

STABLE Performance Measure

Measure: Bipolar Disorder: Recommending adjunctive psychosocial interventions	
Summary: This measure assesses the percentage of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment.	
Clinical Rationale: The Role of Psychosocial Interventions <ul style="list-style-type: none"> ▪ Psychotherapy is a critical component of bipolar disorder treatment in addition to pharmacotherapy⁽¹⁾ ▪ Evidence-based psychosocial interventions have been found to improve treatment adherence, reduce likelihood of recurrence and extend time to new episodes⁽¹⁾ ▪ Initially focusing on issues relating to medication adherence, psychosocial strategies are now recommended to include broader strategies to promote mood stability, address comorbid conditions, improve understanding in support of treatment adherence, recognition of relapse and collaborative self-management^(2,3,4) ▪ Interventions that support return to role functioning and that address stressors and interpersonal communications are considered beneficial for remission and recovery^(2,3) Types of Psychosocial Interventions <ul style="list-style-type: none"> ▪ Evidence-based: Family-focused therapy (FFT); Cognitive behavioral therapy (CBT), formal psychoeducation, and Interpersonal Therapy (IPT) with or without a social rhythm component (IPSRT) have been supported through well developed clinical trials^(5,6,7,8,9) and are incorporated into guideline recommendations^(1,2,3) ▪ Brief supportive and group psychotherapy are also suggested, as alternative strategies⁽²⁾ 	
Denominator Population: Patients diagnosed and treated for bipolar disorder Data Sources: <ul style="list-style-type: none"> ▪ Administrative data ▪ Medical Record 	Numerator Population: Patients with a recommendation for psychosocial intervention within 12 weeks of initiating treatment Data Source: <ul style="list-style-type: none"> ▪ Medical Record
Initial Case-finding Guidance: Patients with a diagnosis involving bipolar disorder ICD9CM or DSM IV TR: 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80-82; 296.89; or 301.13	
References: <ol style="list-style-type: none"> 1. Practice Guideline for the Treatment of Patients with Bipolar Disorder (2002 Revision); American Psychiatric Association; Am J Psychiatry 159:4, April 2002 Supplement; AND 2006 Guideline Watch update, Hirschfeld RM, American Psychiatric Association 2. Keck PE, Perlis R, Otto M, Carpenter D, Ross R, Docherty J, Treatment of Bipolar Disorder 2004; The Expert Consensus Guideline Series, Postgraduate Medicine – A Special Report, December 2004 3. Yatham LN, Kennedy, SH, et al.; Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies, Bipolar Disorders 2005; 7(Suppl. 3): 5-69 4. Vieta E, et al.; Evidence-based Research on the Efficacy of Psychologic Interventions in Bipolar Disorders: A Critical Review, Current Psychiatry Reports; 2005, 7:449-455 5. A randomized study of family-focused psychoeducation and pharmacotherapy in the outpatient management of bipolar disorder, Arch Gen Psychiatry 2003; 60:904-912 6. A randomized controlled study of cognitive therapy for relapse prevention for bipolar affective disorder: outcome of the first year. Arch Gen Psychiatry 2003; 60:145-152 7. Psychoeducation efficacy in bipolar disorders: beyond compliance enhancement, J Clin Psychiatry 2003; 64:1101-1105 8. A randomized trial on the efficacy of group psychoeducation in the prophylaxis of recurrences in bipolar patients whose disease is in remission, Arch Gen Psychiatry 2003; 60:402-407 9. Two-year outcomes for interpersonal and social rhythm therapy in individuals with bipolar I disorder, Arch Gen Psychiatry; 62:996-1004 	

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<p>Measure: Bipolar Disorder: Recommending adjunctive psychosocial interventions</p>
<p>Measure Specifications:</p> <p>Denominator: Patients 18 years of age or older with an initial or new episode of bipolar disorder</p> <p>AND</p> <p>Documentation of a diagnosis involving bipolar disorder; to include at least one of the following:</p> <ul style="list-style-type: none">▪ 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 documentation that this information is used to establish or substantiate the diagnosis <p>AND</p> <p>Documentation of treatment for bipolar disorder with relevant pharmacotherapy; a mood stabilizing agent and/or an antipsychotic agent</p> <p>Denominator Exclusion: Documentation that psychosocial interventions are (1) not indicated or (2) patients refuses to consider/discuss, or (3) source of referral for psychosocial practice not available in community</p> <p>Numerator: Documentation that adjunctive psycho-social intervention(s) were recommended (See data dictionary reference below) Recommendation may include the following</p> <ul style="list-style-type: none">▪ Interventions provided at practice site▪ Referral to psychologist/therapist or psychiatrist outside of practice site for psychosocial services▪ Referral to a mental health clinic or hospital-based OP program for psychosocial services▪ Referral to a support/advocacy provided community-based program for psychosocial services <p>AND</p> <p>Timeframe: Documentation of recommendation for adjunctive psychosocial intervention(s) should occur within 12 weeks of initiating treatment for bipolar disorder</p>
<p>Data Dictionary Reference: Evidence-based Psychosocial Interventions:</p> <ul style="list-style-type: none">▪ CBT: Cognitive Behavioral Therapy▪ FFT: Family Focused Therapy▪ IPT: Interpersonal Therapy (IPT) with or without Social Rhythm (IPSRT) component▪ Psychoeducation <p>Other psychosocial interventions: The following therapies are not as well supported in clinical trials, but may also be considered to the extent that they encompass the recommended psychosocial strategies</p> <ul style="list-style-type: none">▪ PST: Problem-Solving Therapy▪ PST: Problem-Solving Treatment (PST-Primary Care)▪ PSP: Brief Psychodynamic Supportive Psychotherapy▪ BSC: Brief Support Counseling (active listening; coping strategies; perspective)