Flexible ACT in daily practice: FACTS

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Disclosure

- No conflict of interest to report

Main principles/assumptions of FACT

- FACT addresses the needs of all patients with Severe Mental Illness (SMI), including the worst 15% for whom ACT usually is recommended
- Intensity of care is flexibly adjusted to the patients needs; an important tool to do so is the electronic FACT board
- Reasons for intensification may vary from crisis prevention to permanent vulnerability
- All patients receive multidisciplinary care, including patients who aren't offered ACT
- FACT implies continuity of care

Questions

- What patients are placed on the electronic boards?
- How often are they placed on the board, for what periods of time and for which reasons?
- Is the patient group that need ACT constant or is there much fluctuation?
- What does ‘intensification of care’ mean?
- What care and treatment receive patients who do not receive ACT?
- How well is continuity of care guaranteed?

Method

- Data of 372 patients of three teams during 2.5 years are analysed
- Data concern:
  - Patient characteristics: demographics, diagnoses, functioning, quality of life, needs
  - Electronic FACT-board data: reasons for ACT, duration of ACT
  - Characteristics of care: number of face to face contacts, multidisciplinarity,

Definitions

- ACT= at least once on the electronic FACT board, independent of reasons

Patient characteristics: functioning, quality of life, needs for care

Characteristics at the start	Patients without ACT (N=132)	Patients with ACT (N=240)
Mean age	44.91	43.78
% Male	59.1%	53.3%
% Dutch	88.0%	93.7%
% Living independently	90.5%	92,2%
% Paid employment	13.7%	11.1%
Social contacts score	23.33	23.32
Main diagnoses: % psychotic	61.5%	57.3%
% Comorbidity – axis 2	22.7%	31.5%
% Comorbidity – alcohol/drugs	17.4%	19.6%

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Patient characteristics: functioning, quality of life, needs for care

Characteristics at the start	Patients without ACT	Patients with ACT
Functioning (HoNOS)	10.22	12.64
Subscales symptoms	4.01	4.59
Subscale behavioral problems	1.15	1.61
Subscale impairments	1.80	2.35
Subscale social problems	3.36	3.99
Compliance problems	0.97	1.60
Quality of life – total score	4.76	4.62
Proportion of unmet needs	16.82	22.35
% Remission	35.6%	32.9%

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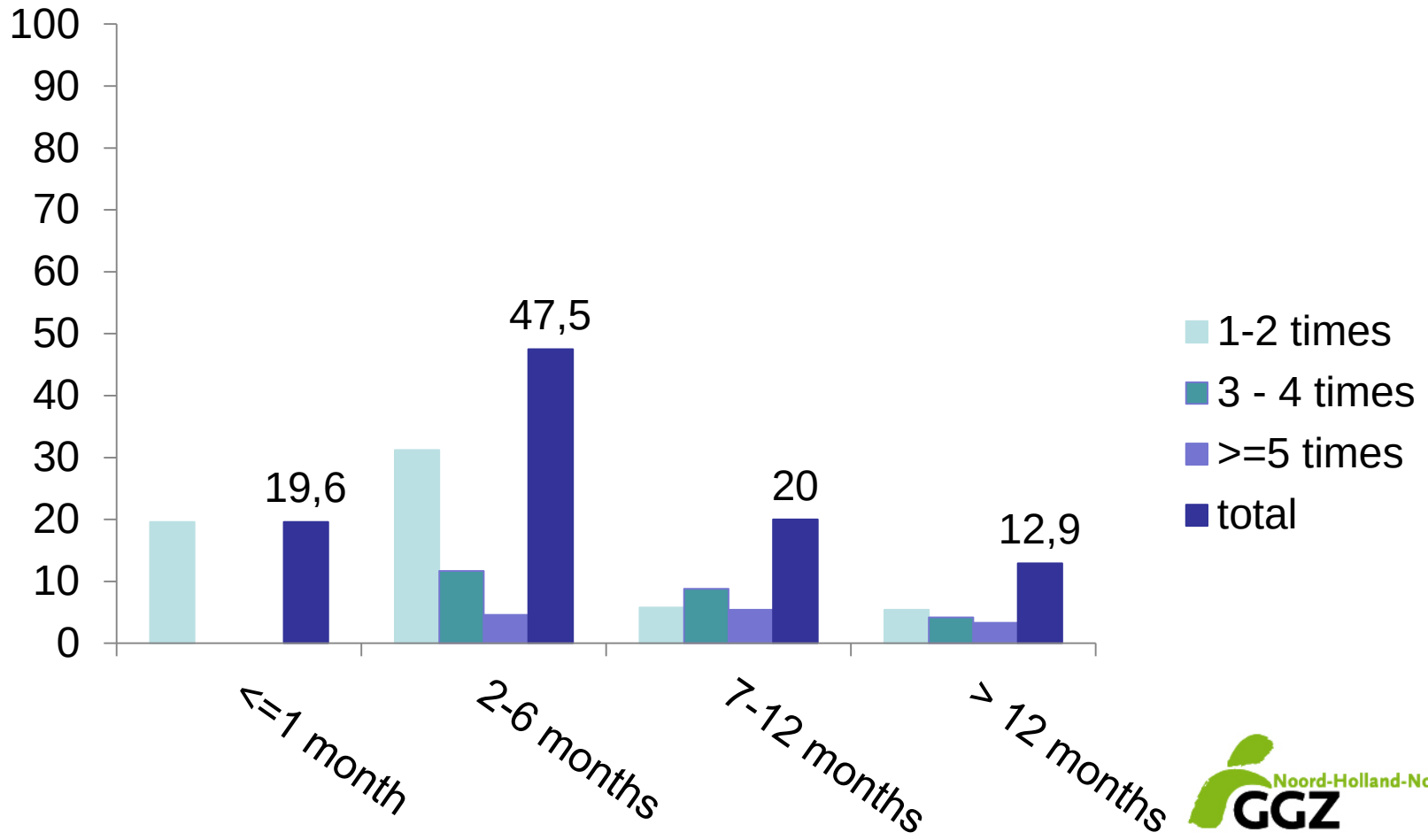
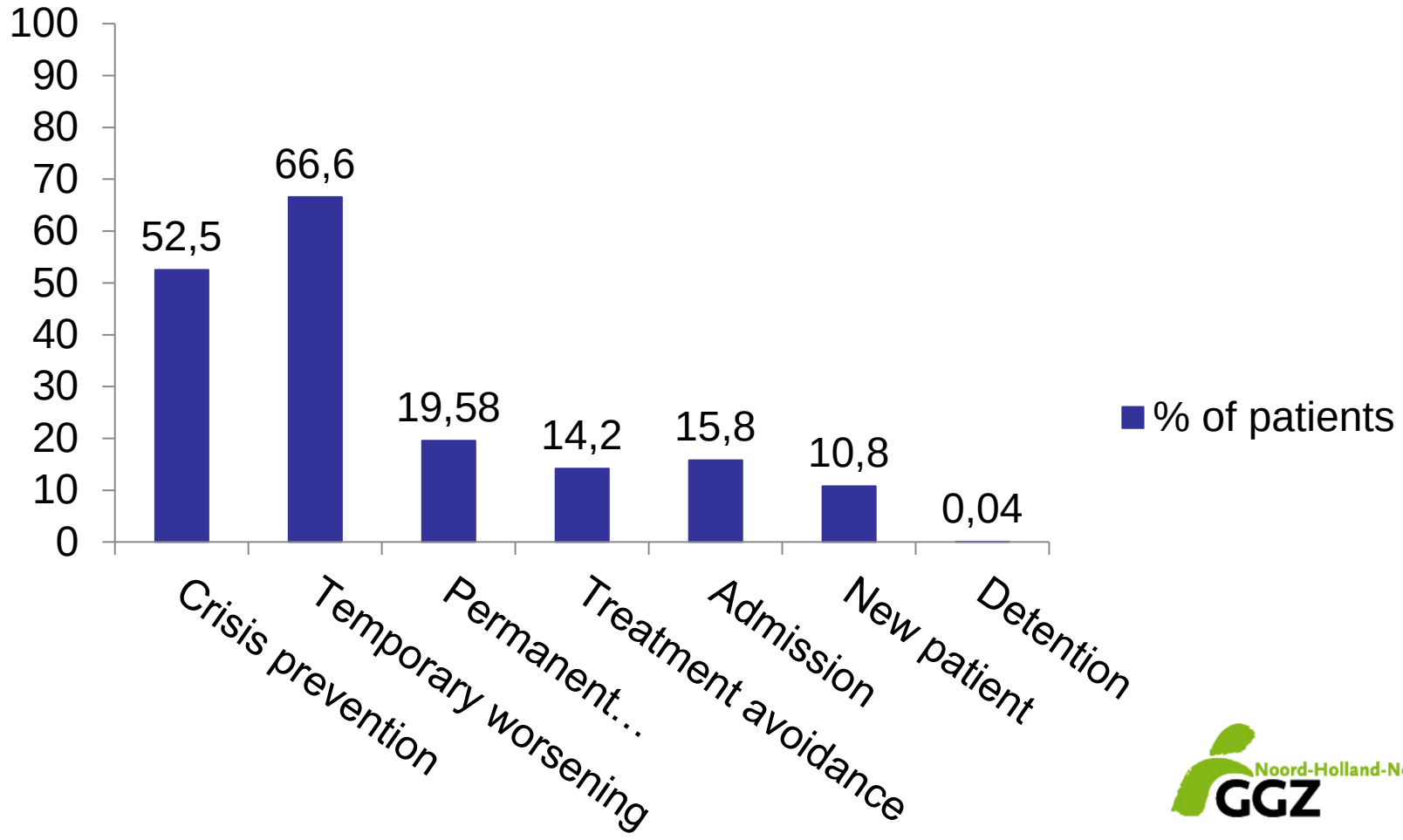
Frequencies and duration of ACT

Number of times	Percentage of ACT-patients	Mean duration in days
1	32.1%	66,92
2	30.1%	160,92
3	15.8%	240.11
4	8.8%	226.95
5	8.3%	285.55
6	3.8%	262.22
7-9	1.3%	258.00

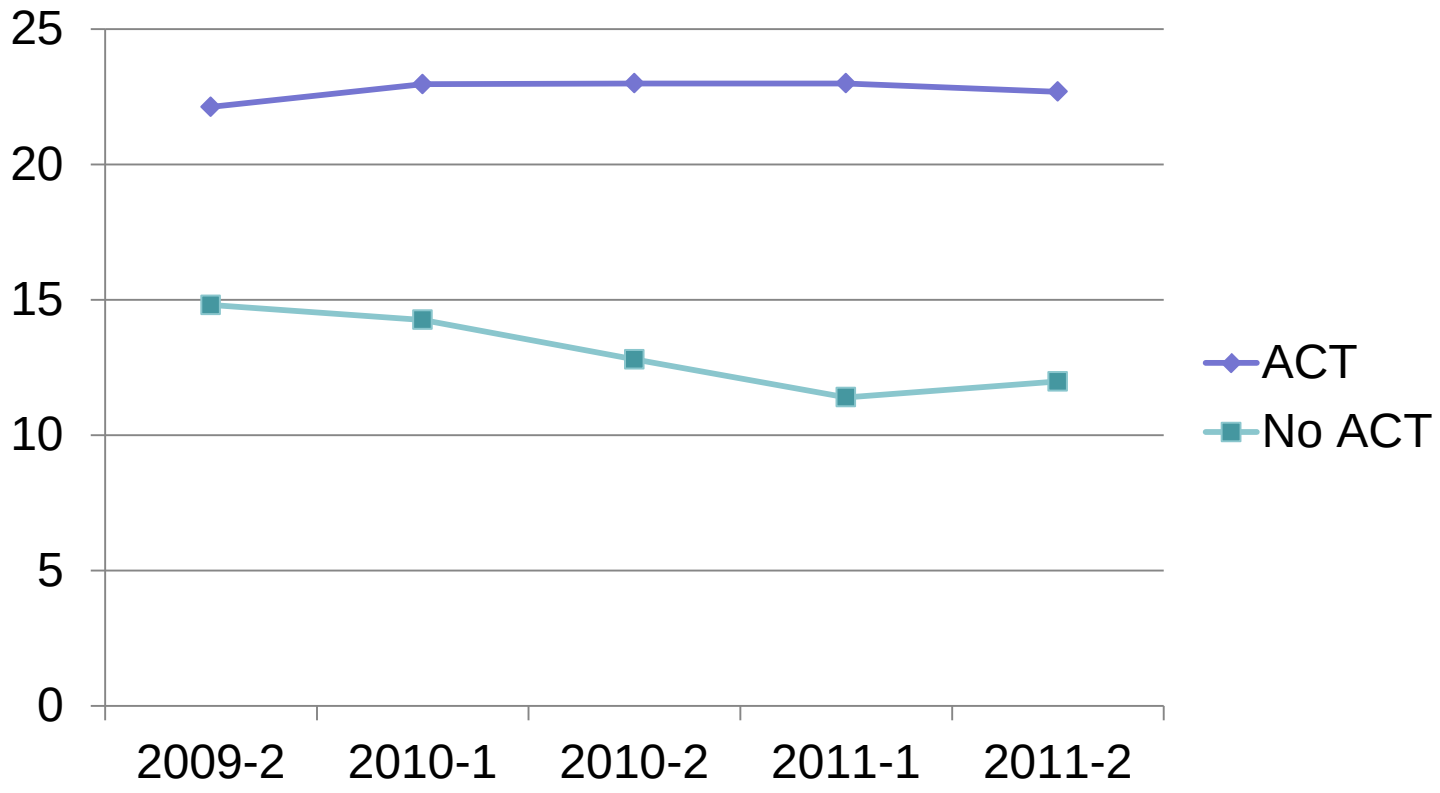
Duration and frequency of ACT - combined



Reasons for ACT- percentages



Outpatient face to face contacts



Number of disciplines involved

Number of disciplines	ACT-patients	Patients without ACT
1	1.8%	3.6%
2	9.6%	27.3%
3	39.3%	37.3%
4	28.8%	24.5%
5	17.8%	4.5%
6	2.7%	2.7%
mean	3.59	3.07*

Dropout

Reasons for termination of treatment	Number	%
Moving	6	1.6%
Passed away	6	1.6%
Suicide	3	0.8%
Mutual decision	20	5.4%
Dropout	0	0%
Other	3	0.8%
Unclear	2	0.5%

Conclusions: patients

- 64.5% (240 out of 372) of the patients had at least once an ACT indication during 2.5 years
- Clear differences between patients with and without ACT with regard tot functioning (behavioral problems and impairments), treatment compliance and proportion of unmet needs

Conclusions: process of (F)ACT

- Among the ACT group most patients receive ACT 1 or 2 times during the period of 2.5 years and about 60% receive ACT for 6 months or less.
- Almost 13% of the ACT-group (8.3% of the whole group) receive ACT for more than 1 year, and the number of times they receive ACT vary form 1 to 9 times
- Frequent reasons for ACT are: a temporary worsening of problems and functioning or crisis prevention
- ACT patients receive more fact-to-face contacts
- Although the mean number of disciplines differ, in the treatment of almost all patients at least two disciplines are involved
- There were no treatment dropouts

Final remarks

- Flexibility and continuity of care go hand in hand in the FACT model, there is great variation in the intensity of care without having the patient referred to another service or team

- Question is: do all patients profit from FACT equally well?

Questions?