NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6134

Title

Aftershock in Academia: Assessing COVID-19's Impact on Schizophrenia Patients in Academic Medical Centers

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: The impact of the COVID-19 pandemic on individuals with schizophrenia who are admitted to academic medical centers (AMCs) has not been previously reported.

Objective: To examine the epidemiology and mortality among schizophrenia patients discharged from AMCs in the U.S. from Oct 2019 to Dec 2023.

Study Design: This retrospective case series analysis utilizes Vizient's clinical database data. The study is divided into three periods: pre-COVID (Oct 2019 to Mar 2020), COVID (Apr 2020 to May 2023), and post-COVID (Jun 2023 to Dec 2023). Mixed models were used for analysis.

Setting: AMCs within the US.

Population Studied: Adults aged 18 and above, discharged from an AMC diagnosed with schizophrenia, who Vizient identified as having been admitted to the general medicine service line (DRG based).

Outcome Measures: The primary outcomes were the number of encounters, length of stay (LOS), ICU LOS, and mortality.

Results: The study included 5436 discharges across 106 AMCs. The average monthly encounters increased from 16 in the pre-COVID period to 16.6 during the COVID period before rising to 17.3 in the post-COVID period (p<0.0001). The mean observed LOS was 6.7 days pre-COVID, increasing to 7.4 days during COVID, and remained elevated post-COVID 7.2 days (p=0.0023). However, the % observed mortality did not show a statistical difference during the time periods. ICU LOS was 2.9 days in the pre-COVID, increasing to 3.2 during COVID, then increasing further to 3.7 post-COVID (p=0.0149). The case mix index (CMI) increased from 1.2 pre-COVID to 1.3 during and post-COVID (p<0.0001).

Conclusions: The enduring impact of the pandemic underscores the need for evolving healthcare systems and patient care strategies to address ongoing challenges in patients admitted with schizophrenia. On average, each AMC discharged one additional patient per month with schizophrenia post-COVID compared to pre-COVID. Additionally, the LOS and ICU LOS were significantly longer in post-COVID compared to pre-COVID, suggesting the pandemic may have increased psychological and economic stress. The significant increase in the CMI highlights a shift towards treating more complex and resource-intensive patient populations. These findings have the potential to inform public health strategies, healthcare policy, and resource distribution in preparation for future pandemics, ensuring adequate support and care for vulnerable populations such as those with schizophrenia.