

## Clinical Pathway for Adults with Schizophrenia

Transforming Lives. Building Community Well-Being.

Patient presents with symptoms of psychosis, has Psychosis and Schizophrenia test been conducted <a href="https://screening.mhanational.org/screening-">https://screening.mhanational.org/screening-</a>

tools/psychosis/?form=MG0AV3. Have patient had symptoms for 6 months or more? CCA or diagnostic eval. Is neuroimaging indicated? Has other BH/PH dx been considered?

Patient meets duration threshold and criteria per DSM5-TR. Assess for safety.

Does not meet duration, consider other psychotic disorder, MH, PH, treat accordingly. If 6 months have passed reassess for schizophrenia.

Patient is not safety risk, is member eligible for First Episode Psychosis program.

-DM screening (HEDIS)
-Pt with DM-LDL-c, HgA1c (HEDIS)
Med Management
Psychoeducation for pt and family.

Patient a safety risk, consider BHUC Mobile Crisis, ED, and/or inpatient (BH). Is patient seen within 7 days after D/C from ED or hospital (HEDIS).

## Continue F/U

- -member adherence to Rx 80% of the measurement period (HEDIS)
- -monitor for side effects, TD, akathisia, AIMS test

If adherence is impaired consider LAI, if tx resistant has clozapine been considered CBT for psychosis, psychoeducation, supported employment services. If enhanced services (ie ACT) or other type of service-refer to CCP

 $\frac{https://abhfl.org/wp-content/uploads/2024/06/CPG-Schizophrenia-Clinical-Practice-Guidelines.pdf?form=MG0AV3}{}$ 

