**Risk of Subsequent Relapses and Corresponding Healthcare Costs Among Recently Relapsed Medicaid Patients With Schizophrenia**

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**BACKGROUND**

Of all mental health diagnoses, schizophrenia represents the most challenging and costly condition to treat. Chronic conditions such as schizophrenia impose a significant burden on patients, families, and society. The long-term monitoring and care management required to manage this condition are associated with high costs. Effective management strategies for patients with schizophrenia are needed to improve outcomes, reduce suffering, and decrease healthcare costs.

**OBJECTIVES**

The primary objective of this study was to evaluate healthcare utilization (HRU) and healthcare costs (HCC) in Medicaid patients with schizophrenia who had a recent relapse (index date). Secondary objectives included describing the prevalent comorbidities and treatment patterns of patients prior to and following the index date.

**METHODS**

**Data Source**

Data from Florida (Q1 1997 to Q1 2018); New Jersey (Q1 2006 to Q1 2018); and Wisconsin (Q1 2010 to Q1 2018) Medicaid claims databases (ICF) were analyzed. Patients were included if they had an index event of schizophrenia-related relapse (hospitalization or emergency care [ER] visit) and had continuous Medicaid eligibility for ≥12 months pre- and post-index.

**Study Design**

A retrospective cohort study design was adopted to describe the prevalent comorbidities and treatment patterns of patients prior to and following the index date. Case-matched analysis was performed using propensity score matching to compare the HRU among matched cohorts.

**RESULTS**

**Baseline Characteristics**

Baseline characteristics were identified during the 12 months prior to the index date and other services (including long-term care admissions, mental health institute admissions) were associated with a reduction in rehospitalizations and ER visits. Mean annual cost differences were compared during the observation period between matched cohorts using ordinary least squares regressions; 95% CIs and p-values were estimated from a nonparametric bootstrap procedure (n = 499). Figure 3 shows a comparison of all relevant healthcare costs per patient between Medicaid and OAA cohorts.

**CONCLUSIONS**

Medicaid patients with schizophrenia who had a recent relapse were more costly relative to OAA patients. More costly Medicaid patients also had a greater risk of schizophrenia-related relapses. Understanding the cost drivers and risk factors for high-cost patients is needed to maximize the value of healthcare resources and improve patient outcomes. Additional research is needed to evaluate the impact of long-term care admissions, mental health institute admissions, and other services on rehospitalizations and ER visits.

**Exclusion Criteria**

- Patients hospitalized for schizophrenia are often prescribed OAPs post-discharge, even
- To compare HRU (including the risk of schizophrenia-related relapses) and healthcare costs among Medicaid patients with schizophrenia who had a recent relapse, patients were included in an index event of schizophrenia-related relapse (hospitalization or ER visit) and had continuous Medicaid eligibility for ≥12 months pre- and post-index. Continuous Medicaid eligibility for ≥12 months pre- and post-index

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