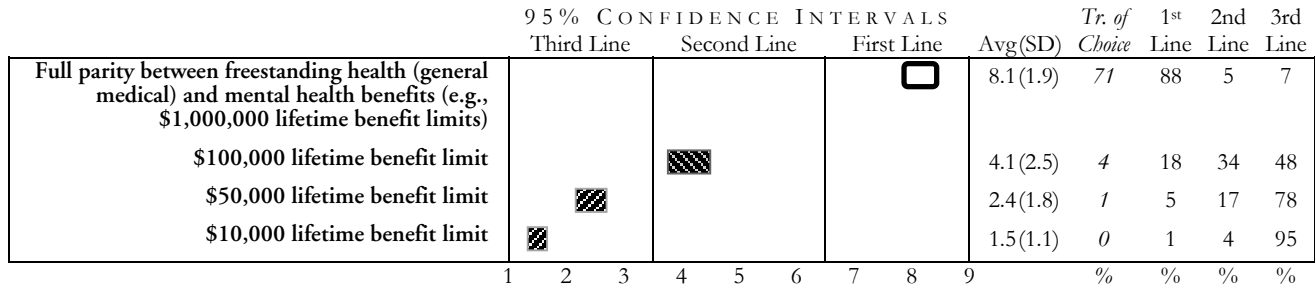


Expert Consensus Guidelines

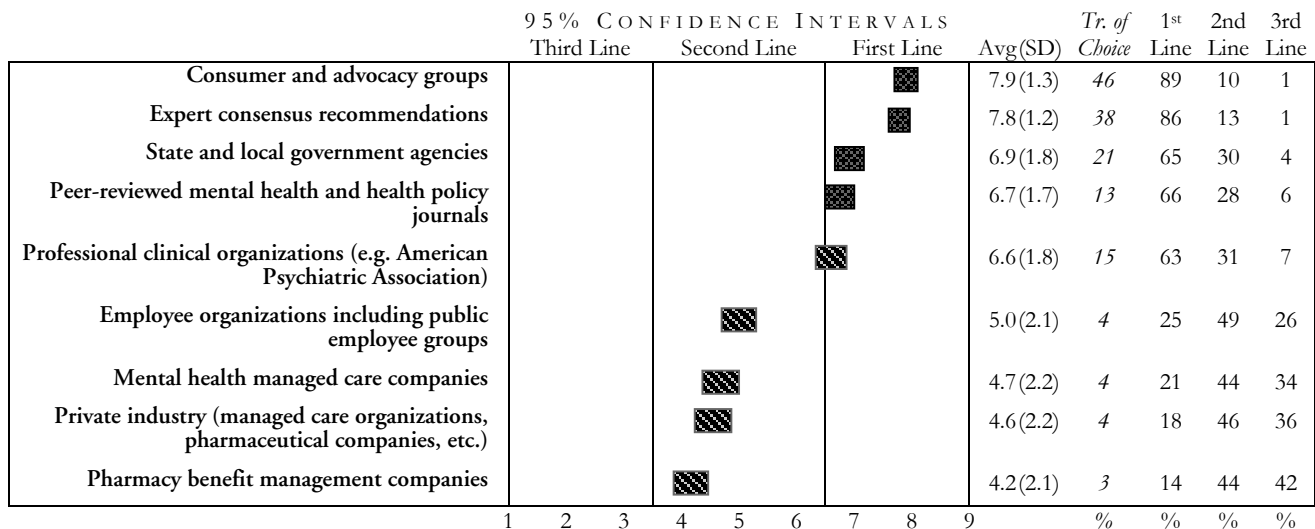
Selected Results from the 1996 Schizophrenia Policy Survey

We surveyed 46 academic experts, 53 state mental health commissioners, 63 state medical directors, 100 state Medicaid officials, and 51 representatives from chapters of the National Alliance for the Mentally Ill on a series of important and unresolved public policy issues concerning the organization and financing of care for persons with schizophrenia. We received completed surveys from 42 of the academic experts (91%), 26 state mental health commissioners (49%), 43 state medical directors (68%), 35 state Medicaid officials (35%), and 39 NAMI representatives (76%).

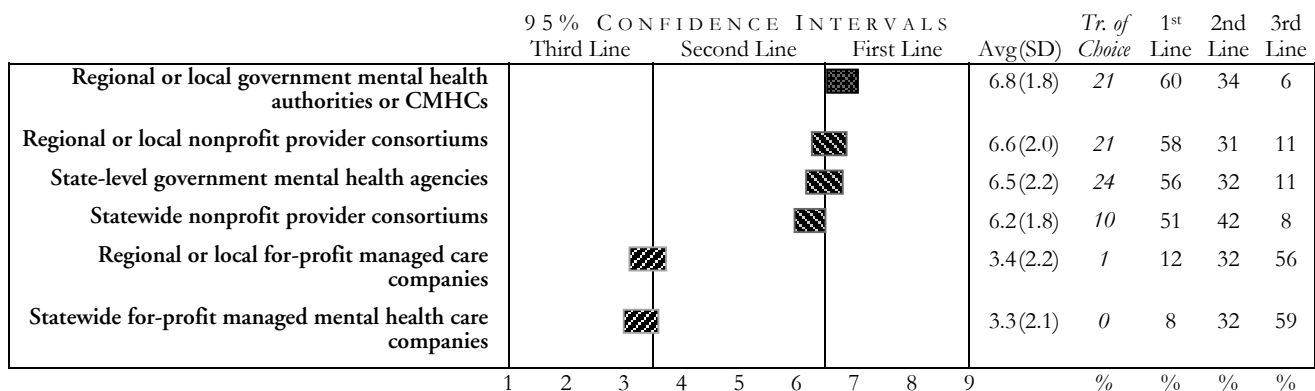
Q1 Please rate each of the following dollar benefit limits for private insurance coverage for mental health and substance abuse treatment for patients with schizophrenia. Assume that benefit dollars can be used flexibly to pay for a range of necessary services. Please give your highest ratings to the most appropriate dollar benefit limit(s) that private payers should realistically cover before shifting the cost of care to the public sector.



Q2 Please rate the appropriateness of each of the following sources of input for decision-making about public mental health treatment policies.



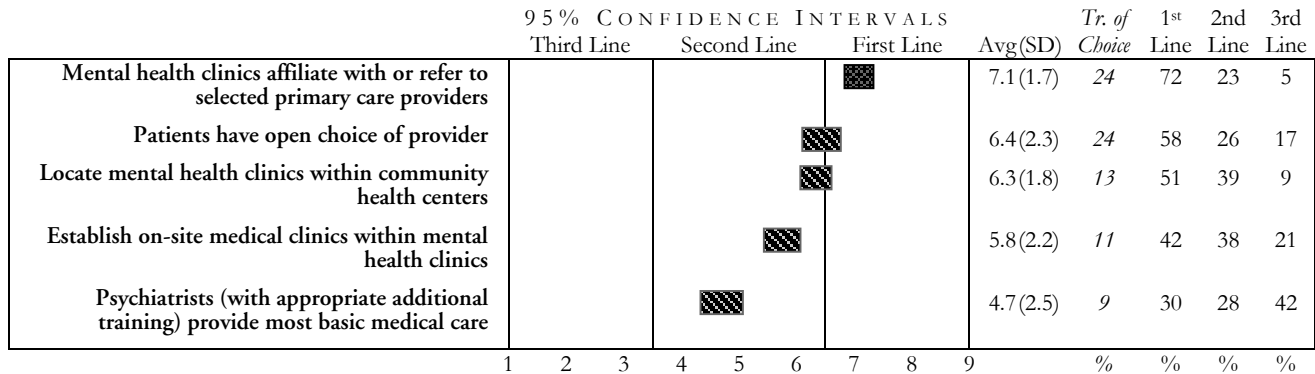
Q3 Please rate the appropriateness of each of the following managers for a capitated system of care using Medicaid and other public funds for patients with schizophrenia. Please give your highest ratings to the organization(s) you believe to be most appropriate for achieving cost-effective, quality care.



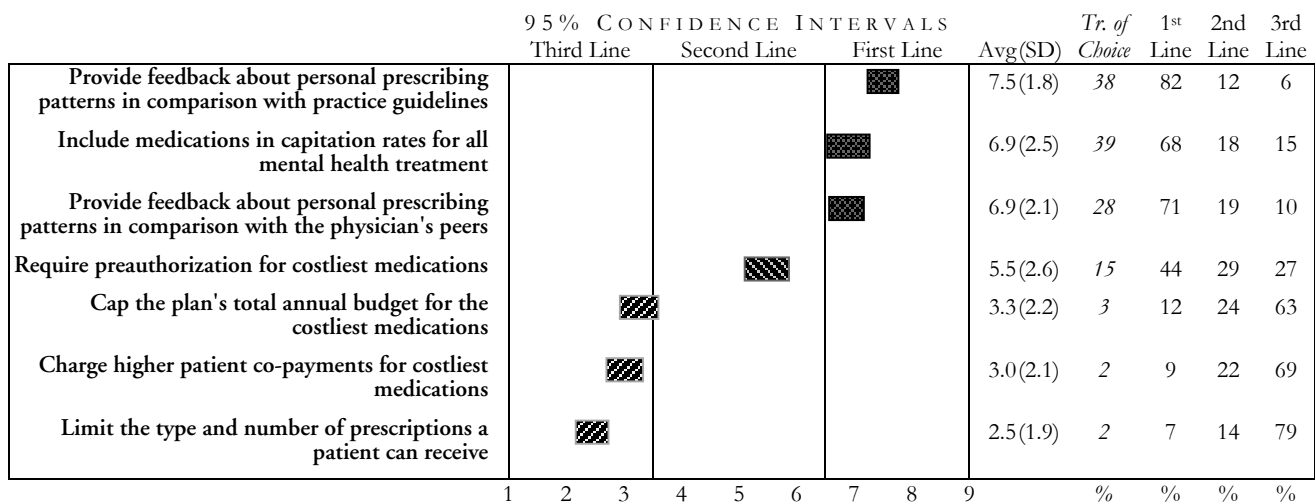
= Treatment of Choice; = No Consensus

Note: 1st Line percentage includes Treatment of Choice percentage

Q4 Please rate the appropriateness of each of the following models for integrating freestanding healthcare into a system of care for patients with schizophrenia. Assume that freestanding health care funds can be directed to the most appropriate and cost-effective model of integration.



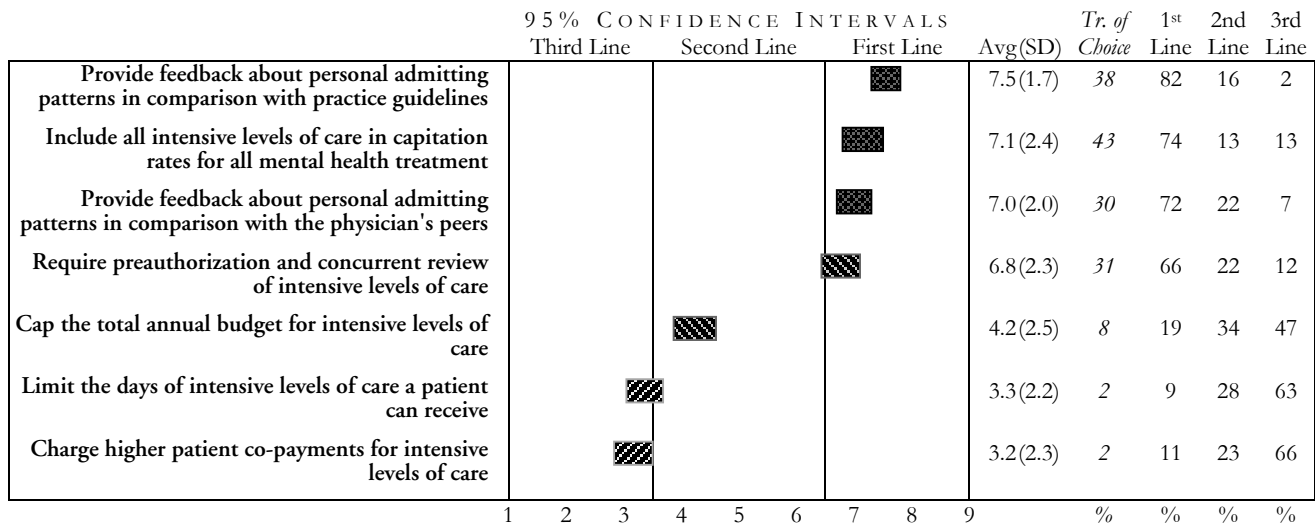
Q5 Please rate each of the following methods to encourage high quality, cost-effective prescribing of psychotropic medications for patients with schizophrenia.



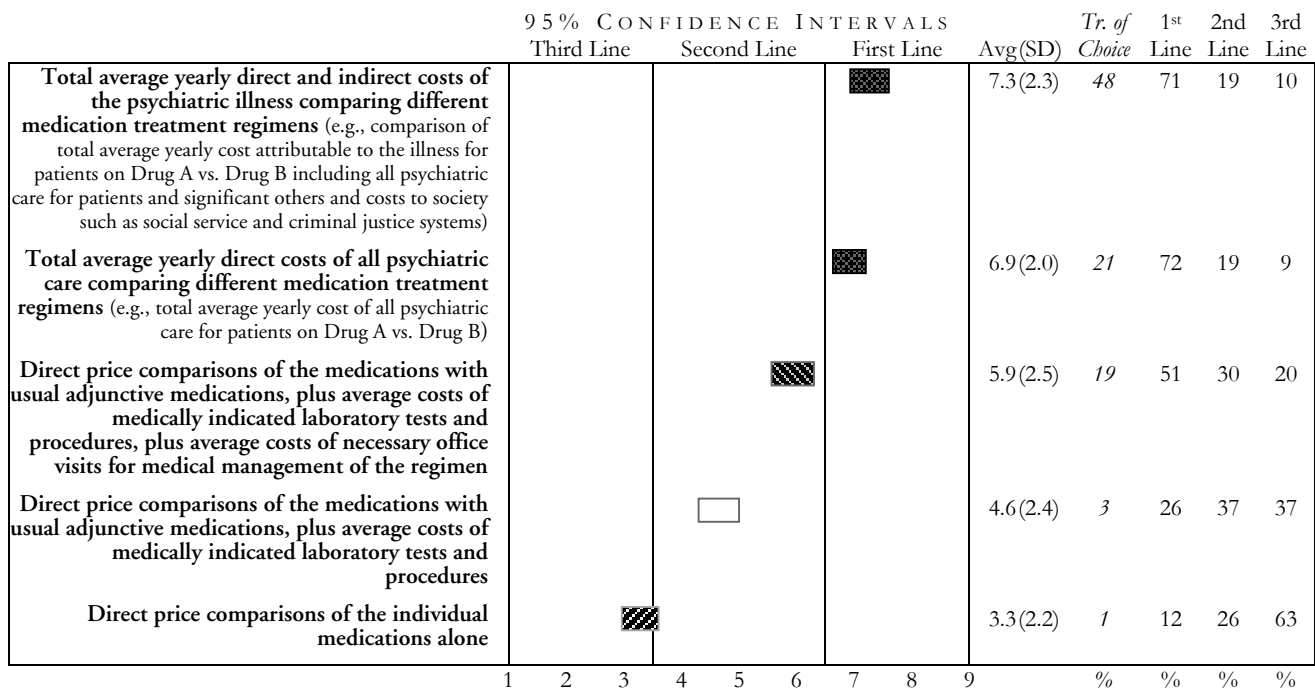
█ = Treatment of Choice; □ = No Consensus

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Q6 Please rate each of the following methods to control the use of more intensive, costly levels of care (e.g., inpatient, partial hospitalization) for patients with schizophrenia. Your goal is to encourage the most cost-effective use.



Q7 Please rate the following methods for evaluating the cost of new or existing medications. Please give your highest ratings to the method that would provide the most accurate and useful information to mental health policy planners.



█ = Treatment of Choice; □ = No Consensus

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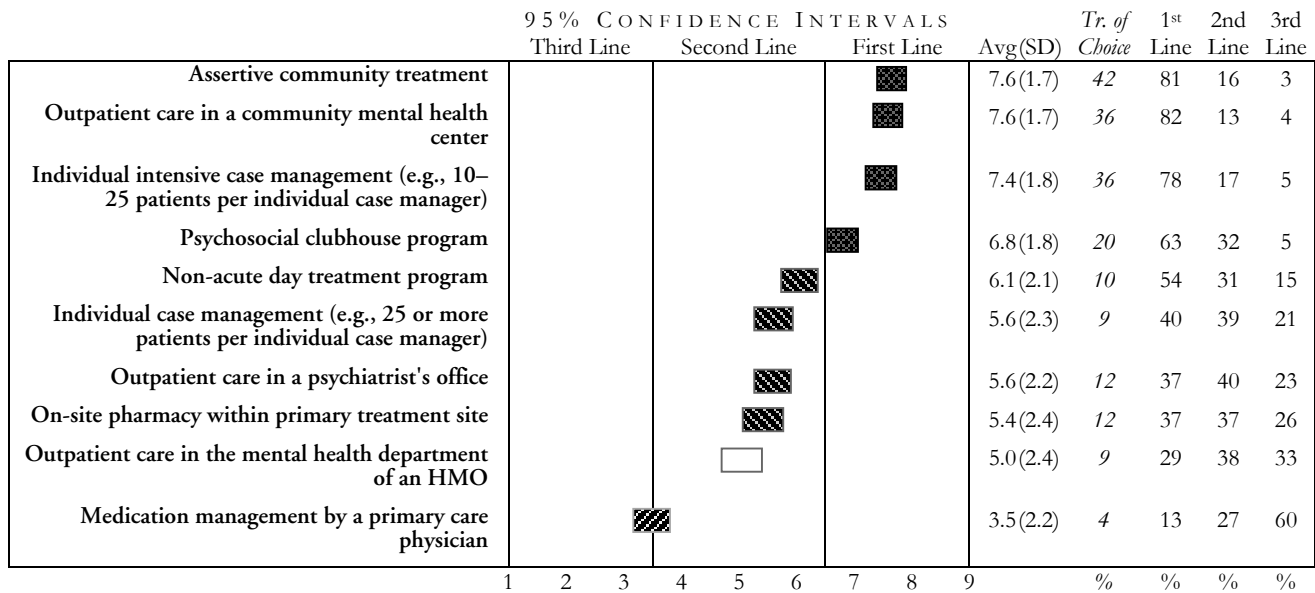
Q8A Please rate the appropriateness of each of the following types of maintenance outpatient treatments for a stable schizophrenic patient with relatively mild impairment (relapse every 2 years or less, otherwise has mild symptoms on medication, able to work or attend school with support and can function well at home in a supportive environment). Please give your highest ratings to the most essential and cost-effective elements of care to include in a total system.

	95% CONFIDENCE INTERVALS			Avg(SD)	Tr. of Choice	1 st Line	2 nd Line	3 rd Line
	Third Line	Second Line	First Line					
Outpatient care in a community mental health center (medication management, individual, group, family treatment, with psychoeducation and variable intensity case management available)				7.6(1.6)	38	79	19	2
Individual case management (e.g., 25 or more patients per individual case manager)				6.3(2.2)	21	55	33	13
Outpatient care in a psychiatrist's office (individual, group, family treatment, and limited case management also available from a mental health professional in the office)				6.0(2.0)	15	45	40	15
Outpatient care in the mental health department of an HMO (medication management, individual, group, family treatment, and limited case management available)				6.0(2.1)	14	51	31	17
Psychosocial clubhouse program				5.8(2.2)	14	41	43	16
Assertive community treatment (ACT program with all services provided by the team)				5.3(2.7)	16	41	27	32
Medication management by a primary care physician (individual, group, family treatment, and limited case management available from a mental health professional in the office)				5.2(2.4)	10	35	32	33
Individual intensive case management (e.g., 10-25 patients per individual case manager)				5.1(2.4)	10	34	33	33
Nonacute day treatment program				4.6(2.3)	5	23	38	39
On-site pharmacy within primary treatment site				4.5(2.3)	6	19	40	41

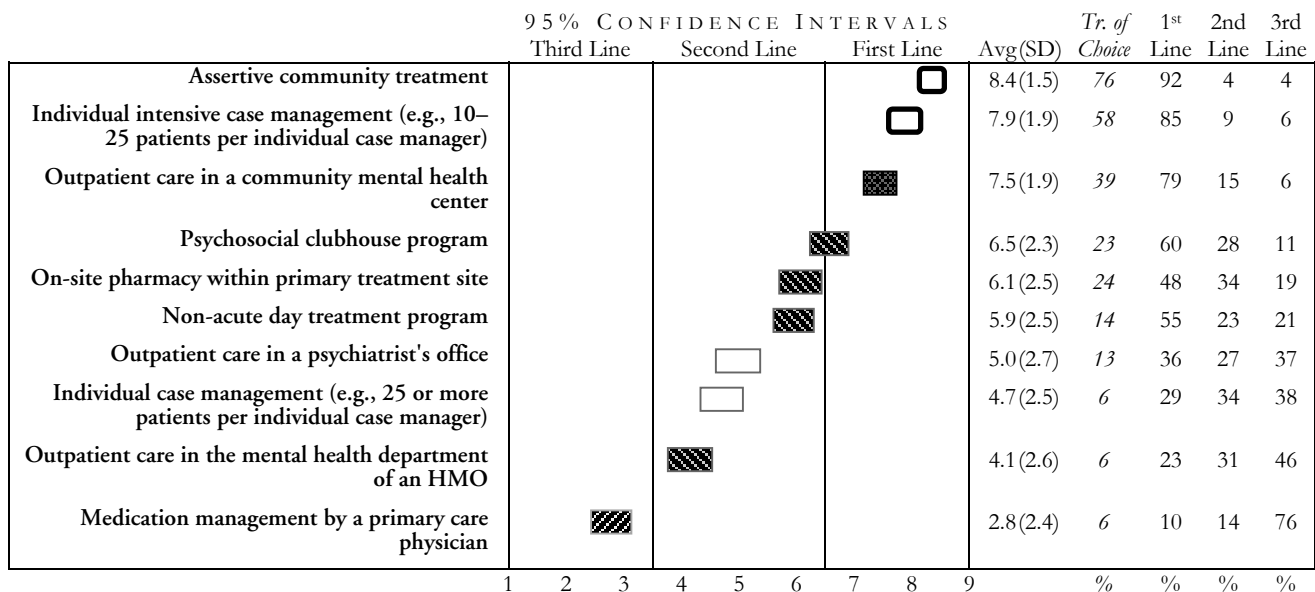
= Treatment of Choice; = No Consensus

Note: 1st Line percentage includes Treatment of Choice percentage

Q8B The same question for a moderately unstable schizophrenic patient (relapse on average every year, symptoms clearly present on medication, unable to work or attend school even part-time without major accommodations, functions at home with great difficulty and is noncompliant 25% of the time).



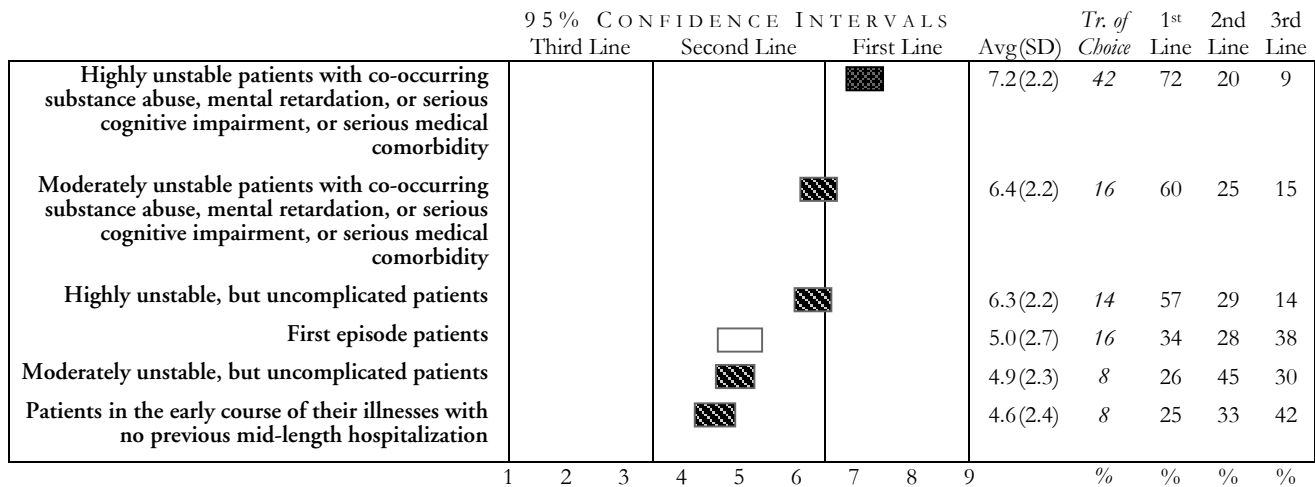
Q8C The same questions for a highly unstable schizophrenic patient (relapse on average more than once a year, symptoms disabling even on medication, unable to work or attend school, unstable living at home and is noncompliant more than 25% of the time).



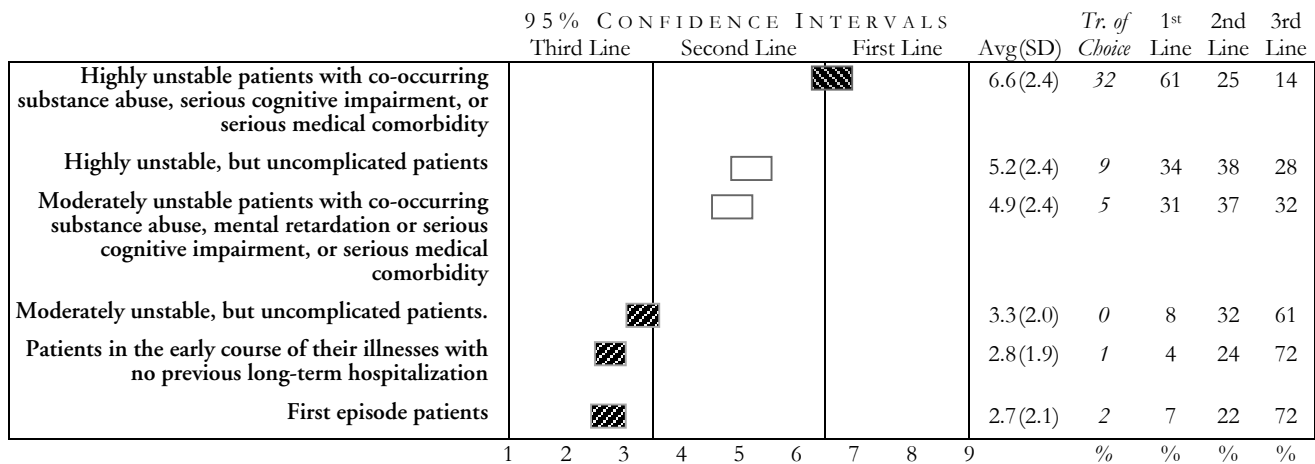
□ = Treatment of Choice; □ = No Consensus

Note: 1st Line percentage includes Treatment of Choice percentage

Q9 Please rate the appropriateness of intermediate-length hospitalizations (e.g., 3-8 weeks) for each of the following subgroups of patients with schizophrenia. Assume that the goal of the stay would be symptom relief, family and patient education, and identification of risk factors for relapse. Also, assume that briefer hospital stays or alternate residential care are options and that you are deciding when, if ever, a longer hospital stay is more appropriate.



Q10 Please rate the appropriateness of long-term hospitalization (greater than 8 weeks) for each of the following subgroups of patients with schizophrenia. Assume that briefer stays or alternate residential care are options and that you are deciding when, if ever, a longer hospital stay is more appropriate.



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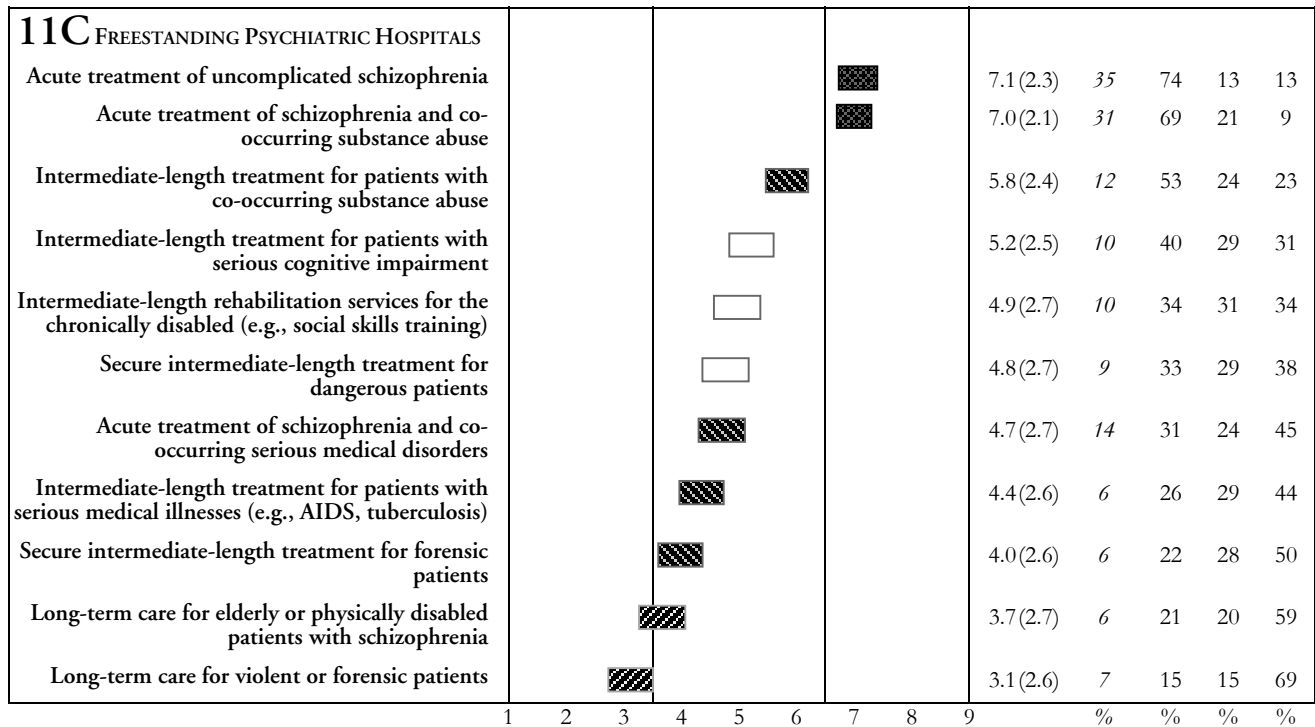
Note: 1st Line percentage includes Treatment of Choice percentage

Q11 Please rate the appropriateness of each category of hospital for providing each of the following types of inpatient service to patients with schizophrenia.

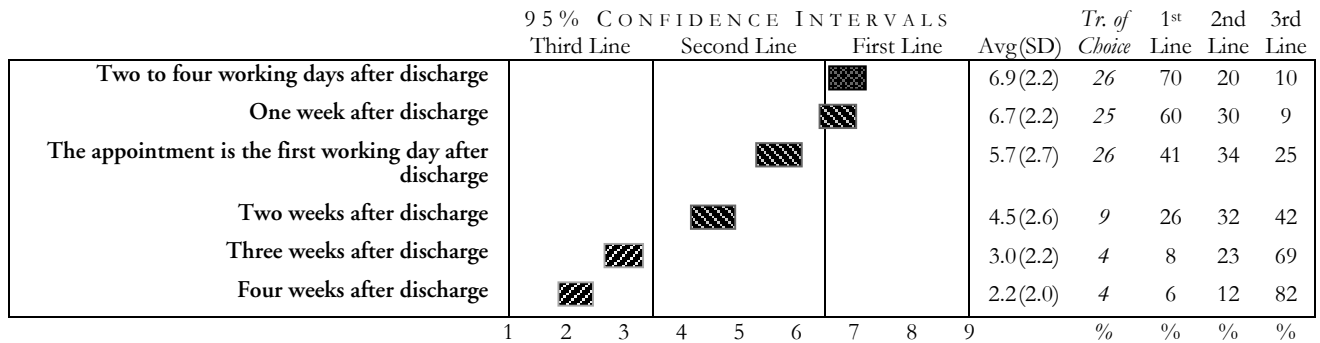
	95% CONFIDENCE INTERVALS			Avg(SD)	Tr. of Choice	1st Line	2nd Line	3rd Line
	Third Line	Second Line	First Line					
11A GOVERNMENT HOSPITALS								
Long-term care for violent or forensic patients			□	8.4(1.5)	73	94	3	3
Secure intermediate-length treatment for forensic patients			□	8.2(1.5)	63	91	6	3
Secure intermediate-length treatment for dangerous patients			■	8.0(1.6)	53	91	6	3
Intermediate-length treatment for patients with serious cognitive impairment			▨	6.6(2.4)	26	65	19	15
Long-term care for elderly or physically disabled patients with schizophrenia			▨	6.4(2.8)	35	61	17	22
Acute treatment of schizophrenia and co-occurring substance abuse			▨	6.3(2.6)	27	61	20	20
Intermediate-length treatment for patients with co-occurring substance abuse			▨	6.2(2.5)	20	57	26	17
Acute treatment of uncomplicated schizophrenia			▨	6.2(2.8)	31	58	18	24
Intermediate-length treatment for patients with serious medical illnesses (e.g., AIDS, tuberculosis)			▨	6.1(2.6)	24	56	23	22
Intermediate-length rehabilitation services for the chronically disabled (e.g., social skills training)			▨	6.0(2.8)	26	53	23	24
Acute treatment of schizophrenia and co-occurring serious medical disorders		▨		5.3(2.8)	20	42	23	35
11B GENERAL HOSPITALS								
Acute treatment of schizophrenia and co-occurring serious medical disorders			□	7.9(1.7)	56	86	10	4
Acute treatment of uncomplicated schizophrenia			▨	7.1(2.5)	44	72	14	14
Acute treatment of schizophrenia and co-occurring substance abuse			▨	6.7(2.5)	37	64	19	17
Intermediate-length treatment for patients with serious medical illnesses (e.g., AIDS, tuberculosis)			▨	5.9(2.5)	16	49	29	22
Intermediate-length treatment for patients with co-occurring substance abuse		▨		4.3(2.5)	6	22	33	45
Intermediate-length treatment for patients with serious cognitive impairment		▨		4.0(2.5)	3	21	28	51
Secure intermediate-length treatment for dangerous patients		▨		3.5(2.6)	9	15	23	62
Intermediate-length rehabilitation services for the chronically disabled (e.g., social skills training)		▨		3.4(2.4)	3	11	28	60
Secure intermediate-length treatment for forensic patients	▨			2.9(2.3)	4	10	18	73
Long-term care for elderly or physically disabled patients with schizophrenia	▨			2.8(2.3)	4	10	16	74
Long-term care for violent or forensic patients	▨			2.4(2.3)	7	8	7	85

□ = Treatment of Choice; □ = No Consensus

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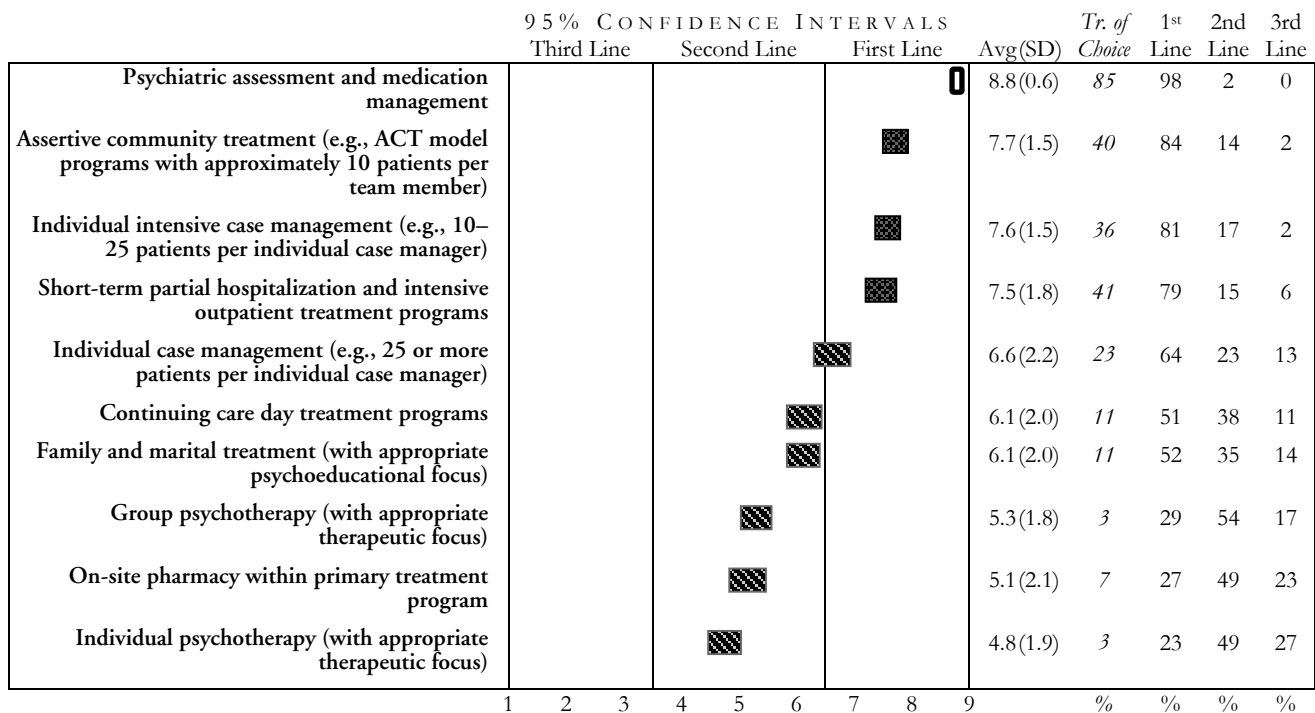
Q12 Please rate the appropriateness of the following maximum times to the first outpatient appointment for a treatment compliant, stabilized patient with schizophrenia who is being discharged from the hospital to a supportive environment.



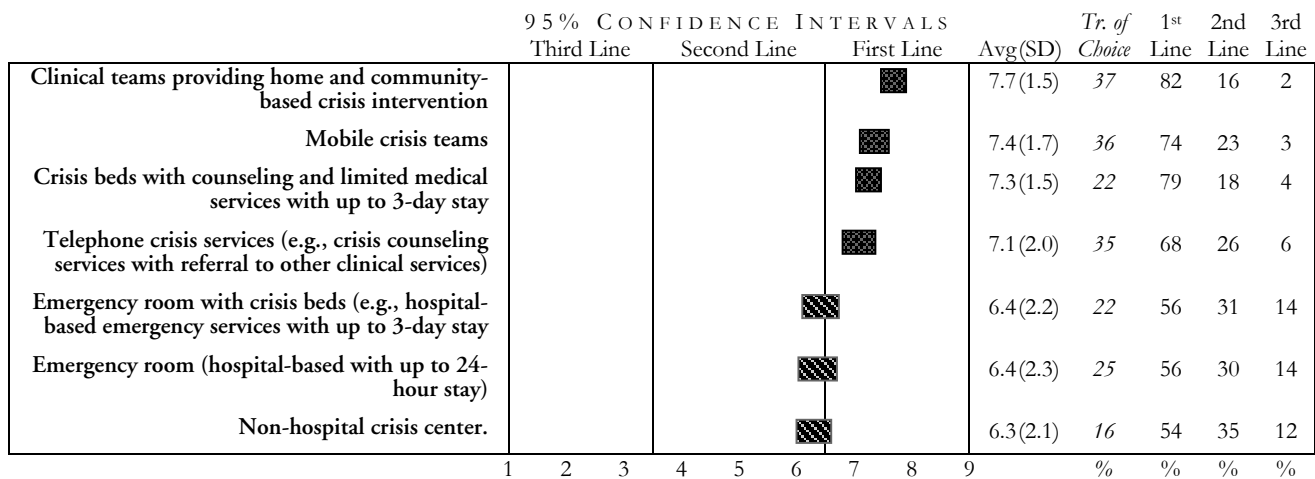
= Treatment of Choice; = No Consensus

Note: 1st Line percentage includes Treatment of Choice percentage

Q13 Please rate the necessity of each of the following types of community-based outpatient services for patients with schizophrenia.



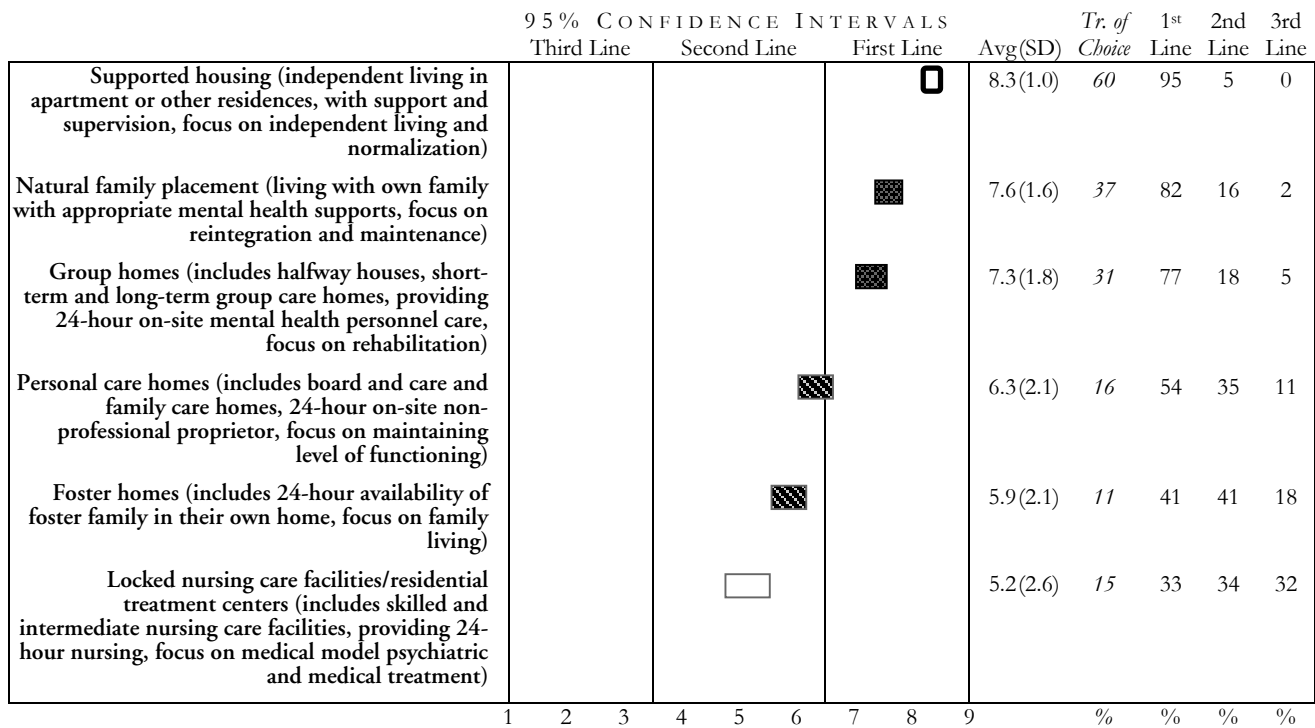
Q14 Please rate the necessity of each of the following types of 24-hour crisis stabilization services for patients with schizophrenia.



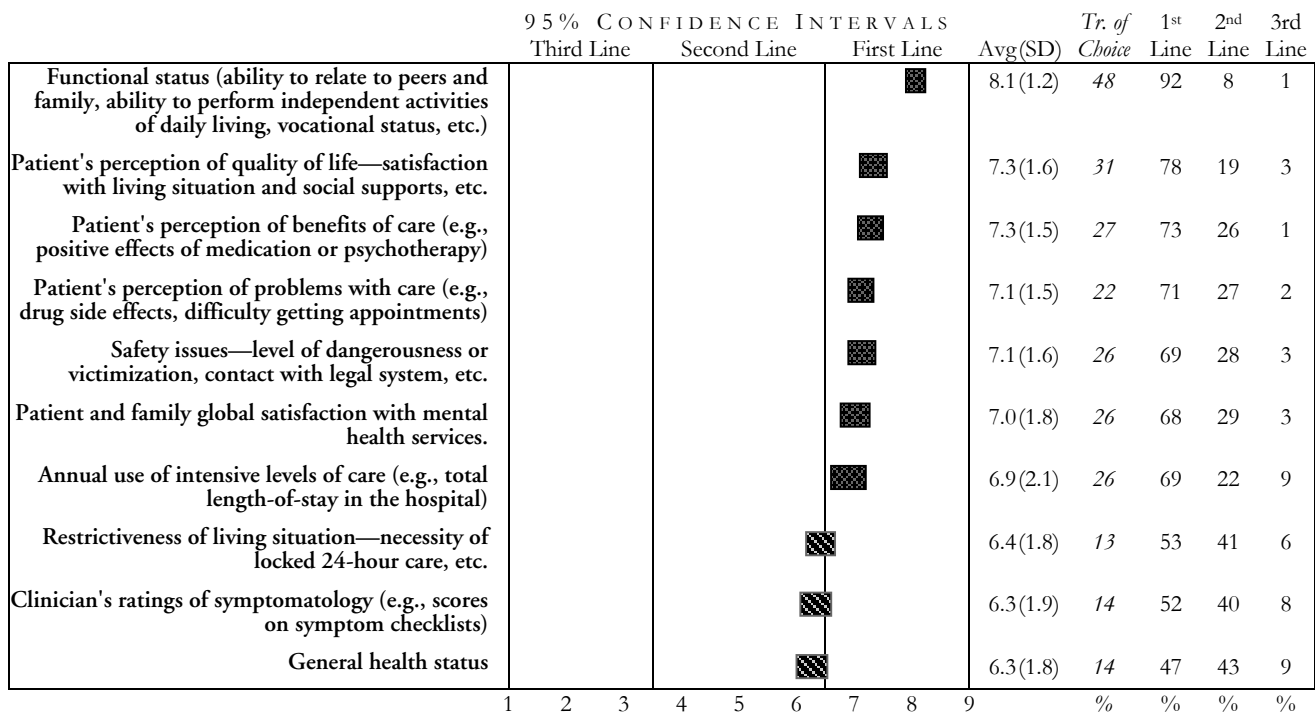
■ = Treatment of Choice; □ = No Consensus

Note: 1st Line percentage includes Treatment of Choice percentage

Q15 Please rate the necessity of each of the following types of residential service for patients with schizophrenia.



Q16 Please rate the appropriateness of each of the following measures of patient outcomes in evaluating quality of care for patients with schizophrenia. Please give your highest ratings to the measure(s) that are most essential to include in an outcomes monitoring program, giving careful consideration to the practicality and cost of measuring these outcomes.



= Treatment of Choice; = No Consensus

Note: 1st Line percentage includes Treatment of Choice percentage