Section 2. Importance

2.1 Logic Model

Inputs (Resources: Means)	**Activities** (What the program does: Ways)	**Outputs** (Direct results of the activities)	**Outcomes** (Short-, intermediate-, and long-term)	**Impact** (Systemic changes influenced by the quality program)
EHR capability assessment to: • Capture patients with schizophrenia and schizoaffective disorder during the measurement year (initial population) • Capture the days' supply of all antipsychotic prescriptions in the performance period Applicable clinical guidelines from APA, VA/DOD, and other organizations Interdisciplinary teams that include prescribing providers, pharmacists, social service providers, and others to promote adherence Patient education materials, apps, and other tools to promote adherence	EHR modifications as needed • Improve pharmacy data linkage Provider education on clinical guidelines, i.e. pharmacotherapy, and EHR usage to identify initial population Patient education on importance of adherence to medications Development of a coordinated treatment program including cognitive behavioral therapy Implementation of text reminder tools, "smart" pill containers, and other technologic solutions	EHR validly identifies patients with schizophrenia and schizoaffective disorder EHR validly allows determination of days covered by prescriptions filled in a specified time period Providers identify initial population and patients whose adherence is <80% at baseline for targeted intervention Providers understand and follow guidelines in prescribing antipsychotic medications based on evidence-based guidelines and patients' response Patients receive and understand educational materials on the importance of adherence to medications Patients adopt technologic solutions to support their adherence to medications	**Short-term (i.e., intermediate health outcomes/modifiable actions):** • **Measure Focus:** Increased percentage of patients with schizophrenia and schizoaffective disorder who adhere to antipsychotic medications evidenced by a Proportion of Days Covered (PDC) of at least 0.8 for antipsychotic medications **Intermediate-term (i.e., initial health care outcomes):** • Improved symptom control among patients with schizophrenia and schizoaffective disorder, with fewer symptomatic relapses • Fewer hospitalizations and ED visits due to psychosis in this patient population	The expected processes and system changes may increase efficiency and effectiveness of providing comprehensive management for patients with all mental health conditions Intermediate-term outcomes will lead to decreased health care costs for patients with schizophrenia and schizoaffective disorder Long-term outcomes will lead to improved population health, greater equity between persons with mental and physical health conditions, and improved workforce and social network participation

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		Patients have access to multidisciplinary treatment that includes cognitive behavioral therapy	**Long-term (i.e., subsequent health care and pregnancy outcomes):** • Improved long-term quality of life for patients with schizophrenia and schizoaffective disorder • Improved long-term engagement of eligible patients in social functions such as school, work, childrearing, and other social network activities	
Feedback Mechanisms (How continuous improvement is achieved)				
The prescription utilization claims data will assist providers to identify patients with nonadherence to antipsychotic medications and enable providers to offer timely and comprehensive treatment options.				
Assumptions (Underlying beliefs about the quality program and context)				
• Health systems/providers have access to high-quality electronic health record data and computational resources to capture the days' supply of all antipsychotic prescriptions data. • Health systems/providers are motivated to improve medication adherence for their patients with schizophrenia and schizoaffective disorder. • Patients or their families/caregivers have the instrumental skills and basic resources to request, pay for, pick up/receive, and store antipsychotic medications.				
External Factors (Conditions outside the quality program's control)				
• Patients' demographic characteristics affecting their ability to adhere, such as their ability to afford monthly or quarterly pharmacy copayments. • Patients' social networks, including family members and caregivers who can support and reinforce high adherence. • Patients' relevant clinical characteristics, including subtypes such as paranoid schizophrenia that may complicate efforts to increase adherence. • Patients' access to smartphone and internet-based apps to promote adherence and behavioral health services such as cognitive behavioral therapy.				