

056: IMPROVING MEDICATION ADHERENCE TO BIPOLAR CLINICAL PRACTICE GUIDELINE

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Objective:

To improve practitioner adherence to prescribing mood-stabilizing medications consistent with a Bipolar Disorder practice guideline.

Method:

Bipolar disorder is a high-risk, chronic illness that has potentially devastating effects on many aspects of a person's life. Suicide occurs in 10%-15% of individuals with Bipolar I Disorder. In the managed behavioral health care organization, Bipolar Disorder was the second most common diagnostic category among the (MBHO) inpatient service users, accounting for 16.6% of all inpatient service users in 2000. The Disorder accounted for 22% of inpatient days of care and the second longest average length of stay at 11.8 days. Reducing under-utilization of mood stabilizing medication for patients with bipolar disorder is an essential aspect of effective disease management, reduces risk to members, and enhances their quality of life.

To monitor practitioner and the organization's performance, the MBHO routinely measures the degree to which contracted practitioners adhere to clinical practice guidelines. This measurement is based on a review of practitioner-reported prescribing activity supplemented by a clinical review of all cases with the practitioner when adherence is not indicated. The data source for assessment was the Provider Assessment Report (PAR), a provider tool used to report diagnostic and other clinical information including medication management. Measurement of compliance with clinical practice guidelines for Bipolar Disorder began in 1998 and has historically yielded results below the organization's performance goal for adherence to medication protocols. Performance was measured annually beginning October 1, 1999.

Results:

Medication adherence was 71% in 1999 and increased to 88% in 2002, a 17 percentage point improvement in performance. The Chi-square test showed that the difference in the rate of adherence from Baseline to the second re-measurement period was statistically significant, $\chi^2 = 64.38$ [$p < .001$]. During the course of this study the managed behavioral healthcare organization implemented the following interventions to impact performance:

- Appropriately staffed clinical management team, designed to support severely mentally ill members and ensure those members identified as 'at risk' for recurrent, acute episodes of mental illness are compliant with prescribed medications and outpatient treatment.
- Added verified practitioner specialty information to authorization system to ensure that the most skilled network practitioners treat members with a serious mental illness diagnosis such as Bipolar Disorder.
- Trained Care Managers on the Bipolar Clinical Practice Guideline and the process of exception management.
- Educated practitioners, via telephone contact, on the Bipolar Clinical Practice Guideline and medication classification.

Conclusions:

Based on the results of performance monitoring, the project was successful in improving medication adherence to Bipolar Clinical Practice Guidelines in a managed care delivery system. Through the course of this project the organization learned that the following interventions were the most successful in increasing adherence, as well as ensuring quality service to members and decreasing the use of inappropriate medications for treatment:

- Utilizing practitioners most skilled in treating serious mental illness
- Educating practitioners on the Bipolar Clinical Practice Guideline
- Training the organization's clinical staff on the Bipolar Clinical Practice Guideline and the process of exception management
- Maintaining an appropriately staffed clinical management team to ensure the most consistent support to members

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