Psychiatric Hospitalization Rates in Early Phase Psychosis (EP): Results from EPINET - The Largest EP Network in the USA

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Abstract:

Background: Hospitalization is a critically important clinical endpoint as it disrupts continuity of care, creates substantial distress for participants and family members and is a major driver of health care costs. In this paper, we examined the longitudinal rates of hospitalizations in Early Psychosis (EP) participants enrolled in the Early Psychosis Intervention Network (EPINET). EPINET is a NIMH funded national network of Coordinated Specialty Care (CSC) EP clinics organized into 8 multisite, centralized hubs with over 100 connected (spoke) clinics and 4,000 patients enrolled.

Methods: Each clinic utilizes a common core assessment battery (CAB) that is administered at baseline and at subsequent serial 6-month intervals up to 24 months. The CAB contains a range of validated clinical instruments and includes hospitalization incidence, episodes and days hospitalized. Two samples were used in this paper: An EPINET-wide group drawn from all 8 hubs and a subsample form one hub – the Academic-Community-EPINET comprised of 6 academic CSC clinics.

Results: The EPINET-wide sample was comprised of 3,527 newly enrolled patients. Rates of hospitalizations at the 6-month serial assessment periods were as follows: 6-month 15%; 12-month 12%; 18-month 11%; and at 24-month 9% for a cumulative hospitalization rate of 47% over 2 years. The AC-EPINET subsample was comprised of a total of 572 newly enrolled EP participants. In the 6-month period prior to enrollment (baseline) 272, or 47.55% of the sample reported hospitalization. Post-baseline rates were 13.60% at 6-months (N = 48) and 13.58% at 12-month (N = 33) and were both significantly lower than pre-baseline rates (p<0.001). Of those who endorsed hospitalization, the preponderance had only one episode of hospitalization at baseline (70.22%), 6 months (66.7%), and 12 months (63.64%). In terms of the number of days spent in the hospital, the central tendency remained relatively static with the median (IQR) being 11 (12) days at baseline, 9 (10) days at 6 months, and 10 (15) days at 12 months. Preliminary associations with other variables of interest suggests associations between hospitalization at baseline and DUP ($r_{pb} = -.18$, p < .001, N = 551) and marijuana use at baseline and hospitalization at baseline ($r_{pb} = .12$, p < .01, N = 424) and 6 months ($r_{pb} = .13$, p < .05, N = 270).

Conclusions: The EPINET 2-year cumulative 47% hospitalization rate is concerning. The longitudinal patterns of hospitalizations indicate relatively stable rates during CSC care with downward trending over time. In the AC-EPINET subsample, high rates of hospitalizations before EPINET enrollment may reflect the common practice of referral to EP clinics following hospitalization. The reduced hospitalization over time suggests a salutary trend of the EPINET CSC model of care. Additional assessments of predictors of hospitalization will be presented.