STABLE

STAndards for BipoLar Excellence

A Performance Measurement & Quality Improvement Program

STABLE Performance Measures: Data Feasibility Testing & Results

- Data Feasibility testing was performed to determine the availability of the data elements required in the measure numerator and denominator specifications.
- Data feasibility is tested for the denominator data elements to ascertain whether a practice issue has been adopted to the extent that documentation of that issue is included in clinical records.
- Data feasibility is tested for the numerator data elements to ascertain whether documentation of the specification data elements exists to the extent that monitoring is meaningful and advisable.
- Data feasibility testing results are available within this document

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Case selection for data feasibility testing

- A mix of conditions was requested from each site; each site provided between 7 and 10 cases.
- The records from each site were selected based on documentation stating the patient had been diagnosed with either unipolar depression or bipolar disorder.
- Cases could also be selected for screening based on ICD-9-CM or DSM-IV-TR codes for depression and bipolar disorder
- Cases were abstracted using common data collection tools developed to capture the required numerator and denominator data elements required to construct the measures

Testing samples:

- Data feasibility testing was conducted twice; first to determine the data availability in a pilot test sample of 50 cases from 7 sites; when the results indicated that documentation was present in a sufficient percentage, 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.

Data feasibility testing method, acceptance criteria and results

To determine the data feasibility or availability of documented information in out-patient practice site records, the specification criteria for each denominator and each numerator were programmed into SPSS V 11.0 to compute the proportion of time that the supporting documentation existed.

Results were reported as the proportion of time the documentation existed or did not exist in support of each measure's denominator and numerator specifications:

- A measure was determined to be feasible if the data existed in the practice sites sample and was available for abstraction at least 20% of the time for the denominator and at least 10% of the time for the numerator.
- 20% is very conservative for the denominator; the percentage was selected based on recommendations in conducting medical abstraction in individual clinician practices, where the unit of analysis for the measure will be the individual physician.
    - Two measures tested lower than the desired 20% data feasibility; both were retained at final measure acceptance due to the clinical importance of the issue and the strong evidence.
- 10% was selected for the numerator in recognition that measure adherence to guideline-based practice would reflect the gaps initially determined when the measures were selected and that closing the gaps was a desirable goal.
    - Four measures tested lower than the desired 10% data feasibility; however, all were retained with the determination that the clinical issues involved were important and the goal of closing the gap between guideline recommendations and the current care was important.

STABLE Performance Measures Data Feasibility Testing Results	
The % of patients presenting with depression who were assessed, prior to initiation of treatment, for the presence of prior or current symptoms and/or behaviors associated with mania or hypomania	N: 47.5 D: 99.7
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: 80.7 D: 100
The % of patients diagnosed with unipolar depression who receive an initial assessment that considers the risk of suicide	N: 61.4 D: 100
The % of patients with unipolar depression who receive an initial assessment that considers alcohol and chemical substance use	N: 41.0 D: 100
The % of patients with bipolar disorder who receive an initial assessment that considers alcohol and chemical substance use	N: 78.3 D: 100
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: 17.9 D: 22.7
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: 8.6 D: 9.3
The % of patients with Bipolar I Disorder who received monotherapy with an antidepressant agent during the first 12 weeks of treatment	N: 100 D: 37.3
The % of patients with bipolar disorder who were monitored for weight gain during the initial 12 weeks of treatment	N : 15.5 D: 100
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: 4.1 D: 54.2
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: 5.9 D: 13.3
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: 10.4 D: 52.8
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: 4.8 D: 52.7
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: 32.2 D: 96.4
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: 12.6 D: 96.4
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: 38.4 D: 96.4
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: 39.9 D: 96.4