

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 (occurrence in 5% of children). The main features include hyperactivity, impulsiveness and an inability to sustain attention or concentration.^{1,2} 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 physician with prescribing authority.

Meeting the Measure: Measurement Year 2021 HEDIS® Guidelines

HEDIS Description

The percentage of children 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. Two rates are reported.

Two rates are reported:

Initiation Phase - The percentage of 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 during the 30-day Initiation Phase.

Continuation and Maintenance (C&M) Phase - The percentage of 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.

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.

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 members in hospice.

Initiation Phase Treatment

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

prescribing authority:

- Outpatient office-based care
- Behavioral health outpatient office-based care
- Health and behavior assessment or intervention
- Community mental health center
- Intensive outpatient
- Partial hospitalization
- Telehealth
- Telephone
- Observation

Note:

- Initiation Phase visit cannot be on the same day the new ADHD medications were prescribed.
- Check with member's health plan for specific coverage for these levels of care.

Continuation and Maintenance Phase Treatment

The member must fill a sufficient number of prescriptions to provide continuous treatment for at least 210 days 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:

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

Note:

- Check with member's health plan for specific coverage for these levels of care.
- The definition of "continuous medication treatment" allows gaps in medication treatment, up to a total of 90 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 90.

You Can Help

Before scheduling an appointment, verify with the member that it is a good fit considering transportation, location and time of the appointment.

- Make sure 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- 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.
- Assess member for other comorbid behavioral health conditions.
- 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.
- If the member does not keep scheduled appointment, proactively reach out within 24 hours to schedule a new appointment.
- 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 90 during the 300-day (10-month) period.
- Emphasize the importance of consistency and adherence to the medication regimen and consider psychosocial evidence-based treatment., which includes Parent Training in Behavioral management and Behavioral Classroom interventions.³
- Educate the member and the parents/guardians/family/support system and/or significant others about side effects of medications and what to do if side effects appear. Reinforce the treatment plan and evaluate the medication regimen considering presence/absence of side effects, potential costs, clear written instructions for medication schedule etc.
- Advise member and /or significant others that there is often comorbidity of ADHD and other behavioral health conditions
- Care should be coordinated between providers and begin when the ADHD diagnosis is made. Encourage communication between the behavioral health providers and prescribing physician.
- Transitions in care should be coordinated between providers. Ensure that the care transition plans are shared with the PCP (Primary Care Physician).
- Instruct on crisis intervention options including specific contact information, specific facilities, etc.
- Provide timely submission of claims.

New Directions is Here to Help

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

Alabama: 855-339-8558	Kansas: 800-952-5906	Michigan: 800-762-2382
Arkansas: 816-523-3592	Kansas City Mindful: 800-528-5763	Michigan GM: 877-240-0705
Florida: 866-730-5006	Louisiana: 877-207-3059	Michigan URMBT: 877-228-3912

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. CDC: <https://www.cdc.gov/ncbddd/adhd/guidelines.html>