service provision outside the VA. In order to compete and survive in the health care services industry, VA needs information on costs and cost-effectiveness of its services, so that it can determine the most cost-effective way to improve the health of veterans with the limited resources available. Schizophrenia is a serious mental illness and it consumes a greater number of resources. Guideline-concordant treatment for these patients provides a great opportunity to maximize cost-effectiveness of treatment. However, VA needs to learn the relative cost-effectiveness of guideline implementation strategies.

PUBLICATIONS:

Journal Articles

1. Kirchner JE, Owen RO, Nordquist CR, Fischer EP. Diagnosis and management of substance use disorders among inpatients with schizophrenia. *Psychiatric Services* 1998; 49: 82-85.