



Connecting Research and Policy in Early Psychosis Treatment

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*Early Psychosis Prevention and Early Intervention:
Science Informing Policy Symposium
Sacramento, CA*

17 September 2015



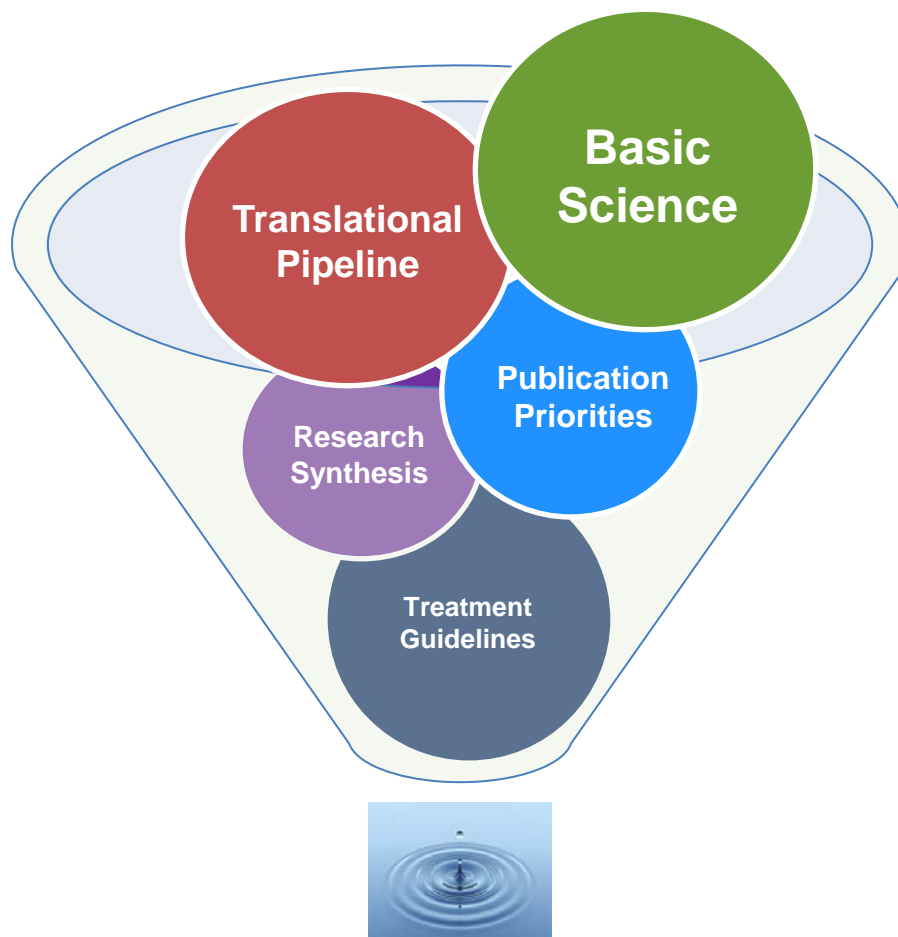
National Institute
of Mental Health

Disclosures

- I have no personal financial relationships with commercial interests relevant to this presentation
- The views expressed are my own, and do not necessarily represent those of the NIH, NIMH, or the Federal Government



Scientific Discovery ≠ Uptake

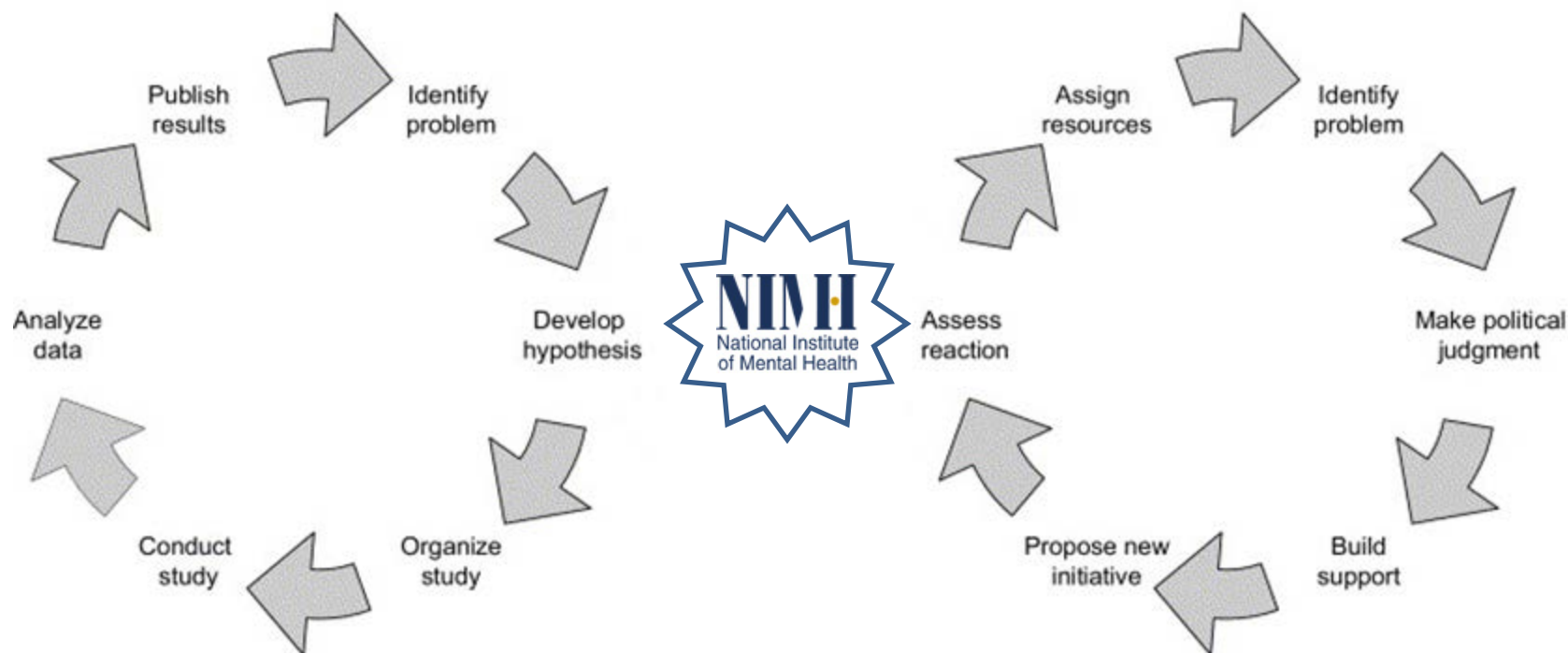


17 year odyssey from discovery to practice

Research and Policy Disconnect

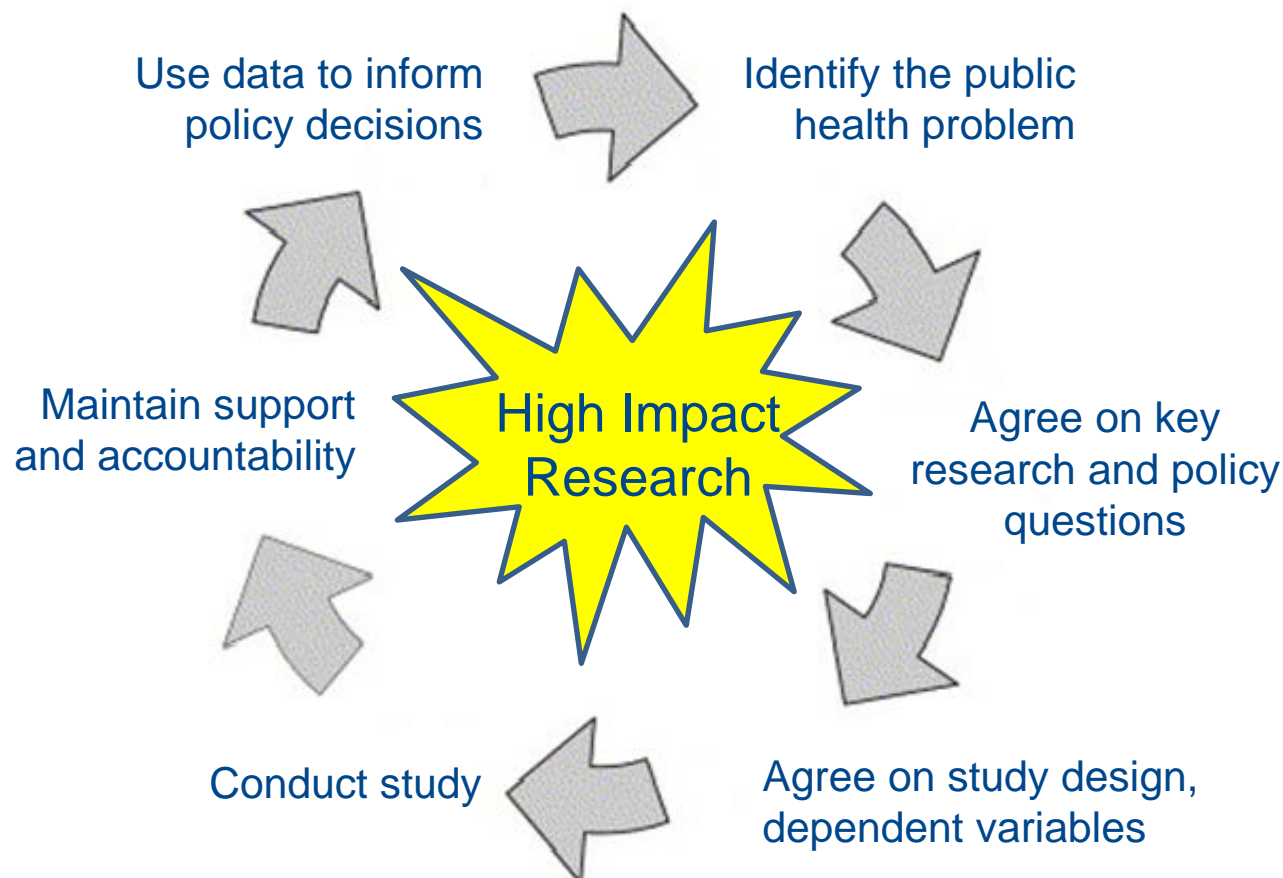
Scientific decision making

Policy decision making

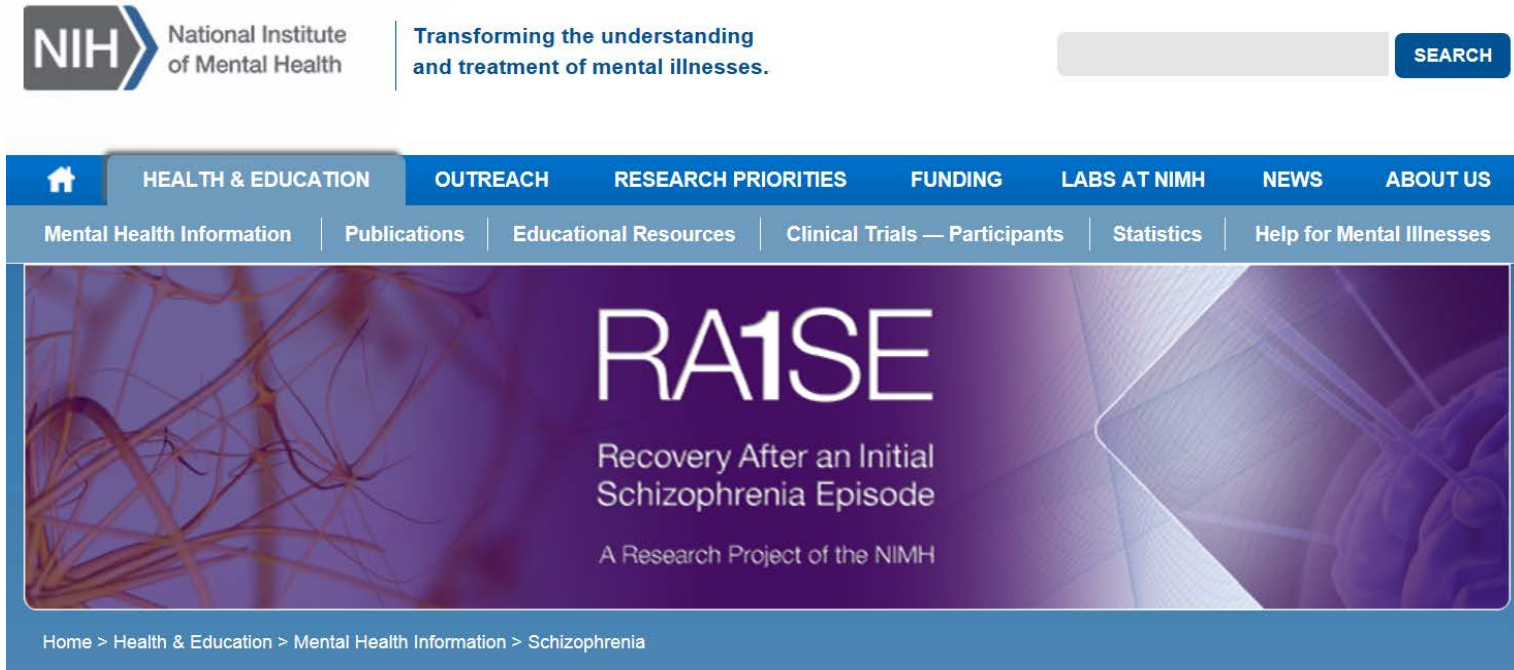


Ross Brownson et al., 2006, *American Journal of Preventive Medicine*

Hybrid Decision Making Model



Case Study



The “Recovery After an Initial Schizophrenia Episode” initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.



Step 1

Identify the public health problem

Established Schizophrenia

- ~2.5 million adults in U.S. are affected
- Onset typically in late adolescence, early 20s
- High morbidity and mortality
 - Multiple episodes of psychosis over the lifetime
 - High unemployment, homelessness, incarceration
 - Shortened lifespan (suicide, medical co-morbidities)
- Economic cost of \$62.7 billion in 2002
 - Direct health care costs of \$22.7 billion



Early Intervention Matters

- Rapid remission of positive symptoms
- Lower rates of psychiatric re-hospitalization
- Decreased substance use
- Improved social and vocational functioning
- Increased quality of life



Ryan



Center for Practice InnovationsSM
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

<http://practiceinnovations.org/ConsumersandFamilies/ViewAllContent/tabid/232/Default.aspx>

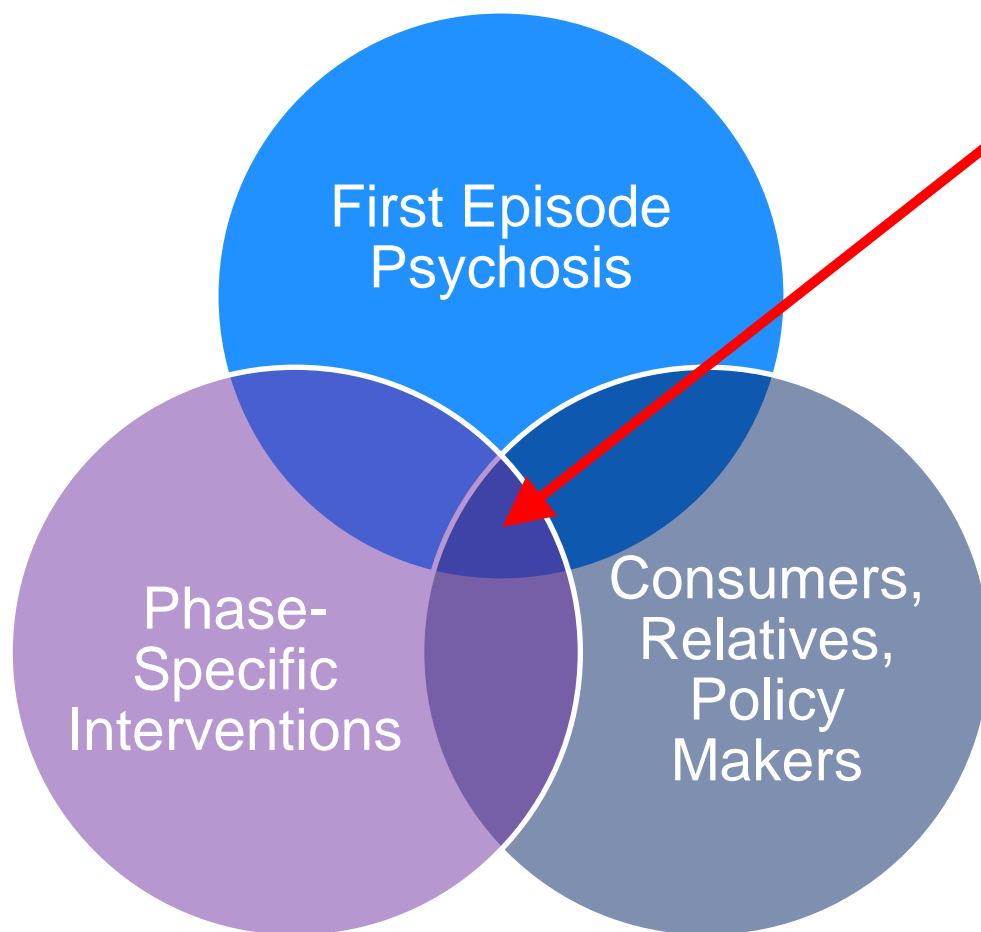
Coordinated Specialty Care Model



Step 2

Agree on key research
and policy questions

Disability in Schizophrenia



Can coordinated specialty care, offered early on, improve long term-outcomes for schizophrenia in the US?



Step 3

Agree on study design
and dependent variables



NIMH RAISE Projects

■ Comparative effectiveness trial

- John Kane
- Nina Schooler
- Delbert Robinson

*The Feinstein Institute
for Medical Research*

North Shore-Long Island Jewish Health System



■ Implementation study

- Lisa Dixon
- Susan Essock
- Howard Goldman



Policy Makers' Interests

U.S. Federal Stakeholders	Dependent Variables
Substance Abuse and Mental Health Services Administration (SAMHSA)	Recovery, functioning, quality of life
National Institute of Drug Abuse (NIDA)	Substance abuse, tobacco dependence
Centers for Medicare and Medicaid Services (CMS)	Psychiatric relapse, re-hospitalization, cost of medical and specialty care
Social Security Administration (SSA)	School completion, early vocational milestones, competitive employment

Brokering Agreement on Measures

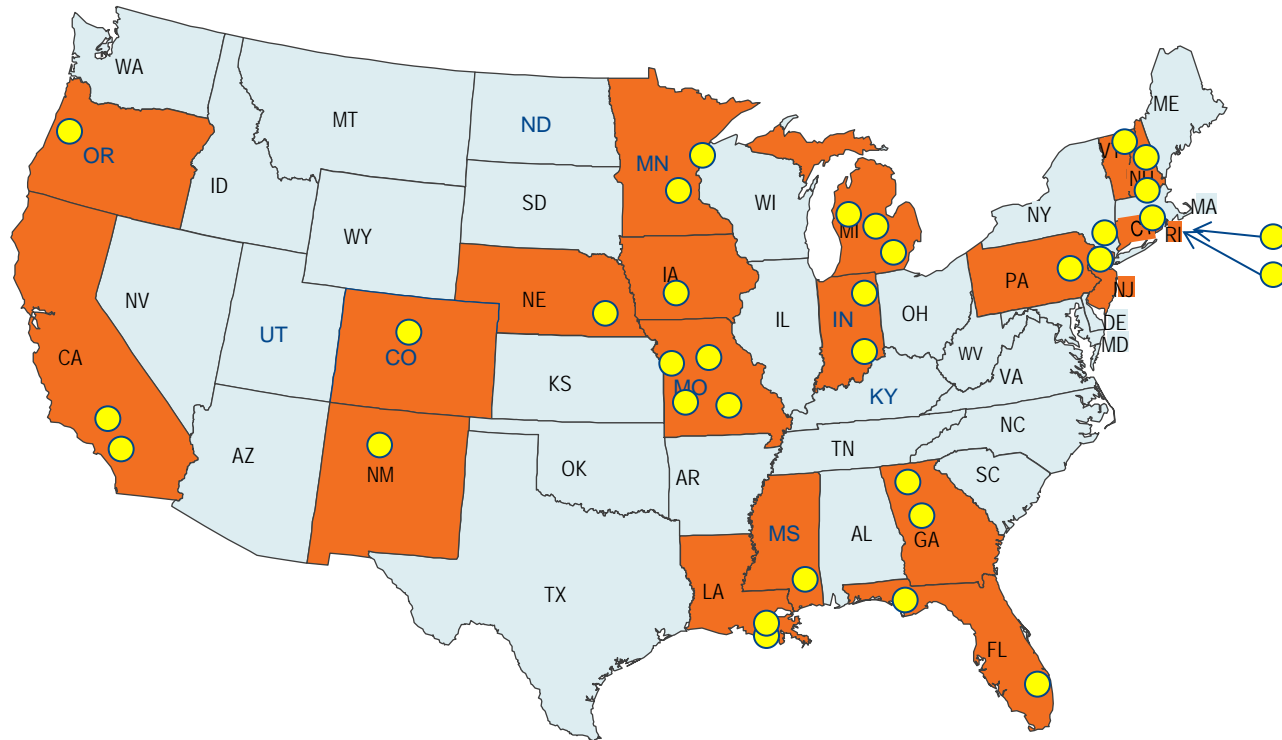


“The Social Security Administration figures its annual budget in terms of U.S. dollars, not Quality Adjusted Life Years.”

Step 4

Conduct study

RAISE Clinical Trial



- Phase-specific specialty care for First Episode Psychosis vs. TAU
- Representative patients (N=404) and community clinics (N=34)
- Focus on clinical and functional recovery, cost of care, societal benefits

RAISE Implementation Study

■ *State Officials as Research Partners*



- NYS Office of Mental Health
- MD Mental Hygiene Administration

■ *“Turn Key” Solutions for State Administrators*

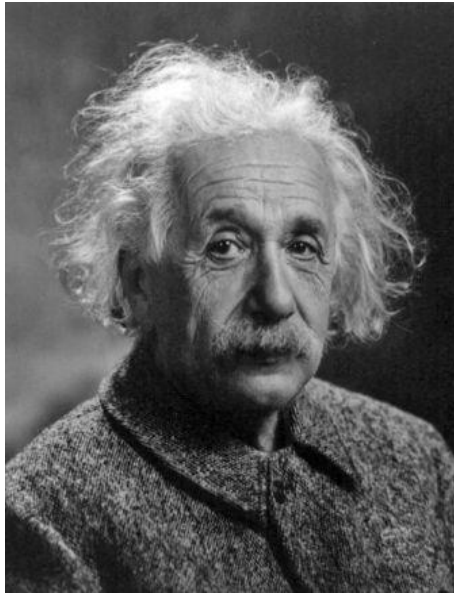


- Training and supervising existing staff
- Assertive outreach and client engagement

Step 5

Maintain stakeholder support,
promote accountability

Time is Relative



Instill productive urgency

Early Data from Clinical Trial

Median duration of untreated psychosis is
74 weeks in community clinic settings

Addington et al., 2015, *Psychiatric Services*



Only 61% of FEP patients receive medications
in line with PORT recommendations

Robinson et al., 2014, *American Journal of Psychiatry*



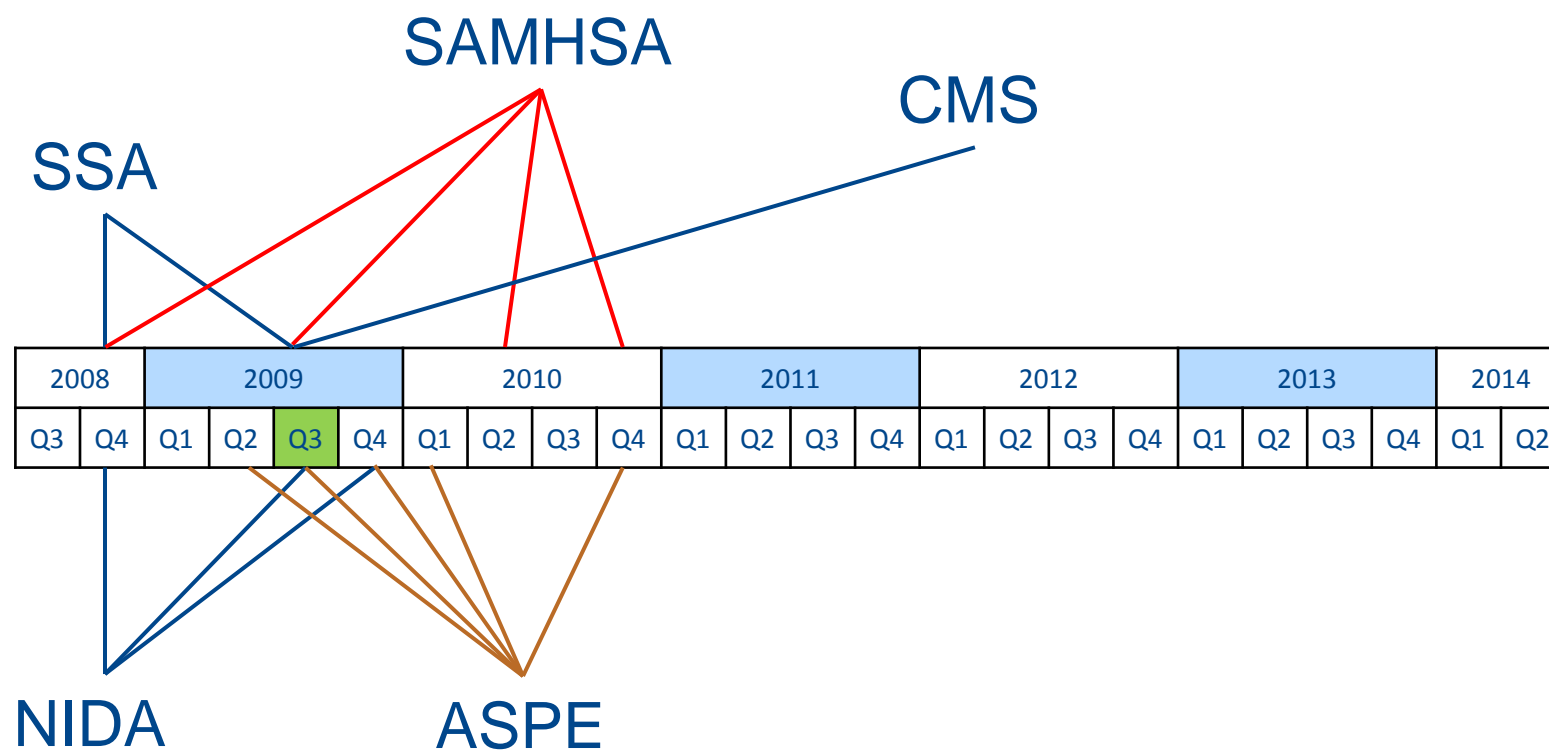
<5% of FEP patients with cardio-metabolic risk
factors receive appropriate medical care

Correll et al., 2014, *JAMA Psychiatry*



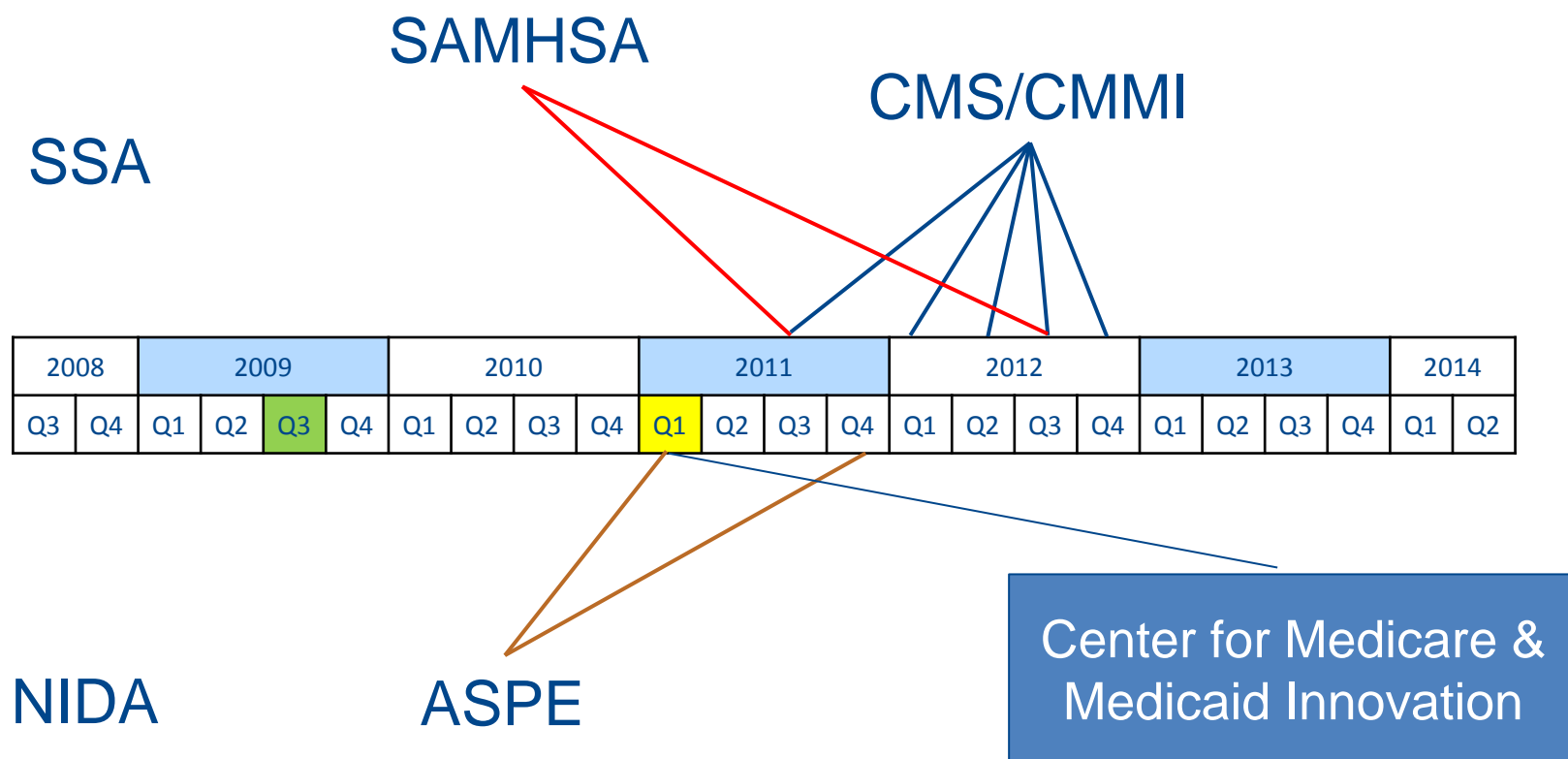
Engineer accountability

NIMH Engagement Activities



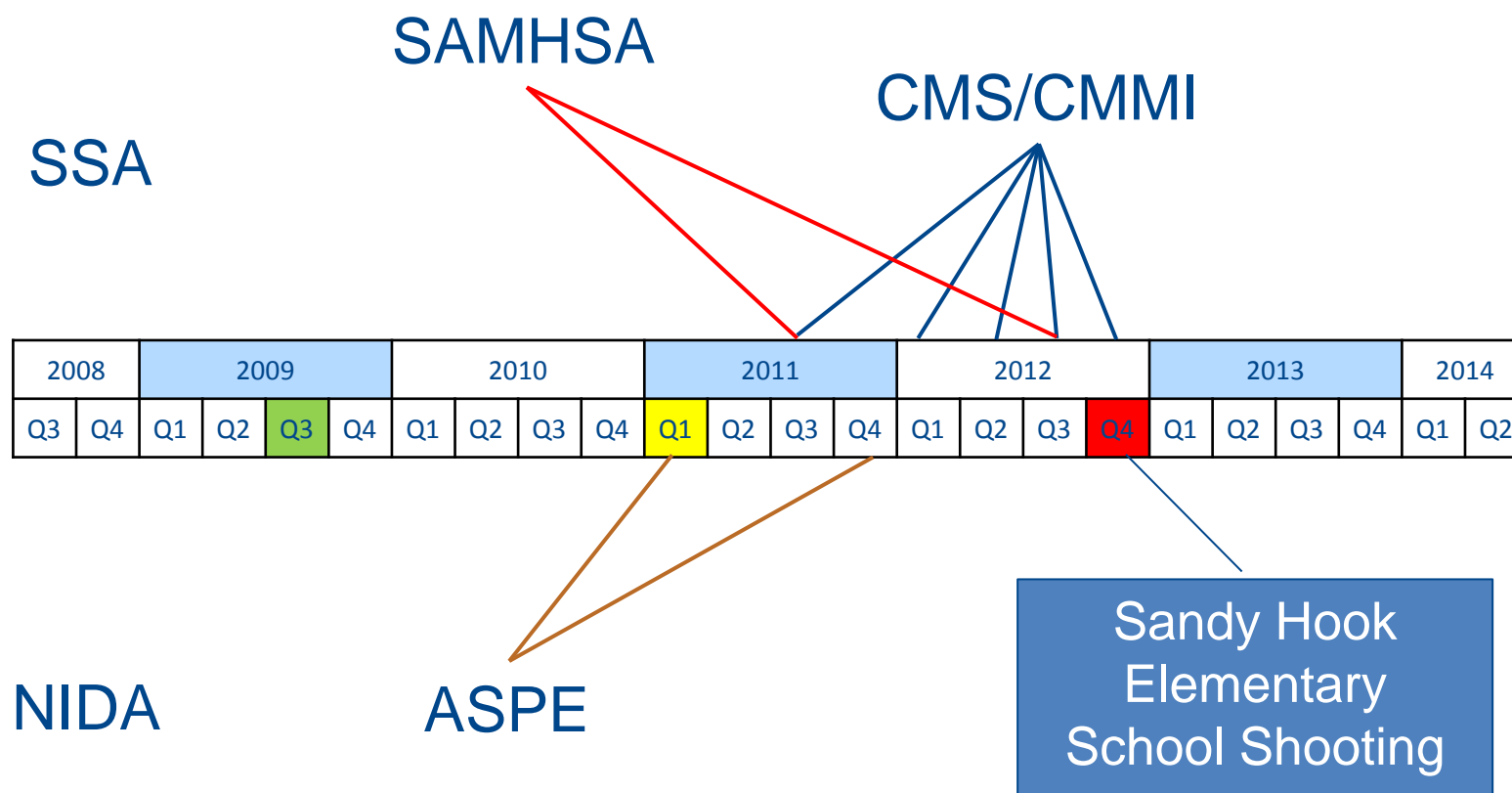
2008 - 2010

NIMH Engagement Activities



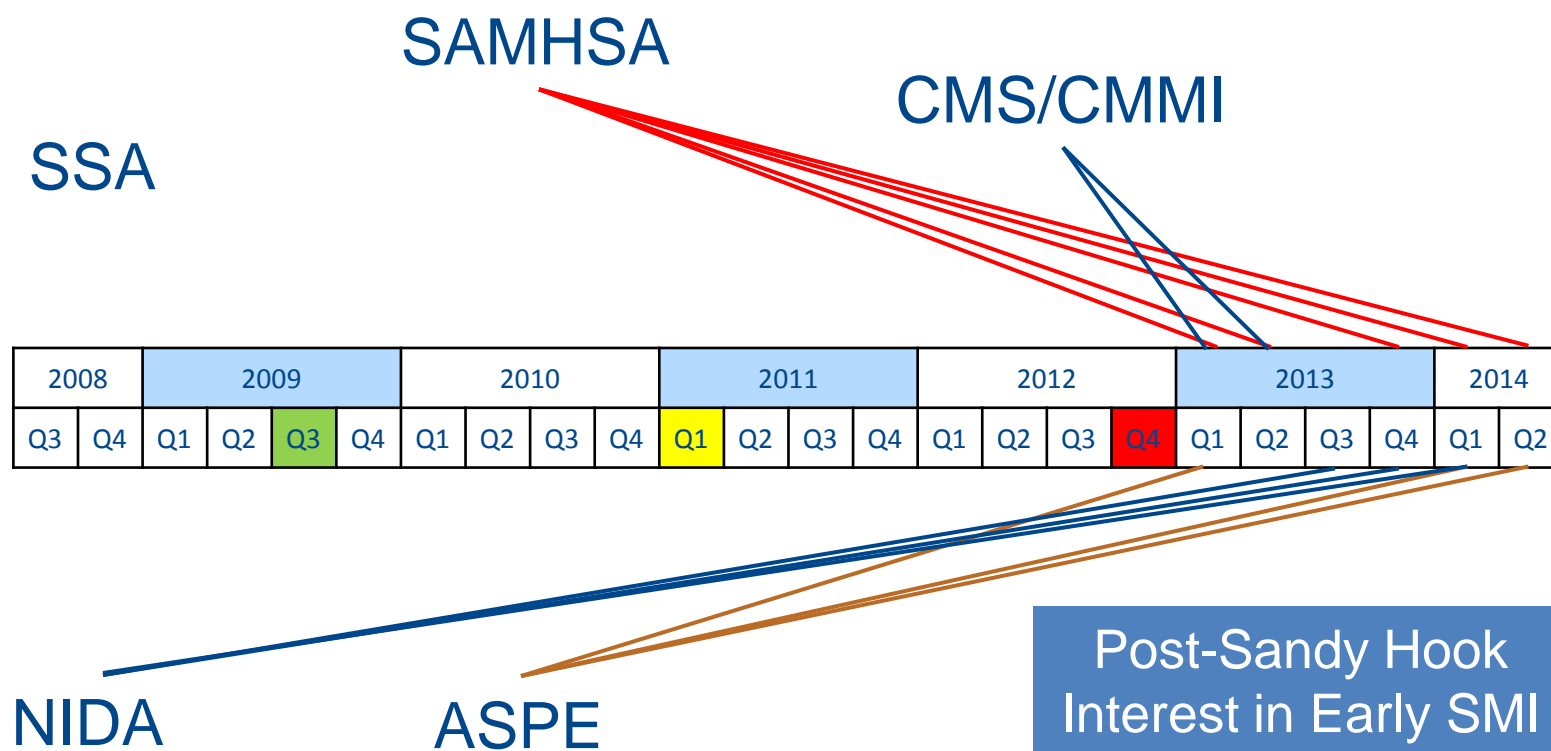
2011 - 2012

NIMH Engagement Activities



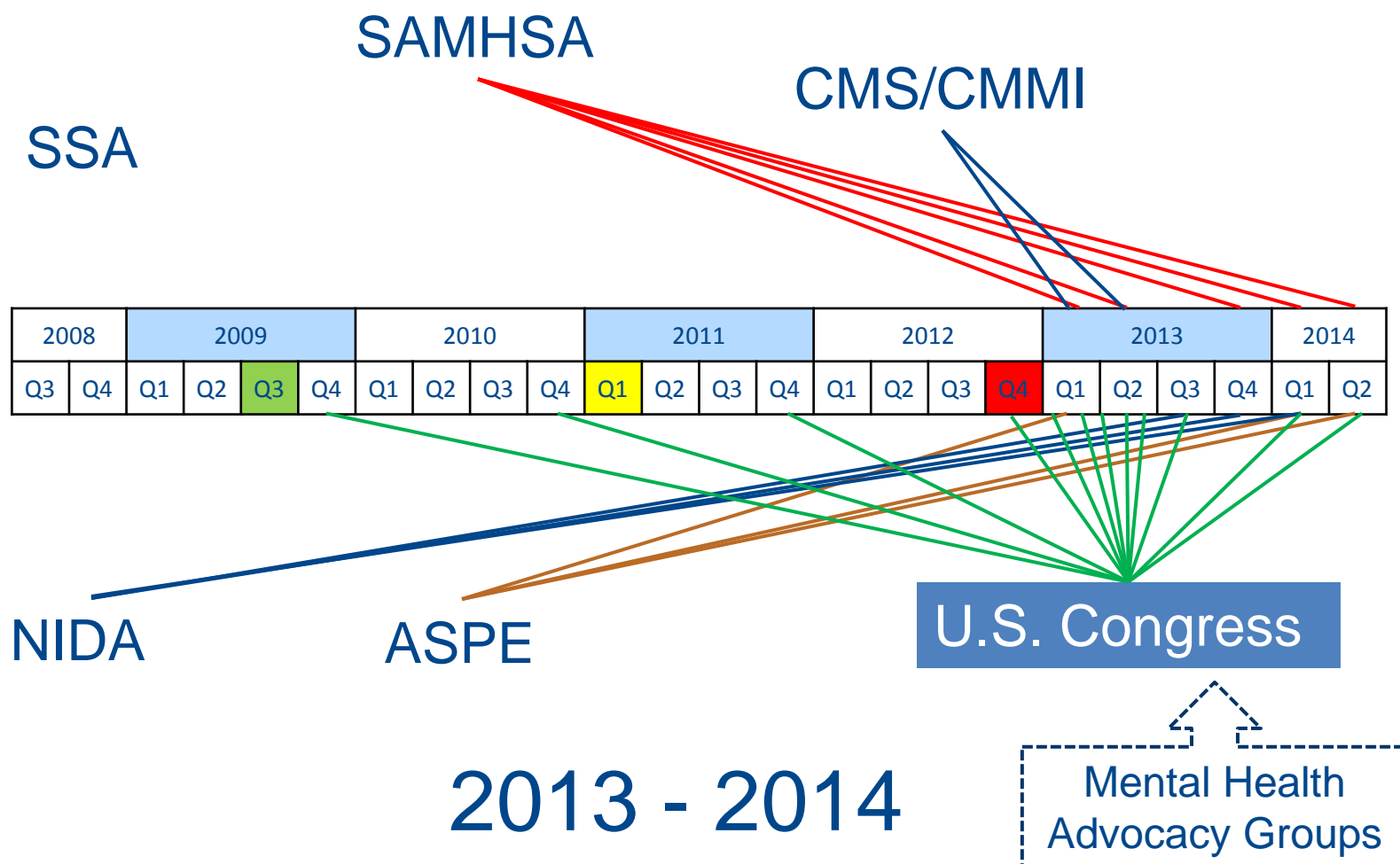
2011 - 2012

NIMH Engagement Activities



2013 - 2014

NIMH Engagement Activities



Step 6

Use data to inform
policy decisions

Early Actions from Implementation Study

■ *RAISE → OnTrackNY*



- NYS Office of Mental Health
- 4 new clinics for FEP
- June 2013



■ *RAISE → Maryland Early Intervention Program*

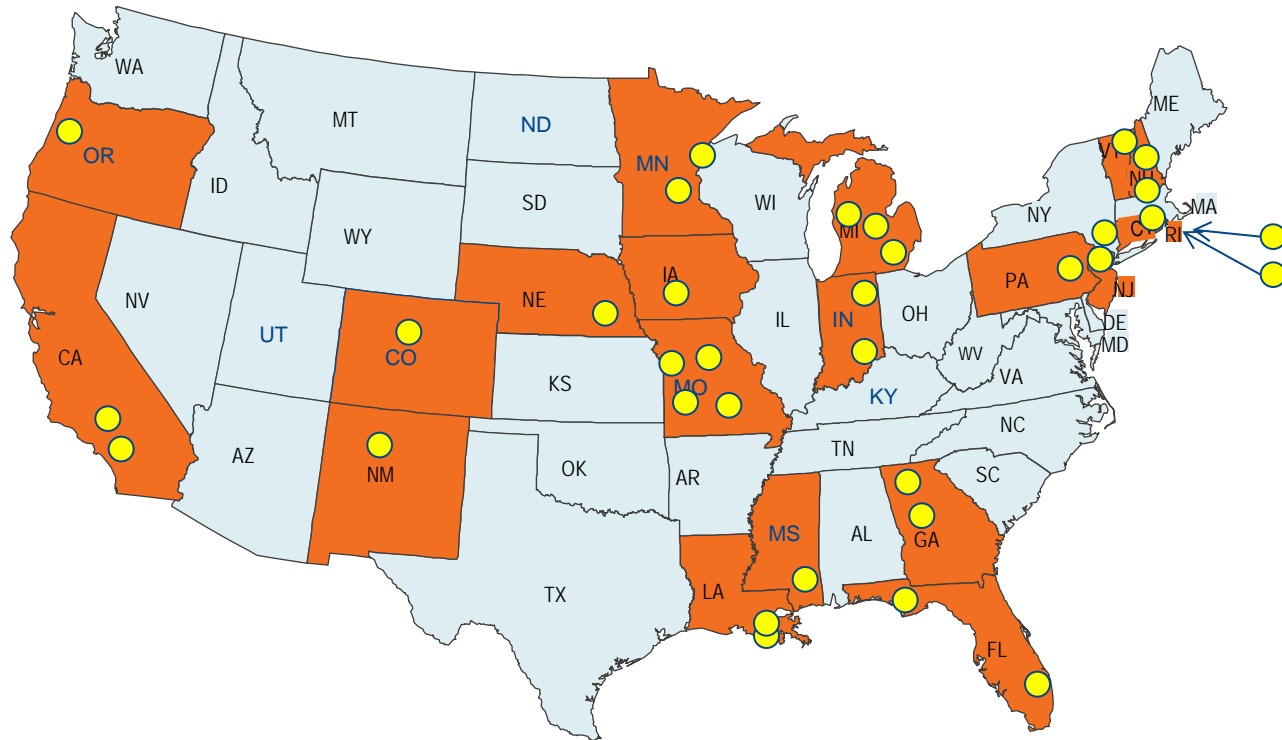


- MD Mental Hygiene Administration
- 4 new clinics for FEP/CHR
- October 2013



■ *In both cases, state officials accepted feasibility data before articles were accepted for publication!*

RAISE Clinical Trial



- Phase-specific specialty care for First Episode Psychosis vs. TAU
- Representative patients (N=404) and community clinics (N=34)
- Focus on clinical and functional recovery, cost of care, societal benefits



Impact of Coordinated Specialty Care

- CSC participants remain in treatment longer
- CSC improves outcomes over 24 months
 - overall quality of life
 - measures of symptoms
 - interpersonal relations
 - involvement in work or school
- Participants with shorter duration of untreated psychosis derive substantially more benefit from CSC

Do the right things,
at the right time.

Congressional Action

Consolidated Appropriations Act of 2014



2008		2009				2010				2011				2012				2013				2014	
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2

U.S. Congress

2013 - 2014

H.R. 3547, 113th Congress

January 17, 2014

- Increased Community Mental Health Block Grant (CMHBG) program by \$24.8M
- Funds allocated for first episode psychosis (FEP) programs
- NIMH and SAMHSA to develop guidance for States regarding effective programs for FEP





RAISE

Recovery After an Initial
Schizophrenia Episode

A Research Project of the NIMH

Home > Health & Education > Mental Health Information > Schizophrenia

Coordinated Specialty Care for First Episode Psychosis - Resources

- **Evidence-based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care**
- RAISE Coordinated Specialty Care for First Episode Psychosis Manuals
- RAISE Early Treatment Program Manuals and Program Resources
- *OnTrackNY* Manuals & Program Resources
- Voices of Recovery Video Series

<http://www.nimh.nih.gov/health/topics/schizophrenia/raise/coordinated-specialty-care-for-first-episode-psychosis-resources.shtml>

Coordinated Specialty Care for First Episode Psychosis



Manual I: Outreach and Recruitment



RAISE
Recovery After an Initial
Schizophrenia Episode
A Research Project of the NIMH

Center for Practice Innovations™
of Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

HOME



Corey – Another Door Opens

Coordinated Specialty Care for First Episode Psychosis



Manual II: Implementation



RAISE
Recovery After an Initial
Schizophrenia Episode
A Research Project of the NIMH

NAVIGATE

Home How it Works Materials GET classes Contact Us Training & Consultation

NAVIGATE: A comprehensive early
treatment program for people with
first episode psychosis.

Learn More



NAVIGATE is a comprehensive program designed to provide early and effective treatment to individuals who have experienced a first episode of psychosis. It was developed with support from NIMH and has been implemented at 20 sites throughout the U.S. and one in Canada, including urban, suburban, and rural settings, and has provided treatment to people from diverse ethnic and cultural backgrounds. NAVIGATE is one of the options for implementing Coordinated Specialty Care (CSC) for early psychosis, as described by SAMHSA's website.

The program is named "NAVIGATE" to convey our mission of helping individuals with a first episode of psychosis and their families to successfully find their way to psychological and functional well-being, and to access the services they need in the mental health system.

NAVIGATE

Supported Employment and Education (SEE) Manual

This manual teaches the principles of Supported Employment and Education and provides strategies and skills for the SEE specialist for engagement, assessment, addressing illness-related challenges to work and school, disability benefits, the pros and cons of disclosure, conducting a school and/or job search, providing follow-along supports; several useful forms and handouts are provided for each aspect of providing SEE.

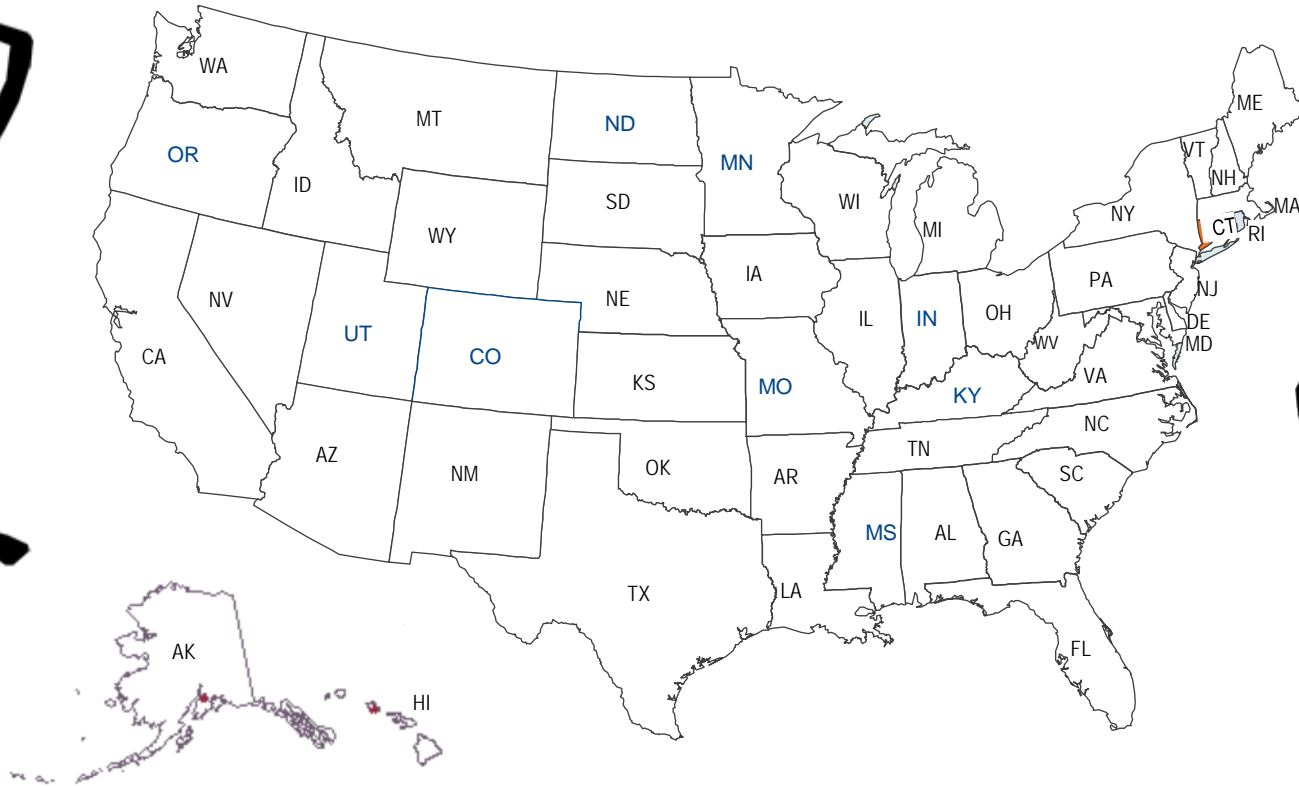
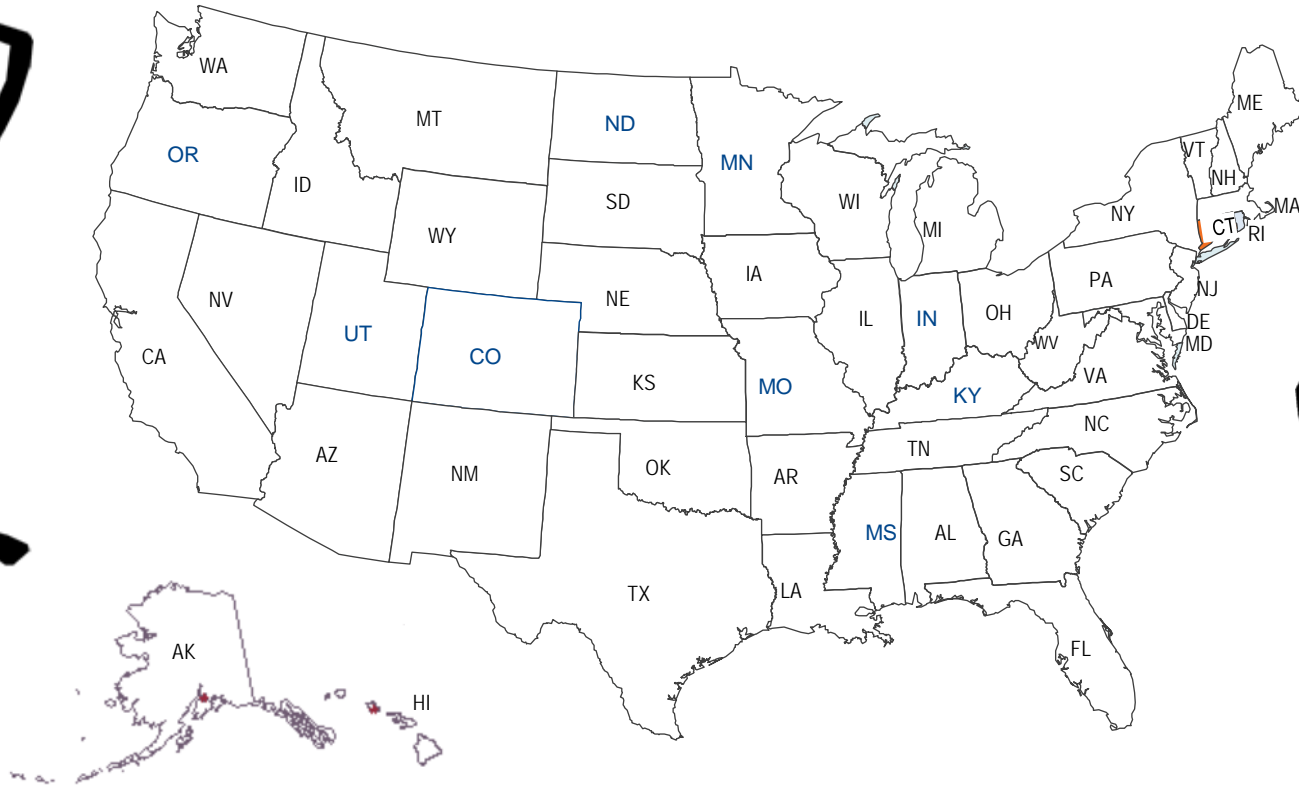


State Mental Health Policy

An Interactive Tool to Estimate Costs and Resources for a First-Episode Psychosis Initiative in New York State

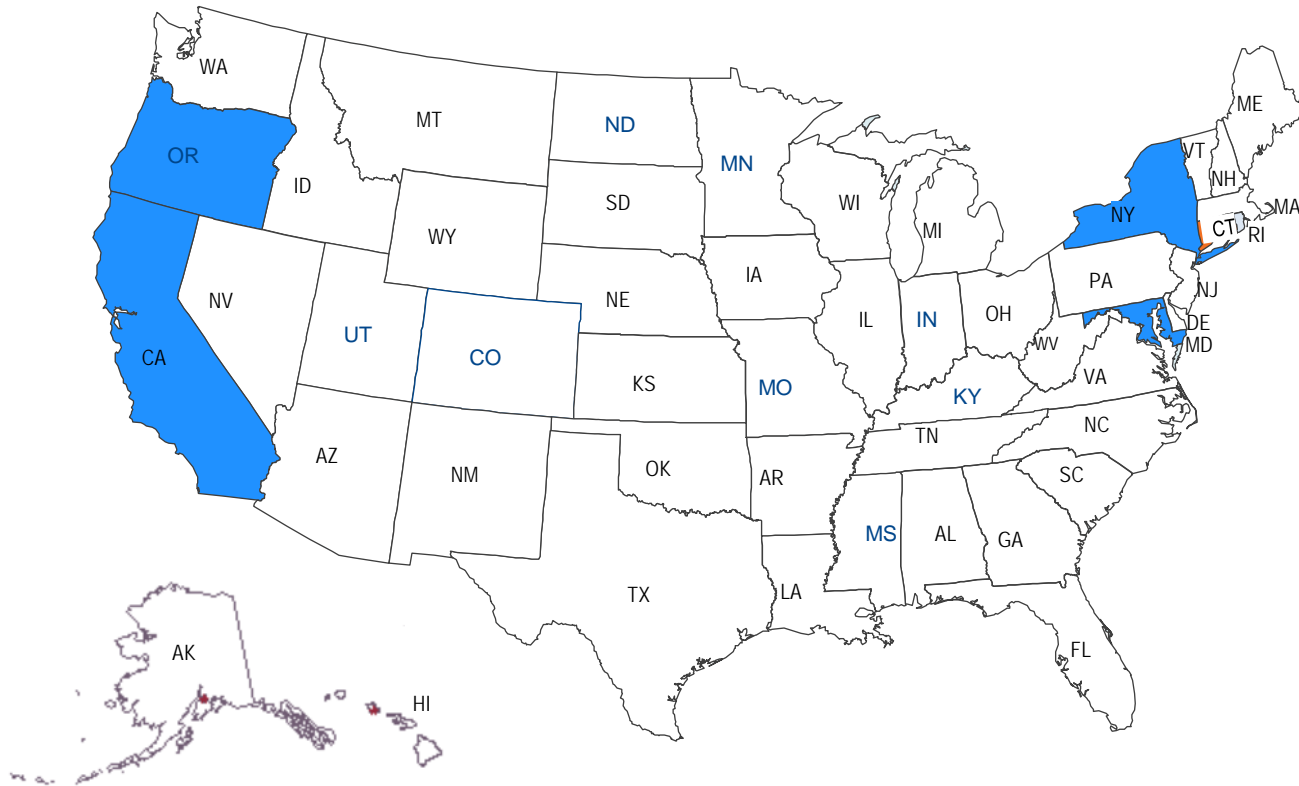
Jennifer L. Humensky, Ph.D.
Lisa B. Dixon, M.D., M.P.H.
Susan M. Essock, Ph.D.

Estimates of Number of First Episode Psychosis (FEP) Teams Needed and Associated Costs, Statewide and by Region					
	Low Estimate	High Estimate	Medium Estimate #1	Medium Estimate #2	
1. Population size (2010 Census)	19,379,102	19,379,102	19,379,102	19,379,102	
2. FEP incidence per year (VI)	0.0003	0.0003	0.0003	0.0003	
3. # of incident cases per year (Population size*incidence)	5,813	5,813	5,813	5,813	
4. # of incident cases approached (VI)	0.2	0.5	0.333	0.25	
5. # of incident cases approached	1,163	2,907	1,938	1,453	
6. # fraction agreeing to enter services (VI)	0.5	0.75	0.5	0.4	
7. # active individuals	581	2,180	969	581	
8. # active individuals per team (VI)	30	35	35	30	
9. # months in treatment (VI)	18	24	18	22	
10. # new individuals each team can take/month (active cases per team/months in treatment)	1.667	1.458	1.544	1.364	
11. # new individuals each team can take/year (new individuals per month*12)	20	18	23	16	
12. # teams needed statewide (# active individuals/new individuals each team can take per year)	29.1	124.6	34.6	35.5	
13. Population size to support 1 team (population size/number of teams)	666,667	155,556	560,561	545,455	
14. Salary costs per FEP team per year ¹	266,566	266,566	266,566	266,566	
15. Total costs per FEP team per year (including 50% fringe and 15% indirect)	416,908	416,908	416,908	416,908	
16. Cost per client (Total salary costs/clients served per team)	13,897	11,912	11,912	13,897	
17. Cost per team per initial year (as calculated on cost worksheet)	\$303,417	\$281,910	\$281,910	\$303,417	
18. Staffing cost per team per year - at capacity (Cost per client per year/initial clients per team)	\$416,908	\$416,908	\$416,908	\$416,908	
19. Total cost per year ² (# teams*cost per team at capacity)	\$12,118,341	\$51,935,749	\$14,412,170	\$14,811,306	

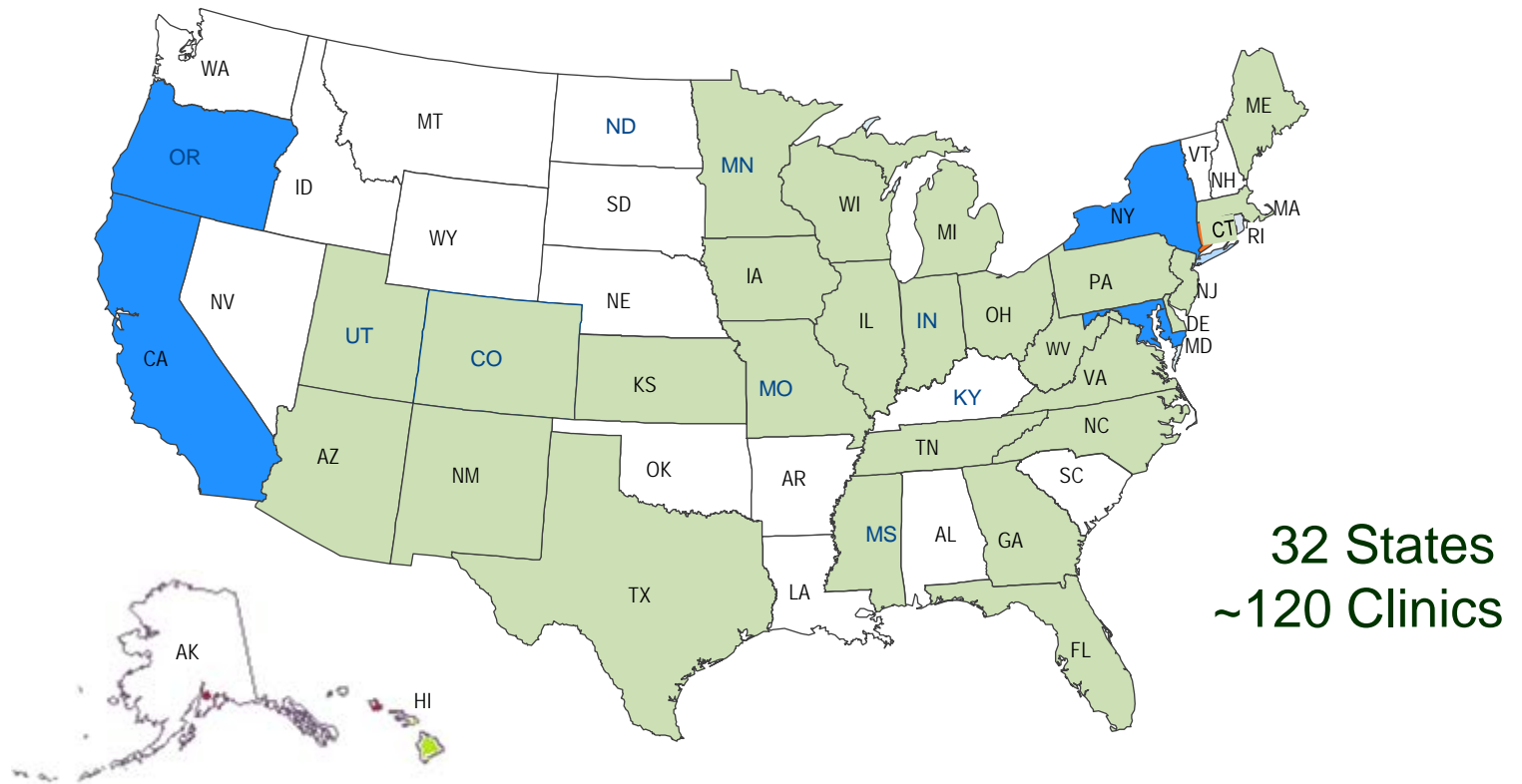




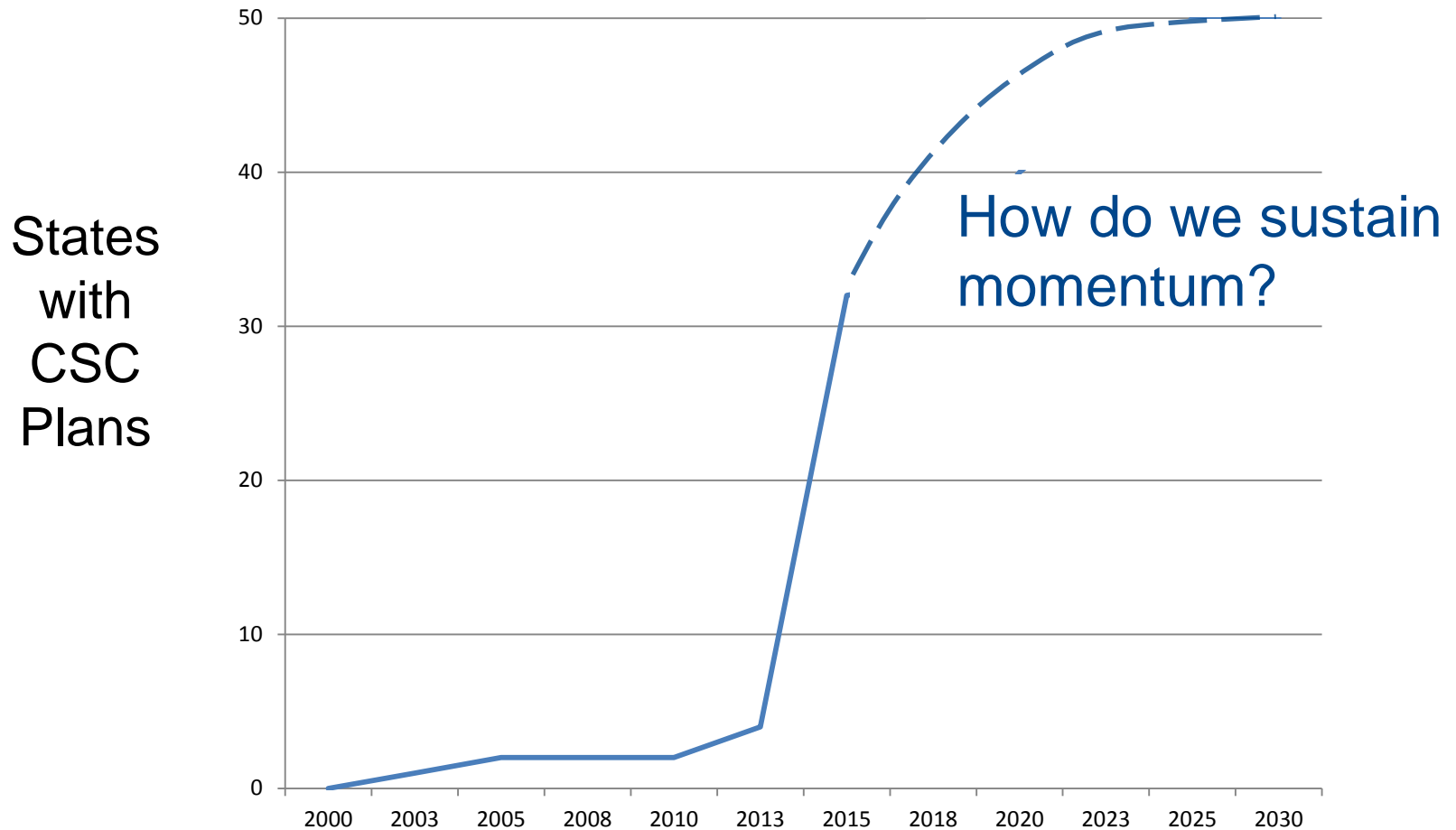
Innovators and Early Adopters, 2013



Early Majority, 2015



Early Services S-Curve



Beyond RAISE:

Creating an early psychosis learning
community in the United States

Early Psychosis Intervention Network (EPINET)



Strategic Objective 4 – Learning Healthcare Systems



BEST CARE AT LOWER COST

The Path to Continuously Learning
Health Care in America

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

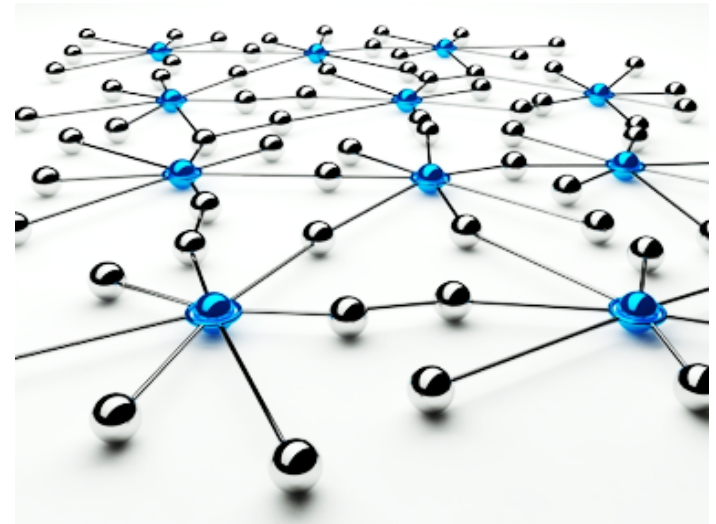
FY2015



- Practice-based research model
- Common data elements, data sharing, big data analytics
- Feedback loops for ongoing system improvement
- Culture of continuous learning
- Clinical data drive scientific discovery

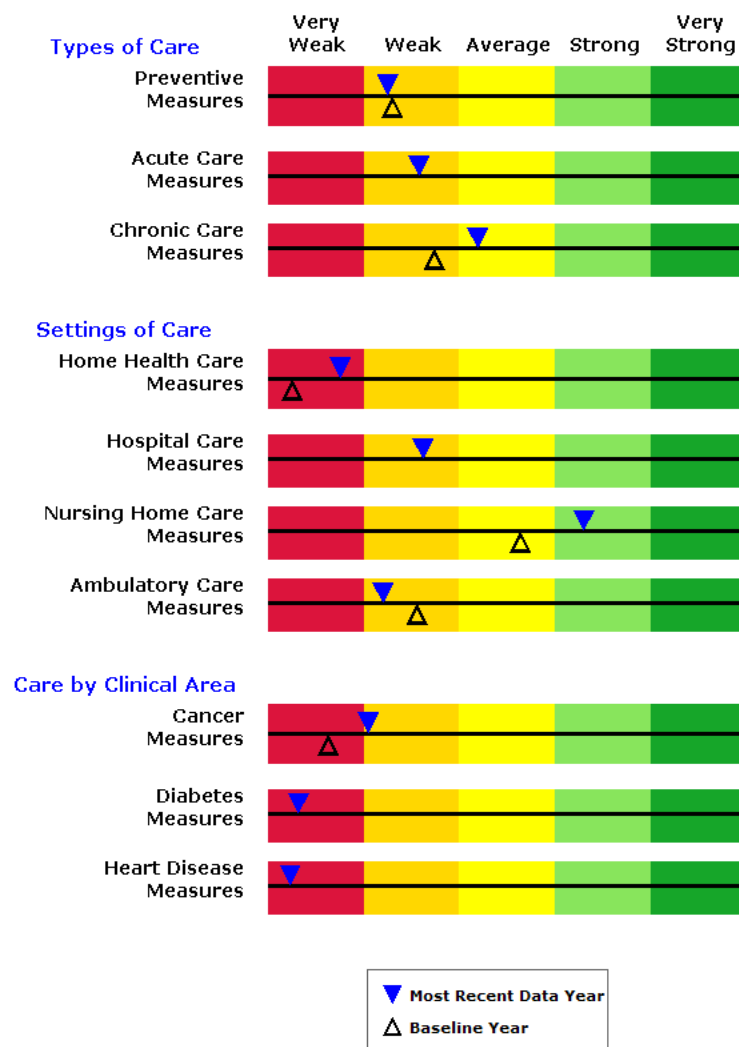
EPINET Goals

- Establish a national learning healthcare network among early psychosis clinics
- Standardize measures of clinical characteristics, interventions, and early psychosis outcomes
- Adopt a unified informatics approach to study variations in treatment quality, clinical impact, and value
- Cultivate a culture of collaborative research participation in academic and community early psychosis clinics

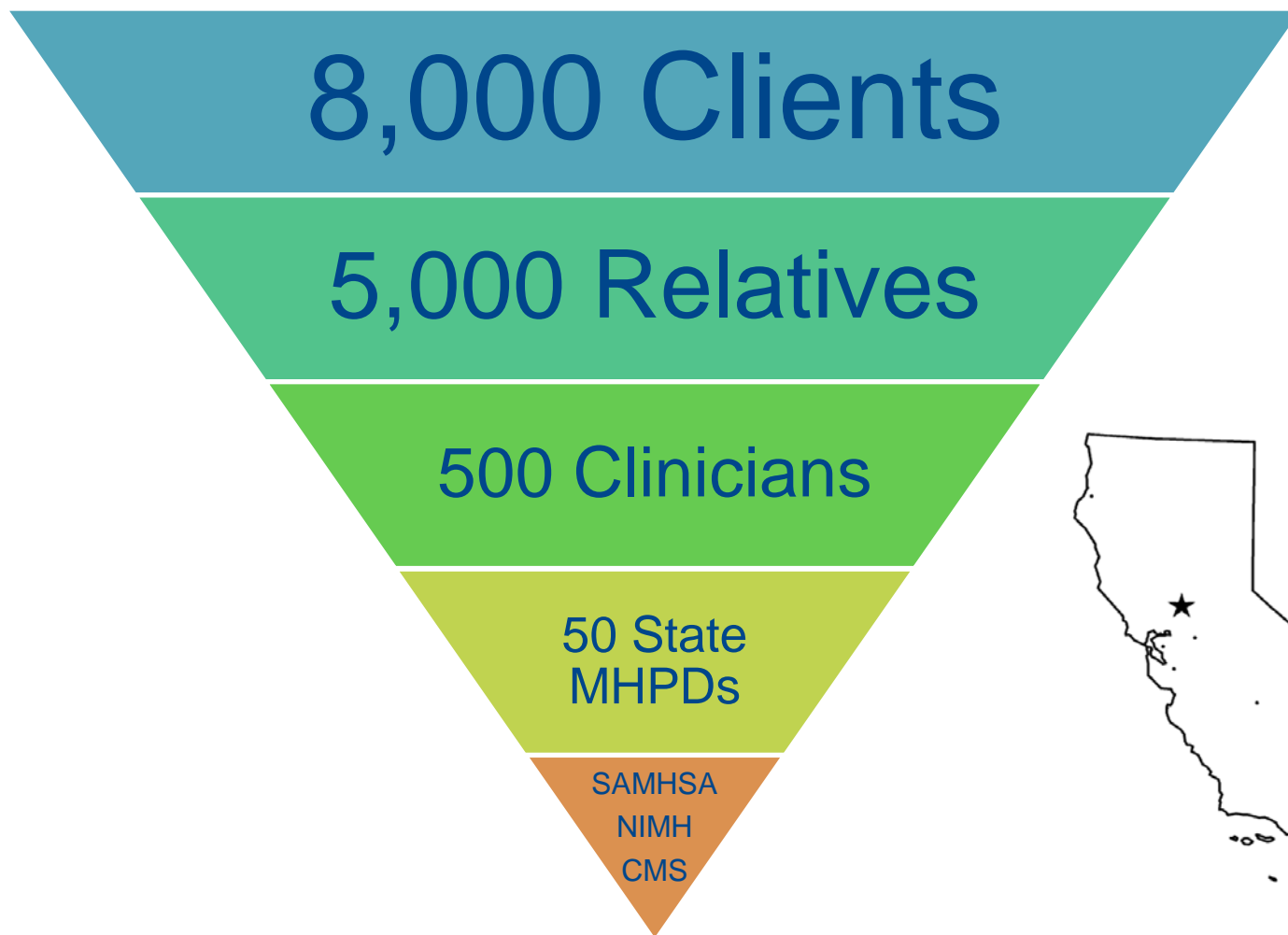


How can EPINET improve treatment?

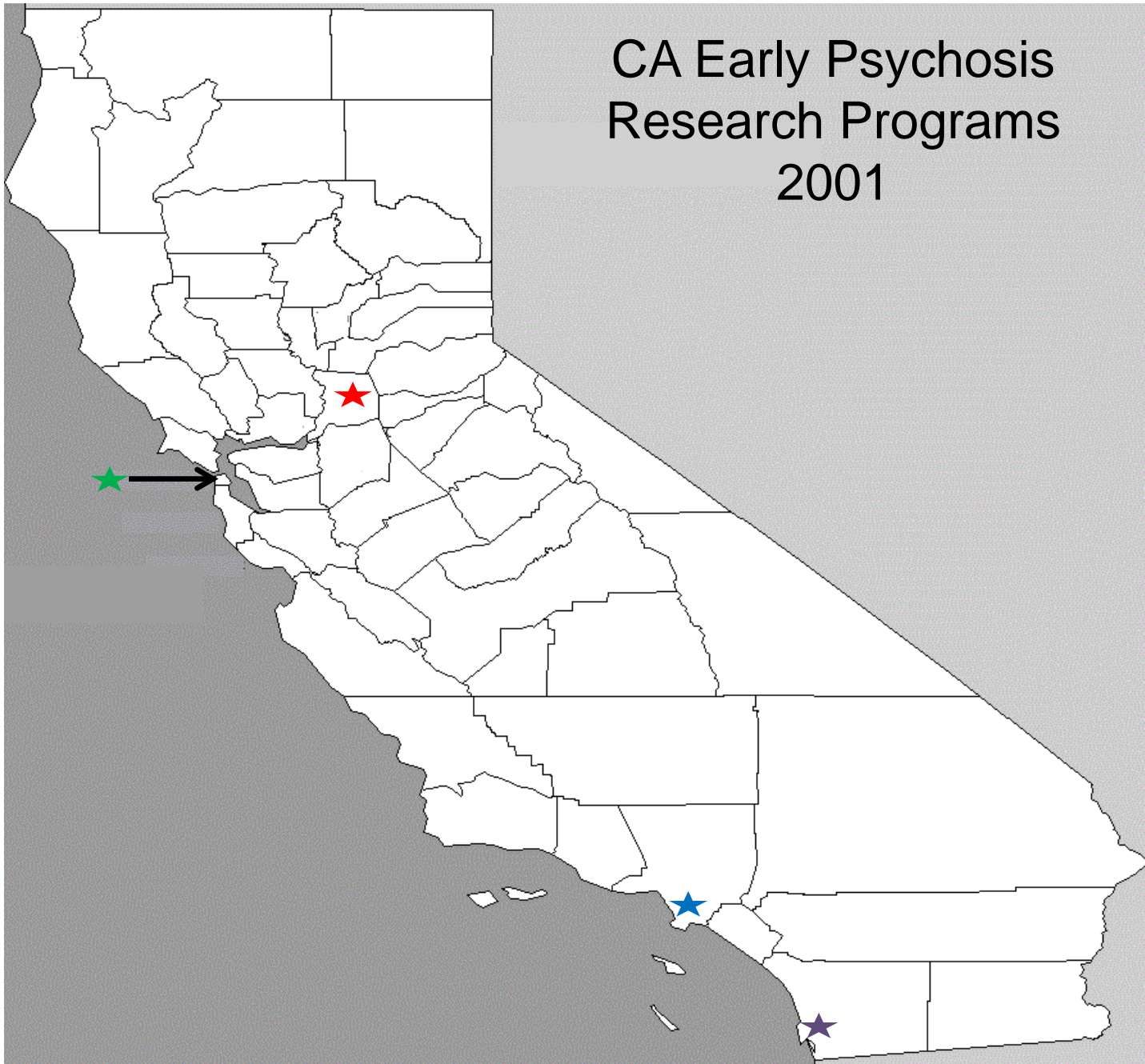
- Fidelity to CSC model
- Monitor key outcomes
- Continuous quality improvement
- Evaluate rare events with statistical power
- Rapid piloting or fielding of new approaches



Who has a stake in EPINET?



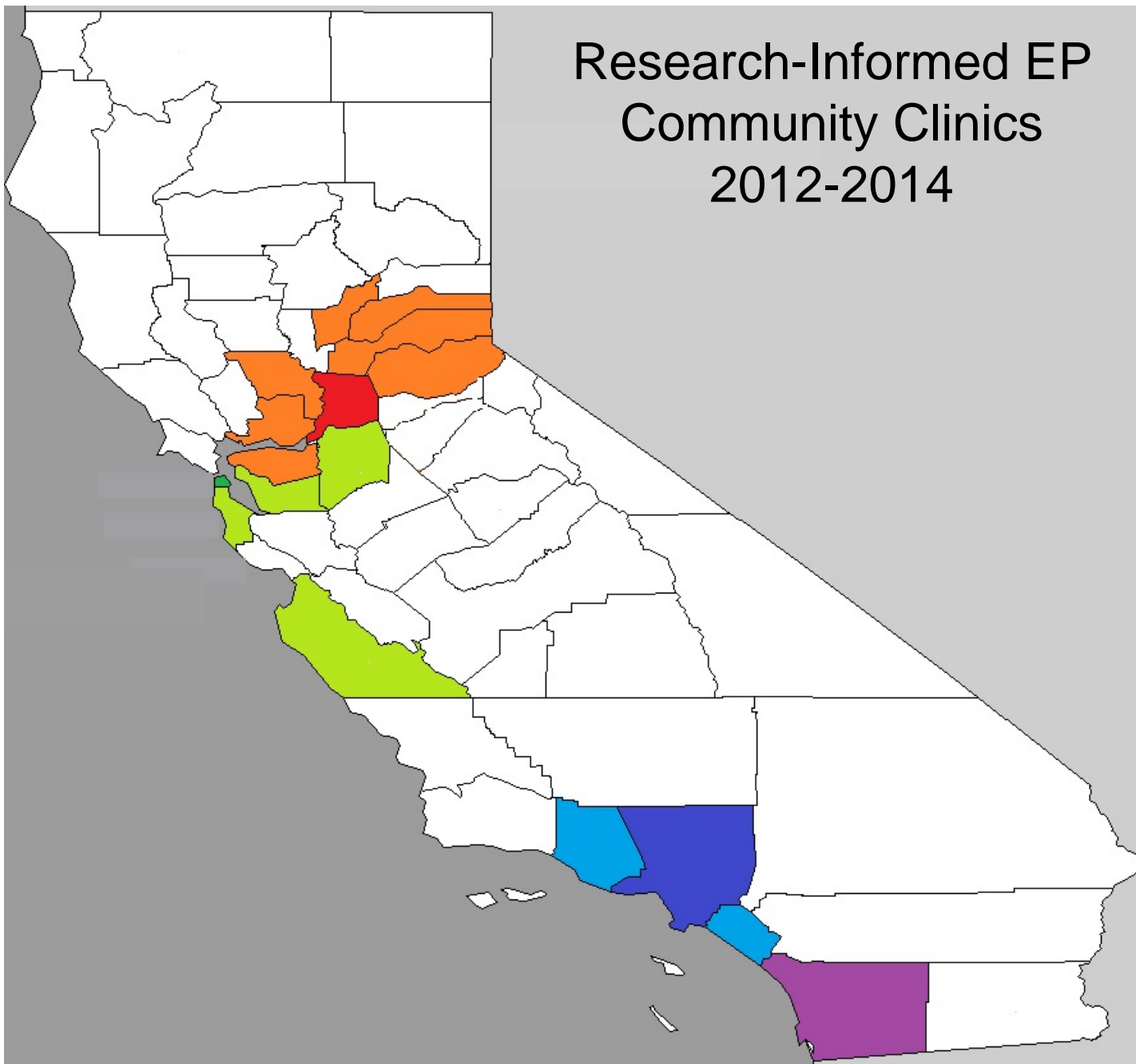
CA Early Psychosis Research Programs 2001



Early Psychosis Research Clinics 2005



Research-Informed EP Community Clinics 2012-2014



EPIC-CAL??

(Early Psychosis Intervention Consortium of California)



Take Home Messages

- Scientists and policymakers often travel in “parallel universes¹”
- Bridging this gap requires active engagement to find common interests, shared goals, and meaningful outcome measures
- Time matters – convey “productive urgency” to scientists; help policy makers see beyond immediate needs
- Recognize that stakeholders come and go, so talk to everyone, all the time.
- Big data may help us to improve the quality of care and drive scientific discoveries

For more information

rheinsse@mail.nih.gov

Thank you!