

## Economic and Clinical Issues in the Management of Schizophrenic Populations Taking Antipsychotic Agents

Clinicians are entering a new era of treatment for schizophrenia and psychotic disorders. Advances in neuroscience—from diagnoses to new medications—have provided the medical community with a deeper understanding of the brain and its function, enabling the development of better treatments for psychoses. New treatments and interventions, including psychosocial interventions, have created excitement and hope in this field.

Advocacy and consumer groups also help to create opportunities for better care. The National Alliance for the Mentally Ill and the mental health lobby have become very active in the past 15 to 20 years. Now that Congress is listening to consumer groups, the medical community can use the force behind these groups to lobby for better care for their patients.

Cost containment and accountability have become the focus of many groups from Congress to managed care organizations. Physicians are then forced to consider these issues as well. This greater attention to the cost of healthcare has brought about greater accountability and a demand for better value. The development of national practice guidelines by professional organizations (eg, the American Psychiatric Association, the Veterans Administration, the Schizophrenia Patient Outcomes Research Team Project, the Tri-University Collaboration, and the Texas Medication Algorithm

Project) has furthered these goals by requiring accountability and enabling judgment of the quality of care.<sup>1-5</sup>

This Special Report supplement to *The American Journal of Managed Care* provides highlights from a symposium on the use of antipsychotic agents in psychosis treatment and the economic aspects of psychosis management. The symposium was held on October 19 and 20, 1998 in Washington, DC.

The presentations and roundtable discussions address the new era of psychosis care from a broad perspective by examining cost effectiveness, patient outcomes, and the multidisciplinary role of schizophrenia treatment.

Sandra L. Tunis, PhD, Research Scientist, Health Outcomes Evaluation Group, Lilly Research Laboratories, Eli Lilly & Company, Indianapolis, Indiana addresses the impact of patient functionality on cost. Her study examines the impact of olanzapine versus haloperidol using data from the J trial. In particular, Dr. Tunis focuses on functional outcomes to determine their role in cost-effectiveness analyses. Her results indicate that functional outcomes not only improve compliance by improving quality of life, but can be used to make treatment decisions as they are a reliable indicator of effectiveness. Dr. Tunis believes that functional cost effectiveness is as important as clinical cost effectiveness in looking at the value of new medications.

Continuing with the issue of patient functionality, Douglas Noordsy, MD, Medical Director, Mental Health

Center of Greater Manchester, New Hampshire presents his study design and pilot data evaluating the impact of olanzapine on patients in a community mental health center—a common treatment setting for the seriously mentally ill. Schizophrenic patients who switch to taking atypical agents (eg, olanzapine) are compared to those who remain on typical therapy. Dr. Noordsy's study indicates that the total effect of medication outcomes and psychosocial rehabilitation programs can go beyond what traditional efficacy studies can demonstrate. The study articulates the need for olanzapine and other atypical agents to be evaluated "in the field" in patients with comorbid illnesses or in those who are taking concomitant medications.

Josephine Mauskopf, PhD, Assistant Research Director, Center for Economics Research, Research Triangle Institute, Research Triangle Park, North Carolina, presents her analysis of cost and patient outcomes for schizophrenic populations using a population model in the third presentation. The model allows a look at the larger picture of disease state management by incorporating patient outcomes (ie, benefits) into the cost analysis, and by examining indirect costs, including patient functioning. Dr. Mauskopf addresses the need for population models in an era of cost containment in which healthcare planners tend to look at line items in a budget rather than overall cost. Her model has the flexibility to help decision makers estimate the impact on current budgets for different geographical areas, treatment patterns, and disease severity.

In a clinician interview, Anthony F. Lehman, MD, MSPH, Professor of Psychiatry and Director of the Center for Mental Health Services Research at the University of Maryland, Baltimore, Maryland discusses his reasons for looking at quality of life and functional outcomes and assesses their roles in determining the effectiveness of a therapy.

In an article designated as a continuing medical and pharmacy education activity, Lawrence J. Cohen, PharmD, BCPP, FASHP, FCCP, FASCP, Director of Central Nervous System Research, Kendle International, Inc., Cincinnati, Ohio provides comprehensive information on the expanding role of pharmacists and in particular psychiatric pharmacists in disease management.

Cost containment and accountability bring with it a greater value for money spent on treatments, but the total picture of efficacy—clinical as well as functional outcomes—must be considered. Although the effects may not be seen immediately, improved quality of life and improved compliance decrease resource use and therefore decrease costs. The danger in

### ACRONYM LIST

The following acronyms appear within the pages of this Special Report supplement:

<b>AIDS</b>	Acquired immune deficiency syndrome
<b>AIMS</b>	Abnormal Involuntary Movement Scale
<b>BPRS</b>	Brief Psychiatric Rating Scale
<b>CGI</b>	Clinical Global Impressions scale
<b>CMHC</b>	Community mental health center
<b>CMRS+</b>	Case Management Rating Scale
<b>DSS</b>	Depressive signs and symptoms
<b>EPS</b>	Extrapyramidal symptoms
<b>IPS</b>	Individual placement support
<b>MADRS</b>	Montgomery-Asberg Depression Rating Scale
<b>MCO</b>	Managed care organization
<b>MHSIP</b>	Mental Health Statistics Improvement Project
<b>PANSS</b>	Positive and Negative Syndrome Scale
<b>PORT</b>	Patient Outcomes Research Team
<b>TD</b>	Tardive dyskinesia

cost containment is line-item decision making in which the pharmacy costs are reviewed alone without considering the overall effect on patients and their functional ability in society. This supplement presents data, such as atypical agents' superior clinical outcomes and the resultant drop in direct and indirect costs, to support the use of atypical agents.

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... REFERENCES ...

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