Complete Summary

TITLE

Depression: the percentage of patients presenting with depression who were assessed, prior to the initiation of treatment, for the presence of prior or current symptoms and/or behaviors associated with mania or hypomania.

SOURCE(S)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients presenting with depression who were assessed, prior to the initiation of treatment, for the presence of prior or current symptoms and/or behaviors associated with mania or hypomania.

RATIONALE

Bipolar Disorder is an episodic illness with a variable course:

- It is generally a lifetime condition associated with significant disability.
- It is frequently unrecognized, underdiagnosed, and thus, not treated appropriately.

Recognition Considerations

- Depressive episodes are the frequent presenting characteristics of both major depressive disorder and bipolar disorder.
- Symptomatic bipolar disorder patients spend, on average, 33% of their time in a depressive phase compared to about 11% of their time in a manic/hypomanic phase.
- Bipolar patients report considerable distress associated with their depressive symptoms and seek treatment for depression.
- Bipolar depressive episodes are not only more numerous but, on average, also last longer than a patient's manic or hypomanic episodes.
- Patients generally do not recognize or spontaneously report prior episodes of hypomania as these periods may be considered as normal happiness or well-being.
- The most common incorrect diagnosis associated with bipolar disorder is unipolar depression.

PRIMARY CLINICAL COMPONENT

Unipolar depression; bipolar disorder; mania; hypomania; assessment

DENOMINATOR DESCRIPTION

Patients diagnosed and treated for unipolar depression (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Patients who receive an assessment, prior to treatment for unipolar depression, that includes consideration of current and/or prior manic or hypomanic symptoms or behaviors (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians
Psychologists/Non-physician Behavioral Health Clinicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

<div style="background:#8888ee; text-align:center">Institute of Medicine National Healthcare Quality Report Categories</div>

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

<div style="background:#8888ee; text-align:center">Data Collection for the Measure</div>

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Patients with a diagnosis involving unipolar depression: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) or Diagnostic and Statistical Manual of Mental Disorders, Fourth Revision, Text Revision (DSM-IV-TR): 296.2x; 296.3x; 300.4 or 311

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression

AND

Documentation of a diagnosis involving unipolar depression; to include at least one of the following:

- 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 indicating "depression"
- Use of a screening/assessment tool for depression with a documented score or conclusion that the patient is clinically depressed and indication that this information is used to establish or substantiate the diagnosis

AND

Documentation of treatment for depression, to include at least one of the following:

- Antidepressant pharmacotherapy

    AND/OR

- Psychotherapy and/or counseling for depression; provided at practice site or through referral

Exclusions
Unspecified

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Documentation of a screening or assessment that considers the presence or absence of current and/or prior symptoms or behaviors of mania or hypomania. Sources of this documentation may include the following:

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

- Use of a bipolar disorder screening or assessment tool for mania/hypomania symptoms or behaviors

AND

Timeframe:
Documentation of the screening or assessment for mania/hypomania must be present prior to, or concurrent with, the visit where the treatment plan for depression (pharmacotherapy and/or psychotherapy) is documented.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Administrative data
Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

- Mood Disorders Questionnaire (MDQ): Brief self-report tool (available at www.cqaimh.org/stable.html)
- CIDI*-based Bipolar Disorder Screening Scale: Brief clinician-administered tool (available at www.cqaimh.org/stable.html)

*Composite International Diagnostic Interview

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

- The STABLE measures were developed using the RAND Appropriateness Method and have been shown to have content validity and face validity.
- Data feasibility testing was performed to determine the availability of the data elements required in the measure numerator and denominator specifications.
- 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.
- A field study was conducted to determine measure conformance in an appropriate convenience sample.

Refer to the references listed below for further information.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

STABLE performance measures: data feasibility testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

STABLE performance measures: development process & validity ratings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: field study process & conformance findings. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 3 p.

STABLE performance measures: inter-abstractor reliability testing & results. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. 2 p.

Identifying Information

ORIGINAL TITLE

Depression: screening for bipolar mania/hypomania prior to treatment for depression.

MEASURE COLLECTION

[Standards for Bipolar Excellence (STABLE) Performance Measures](#)

SUBMITTER

Center for Quality Assessment and Improvement in Mental Health

DEVELOPER

STABLE Project National Coordinating Council

FUNDING SOURCE(S)

AstraZeneca LLP, Wilmington, Delaware, provided financial sponsorship for the STABLE Project. They did not otherwise participate in the development of either the measures or toolkit.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

The STABLE [National Coordinating Council (NCC)](#) was comprised of national experts in bipolar disorder, psychiatry, primary care, and performance improvement. The NCC guided and directed the STABLE Project. NCC members agreed to serve with the understanding that the STABLE Performance Measures and Resource Toolkit would be fully transparent and available without cost in the public domain.

[EPI-Q, Inc.](#), is a consulting company providing practice-based outcomes research, pharmacoeconomic studies, and quality improvement services. EPI-Q managed the STABLE Project.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

Unspecified

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2007 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

STABLE (STAndards for BipoLar Excellence) performance measures. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007. various p.

MEASURE AVAILABILITY

The individual measure, "Depression: Screening for Bipolar Mania/Hypomania Prior to Treatment for Depression," is published in "STABLE (STAndards for BipoLar Excellence) Performance Measures." This document is available in Portable Document Format (PDF) from the Center for Quality Assessment and Improvement in Mental Health (CQAIMH) Web site.

COMPANION DOCUMENTS

The following is available:

- STABLE National Coordinating Council Resource Toolkit Workgroup. STABLE resource toolkit. Boston (MA): Center for Quality Assessment and Improvement in Mental Health; 2007 Mar. 67 p. This document is available in Portable Document Format (PDF) from the Center for Quality Assessment and Improvement in Mental Health (CQAIMH) Web site.

NQMC STATUS

This NQMC summary was completed by ECRI Institute on January 10, 2008. The information was verified by the measure developer on April 14, 2008.

COPYRIGHT STATEMENT

The STABLE materials published on this Web site are copyrighted by CQAIMH. They may be used for research, teaching, and quality measurement/improvement activities – provided the following:

- The materials are not sold, distributed or licensed for commercial purposes.
- CQAIMH's copyright is acknowledged in reproductions of these materials.
- Modifications to the materials are not made without CQAIMH's permission.

Disclaimer

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

Date Modified: 11/3/2008