



STABLE

STAndards for **Bi**po**L**ar **E**xcellence

A Performance Measurement
& Quality Improvement Program

DATA COLLECTION FORMS

DEPRESSION

STAndards for **BipoLar Excellence: STABLE** Performance Measures

DATA COLLECTION FORM - DEPRESSION

Abstractor's Initials: ___/___/___

Organization or Site Code: _____

Red #'s correspond to algorithm data fields

Diagnosis & Index Episode Visit

Case Finding & Selection Background Information

Unipolar Depression Case

Date of Initial Assessment Visit: mm____dd____yy____

Age at time of Initial or Episode Visit

Patient \geq to Age 18

Y 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

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 primary diagnosis?

Y 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

Y N

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Initial Assessment/Evaluation:

Date of initial mental health assessment/evaluation visit at this site relating to this episode of depression
(1) mm____dd____yy_____

Is there documentation about the presence of **depression** (see options below)? (2) Yes No

If 2 Yes: Date this information is FIRST documented in chart: (3) mm____dd____yy_____

If 2 Yes: Where did you find the information about the presence of depression?

Codes 296.2x; 296.3x; 300.4 or 311 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 that states "depression"

Use of a screening/assessment tool for depression with a documented score or conclusion that the patient is clinically depressed and in that this information is documented by clinician to establish or substantiate the diagnosis

Is there documentation indicating that an assessment or screening/history was done to determine the **presence or absence** of current or prior **mania or hypomania** episodes or behaviors? (4) Yes No

If 4 Yes: Date this information is FIRST documented in chart: (5) mm____dd____yy_____

If 4 Yes: Where did you find the information about this assessment or history

Clinician statement in patient record regarding inquiry regarding the presence or absence of current or prior symptoms or behaviors associated with mania/hypomania

Use of a bipolar disorder screening tool or assessment/history tool that is documented as considered by the clinician assigning the diagnosis

RISK OF SUICIDE:

Is there documentation concerning the risk of suicide (6) Yes No

If 6 Yes: Date this information is FIRST documented in chart: (7) mm____dd____yy_____

If 6 Yes: 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? (8) Yes No

If 8 Yes: Date this statement is FIRST documented in chart: (9) mm____dd____yy_____

If 8 Yes: 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? (10) Yes No

If 10 Yes: Date this statement is FIRST documented in chart: (11) mm____dd____yy_____

If 10 Yes: Did you find this information in narrative notes____; was an assessment tool used____

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Pharmacotherapy		✓ if agent prescribed (12) Yes <input type="checkbox"/> If any field below is ✓	Record earliest date for each agent prescribed (13) Earliest date from column below mm ___ dd ___ yy ___
Antidepressants <i>Check all that apply and enter date for each agent Use date of first documented prescription for agent</i>			
GENERIC NAME	BRAND NAME(s)		
amoxapine	Asenden		
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)		
If antidepressant agent not prescribed (12) No <input type="checkbox"/>			

Reference: FDA CDER December 2006

Psychotherapy
Did treatment plan prescribed for depression include psychotherapy: (14) <input type="checkbox"/> Yes <input type="checkbox"/> No
If 15 Yes: Date First Documented: (15) mm ___ dd ___ yy ___