# IT-11.26.a: Positive Symptoms Rating Scale (PSRS) and Brief Negative Symptom Assessment (BNSA)

| **Tool Title** | Positive Symptoms Rating Scale | | |
| --- | --- | --- | --- |
| **Description** | The PSRS is a 4-item measure of positive symptom severity for schizophrenia. The BNSA is a 4-item measure of negative symptom severity for schizophrenia.  The PSRS and BNSA asses the following symptoms of schizophrenia:   |  |  | | --- | --- | | **PSRS** (Positive Symptoms) | **BNSA** (Negative Symptoms) | | * Suspiciousness | * Alogia | | * Unusual thought content | * Amotivation | | * Hallucinations | * Flat affect | | * Conceptual disorganization | * Asociality | | | |
| **Setting** | Multiple | | |
| **NQF Number** | *None* | | |
| **Measure Steward or Survey Developer** | Texas Medication Algorithm Project (TMAP)/ Texas Department of State Health Services (DSHS) | | |
| **Link to tool specifications** | <http://www.harding.edu/druginfo/pdf/tmapalgorithmforschizophrenia.pdf> | | |
| **Link to tool** | <http://www.harding.edu/druginfo/pdf/tmapalgorithmforschizophrenia.pdf#page=31> | | |
| **Measure type** | Standalone | | |
| **Measure status** | P4R - This measure requires prior authorization for use | | |
| **Administration:** | **Mode:** To administer the PSRS and BNSA, the provider should read the anchor descriptions for each dimension and then record the appropriate rating. Scoring is based largely on observation. Clinicians can use the same scoring sheet to record scores from both the PSRS and the BNSA.  **Administration Time:** 5 - 10 minutes  **Language:** English  **Cost:** Free | | |
| **Scoring** | **Scoring the PSRS**  The PSRS is a 4-item measure of positive symptom severity for schizophrenia. Each item is scored on a 1 to 7 scale, where higher scores indicate higher severity. Item scores are added together to create a positive symptom score ranging from 4 to 28 points where higher scores indicate a higher severity of positive symptoms.  **Scoring the BNSA**  The BNSA is a 4-item measure of negative symptom severity for schizophrenia. Each item is scored on a 1 to 6 scale, where higher scores indicate higher severity. Item scores are added together to create a negative symptom score ranging from 4 to 24 points where higher scores indicate a higher severity of negative symptoms.  **Total Score**  For DSRIP reporting purposes, the PSRS positive symptom score and the BNSA negative symptom score should be added together to create the "**total score**." | | |
| **Tool Contacts** | *None* | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | For DSRIP reporting purposes, PSRS and BNSA scores are added together to create a "total score." | | |
| **Numerator Description** | The sum of the "**total score**" from all PSRS/BNSA assessments completed during the measurement period. | | |
| **Numerator Inclusions** | *The survey developer does not identify specific numerator inclusions beyond what is described in the numerator description.* | | |
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| **Denominator Description** | The total number of PSRS/BNSA assessments completed during the measurement period. | | |
| **Denominator Inclusions** | *The survey developer does not identify specific denominator inclusions beyond what is described in the denominator description.* | | |
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| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12-months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12-months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. | | |
| **Denominator Sub-set Definition (Optional)** | Providers have the option to further narrow the denominator population for this measure across one or more of the following domains. If providers wish to use this option, they must indicate their preference to HHSC through the measure selection process.  **Payer:** Providers may define the denominator population such that it is limited to one of the following options:   1. Medicaid 2. Uninsured/Indigent 3. Both: Medicaid and Uninsured/Indigent   **Gender:** Providers may define the denominator population such that it is limited to one of the following options:   1. Male 2. Female   **Ethnicity:** Providers may define the denominator population such that it is limited to one of the following options:   1. White/Caucasian 2. Black/African American 3. Latino/Hispanic 4. Asian 5. American Indian/Alaskan Native 6. Native Hawaiian/Other Pacific Islander   **Age:** Providers may define the denominator population such that it is limited to an age range:  Lower Bound: \_\_\_\_ (Provider defined)  Upper Bound: \_\_\_\_ (Provider defined)  **Comorbid Condition:** Providers may define the denominator population such that it is limited to individuals with one or more comorbid conditions:  Comorbid condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined)  **Setting/Location:** Providers may define the denominator population such that it is limited to individuals receiving services in a specific setting or service delivery location(s).  Service Setting/Delivery Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider defined) | | |
| **Additional Considerations for Providers** | Providers should for follow survey administration, sampling, and scoring guidelines, unless a DSRIP specific modification has been noted. Surveys are validated in their entirety and providers should plan on using as specified by the survey developer.  The PSRS and BNSA are designed to be used in tandem. | | |
| **Data Source** | Survey report/Clinical data | | |
| **Demonstration Years** | **DY3**  **10/01/13 – 09/30/14** | **DY4**  **10/01/14 – 09/30/15** | **DY5**  **10/01/15 – 09/30/16** |
| **Measurement Periods**  *(Note: For P4P measures, DY3 Measurement Period is equivalent to the Baseline Period for purposes of measuring improvement.)* | **Providers must report data for one of the following DY, SFY, or CY time periods:**  12 Month Period:   1. 10/01/13 – 09/30/14, or 2. 09/01/13 – 08/31/14, or 3. 01/01/13 – 12/31/13, or 4. 10/01/12 – 09/30/13, or 5. 09/01/12 – 08/31/13   6 Month Period:   1. 04/01/14 – 09/30/14, or 2. 03/01/13 – 08/31/14, or 3. 01/01/13 – 06/30/13, or 4. 07/01/13 – 12/31/13   Other: Providers specify/propose an alternative 6 or 12 month time period to be reviewed and approved by HHSC. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY3 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/15. | **Providers must report data across a 12-month time period that meets the following parameters:**  1. Start date: The start date for the reporting period must occur after the provider’s DY4 Measurement Period.  2. End date: The end date for the reporting period must occur on or before 09/30/16. |
| **Reporting Opportunities to HHSC** | 10/31/2014 | 4/30/2015  10/31/2015 | 4/30/2016  10/31/2016 |