APPLICATION OVERVIEW

• The Assessment for Quality Improvement and Risk Evaluation software tool enables population health decision makers to evaluate key medication adherence, resource utilization and quality indicators (such as 7- and 30-day follow-up after psychiatric hospitalization; readmission within 30, 60, or 90 days of a psychiatric hospitalization*) at the patient, provider, and health plan levels for patients with schizophrenia or bipolar I disorder

• This software tool imports healthcare claims (pharmacy and, if available, medical) using a simple interface, which allows for real-time processing and analysis of outcomes

• The goals of this tool are to calculate antipsychotic medication adherence measures and to help identify individual patients and providers with patients who may be at a high risk of nonadherence to antipsychotic therapy and/or hospitalization based on previously developed logistic regression equations

• Separate analyses are conducted based on whether the user is in a Medicaid program (including Medicaid-managed care) or a commercial managed care organization

INTENDED AUDIENCE & POTENTIAL BENEFITS

• Intended for commercial health plans and Medicaid programs with pharmacy data (required) and medical claims data (optional)

• Enables the user to assess rates of nonadherence to antipsychotic medication using imported claims data

• Evaluates potential quality indicators such as 7- and 30-day follow-up after psychiatric hospitalization, readmission within 30, 60, or 90 days of a psychiatric hospitalization, and antipsychotic polypharmacy*

• Estimates patient-level likelihood of future nonadherence and/or hospitalization

KEY FEATURES

• Simple data import and analysis platform

• Ability to view analyses at the patient, provider, and health plan levels

• Side-by-side comparison of imported data from 2 different points in time

* These measures are based on, but do not meet all, the NCQA HEDIS specifications. The QI-RE tool only includes patients with schizophrenia or bipolar I disorder diagnoses. The analysis also does not include patient eligibility requirements and is dependent on the accuracy and completeness of the imported medical and pharmacy claims data. The analysis is not intended to be and cannot be used for official HEDIS calculations or to generate for submission to NCQA for HEDIS certification.
**UTILIZATION & PREDICTION MEASURES**

**Adherence Measures**
- Medication Possession Ratio
- Persistence
- Maximum consecutive days’ gap between medications
- No antipsychotic medications

**Utilization and Expenditure Measures**
- Hospitalizations (psychiatric and any)
- ED visits (psychiatric and any)
- Follow-up after psychiatric hospitalization (7 and 30 days)*
- Psychiatric rehospitalization (30, 60, and 90 days)
- Antipsychotic polypharmacy

**Expenditure Measures**
- Hospitalizations (psychiatric and any)
- ED visits (psychiatric and any)

**Predicted Risk Measures**
- Predicted risk of nonadherence to antipsychotic
- Predicted risk of any hospitalization
- Predicted risk of psychiatric hospitalization

**DATA AND SOFTWARE ASSUMPTIONS**

Any conclusions drawn from any analysis using this software tool are dependent upon:

(a) the accuracy and appropriateness of the data used as inputs, and
(b) the assumptions that are put into the model where inputs are requested

The Assessment for Quality Improvement and Risk Evaluation software will take uploaded claims data, apply selected assumptions, and produce descriptive outputs that summarize the demographic characteristics of the population and patterns of antipsychotic medication use

- If medical claims are available, data for patients with schizophrenia (all ages) and/or bipolar I disorder (adults age 18+ only) should be loaded into the tool, and separate analyses will be conducted for each population
- If medical claims are not available, data for patients receiving antipsychotics should be loaded into the tool, and analyses describing adherence will be conducted

Detailed calculations for each of the measures are available by clicking the Information icon under the measure name in the top-left corner of the screen. The explanation regarding how “Outcomes Measures” are utilized for the various outputs can be found in the software’s User Manual button under the Outcomes Measures section

**HOW CAN I GET QI-RE?**

- Download directly from [www.janssenmd.com](http://www.janssenmd.com)
- Arrange a Scientific Affairs Health Economics and Outcomes Research (HECOR) liaison to demonstrate the tool and provide you with implementation support

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