

Bipolar Action Network

An invitation to private and non-profit clinical sites to join the first learning health network for bipolar disorder.

9

HEALTH SYSTEMS IN THE NETWORK

7M+

AMERICANS AFFECTED BY BIPOLAR DISORDER

20+

YEARS WITH NO IMPROVEMENT IN OUTCOMES

OUR MISSION, VISION & WHERE WE STAND

MISSION “To radically improve the health and well-being of people with bipolar disorder.”

VISION “A reimagined system of patients, families, clinicians, and researchers working together to try new ideas, learn from collective knowledge, and continuously advance our mission.”

Led by **Dr. Andrew Nierenberg** (Massachusetts General Hospital, an authority on bipolar disorder) and **Dr. Peter Margolis** (Stanford University, an authority on learning health networks), with a team of experts in LHN implementation: Karen Baldoza, Dr. Rachael Fleurence, Dr. Bo Kim, Dr. Gareth Perry.

Across medicine — in gastroenterology, pediatrics, and cardiology — learning health networks have transformed outcomes by turning fragmented, trial-and-error care into systems that learn continuously. Psychiatry has been left behind. Outcomes in bipolar disorder have not improved in twenty years — not for lack of effective treatments, but because each site has been left to determine what works largely on its own. BAN closes that gap: the first learning health network for bipolar disorder, built on a shared Data Registry that applies the same outcome measures across every site. Today, 9 health systems and dozens of patients, family members, and other experts by experience (people who live with bipolar disorder) are working together toward this mission. The approach is yielding results: five of nine early projects demonstrated measurable improvement before the full system was launched. Patients and families have been full partners from the outset, shaping network governance rather than simply providing feedback. Our sites include Massachusetts General Hospital (MGH), Indiana University Health and School of Medicine, Cincinnati Children's Hospital Medical Center, Northwestern University, Virginia Commonwealth University, University of Cincinnati College of Medicine, Eliot Community Human Services, Huntsman Mental Health Institute and Pediatrics, Cambridge Health Alliance.

WHY JOIN BAN

- **Proven model.** Similar networks cut mortality 40% in pediatric cardiology and raised inflammatory bowel disease remission from 60% to 83%.
- **See what works across systems.** Acquire outcome data on bipolar disorder care that no single site can produce alone.
- **Improve faster.** Adopt a tested portfolio of system changes — no need to build your own.
- **Shape the field.** Early participation means shaping the field's standards for bipolar disorder care, not simply adopting them.

BENEFITS: WHAT'S IN IT FOR YOUR SITE

- **Established improvement infrastructure.** A ready-made portfolio of proven improvements in screening, treatment, care coordination, and patient partnership, with QI training and coaching from network experts.
- **Real-time outcomes data.** Shared access to a Data Registry and benchmarked dashboards tracking outcomes at every site.
- **Equitable governance.** An equal vote on research priorities and data-sharing policy regardless of tier, and transparent, contribution-based compensation for clinical trial participation.
- **Revenue optimization.** Consulting support to optimize newly approved bipolar-specific CPT codes and increase revenue while improving care.
- **Research access.** Participate in and help co-lead BAN clinical trials and real-world studies, with strong positioning for NIH, PCORI, foundation, and industry funding.
- **National visibility.** Recognition as a founding member of the first learning health network for bipolar disorder.
- **Experts by experience, done right.** Coaching on authentically partnering with people who live with bipolar disorder in care design and governance.
- **Sustained collaboration.** Monthly network calls, biannual conferences, peer coaching, and shared best-practice guides.

COMMITMENTS: WHAT'S EXPECTED OF YOUR SITE

- **Leadership and staffing.** Senior leadership committed to improving care for all patients with bipolar disorder, supported by a dedicated team — a physician or mental health leader, administrative support, and a lead committing 4–6 hours/month.
- **Integrated care delivery.** Coordination across mental health, primary care, emergency medicine, hospital, and community care as a single system, with billing codes supporting structured bipolar care.
- **Data sharing and compliance.** Sharing data openly with the network, formalized through a Participation and Data Use Agreement (PDUA) as part of onboarding, alongside IRB approval, and ongoing submission to the Data Registry.
- **Knowledge sharing.** Contributing a tool, protocol, or lesson learned to the network every six months.

MEMBERSHIP INVESTMENT, SCHOLARSHIP & SUSTAINABILITY

	Anchor Member \$72,500 / year	Network Member \$35,000 / year	Community Member \$15,000 / year
Eligibility	Behavioral health dept. revenue over \$100M — large academic medical centers, integrated systems	Behavioral health dept. revenue \$25M–\$100M — mid-size academic medical centers, regional systems	Behavioral health dept. revenue under \$25M — community health centers (FQHCs), community psychiatry, safety-net clinics
Scholarship	Not applicable	Exceptional cases only, with demonstrated need	Presumptively eligible, subject to annual need review — sites pay \$15,000; scholarship covers the remainder of standard dues for qualifying sites

Membership dues are one part of BAN's funding model — philanthropic and industry partnerships also open opportunities for member sites in BAN-coordinated trials and real-world evidence (RWE) studies, compensated by contribution.

HOW TO JOIN & KEY DATES

- Submit a one-page letter of interest, describing your site and why you want to join — **by November 1, 2026**. Cover: organizational profile & patient volume; leadership sponsor & team lead; readiness across departments; anticipated tier & scholarship interest; rationale for joining; and a primary contact. Template available on [BAN Website](#).
- Invitations to join are sent by BAN — **December 1, 2026**.
- Onboarding begins **as soon as contracts are signed**.

Questions & more details: Khadija Tlaiti KTLAITI@mgm.harvard.edu

Learn more: Nierenberg AA, Margolis P, Strakowski S, Trivedi M, Yatham LN. A Bipolar Learning Health Network: An innovation whose time has come. *Bipolar Disorders*. 2023;25(3):177–180. · Madara JL, Miyamoto S, Dowdy SC, Greene SM, Tarrant J, Margolis PA. Transforming Health Care — Shared Commitments for a Learning Health System. *N Engl J Med*. 2025;393(2):192–197.

