Online CME is Successful in Prompting Performance Improvements Related to Differentiating and Diagnosing Bipolar Disorder

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OBJECTIVE

Because the symptoms of depression in bipolar disorder closely resemble those of major depressive disorder (MDD), bipolar depression is often delayed or misdiagnosed in clinical practice. This study was developed to assess the ability of an online continuing medical education (CME) program to encourage practice changes related to the screening and diagnosis of bipolar disorder among psychiatrists, primary care physicians (PCPs), and psychiatric advanced practice providers (APPs).

METHODS

The CME activity was a 15 minute video case study with integrated patient:clinician vignettes and expert commentary. The impact of the education on performance outcomes was measured with an intent to change survey, a validated surrogate measure for actual changes in clinical practice, as a result of participation in CME activity. Learners were asked to identify intended changes and barriers immediately after program completion. Survey participants were contacted 8 weeks later to assess self-reported actual changes in practice. The activity launched 9/28/2022 and data were collected through 6/8/2023.

RESULTS

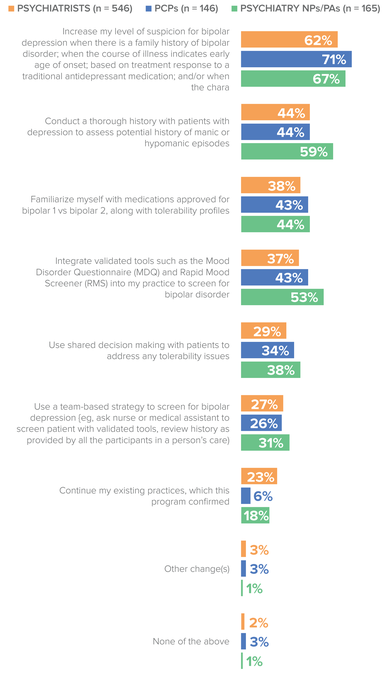
A total of **857 clinicians** in the target audience provided immediate post-activity feedback on the intention to make practice changes and barriers that may prevent their implementation.

The results of the immediate post-education survey included 546 psychiatrists (64%), 146 PCPs (17%), and 165 psychiatric APPs (19%). 89% indicated an average of 2.9 planned practice changes each.

PLANNED CHANGES

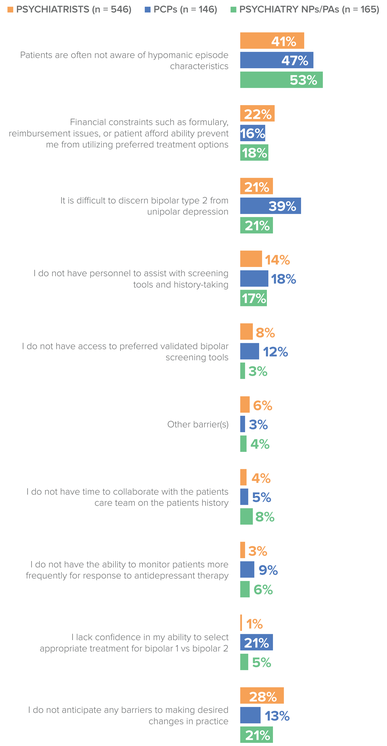
Top planned changes include:

- Increase their level of suspicion for bipolar disorder based on evidence-based variables.
- Conduct a thorough history with patients with depression to assess potential history of manic or hypomanic episodes.
- Integrate validated tools into practice to screen for bipolar disorder.
- Use shared decision making with patients to address any tolerability issues.

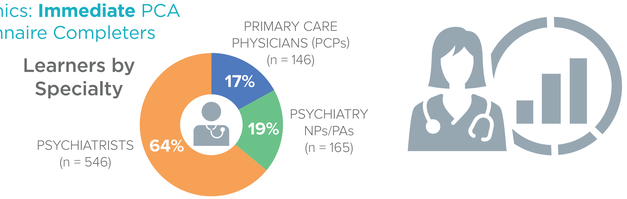


PERCIEVED BARRIERS

The most commonly noted perceived barriers for implementing the changes across all clinician groups included that patients are often not aware of hypomanic episode characteristics and that it is difficult to discern bipolar II from unipolar depression.

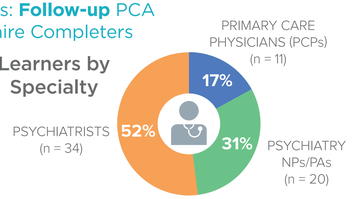


Demographics: **Immediate** PCA Questionnaire Completers



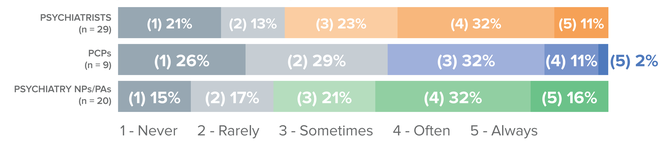
65 learners completed the follow-up survey including 34 psychiatrists (52%), 11 PCPs (17%), and 20 psychiatric APPs (31%). 89% reported making an average of 3.8 changes in practice as a result of this activity.

Demographics: **Follow-up** PCA Questionnaire Completers



TELEMEDICINE USE IN PRACTICE

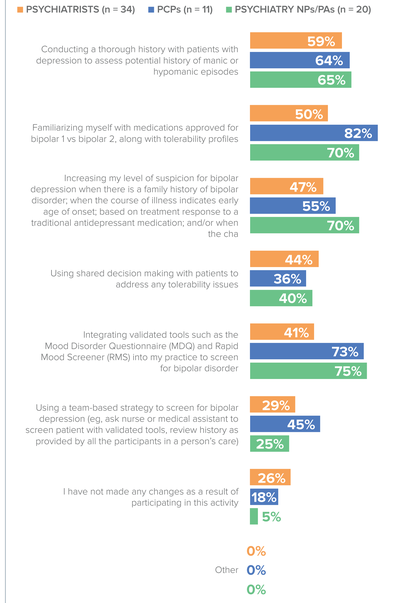
How often do you use telemedicine in your practice?



TOP IMPLEMENTED PRACTICE CHANGES

Top implemented changes include:

- Conduct a thorough history with patients with depression to assess potential history of manic or hypomanic episodes.
- Familiarizing with medications approved for bipolar 1 vs bipolar 2, along with tolerability profiles
- Increase their level of suspicion for bipolar disorder based on evidence-based variables.
- Integrate validated tools into practice to screen for bipolar disorder.



CONCLUSIONS

This study provides evidence that online CME prompted clinicians to make changes in practice to better screen and diagnose bipolar disorder. Future education should continue to address the challenges in discerning bipolar depression from unipolar depression and the identified barriers to practice change.

ACKNOWLEDGEMENTS

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