STABLE

STAndards for BipoLar Excellence

A Performance Measurement
& Quality Improvement Program

STABLE Performance Measures:
Inter-abstractor Reliability Testing & Results

- 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.
- Abstraction was performed in two samples; results were studied using statistical methods
- Inter-abstractor reliability testing results are available within this document

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Abstractor preparation and inter-abstractor testing process:
Data abstraction was conducted by nine data abstractors using the same data collection form

- Training included instruction on the mental health conditions and the data collection instruments
- Neither the Project Manager nor the Pilot Testing Coordinator, both of whom had participated in the development of the data collection strategy and conducted the training acted as inter-abstractor reliability participants
- At each site, abstractors were assigned to pairs and each pair abstracted redacted records
- After abstracting an record, the reviewers switched records in a manner that allowed each record to be abstracted by each person in the pair, independently, without consultation or guidance
- Pairs were rotated to obtain complete results

Testing samples:

- Inter-abstractor reliability testing was conducted twice; first to examine the data collection strategy in a pilot test sample of 50 cases from 7 sites; then when the results indicated that the process was sound, it was replicated in a larger sample during the measure Field Study phase.
- Field Study included 80 out-patient practice sites; 48 psychiatric and 32 primary care practices. Psychiatric sites included 3 academic clinics and 4 public clinics. Demographics involved twenty-nine states with inclusion of urban, suburban and rural areas.
- During Field Study, 802 cases were abstracted. Five percent of the total field testing sample (based on recommendations in the RAND Appropriateness User's Manual) was abstracted twice by two abstractors to obtain the inter-abstractor reliability results

Inter-abstractor reliability testing method and acceptance criteria:
Upon completion of abstraction, the data element pairs relating to the measure numerators and denominators were entered into a SPSS database to determine agreement between the rater pairs.

- A Cohen's kappa was used to examine the agreement between the evaluations of rater pairs when both rated the same data element on the same subject's medical record.
- A value of 1 indicates perfect agreement between the raters. A value of 0 indicates that agreement is no better than chance.
- A kappa statistic was not computed when rater pairs indicated 100% agreement and agreement was uni-directional.
- For the purposes of determination of adequacy of agreement, a kappa of 0.90 or higher was preferable and a kappa of 0.80 or greater was considered satisfactory.
- A kappa of 0.70 or greater with an associated % agreement of 80% or higher was considered acceptable because Cohn's kappa is a conservative index and is more stringent than the percentage agreement since it adjusts for the possibility of chance agreement.
- In the pilot sample, it was determined that if a kappa coefficient of agreement value of < 0.60 was found, either abstractor retraining and/or the specification data elements and data collection form would require review. No kappa < 0.60 was found during the pilot testing phase, therefore the process proceeded without revision to the full field study phase using the larger case sample

Inter-abstractor Reliability Results:
All kappa results met the acceptance criteria summarized above; results are presented below.

STABLE PERFORMANCE MEASURES and INTER-ABSTRACTOR RELIABILITY TESTING RESULTS ▪ *Unless otherwise indicated, a value of 1.0 indicates perfect agreement among the raters.* ▪ *A kappa statistic was not computed when rater pairs indicated 100% agreement and agreement was uni-directional (Indicated by xx*)*	
The % of patients presenting with depression who were assessed, prior to treatment, for the presence of prior or current symptoms and/or behaviors associated with mania or hypomania	N: Kappa = 1.0 D: Kappa = xx*****
The following two measures were tested separately for unipolar depression and for bipolar disorder. Testing results for both are provided. These are not combined measures; the measure can be used for either or both conditions.	
The % of patients diagnosed with bipolar disorder who receive an initial assessment that considers the risk of suicide	N: Kappa = 0.842 94.7% Agree. D: Kappa = xx*****
The % of patients diagnosed with unipolar depression who receive an initial assessment that considers the risk of suicide	N: Kappa = 1.0 D: Kappa = xx*****
The % of patients with unipolar depression who receive an initial assessment that considers alcohol and chemical substance use	N: Kappa = 0.933 96.7% Agree. D: Kappa = xx*****
The % of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use	N: Kappa = 0.753 92.1% Agree. D: Kappa = xx*
The % of patients with Bipolar I Disorder with mania, hypomania, mixed or cycling symptoms and/or behaviors who have evidence of use of a pharmacotherapy agent with antimanic properties during the first 12 weeks of treatment	N: Kappa = 0.934 97.4% Agree. D: Kappa = 0.934 97.4% Agree.
The % of patients with Bipolar I Disorder with depressive symptoms and/or behaviors who have evidence of use of a mood stabilizing or antimanic agent during the first 12 weeks of treatment	N: Kappa = 0.874 97.4% Agree. D: Kappa =0 874 97.4% Agree.
The % of patients with Bipolar I Disorder who received monotherapy with an antidepressant agent during the first 12 weeks of treatment	N: Kappa = xx***** D: Kappa = 0.946 97.4% Agree.
The % of patients with bipolar disorder who were monitored for weight gain during the initial 12 weeks of treatment	N: Kappa = 1.00 94.7% Agree. D: Kappa = xx*
The % of patients diagnosed with bipolar disorder and treated with an antipsychotic agent who were assessed for the presence of extrapyramidal symptoms twice within the first 24 weeks of treatment	N: Kappa = 1.0 D: Kappa = 1.0
The % of patients diagnosed with bipolar disorder and treated with lithium who have evidence of a serum medication level within 12 weeks of beginning treatment	N: Kappa = xx***** D: Kappa = 1.0
The % of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who receive at least one screening for hyperglycemia within the initial 16 weeks of treatment	N: Kappa = 0.803 94.7% Agree. D: Kappa = 1.0
The % of patients diagnosed with bipolar disorder and treated with an atypical antipsychotic agent who received at least one assessment for hyperlipidemia within the initial 16 week period of treatment	N: Kappa = 0.843 97.4% Agree. D: Kappa = 1.0
The % of patients diagnosed and treated for bipolar disorder who are provided with education and information about their illness and treatment within the initial 12 weeks of treatment	N: Kappa = 0.617 84.2% Agree. D: Kappa = xx*****
The % of patients diagnosed and treated for bipolar disorder who are monitored for change in their symptom complex within 12 weeks of initiating treatment	N: Kappa = 0.854 94.7% Agree. D: Kappa = ___*****
The % of patients with bipolar disorder who receive a recommendation for an adjunctive psychosocial intervention, including evidence-based therapies, within 12 weeks of initiating treatment.	N: Kappa = 1.0 D: Kappa = xx***** 97.4% Agree.
The % of patients diagnosed and treated for bipolar disorder who are monitored for change in their level-of-functioning within 12 weeks of initiating treatment	N: Kappa = .789 89.5% Agree. D: Kappa = xx*****