



STABLE

STAndards for Bipolar Excellence

A Performance Measurement
& Quality Improvement Program

DATA COLLECTION FORMS

BIPOLAR DISORDER

STAndards for BipoLar Excellence: STABLE Performance Measures

DATA COLLECTION FORM – BIPOLAR DISORDER

Abstractor's Initials: ___/___/___

Organization or Site Code: _____

Red #'s correspond to algorithm data fields

Diagnosis & Index Episode Visit Case Finding & Selection Background Information

Bipolar Disorder Case	
Date of Initial Assessment Visit: mm____dd____yy____	
Age at time of Initial or Episode Visit	
Patient \geq to Age 18	<input type="checkbox"/> Y <input type="checkbox"/> N
Exclude case if less than 18	
Diagnosis causing chart to be selected for review	
Provide code (ICD-9CM or DSM-IV-TR) used for billing or placed on chart that relates to the depression diagnosis	
_____ ICD9CM Code OR _____ DSM-IV-TR Code	
<input type="checkbox"/> Depression diagnosis not coded on chart or used for billing/claim	
Mental health diagnosis at end of initial assessment/evaluation:	

Was this diagnosis considered the <u>primary</u> diagnosis?	<input type="checkbox"/> Y <input type="checkbox"/> N
If NO, what was the primary diagnosis? _____	
Exclude case IF:	
Patient was = hospitalized for a mental illness diagnosis in the 6 months prior to this index visit or was hospitalized for a mental illness diagnosis within the first 12 weeks of treatment	
<input type="checkbox"/> Y <input type="checkbox"/> N	

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Assessment / Evaluation:

Date of initial mental health assessment/evaluation visit at this site for this episode of bipolar disorder

(1) mm_____dd_____yy_____

Is there documentation about the presence of **Bipolar Disorder** (see options below)? (2) Yes No
[Codes; documented diagnosis or impression; or use of assessment tool with clinician conclusion noted]

If 2 is Yes: Date FIRST documented and treatment plan established: (3) mm_____dd_____yy_____

If 2 is Yes: Indicate if documentation OR codes were found in the chart to provide more specific diagnostic information regarding the presence of bipolar disorder.

- o (4) Yes No Was the diagnosis indicated as **Bipolar I Disorder**? (text or codes)
 - (5) Yes No Single manic episode (296.0x) (text or code)
First manic presentation with a history of major depressive episode(s)
 - (6) Yes No Most recent episode hypomanic (296.40) (text or code)
 - (7) Yes No Most recent or current episode manic (296.4x) (text or code)
 - (8) Yes No Most recent or current episode depressed (296.5x) (etc.↑)
 - (9) Yes No Most recent or current episode mixed (296.6x) (text or code)
 - (10) Yes No Most recent or current episode unspecified 296.7x) (etc.↑)
- o (11) Yes No Was the diagnosis indicated as **Bipolar II Disorder**? (296.89) (etc.↑)
At least one hypomanic episode with a history of at least one prior major depressive episode and no history of a manic or mixed episode
- o (12) Yes No Was diagnosis indicated as **Cyclothymic Disorder**? (301.13) (etc.↑)
- o (13) Yes No Was the diagnosis indicated as **Bipolar NOS**? (296.80) (text or code)
- o (14) Yes No Was the diagnosis *specified* as involving **rapid cycling**? (text)
[can apply to BDI or BDII]
Involves 4 or more discrete mood episodes in previous 12 months with partial/full remission for at least 2 months or there is a switch to an episode of opposite polarity

RISK OF SUICIDE:

Is there documentation concerning the risk of suicide (15) Yes No

If 15 Yes: Date this information is FIRST documented in chart: (16) mm_____dd_____yy_____

Did you find this information in narrative notes?_____ ; Was an assessment tool used?_____

ALCOHOL USE:

Is there documentation about the presence or absence of alcohol use/abuse? (17) Yes No

If 17 Yes: Date this statement is FIRST documented in chart: (18) mm_____dd_____yy_____

Did you find this information in narrative notes?_____ ; Was an assessment tool used_____

CHEMICAL / DRUG SUBSTANCE USE:

Is there documentation about the presence or absence of substance use/abuse? (19) Yes No

If 19 Yes: Date this statement is FIRST documented in chart: (20) mm_____dd_____yy_____

Did you find this information in narrative notes?_____ ; Was an assessment tool used_____

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Pharmacotherapy <i>Check all prescribed within the first 12 weeks of treatment</i>			
Antidepressants Place check in box to right of agent if prescribed If no antidepressant therapy: mark NO at bottom		✓ each agent prescribed in column below (21) Yes <input type="checkbox"/> If ✓ below	Record earliest date for each agent prescribed (22) Earliest date from any field below mm____dd____yy____
GENERIC NAME	BRAND NAME(s)		
amoxapine	Asendin		
amitriptyline	Elavil; Endep; Levate		
bupropion	Wellbutrin (SR, XL)		
citalopram	Celexa		
clomipramine	Anafranil		
desipramine	Norpramin		
doxepin	Sinequan; Zonalon		
duloxetine	Cymbalta		
escitalopram	Lexapro		
fluoxetine	Prozac;		
fluvoxamine	Luvox		
imipramine HCl	Tofranil (PM)		
isocarboxazid	Marplan		
maprotiline	Ludiomil		
mirtazapine	Remeron (Remeron Soltab)		
nefazodone	Serzone		
nortriptyline	Aventyl, Pamelor		
paroxetine	Paxil (CR); Pexeva		
phenelzine	Nardil		
protriptyline	Vivactil		
sertraline	Zoloft		
tranylcypromine	Parnate		
trazodone	Desyrel		
trimipramine	Surmontil		
venlafaxine	Effexor (XR)		
Indicate if psychotherapy was only treatment; no type of pharmacotherapy used concurrently			
(21) <input type="checkbox"/> No No documentation of use of antidepressant therapy in first 12 weeks of treatment			
(21.1) <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation of psychotherapy as sole therapy (no pharmacotherapy) during first 12 weeks of treatment			
Reference: FDA CDER December 2006			

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Pharmacotherapy Reference: FDA CDER Dec. 2006			
Lithium/Anticonvulsant Agents found in STABLE measure criteria sets		✓ each agent prescribed (23) Yes <input type="checkbox"/> If ✓ below	Enter date for each agent (24) Earliest date from any field below mm__dd__yy__
Generic Name [Brand Name(s)		
Lithium Agents:			
lithium carbonate	Eskalith (CR), Lithane, Lithobid, Lithonate, Lithotabs		(24a=date)
lithium citrate	Lithonate		(24b=date)
Anticonvulsant Agents:			
carbamazepine	Carbatrol, Epitol, Equetro, Tegretol,		
divalproex sodium (enteric-coated valproic acid)	Depakote (CP) (ER) Divalproex Sprinkles		
lamotrigine	Lamictal (CD)		
valproate sodium	Depacon		
valproic acid (myproic acid)	Depakene		
Above agents not prescribed: (23) NO <input type="checkbox"/> → Reason not used is documented? (25) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>			
1st Generation (Conventional) Antipsychotic Agents found in STABLE measure criteria sets		✓ each agent prescribed (26) Yes <input type="checkbox"/> If ✓ below	Enter date for each agent (27) Earliest date from any field below mm__dd__yy__
Generic Name	Brand Name(s)		
chlorpromazine	Thorazine		
fluphenazine decanoate	Prolixin Decanoate		
fluphenazine HCL	Prolixin; Permitil		
haloperidol (decanoate)	Haldol		
loxapine succinate / HCL	Loxitane (C) (IM)		
mesoridazine	Serentil		
molindone HCL	Moban		
thioridazine (HCL)	Mellaril (Mellaril-S)		
thiothixene	Navane;		
trifluoperazine	Stelazine		
Above agents not prescribed: (26) No <input type="checkbox"/> → Reason not used is documented? (28) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>			
2nd Generation (Atypical) Antipsychotic Agents found in STABLE measure criteria sets		✓ each agent prescribed (29) Yes <input type="checkbox"/> If ✓ below	Enter date for each agent (30) Earliest date from any field below mm__dd__yy__
Generic Name	Brand Name(s)		
aripiprazole	Abilify		
clozapine	Clozaril, Fazclo ODT		
olanzapine	Zyprexa; Zyprexa Zydis		
olanzapine-fluoxetine (combination)	Symbyax		
quetiapine	Seroquel		
risperidone	Risperdal; Risperdal Consta		
ziprasidone	Geodon		
Above agents not prescribed: (29) No <input type="checkbox"/> → Reason not used is documented? (31) YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>			

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Monitoring: Extrapyramidal Symptoms:

Complete this section only if patient is being treated with a 1st (conventional) or 2nd generation (atypical) antipsychotic agent [see p. 4]

Patient on 1st or 2nd generation antipsychotic? (32) Yes No

If YES for 32; then...

Documentation of EPS Monitoring was recorded in chart: (33) Yes No

Information may be found in one of the following documentation methods

- Clinician-scored EPS tool present in records
- Patient's self-reported symptoms documented in record
- Clinician narrative information concerning EPS symptoms documented

If YES for 33; then...

Provide FIRST TWO dates where evidence of EPS monitoring is recorded in chart

(34) ___/___/___
mm dd yy

(35) ___/___/___
mm dd yy

Monitoring: Serum Medication Monitoring for Lithium

Complete this section only if patient is treated with a lithium agent [See page 4]

Patient treated with lithium (36) Yes No

If YES for 36; then...

Documentation that serum levels ordered or patient requested to obtain. (37) Yes No

AND

- Actual lab results obtained and filed/documentated in medical record? (38) Yes No

OR

- Documented reference to the results of a lab test in medical record? (39) Yes No

If Yes for 38 or 39: Provide date of documentation closest to start of treatment with lithium

(40) ___/___/___ (mm/dd/yy)

EXCLUSION

If NO for 38 and 39; then...

Documentation that patient did not follow-through & obtain requested test (41) Yes No

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Monitoring: Weight Gain

Weight or Documentation about Weight Is Recorded: (42) Yes No

If 42 Yes: Is actual weight documented in chart? (43) Yes No

If 43 Yes: Provide FIRST TWO dates where actual weight is recorded in chart

(44) ___/___/___ (45) ___/___/___
mm dd yy mm dd yy

Monitoring: Diabetes Screening:

Complete this section only if patient treated with a 2nd generation (atypical) antipsychotic agent (refer to page 4)
Patient on 2nd generation antipsychotic agent (46) Yes No

If 46 Yes: then...Documentation of laboratory screening for hyperglycemia/diabetes:

- Were lab results obtained and filed/documentated in medical record (47) Yes No

OR

- Was there a documented reference to the results of a lab test? (48) Yes No

If 47 or 48 = Yes: Date of documentation closest to (at or after) start of atypical antipsychotic

(49) ___/___/___(mm/dd/yy)

EXCLUSION: If 47 and 48 = NO

Documentation that patient did not follow-through & obtain requested test (50) Yes No

Documentation by clinician that testing was not indicated for this patient (51) Yes No

Monitoring: Hyperlipidemia Assessment:

Complete this section only if patient treated with a 2nd generation (atypical) antipsychotic agent. (refer to page 4)
Patient on 2nd generation antipsychotic agent? (52) Yes No

Reference:

Lipid Profile includes total lipids; low-density lipoproteins (LDL), high-density lipoprotein (HDL) and triglycerides:

If 52 Yes: then...Documentation of assessment for hyperlipidemia:

- Was lipid profile obtained and filed /documentated in medical record (53) Yes No

OR

- Was there a documented reference to the results of a lab test? (54) Yes No

If 53 or 54 = Yes: Date of documentation closest to (at or after) start of atypical antipsychotic

(55) ___/___/___(mm/dd/yy)

EXCIUSION: If 53 and 54 = NO

Documentation that patient did not follow-through & obtain requested test. (56) Yes No

Documentation by clinician that testing was not indicated for this patient (57) Yes No

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Monitoring Change in Symptom Complex

- Was a symptom monitoring tool used (58) Yes No
- Was symptom monitoring included in a flow sheet or pre-printed form that permitted visualization of change-over-time in response to treatment? (59) Yes No

If 58 or 59 =Yes: Provide FIRST TWO dates where evidence of symptom monitoring is recorded in chart
 First Date: (60) mm____/mm____/yy____ Second Date: (61) mm____/dd____/yy____

Assessment of monitoring Symptom Complex = ≥ 3 symptoms

- Mood / Depressed or "down"; sad, flat
- Mood / Elevated or "high", euphoric, elated
- Irritability / Hostility (angry, short-tempered)
- Sleep
(Insomnia, abnormal waking patterns; OR napping; cannot get up in AM)
- Energy Level/Fatigue ↓
(tired all the time; tires easily;)
- Appetite
(increased/eating more or decreased/eating less)
- Level of interest ↓
(loss of pleasure/interest in normal activities; nothing is interesting anymore, etc.)
- Self-esteem ↓
(feeling incompetent, inferior, inadequate)
- Self-esteem ↑
(grandiosity; I'm more talented, attractive, smarter than everyone, etc.)
- Psychomotor Agitation
(fidgety; hyperactive; agitated)
- Psychomotor Retardation
(“unusually slow”; “slowed-down”; feeling “leaden”)
- Thoughts of suicide/death
- Concentration/Distracted
(hard to focus; cannot make decisions, distractible)
- Goal-directed activity problems
(over-active or over-involved)
- Excessive Guilt
(I let people down; self-reproach; “bad person”)
- Racing thoughts / Flight of Ideas
- Talkativeness or pressured speech
(talking too much)
- High risk pleasure seeking behavior
(gambling, shopping, sexual activity; financial risk-taking)
- Anxiety
(fear, panic, worry, apprehension)

Reference information for documentation of monitoring symptom complex

Check symptoms in column to left or record other symptoms that are documented as being monitored for change-over-time in response to treatment:

Recording is for data abstraction reference purposes only; not a criterion requirement

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Level of Functioning:

Functioning = Work participation; School participation; Social interaction and involvement with family or significant others; Activities associated with daily living such as shopping; completing personal paperwork; cleaning house; caring for children, etc.

Documented evidence of an assessment of the patient's level of functioning? (62) Yes No

Options for methods used to assess and document a patient's level-of-functioning

- *Patient self-report documented by clinician in record notes*
- *Clinician review of patient-completed monitoring form or diary is documented*
- *Use of function monitoring tool*

If 62 = Yes: Provide FIRST TWO dates where evidence of level-of-functioning monitoring is recorded in chart

(63) ___/___/___ (64) ___/___/___
mm dd yy mm dd yy

EXCLUSION: If 62 = No; then...

Is there documentation of patient refusal to complete forms or provide information for function monitoring? (65) Yes No

Condition-specific Education:

Indication in chart that patient was provided with condition-specific education (66) Yes No

If 66 = Yes: Provide FIRST date of documentation of providing education/information in chart.

(67) mm_____dd_____yy_____

If 66 = Yes; then...

Information about type of education provided is documented in chart. (68) Yes No

If 68 = Yes; then...

Was information provided about medication (type, purpose; side effects; monitoring) (69) Yes No

Was additional information about bipolar disorder condition provided (see below) (70) Yes No

- Information about condition (explanation; prognosis; treatment options; aims of treatment)
- Importance of adherence to treatment and/or consequences of non-adherence
- Understanding / how to recognize signs or symptoms of recurrence
- Strategies for coping with symptoms; stresses; triggers, etc.
- Life style management information (sleep / activity / eating / social stimulation, etc.)
- Other: Specify: _____

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Psycho-Social Interventions:

Is there chart documentation that adjunctive psycho-social intervention(s) were recommended (provided on site or through referral)? (71) Yes No

If 71 Yes: FIRST date clinician recommended, provided (or referred for) psychosocial intervention: (72) ___/___/___

EXCLUSION: IF 71 NO: Was there documentation that psychosocial interventions:

- Were not indicated (73) Yes No
- Are not available in community (74) Yes No

Note: Data fields 75 (a-e) provide additional information beyond measure specifications; to be used if desired to capture how psychosocial interventions are provided:

(75) If 71= YES: Indicate the approach to providing or referring for psychosocial interventions

- a. Provided within the practice by a licensed clinician
- b. Referred to psychologist/therapist or psychiatrist outside of practice
- c. Referred to a mental health clinic or hospital-based OP program
- d. Referred to a support/advocacy organization community program
- e. No documentation exists in records regarding the how interventions to be provided

Note: Data fields 76(a-j) provide additional information beyond measure specifications; can be used to ascertain type of psychosocial interventions recommended and/or use of specific evidence-based interventions

(76) If 70 = Yes: Type of psychosocial intervention that was provided or recommended
(Check all that apply if documentation exists in records)

- a. No documentation of type of psychosocial intervention provided or recommended is in record
- b. CBT: Cognitive Behavioral Therapy
Enhance problem-solving skills (activity or social skills scheduling, etc.)
Improve self-esteem; self-image; negative-biased cognitions
- c. FFT: Family Focused Therapy
Improve family understanding and communication, problem-solving and coping
- d. IPT Interpersonal Therapy with or without Social Rhythm (IPSRT)
Improve lifestyle management and/or behaviors (roles, social skills)
Social Rhythm = improve stability of circadian rhythms (sleep, eat, etc.)
- e. Psychoeducation
Enhance adherence; Improve understanding of signs/symptoms of episode recurrence
Improve illness management skills; Improve social, interpersonal and occupational function
- f. PST: Problem-Solving Therapy (PST)
- g. PST: Problem-Solving Treatment (PST-Primary Care)
- h. PSP: Brief Psychodynamic Supportive Psychotherapy
- i. BSC: Brief Supportive Counseling (active listening; adding perspective; coping strategies)
- i. Other: Specify *li.e.. marital therapy*