

## Follow-Up Care for Children Prescribed ADHD Medication (ADD)

New Directions Behavioral Health® is committed to working with participating physicians to improve the quality of care for members. To evaluate performance on important care and service measures, we use the Healthcare Effectiveness Data and Information Set (HEDIS®) tool developed by the National Committee for Quality Assurance (NCQA®). This bulletin provides information about a HEDIS measure concerning the importance of follow-up care for children prescribed ADHD medication.

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders affecting children. The main features include hyperactivity, impulsiveness and an inability to sustain attention or concentration.<sup>1,2</sup> When managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness and inability to sustain concentration. To ensure that medication is prescribed and managed correctly, it is important that children be monitored by a pediatrician with prescribing authority.

### Meeting the Measure: Measurement Year 2022 HEDIS® Guidelines

Assesses children 6–12 years of age newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

Newly prescribed ADHD medication means a period of 120 days (4 months) prior to the new prescription when the member had no ADHD medications dispensed for either new or refill prescriptions.

Two rates are reported:

Initiation Phase - Members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

Continuation and Maintenance (C&M) Phase - Members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.

A practitioner with prescribing authority includes nurse practitioners, physician assistants and other non-MDs who have the authority to prescribe medications.

Measure does not apply to members with a diagnosis of narcolepsy or in hospice.

#### Initiation Phase Treatment

Any of the following treatment qualifies for the initial follow-up visit with a practitioner with prescribing authority:

- Observation
- Partial hospitalization
- Intensive outpatient

- Outpatient
- Behavioral health outpatient
- Health and behavior assessment or intervention
- Community mental health center
- Telehealth
- Telephone

Note:

- Initiation Phase visit cannot be on the same day when the new ADHD medications were prescribed.

### **Continuation and Maintenance Phase Treatment**

The member must fill a sufficient number of prescriptions to provide continuous treatment for at least 210 days out of the 300-day period after the new ADHD medications were prescribed.

Any of the following qualifies for the two follow-up visits on different dates of service with any practitioner, from 31 to 300 days (9 months) after the new ADHD medications were prescribed:

- Observation
- Partial hospitalization
- Intensive outpatient
- Outpatient
- Behavioral health outpatient
- Health and behavior assessment or intervention
- Community mental health center
- Telehealth
- Telephone
- On-line assessment (E-visit or virtual check-in) – can be used for no more than one of the two visits

Note:

- The definition of “continuous medication treatment” allows gaps in medication treatment, up to a total of 91 days during the 300-day (10-month) period. (This period spans the Initiation Phase [1 month] and the C&M Phase [9 months].) Gaps can include either washout period gaps to change medication, weekend drug holidays, or treatment gaps to refill the same medication. Regardless of the number of gaps, the total gap days may be no more than 91.

## **You Can Help**

- Before scheduling an appointment, verify with the member that it is a good fit considering things like transportation, location, and time of the appointment.
- Make sure that the member has appointments:
  - One initiation visit with a practitioner with prescribing authority within 30 days of the date the new ADHD medications were prescribed.
  - Two follow-up visits on different dates of service with any practitioner, from 31 to 300 days (9 months) after the new ADHD medications were prescribed.
- Engage parents/guardian or significant others in the treatment plan. Advise them about the importance of treatment and attending appointments.
- Aftercare appointment(s) should be with a healthcare provider and preferably

- with a licensed behavioral therapist and/or a psychiatrist.
- Talk frankly about the importance of follow-up to help the member engage in treatment.
  - Identify and address any barriers to member keeping appointment.
  - Provide reminder calls to confirm appointment.
  - Reach out proactively within 24 hours if the member does not keep scheduled appointment to schedule another.
  - Providers should maintain appointment availability for members with ADHD diagnosis.
  - Closely monitor medication prescriptions and do not allow the total gap days to be more than 91 during the 300-day (10-month) period.
  - Emphasize the importance of consistency and adherence to the medication regimen.
  - Advise the member and significant others of side effects of medications, and what to do if side effects are severe and can potentially result in lack of adherence to the treatment plan and medication regimen.
  - Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects etc.
  - Care should be coordinated between providers and begin when the ADHD diagnosis is made. Encourage communication between the behavioral health providers and Primary Care Physician (PCP).
  - Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP.
  - Instruct on crisis intervention options.
  - Provide timely submission of claims with correct service coding and diagnosis.

## New Directions is Here to Help

For providers calling New Directions -

If you need to refer a member or receive guidance on appropriate services, please call:

- New Directions Behavioral Health at (888) 611-6285
- Florida providers call (866) 730-5006

For providers directing members to call New Directions -

- Behavioral healthcare coordination and referrals 24 hours a day, call toll-free (800) 528-5763.

### References:

1. N Visser, S.N., M.L. Danielson, R.H. Bitsko, J.R. Holbrook, M.D. Kogan, R.M. Ghandour, ... & S.J. Blumberg. 2014. "Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003—2011." *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(1), 34–46.
2. The American Psychiatric Association. 2012. *Children's Mental Health*. <http://www.psychiatry.org/mental-health/people/children>
3. NCQA: <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>