



UKE Paper of the Month September 2014

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Effectiveness of Integrated Care Including Therapeutic Assertive Community Treatment in Severe Schizophrenia Spectrum and Bipolar I Disorders: The 24-Month Follow-Up ACCESS II Study

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ABSTRACT: Objective: The ACCESS treatment model offers assertive community treatment embedded in an integrated care program to patients with psychoses. Compared to standard care and within a controlled study, it proved to be more effective in terms of service disengagement and illness outcomes in patients with schizophrenia spectrum disorders over 12 months. ACCESS was implemented into clinical routine and its effectiveness assessed over 24 months in severe schizophrenia spectrum disorders and bipolar I disorder with psychotic features (DSM-IV) in a cohort study. **Method:** All 115 patients treated in ACCESS (from May 2007 to October 2009) were included in the ACCESS II study. The primary outcome was rate of service disengagement. Secondary outcomes were change of psychopathology, severity of illness, psychosocial functioning, quality of life, satisfaction with care, medication nonadherence, length of hospital stay, and rates of involuntary hospitalization. **Results:** Only 4 patients (3.4%) disengaged with the service. Another 11 (9.6%) left because they moved outside the catchment area. Patients received a mean of 1.6 outpatient contacts per week. Involuntary admissions decreased from 34.8% in the 2 previous years to 7.8% during ACCESS ($P < .001$). Mixed models repeated-measures analyses revealed significant improvements among all patients in psychopathology (effect size $d = 0.64$, $P < .001$), illness severity ($d = 0.84$, $P = .03$), functioning level ($d = 0.65$, $P < .001$), quality of life ($d = 0.50$, $P < .001$), and client satisfaction ($d = 0.11$, $P < .001$). At 24 months, 78.3% were fully adherent to medication, compared to 25.2% at baseline ($P = .002$). **Conclusions:** ACCESS was successfully implemented in clinical routine and maintained excellent rates of service engagement and other outcomes in patients with schizophrenia spectrum disorders or bipolar I disorder with psychotic features over 24 months.

STATEMENT: *In 2006, integrated care including assertive community treatment within the UKE started with a catchment area comparison study (ACCESS I study) in which integrated care for patients with schizophrenia spectrum disorder (SSD) fulfilling criteria for severe mental illness was compared to standard care (Lambert et al. 2010, Karow et al. 2012). This study has shown that integrated care was related to better outcomes with respect to psychopathology, functioning, quality of life and satisfaction of care (patients and relatives) (Lambert et al. 2010) and highly significant better quality-adjusted life years (Karow et al. 2012). In May 2007 this new treatment model was broad to daily clinical practice within the UKE catchment area by signing Integrated Care contracts (according to §140 SGB V) for multiple-episode patients with four different health insurances (DAK Gesundheit, AOK Rheinland/Hamburg, HEK, IKK Classic). At the same time diagnoses were extended also to affective psychosis including bipolar I disorder (BD) and unipolar depression with psychosis.*

In January 2011 a second interdisciplinary assertive community treatment team was implemented for first-episode patients from adult and child- and youth psychiatry. Because of the success of the model, the Integrated Care contracts were extended to first-episode patients in January 2012.

The present publication is part of a long-term study (ACCESS II study) monitoring all integrated care patients open end. The longest data exist now over 7.5 years.

This is one of the very few studies (if there are any other studies at all), which addresses the question of whether or not a treatment model in a context of a controlled study is effective in clinical routine for severely ill patients and for an extended follow-up period. This is of high importance as many treatment effects in research settings are not sustained under "real life" conditions. As such, the ACCESS treatment model could successfully be implemented into clinical routine and maintained excellent rates of service engagement and other outcomes in patients with SSD or BD over 24 months. The so-called "Hamburg model" is one of the most outstanding and advanced projects in German Psychiatry. Daniel Schöttle and the team around the head of the psychosis centre, Prof. Dr. Martin Lambert, could show with their study excellent and promising results, which were published in

the Journal of Clinical Psychiatry. The Integrated Care model is one of the most noticed models of care in Psychiatry in Germany. It was also transferred and implemented in other German cities and areas.

BACKGROUND: Dr. D. Schöttle is part of the study team since 2005 and worked in different Assertive Community Treatment Teams from the beginning of the integrated care in Hamburg. Prof. Martin Lambert created the “Hamburger Modell” and is head of the Integrated Care.