The Supplemental and Measurable Guideline provides objective and consensus-based measurable components to the Best Practice Guideline for Bipolar Disorder. The guidelines, as written, are meant to measure a minimum standard of care. Two aspects of this Supplemental Guideline are measured on at least an annual basis, and the data are then used to identify opportunities for improvement.

Bipolar disorder is a serious, lifelong medical condition that affects over 2 million adults ages 18 and older in the United States in any given year (Narrow, 1998). Due to misdiagnosis and missed diagnosis, the incidence of bipolar disorder may be even higher than current estimates. According to the DSM-5, approximately 2% of people in the United States are diagnosed as having bipolar disorder (APA, 2013). However, when accounting for the “spectrum” of bipolar disorders, estimates may be as high as 6.5% (Angst, 1998). According to a survey conducted by the Depression and Bipolar Support Alliance (DBSA), almost 70% of patients were misdiagnosed prior to receiving a diagnosis of bipolar disorder (Hirschfield, Lewis and Vornik, 2003). Bipolar disorder is the sixth leading cause of disability in the United States and results in suicide nearly one in five cases (NIMH, 2001; Goodwin, 1990). Bipolar disorder is associated with a higher suicide rate post hospitalization (Qin & Nordentoft, 2005). Bipolar disorder is found in combination with both medical and other psychiatric disorders. Sixty percent (60%) of people with bipolar disorder have alcohol or other substance abuse problems.

Goldberg and Hoop (2004) point out the importance of engaging with bipolar patients early in the treatment process, especially when they are seeking help in the depressed stage of the disorder. They also emphasize the criticalness of getting the patient on a mood stabilizer to reduce the risk for subsequent episodes, and the need to balance effective acute treatment with longer term maintenance care. Cohen (2005) stresses that usage of pharmacotherapy is a very important component in the management of bipolar disorder, yet many bipolar patients adjust or discontinue taking medication on their own. He also points out that as bipolar patients improve, they resist maintenance or longer term treatment. Addressing ambivalence to medication is important throughout the treatment process. Pomerantz (2005) highlights a number of important factors regarding bipolar disorder including the fact that early intervention can

1 Optum is a brand name used by United Behavioral Health and its affiliates.
help prevent hospitalizations and that bipolar disorder is a chronic illness which requires ongoing maintenance treatment. Furthermore, successful management of these patients should include psychopharmacologic treatment and supportive psychotherapy, with ongoing consultation and collaboration among treating clinicians. Specific psychosocial treatments have been found to decrease risk for relapse, improve identification of impending risk, and improve management of high-risk situations without recurrence (Miklowitz and Otto, 2007).

The American Psychiatric Association has developed a guideline for the treatment of bipolar disorder which emphasizes adequate maintenance treatment for the bipolar patient in order to enhance treatment adherence, especially through a maintenance regimen of medication as well as offering the patient a variety of psychosocial interventions. The guideline includes a review of the evidence base and efficacy of various psychosocial interventions. The guideline also calls for continued, longer term treatment for the bipolar patient in order to prevent relapse. Optum and OptumHealth Behavioral Solutions of California (OHBS-CA) have operationalized these recommendations through the development of a supplemental, measurable guideline directed at clinicians in the provider network.

This guideline has three components:

1) Treatment Engagement: The APA practice guideline highlights the difficulty of engaging patients newly diagnosed with bipolar disorder in treatment. The first set of measures, therefore, identifies adult individuals newly diagnosed with bipolar disorder and measures their engagement in the acute and maintenance phases of treatment.

   - The number of members who had at least one medication management service or ECT within 30 days (1 month) of the initial diagnosis of bipolar disorder;
   - The number of members with at least 3 medication management services or ECTs between 31 and 180 days (6 months);
   - The number of members who had at least one medication management or ECT service between 180 and 301 days (10 months).

2) Concomitant psychosocial intervention: The second component of the guideline seeks to ensure that bipolar patients are receiving maintenance treatment that includes some form of psychosocial intervention as measured by visits with a behavioral health practitioner.

   - At least two visits with a behavioral health practitioner that are completed within the initial six (6) months of outpatient treatment.

3) Follow-up after hospitalization: The third component addresses the increased risk of suicide for bipolar patients after they leave an inpatient setting.
• The rate of follow-up within 7-days after discharge from an inpatient facility.
References


