

**CBE ID**

0003

**Title**

Bipolar Disorder: Assessment for diabetes

**Endorsement Status**

Endorsement Removed

**Is Under Review**

No

**Previous Endorsement Cycle**

Full Year 2013

**Removal Date**

Thu, 09/18/2014 - 20:00

**Initial Endorsement**

Sun, 08/09/2009 - 20:00

**Steward**

Center for Quality Assessment and Improvement in Mental Health

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

Percentage of patients treated for bipolar disorder who are assessed for diabetes within 16 weeks after initiating treatment with an atypical antipsychotic agent.

**1.7 Measure Type**

Process

**1.8 Level of Analysis**

Clinician: Group/Practice, Clinician: Individual

**1.9 Care Setting**

Ambulatory Care: Clinician Office

## 1.14 Numerator

Assessment for diabetes must include documentation of one of the following:

- Reference in chart that test was ordered and results or information about results was obtained OR
- Lab results filed in chart or available in patient's electronic medical record

Reference: Tests used to screen/assess for diabetes: Preferred Fasting plasma glucose; Non-fasting plasma glucose; Glucose tolerance

Also Accepted: Glycosylated hemoglobin (Hb A1c; glycated hemoglobin) Random glucose

AND Timeframe: Test results/information from test conducted within 16 weeks after the initiation of a second generation atypical antipsychotic agent

OR Measurement EXCLUSION FROM COMPLIANCE Issues Numerator criteria not applicable and exclusion from compliance as stated below:

1. Documentation by physician that test was not clinically indicated for this patient
- OR 2. Documentation that test was requested but patient failed to comply with request to obtain test

## 1.15 Denominator

Patients 18 years of age or older with an initial or new episode of bipolar disorder

AND Documentation of a diagnosis of bipolar disorder; to include at least one of the following:

- Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms
- OR • Diagnosis or Impression or "working diagnosis" documented in chart indicating bipolar disorder
- OR • Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis

AND Documentation of treatment with an atypical antipsychotic agent. (See reference list below) Note: It is not the intent to indicate preferred pharmacotherapy. The reference list is inclusive of those atypical antipsychotic medications that are reasonably construed to be appropriate in accordance with current guidelines. (Reference list of medications also included in data collection form)

Atypical Antipsychotic Agents • aripiprazole • quetiapine • clozapine • risperidone • olanzapine • ziprasidone • olanzapine-fluoxetine (combination)

None. New diagnosis" or a "new episode," is defined as cases where the patient has not been involved in active treatment for 6 months. Active treatment includes being hospitalized or under the out-patient care of a physician.

## 1.20 Types of Data Sources

Claims Data

### 6.1.2 Current or Planned Use(s)

Public Reporting, Quality Improvement with Benchmarking (external benchmarking to multiple organizations), Quality Improvement (Internal to the specific organization)

### 6.1.3 Current Use(s)

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

## Exclusions

None.

## Planned Use

Public Reporting, Quality Improvement (Internal to the specific organization), Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

**Risk Adjustment**

No risk adjustment or risk stratification

**Steward Organization**

Center for Quality Assessment and Improvement in Mental Health

**Steward POC email**

rhermann@cqaimh.org