



## Complete Summary

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### TITLE

Schizophrenia: percent of patients with severe symptoms or side effects and no recent medication treatment to address these problems.

### SOURCE(S)

Young AS, Sullivan G, Burnam MA, Brook RH. Measuring the quality of outpatient treatment for schizophrenia. Arch Gen Psychiatry 1998 Jul;55(7):611-7. [PubMed](#)

## Brief Abstract

### DESCRIPTION

This measure assesses the percent of patients who have severe symptoms or side effects and no change in medication treatment to address these problems.

### RATIONALE

Schizophrenia is a chronic, disabling brain disorder that occurs in about 1% of the population. It accounts for more than 10% of all disabled people in the United States (U.S.) and 2.5% of all U.S. healthcare expenditures. The cost due to society of schizophrenia is enormous (more than \$20 billion/year in the U.S. alone). The quality of care for schizophrenia is frequently poor. There is a critical need for measures of important domains of treatment process for this disorder.

Appropriate medication management reduces symptoms, relapse and rehospitalization and can improve functioning and quality of life.

### PRIMARY CLINICAL COMPONENT

Schizophrenia; psychotic symptoms; antipsychotic medication side effects (akathisia, parkinsonism, tardive dyskinesia); medication management

### DENOMINATOR DESCRIPTION

The number of patients with schizophrenia in the sample (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

### NUMERATOR DESCRIPTION

The number of patients in the denominator with severe symptoms or side effects and no recent medication treatment to address these problems (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary).

## Evidence Supporting the Measure

### PRIMARY MEASURE DOMAIN

Process

### SECONDARY MEASURE DOMAIN

Not applicable

### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

A systematic review of the clinical literature

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Overall poor quality for the performance measured

Wide variation in quality for the performance measured

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Lehman AF, Steinwachs DM. Patterns of usual care for schizophrenia: initial results from the Schizophrenia Patient Outcomes Research Team (PORT) Client Survey. Schizophr Bull 1998;24(1):11-20; discussion 20-32. [PubMed](#)

Lehman AF. Quality of care in mental health: the case of schizophrenia. Health Aff (Millwood) 1999 Sep-Oct;18(5):52-65. [PubMed](#)

Young AS, Sullivan G, Burnam MA, Brook RH. Measuring the quality of outpatient treatment for schizophrenia. Arch Gen Psychiatry 1998 Jul;55(7):611-7. [PubMed](#)

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Behavioral Health Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Age greater than or equal to 18 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Schizophrenia occurs in about 1% of the population.

### EVIDENCE FOR INCIDENCE/PREVALENCE

Young AS. Personal communication: NQMC submission form. 2002 Dec 27. 3 p.

### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

### BURDEN OF ILLNESS

Schizophrenia is a chronic, disabling brain disorder that accounts for more than 10% of all disabled people in the United States (U.S.).

### EVIDENCE FOR BURDEN OF ILLNESS

Young AS. Personal communication: NQMC submission form. 2002 Dec 27. 3 p.

## UTILIZATION

Unspecified

## COSTS

Schizophrenia accounts for 2.5% of all United States (U.S.) healthcare expenditures. The cost due to society of schizophrenia is enormous (more than \$20 billion/year in the U.S. alone).

## EVIDENCE FOR COSTS

Young AS. Personal communication: NQMC submission form. 2002 Dec 27. 3 p.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Adult patients greater than or equal to 18 years with the diagnosis of schizophrenia or schizoaffective disorder who had been in treatment for at least 3 months

### DENOMINATOR (INDEX) EVENT

Clinical Condition  
Diagnostic Evaluation

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Eligible patients include adults greater than or equal to 18 years with the diagnosis of schizophrenia or schizoaffective disorder who had been in treatment

for at least 3 months and who had at least 1 visit with a psychiatrist during the previous 3 months

#### Exclusions

Patients with more than 21 days in the hospital during the previous 3 months

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Poor-quality medication management is defined as either poor-quality symptom management\* or poor-quality side effects management.\*\*

##### \*Poor-quality symptom management:

Patients with significant psychotic symptoms<sup>+</sup> and no change in antipsychotic medication dosage or a switch to a different antipsychotic medication within 3 months, and not been offered treatment with clozapine (a medication with greater efficacy)

<sup>+</sup>Patients are defined as having significant psychotic symptoms if Brief Psychiatric Rating Scale ratings are "severe" or greater for hallucinations or suspiciousness, or "moderately severe" or greater for unusual thought content or conceptual disorganization.

##### \*\*Poor-quality side effects management:

Patients with significant akathisia<sup>++</sup> or parkinsonism<sup>++</sup> and no reduction in the dose of antipsychotic medication, switch to a different antipsychotic medication, or change in anti-side-effect medication within 1 month, and not been offered treatment with clozapine or risperidone (medications with fewer side effects)

Patients with significant tardive dyskinesia (TD)<sup>++</sup> and no reduction in the dose of antipsychotic medication within 3 months, and not been offered treatment with clozapine (a medication that causes no TD)

<sup>++</sup>Patients are defined as having significant akathisia if they meet Barnes criteria for moderate, marked, or severe akathisia; significant parkinsonism if they respond "a great deal" to items regarding muscle stiffness or slowing of movements; and significant tardive dyskinesia if their Abnormal Involuntary Movement Scale ratings meet criteria described by Schooler and Kane (Schooler NR, Kane JM. Research diagnoses for tardive dyskinesia. Arch Gen Psychiatry 1982 Apr; 39[4]: 486-7).

#### Exclusions

Unspecified

### DENOMINATOR TIME WINDOW

Time window precedes index event

### NUMERATOR TIME WINDOW

Fixed time period

### DATA SOURCE

Medical record  
Patient survey  
Pharmacy data

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

- Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), Patient Edition
- Brief Psychiatric Rating Scale
- Barnes scale
- Liverpool University Neuroleptic Side Effect Rating Scale
- Abnormal Involuntary Movement Scale

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a lower score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

The measure has been pilot tested in 2 institutions for more than 1 year.

#### EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Young AS, Sullivan G, Burnam MA, Brook RH. Measuring the quality of outpatient treatment for schizophrenia. Arch Gen Psychiatry 1998 Jul;55(7):611-7. [PubMed](#)

### Identifying Information

#### ORIGINAL TITLE

Poor Quality Medication Treatment: the appropriateness of medication management.

#### MEASURE COLLECTION

[Method for Assessing Quality in Schizophrenia \(MAQS\)](#)

#### DEVELOPER

Young, Alexander S., M.D., M.S.H.S.; Veterans Administration Desert Pacific Mental Illness Research, Education and Clinical Center (MIRECC); and University of California Los Angeles

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

1997 Sep

#### MEASURE STATUS

This is the current release of the measure.

#### SOURCE(S)

Young AS, Sullivan G, Burnam MA, Brook RH. Measuring the quality of outpatient treatment for schizophrenia. Arch Gen Psychiatry 1998 Jul;55(7):611-7. [PubMed](#)

#### MEASURE AVAILABILITY

The individual measure, "Poor Quality Medication Treatment: the Appropriateness of Medication Management," is published in "Measuring the Quality of Outpatient Treatment for Schizophrenia."

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#### NQMC STATUS

This NQMC summary was completed by ECRI on June 6, 2003. The information was verified by the measure developer on July 11, 2003.

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