Title: Bipolar disorder: the percentage of patients diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment; AND if there is no change or deterioration in symptoms, a revised care plan is documented following the 12-week monitoring phase

CMS ID: PP5

NQF #: N/A

Source(s)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

NQS Measure Domain

Effective Clinical Care

Meaningful Measure Area

Prevention, Treatment, and Management of Mental Health

High Priority Status

N/A

Type of Measure

Traditional Measure

Proportional Measure

Brief Abstract

Description

This measure is used to assess the percentage of patients aged 10 years and older diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment AND who are provided with a documented revised care plan after the 12-week monitoring phase, if there is no change or deterioration in their symptoms.

Rationale

Acute Treatment Phase and Remission

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- Recovery includes remission of symptomatology, functional recovery, prevention of relapse or recurrence and improved quality of life.

- The 2002 American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Bipolar Disorder states that the goal of acute treatment is stabilization of the episode with the goal of remission, defined as "a complete return to baseline level of functioning and a virtual lack of symptoms".

Bipolar Disorder and Response to Treatment

- The mood episodes of bipolar disorder are delineated in Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision (DSM-IV) by symptomatology; therefore, diagnosing and assessing response to treatment involves symptom monitoring.

- As defined by Tohen improvement in bipolar disorder involves two concepts involving symptoms; syndromal recovery, a sustained symptomatic recovery lasting for 8 weeks and symptomatic remission, a more stringent concept that is defined as a more symptom-free state.

Monitoring Symptomatology

- Recognizing and monitoring signs and symptoms of manic and depressive symptoms is critical in assessing patient status.

- The use of a graphic display or timeline of mood symptoms can be helpful in identifying early or recurrent signs or symptoms and in involving the patient in treatment.

Evidence for Rationale

1. Harvey PD. Defining and achieving recovery from bipolar disorder. J Clin Psychiatry. 2006;67 Suppl 9:14-8; discussion 36-42.
2. Keck PE Jr. Defining and improving response to treatment in patients with bipolar disorder. J Clin Psychiatry. 2004;65 Suppl 1:25-9.
3. Post RM, Roy-Byrne PP, Uhde TW. Graphic representation of the life course of illness in patients with affective disorder. Am J Psychiatry. 1988 Jul;145(7):844-8.
4. STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.
5. Tohen M, Zarate CA Jr, Hennen J, Khalsa HM, Strakowski SM, Gebre-Medhin P, Salvatore P, Baldessarini RJ. The McLean-Harvard First-Episode Mania Study: prediction of recovery and first recurrence. Am J Psychiatry. 2003 Dec;160(12):2099-107.

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Primary Health Components

Bipolar disorder; assessment for change in symptom complex

Denominator Description

Patients aged 10 years and older diagnosed and treated for bipolar disorder.

See the related "Denominator Inclusions/Exclusions" field.

Numerator Description

Patients who were assessed for change in their symptom complex, using a validated tool or a monitoring form, within 12 weeks of initiating treatment for bipolar disorder.

See the related "Numerator Inclusions/Exclusions" field.

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

- A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

- A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Extent of Measure Testing

- The STABLE measures were developed using the RAND Appropriateness Method and have been shown to have content validity and face validity.

- Data feasibility testing was performed to determine the availability of the data elements required in the measure numerator and denominator specifications.

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- Inter-abstractor reliability testing was performed to assess the data collection strategy. The data collection strategy included data collection forms; data dictionary references and abstractor instructions.

- A field study was conducted to determine measure conformance in an appropriate convenience sample.

Refer to the references listed below for further information.

Evidence for Extent of Measure Testing

STABLE performance measures: data feasibility testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

STABLE performance measures: development process & validity ratings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: field study process & conformance findings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: inter-abstractor reliability testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

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Encounter

Patient/Individual (Consumer) Characteristic

Therapeutic Intervention

Denominator Inclusions/Exclusions/Exceptions

Inclusions

Patients 10 years of age or older with an initial diagnosis or new episode/presentation of bipolar disorder; AND

Documentation of a diagnosis of bipolar disorder; to include at least one of the following:

- Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms
- Diagnosis or impression documented in chart indicating bipolar disorder
- Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and indication that this information is used to establish or substantiate the diagnosis

AND

Documentation of treatment for bipolar disorder with relevant pharmacotherapy; a mood stabilizing agent and/or an antipsychotic agent

Exclusions
Unspecified

Exceptions
Unspecified

Numerator Inclusions/Exclusions

Inclusions

Symptom monitoring documentation must include the following:

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NQF #: N/A

- Assessment of the patient's symptom complex; to include at least three symptoms involved with a bipolar disorder episode

- Assessment of any change (indication of difference; better, worse, same, etc.) in the symptoms in response to treatment

- Use of a symptom monitoring tool* or a symptom monitoring flow sheet that supports assessment of change-over-time

AND

Timeframe:
Monitoring of change in symptom complex requires an initial assessment and at least one follow-up assessment within the first 12 weeks following start of treatment for bipolar disorder.

*Note:
- Altman Self Rating Scale for Mania: Clinician scored instrument
- Self-Report Form for Mood Episodes: "Waiting Room" self-report tool, includes symptoms
- Symptom Monitoring Flow Chart: Brief documentation tool for office-based practice

Exclusions
Unspecified

Instruments Used and/or Associated with the Measure

- Altman Self Rating Scale for Mania: Clinician scored instrument (available at www.cqaimh.org/stable.html)
- Self-Report Form for Mood Episodes: "Waiting Room" self-report tool, includes symptoms (available at www.cqaimh.org/stable.html)
- Symptom Monitoring Flow Chart: Brief documentation tool for office-based practice (available at www.cqaimh.org/stable.html)

Computation of the Measure

Scoring

Rate/Proportion

Interpretation of Score

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Desired value is a higher score

Risk Adjustment

No