Table 1. Characteristics of the ACCESS Treatment Model

Characteristic	Content
Integrated care model	
Catchment area with population size	Catchment area of the Department of Psychiatry and Psychotherapy of the University Medical Center, 300,000 habitants
Health care facilities within the integrated care model	Specialized psychosis inpatient unit with attached day clinic, acute inpatient unit (closed ward), specialized psychosis outpatient center, ACT team, specialized day clinic for first-episode psychosis patients in the age range of 15–29 years, working support outpatient center, 20 private psychiatrists
ACT team fidelity	
Maximum full-time equivalent caseload	15–25 patients
Staff fidelity and skills	Consultant psychiatrists, psychiatrists, psychologists, nurses, social worker
Staff skills	Diagnosis-specific training in pharmacotherapy, cognitive-behavioral therapy, dynamic therapy, and/or family psychotherapy, pharmacotherapy
Work style	Shared caseload, patients are discussed in daily team meetings, weekly internal and external supervision, regularly patient-centered network meetings
Availability	Extended hours (8 am to 6 pm Monday to Friday) and 24-hour crisis telephone and 24-hour emergency service within the department
Contact with clients	High-frequent face-to-face contacts, assertive engagement, shared-decision making, "no drop out" policy
Main interventions	Case management; home treatment; individual, group, and family psychotherapy; psychoeducation; pharmacotherapy; social work
Quality assurance guidelines	
Quality of structures	Implementation of a model quality handbook, which includes all quality assurance guidelines Availability of adequate facilities (rooms, cars, computers, etc) Regularly training of the ACT team, training of the network participants Implementation of a computer-based documentation system Availability of web-based information system about the model for patients and relatives (see www.uke.de/kliniken/psychiatrie/index_77624.php) Availability of web-based information system on the outcome of the model (see http://integrierte-versorgung.psychenet.de/) Availability of a web-based psychoeducation tool for psychosis (www.psychose.de) Availability of psychoeducation handbooks for patient and relatives (www.psychose.de)
Quality of processes	Patient-centered network meetings for the development of a treatment plan and review during the course of illness Implementation of regular quality circle and case conferences with all network partners (including private psychiatrists) Regular quality reports for participating health insurance organizations every 3–6 months including use of the network facilities and outcome Regular outcome review and model adaptation
Quality of outcome	Broad assessment of the psychotic disorder, comorbid psychiatric and somatic disorders, traumatic events, previous service engagement and medication adherence, social problems, etc Standardized assessment at baseline of demographic characteristics and psychiatric history (EPFQ scale) Standardized assessment at baseline and follow-ups (6 weeks, 3 months, 6 months, and subsequently every 6 months) of psychopathology (BPRS), severity of illness (CGI-S, CGI-BP), functioning (GAF), quality of life (Q-LES-Q-18), satisfaction with care (CSQ-8), etc
Contract arrangements for participating psychiatrists	No waiting time in case of crisis intervention (status of privately insured patient) Five times higher treatment contacts per year Assured recall of the ACT team when the patient does not attend a single outpatient meeting Immediate involvement of the ACT team in case medication adherence or service engagement is not assured Regular participation in patient-centered network meetings focused on development and adaption of treatment plans Regular attendance of network quality assurance meetings
Managed care arrangements	
Following costs arrangements are part of the contract with the health insurance organizations	The yearly per patient rate for the ACCESS model was calculated according to average direct health care costs of patients with bipolar and schizophrenia spectrum disorders before ACCESS, including inpatient, day, and outpatient treatment. Of note, more than 20% of this rate was caused by "hospital hopping" and repeated emergency room visits The calculated yearly per patient rate now includes (1) all inpatient days (exception, see sentence below), (2) all day treatments, (3) all interventions by the ACT team, (4) all interventions in the specialized psychosis outpatient center, (5) all interventions by private psychiatrists (they receive 4 times higher refunds per patient per year), (6) all psychotherapeutic interventions, (7) all assessments to insure quality of outcome, and (8) all managed care activities There are 2 specific arrangements: (1) the ACCESS model starts financially at the first day of admission to our hospital (inpatient, outpatient, or day treatment), and (2) all inpatient admissions in other psychiatric hospitals during ACCESS (eg, due to hospital hopping) are included in the per patient rate except for the first 3 days, which are reimbursed by the insurance companies separately

Abbreviations: ACT = assertive community treatment, BPRS = Brief Psychiatric Rating Scale, CGI = Clinical Global Impressions, CSQ-8-P = Client Satisfaction Questionnaire-8 (patient version), EPFQ = Early Psychosis File Questionnaire, GAF = Global Assessment of Functioning, Q-LES-Q-18 = 18-item Quality of Life Enjoyment and Satisfaction Questionnaire.