The Benefits and Opportunities for Clinics Outside of The Early Psychosis Intervention Network (EPINET) to Become Partners

March 25, 2021
CSS-SMI INITIATIVE

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PRESENTATION Q&A

• To ask a question during the presentation, you may use the chat function on the control panel.
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DISCLOSURE

There are no relationships or conflicts of interest related to the subject matter of this presentation.
LEARNING OBJECTIVES

• Describe the development and value of the EPINET Core Assessment Battery (CAB) for quality improvement and research for individuals with early psychosis.

• Demonstrate how the use of the CAB among EPINET Hubs, clinics, and the National Data Coordinating Center may be able to accelerate knowledge about early psychosis treatment and care.

• Describe how non-EPINET clinics can contribute CAB data to the EPINET database and benefit from being part of EPINET using the web-based CAB data collection tool.
Psychosis is a condition where a person loses contact with reality and may experience paranoia, delusions or hallucinations. It often begins in late teens to mid-20s.

Each year about 100,000 adolescents and young adults experience early psychosis (a.k.a., first episode psychosis).

Early treatment increases the chance of successful recovery.
An effective team-based intervention for early psychosis that combines various well-established evidence-based services such as:

- assertive case management
- individual or group psychotherapy
- supported employment and education services
- family education and support
- pharmacotherapy

These services are closely coordinated with primary health care.

*Azrin, Goldstein, & Heinssen, 2015*
SOMETHING REMARKABLE HAS OCCURRED SINCE THE EARLY 2000...
THE GROWTH OF PROGRAMS IN THE US

Cumulative Number of States with Early Psychosis Intervention Plans

2014
Mental Health Block Grant
$25M set-aside for early psychosis treatment

2014
EARLY PSYCHOSIS PROGRAMS IN 2020

50 States
4 US Territories
300+ Clinics

Number of clinics
1-4
5-9
10-19
20-53

EASA National Early Psychosis Directory
EARLY PSYCHOSIS INTERVENTION NETWORK (EPINET)

Established through the National Institute of Mental Health in 2019

EPINET links CSC clinics through standard measures and participant-level data collection.

https://NationalEPINET.org
EPINET INCLUDES A DATA COORDINATING CENTER, 8 HUBS, 101 CSC CLINICS ACROSS 17 STATES
A NATIONAL LEARNING HEALTH CARE SYSTEM FOR EARLY PSYCHOSIS

THROUGH COLLABORATION, EPINET WILL ESTABLISH:

- Standardized measures of clinical characteristics, interventions, and early psychosis outcomes
- Unified informatics approach to study variations in treatment quality, clinical impact, and value
- Mechanisms for rapid sharing of tools, data, learning, and best practices across early psychosis clinics
- Cultivate a culture of collaborative research participation in academic and community early psychosis clinics
THE CORE ASSESSMENT BATTERY (CAB)

Standardized measures of clinical characteristics, interventions, and early psychosis outcomes

Please download the EPI NET flyer during the presentation, or request the flyer by emailing us at ENDCC@westat.com
The CAB was designed as a resource that can reasonably be included in data collection efforts within community-based CSC clinics.

CAB data will be consolidated in a central database with statistical power to answer important research questions.
CAPITALIZING ON BIG DATA

- Personalized treatment
- Randomized quality-improvement projects
- Rapid piloting or fielding of new approaches
- Evaluating rare events with statistical power
Clinics send client-data to Hubs

Hubs consolidate data sent from clinics into a Hub database

Hubs send their consolidated data to the ENDCC

ENDCC consolidates data from the Eight Hubs

ENDCC hosts the national database that is accessible to EPINET researchers and partners

The NIMH National Data Archive also receives consolidated data from the ENDCC which will be released to the public one year after the EPINET ends (approx. 2025).
In 2020, the EPINET Steering Committee established the CAB after a 12-month consensus process.

The Consensus-based PhenX Early Psychosis Clinical Services Toolkit of measures was consulted in coming up with the final list https://www.phenxtoolkit.org/sub-collections/view/6

Additionally, 5 workgroups comprised of more than twenty early psychosis researchers and clinical experts provided input on specific topics in the CAB.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Steering Committee Members (as of July 2020)</th>
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<tr>
<td>EPINET National Data Coordinating Center</td>
<td>Abram Rosenblatt Howard Goldman Preethy George</td>
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<tr>
<td>NIMH Scientific Collaborator</td>
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<td>EPI-CAL Hub</td>
<td>Tara Niendam</td>
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<td>EPI-MINN Hub</td>
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<tr>
<td>ESPRITO Hub</td>
<td>John Kane Delbert Robinson</td>
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<tr>
<td>LEAP Hub</td>
<td>John Hsu Dost Ongur</td>
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<tr>
<td>OnTrackNY Hub</td>
<td>Lisa Dixon Jennifer Humensky</td>
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## DOMAINS IN THE CORE ASSESSMENT BATTERY

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<tr>
<th>CAB Domain</th>
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<td>1 Cognition</td>
<td>12 Legal Involvement</td>
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<td>3 Diagnosis</td>
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<td>4 Discharge Planning &amp; Disposition</td>
<td>15 Recovery</td>
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<td>5 DUP &amp; Pathway to Care</td>
<td>16 Service Use</td>
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<td>6 Education</td>
<td>17 Shared Decision Making</td>
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<td>7 Employment</td>
<td>18 Stress, Trauma &amp; Adverse Childhood Events</td>
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<td>8 Family Involvement</td>
<td>19 Substance Use</td>
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<td>9 Functioning</td>
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<td>10 Health</td>
<td>21 Symptoms</td>
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<td>11 Hospitalizations</td>
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### STANDARDIZED MEASURES IN THE CAB

<table>
<thead>
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<th>Domain</th>
<th>Measures</th>
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<tbody>
<tr>
<td><strong>Cognition</strong></td>
<td>• Brief Assessment of Cognition (BAC-APP v2.1.0)</td>
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<tr>
<td></td>
<td>• Penn Computerized Neurocognitive Battery (PennCNB)</td>
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<tr>
<td><strong>Functioning</strong></td>
<td>• Global Functioning Scale: Social rating (GF Social)</td>
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<tr>
<td></td>
<td>• Global Functioning Scale: Role rating (GF Role)</td>
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<tr>
<td></td>
<td>• MIRECC-GAF Occupational rating</td>
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<tr>
<td></td>
<td>• MIRECC-GAF Social rating</td>
</tr>
<tr>
<td><strong>Medication Side Effects &amp; Treatment Adherence</strong></td>
<td>• Brief Adherence Rating Scale (BARS)</td>
</tr>
<tr>
<td></td>
<td>• Adherence Estimator</td>
</tr>
<tr>
<td></td>
<td>• Intent to Attend and Complete</td>
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<tr>
<td><strong>Recovery</strong></td>
<td>• Questionnaire about the Process of Recovery (QPR)</td>
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<tr>
<td><strong>Shared Decision Making</strong></td>
<td>• CollaboRATE</td>
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<tr>
<td><strong>Stress, Trauma &amp; Adverse Childhood Events</strong></td>
<td>• Adverse Childhood Experiences (ACES)</td>
</tr>
<tr>
<td></td>
<td>• Child and Adolescent Trauma Screen (CATS) Life Events Checklist (LEC)</td>
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<tr>
<td></td>
<td>• Post Traumatic Stress Disorder Checklist for DSM-5</td>
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<tr>
<td><strong>Symptoms</strong></td>
<td>• Modified Colorado Symptom Index</td>
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<tr>
<td></td>
<td>• Brief Psychiatric Rating Scale (BPRS)</td>
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<tr>
<td></td>
<td>• Positive and Negative Symptoms of Schizophrenia Scale (PANSS-6)</td>
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<tr>
<td></td>
<td>• COMPASS 10-item version</td>
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BROAD AVAILABILITY OF THE CAB

National EPINET Website
https://nationalepinet.org/core-assessment-battery-cab/

Download the full CAB and User’s Guide

or

Download individual items and measures by domain
If interested in specific measures or items, you can scroll down the page and look at the recommended measures and items by domain.

There are baseline and follow-up versions for some measures and items because they differ depending on assessment timelines.

If there are no differences between baseline and follow-up, then there is only one version listed and it doesn’t say “baseline” or “follow-up.”

There are Spanish versions of the client-self-report measures and items.
Download the User’s Guide from the website for administration and scoring information on each of the CAB measures and items.

https://nationalepinet.org/core-assessment-battery-cab/
CURRENTLY ONLY 101 EPINET CLINICS ASSOCIATED WITH A HUB ARE CONTRIBUTING DATA TO THE CONSOLIDATED DATABASE
A NATIONAL LEARNING HEALTH CARE SYSTEM FOR EARLY PSYCHOSIS

Non-EPINET clinics will be able to contribute client data to EPINET.
Web-Based CAB Data Collection – COMING IN SUMMER 2021

For use by coordinated specialty care (CSC)* clinics outside of the EPINET.

To Be Eligible:

• Participate in an ORIENTATION MEETING with the EPINET National Data Coordinating Center to discuss process and eligibility

• Complete the EPINET Agency and Program Background Information

• For each client, complete the items in the Demographic and Background domain

• Collect data on at least two standardized measures that are in the CAB

*Azrin, Goldstein, & Heinssen, 2015
• Clinics may include new or existing clients in their database.

• Measures may be administered in several ways but clients **cannot** self-administer the measures.
  - Client completes paper-and-pencil version and then the data are entered into the database by clinic staff
  - Staff reads the questions to the client and completes the measures using the system

• For data to be included in the EPINET database, the System must be used.
BENEFITS OF CONTRIBUTING DATA THROUGH THE WEB-BASED CAB

• Data will be consolidated with the national EPINET database of 101 clinics

• Clinics contributing data will have access to:
  ✓ Training regarding best practices for administering CAB measures
  ✓ Training on how to use and interpret client scores on CAB measures
  ✓ Secure portal to download their own clinic data which can be used for client monitoring and quality assurance

Over time as the EPINET database grows, clinics can:

✓ Access a dashboard to compare their data to regional and national data being collected by EPINET clinics

✓ Access tools to generate infographic and reports based on clinic data
EXPERT PANEL DISCUSSION ABOUT ADOPTING CAB AS PART OF CLINICAL PRACTICE

Tara Niendam, PhD

Howard H. Goldman, MD, PhD

Monica Calkins, PhD
FOCUSED DISCUSSION WITH CLINICIANS

1. How is the CAB different from PhenX?
2. Why did the EPINET Hubs and Clinics decide to participate?
3. Why is it important to consolidate data across clinics to study this population?
4. Why might a non-EPINET clinic want to contribute CAB data?
5. What is the value of using common data collection measures across all early psychosis clinics?
6. Is it worthwhile to incorporate only a few CAB measures into a clinic workflow?
7. What are some ways that clinics can incorporate CAB measures into their routine workflow?
THANK YOU
QUESTIONS?