

Measure #49. Schizophrenia Quality Indicators for Integrated Care

CARE COORDINATION MEASURE MAPPING TABLE

	MEASUREMENT PERSPECTIVE		
	<i>Patient/Family</i>	<i>Health Care Professional(s)</i>	<i>System Representative(s)</i>
CARE COORDINATION ACTIVITIES			
Establish accountability or negotiate responsibility			
Communicate			
<i>Interpersonal communication</i>			
<i>Information transfer</i>	□		□
Facilitate transitions			
<i>Across settings</i>			□
<i>As coordination needs change</i>			
Assess needs and goals			□
Create a proactive plan of care			□
Monitor, follow up, and respond to change			□
Support self-management goals			□
Link to community resources			
Align resources with patient and population needs			□
BROAD APPROACHES POTENTIALLY RELATED TO CARE COORDINATION			
Teamwork focused on coordination			
Health care home			
Care management			□
Medication management			
Health IT-enabled coordination			

Legend:

- = ≥ 3 corresponding measure items
- = 1-2 corresponding measure items

Schizophrenia Quality Indicators for Integrated Care

Purpose: To develop a set of quality indicators for schizophrenia care to be used for continuous quality monitoring.

Format/Data Source: 12 structural and 22 quality indicators from a variety of source data (administrative data, additional provider data, patient survey).

Date: Measure published in 2010.¹

Perspective: System Representative(s); 1 item from Patient/Family perspective

Measure Item Mapping:

- **Communicate:**
 - Information transfer:
 - *Between health care professional(s) and patient/family:* Q18
 - *Across health care teams or settings:* S5
- **Facilitate transitions:**
 - Across settings: S5
- **Assess needs and goals:** Q12
- **Create a proactive plan of care:** Q15
- **Monitor, follow up, and respond to change:** Q4
- **Support self-management goals:** Q19
- **Align resources with patient and population needs:** S12
- **Care management:** Q13

Development and Testing: A systematic literature search was conducted to identify potentially relevant validated quality indicators. Two investigators independently selected all relevant quality indicators, and all were described based on the framework by Hermann and Palmer.² The final selection of indicators was conducted by a panel of stakeholders consisting of psychiatric experts, representatives of a service user, and a family advocacy organization. None of the selected indicators was validated in experimental studies, but evidence and validation base played only a subordinate role for indicator prioritization by stakeholders.¹

Link to Outcomes or Health System Characteristics: None described in the sources identified.

Logic Model/Conceptual Framework: Hermann and Palmer framework used to describe identified indicators.²

Country: Germany

Past or Validated Applications*:

- **Patient Age:** Not Age Specific
- **Patient Condition:** Combined Chronic Conditions, Mental Illness & Substance Use Disorders

- **Setting:** Not Setting Specific

*Based on the sources listed below and input from the measure developer.

Notes:

- All instrument items are located in Tables 2 and 3 of the source article.¹
- This instrument contains 34 items; 8 were mapped.

Sources:

1. Weinmann S, Roick C, Martin L, et al. Development of a set of schizophrenia quality indicators for integrated care. *Epidemiol Psychiatr Soc* 2010;19(1):52-62.
2. Hermann RC, Palmer H, Leff S, et al. Achieving consensus across diverse stakeholders on quality measures for mental health care. *Med Care* 2004;42:1246-53.