

# HEDIS® spotlight - Effective Treatment of ADHD

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One component of the Affordable Care Act that affects all physicians is the commitment to quality measurement and the promotion of evidence-based health care for all. One of the measurement tools that has been in place since 1991 is the Healthcare Information and Data Information Set (HEDIS) measure, which is a tool, used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts. Many health plans report HEDIS data to employers or use their results to make improvements in their quality of care and service. Employers, consultants, and consumers use HEDIS data, along with accreditation information, to help them select the best health plan for their needs. To ensure the validity of HEDIS results, all data are rigorously audited by certified auditors using a process designed by National Committee for Quality Assurance (NCQA). HEDIS measures address a broad range of important health issues. The purpose of this article is to provide an overview of Attention Deficit/Hyperactivity Disorder and current AAP guidelines and to share what the HEDIS measures are for ADHD.

Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed childhood behavioral health disorders with prevalence estimates ranging from three to up to nine percent of school-age children<sup>1</sup>. These children exhibit inattentiveness and may also appear hyperactive and impulsive. Many children exhibit these common behaviors periodically, but a child with ADHD exhibits these behaviors persistently, intensely, and in a variety of settings. Boys are diagnosed with ADHD between two and three times as often as girls.

Symptoms are usually first noticed in preschool or early elementary school years. The effects of this disorder frequently persist into adolescence and adulthood. ADHD is often associated with other conditions, such as Mood and Anxiety Disorders, Conduct Disorder, Substance-related Disorders, and Personality Disorders, such as Antisocial Personality Disorder.

In late October of 2011, the American Academy of Pediatrics (AAP) released new guidelines for the diagnosis and treatment of ADHD. The biggest change is that now guidelines are expanded to include recommendations for children and adolescents ages 4-18. The previous guidelines only included children ages 6-12. The diagnosis of ADHD requires a comprehensive medical evaluation for other conditions that may be causing similar symptoms. The reliability of diagnosing ADHD improves when appropriate guidelines are used, and when additional history is collected from both parents and teachers.

Treatment works best with a team approach when behavioral health clinicians, doctors, parents, teachers, and other healthcare professionals, along with the family and child, all work together. The treatment plan usually includes behavioral therapy (recommended for preschool aged children ages 4-5) and adding medication if necessary. For older children, the guidelines recommend a combination of medication and behavior therapy. Psychoeducation (parent training, behavior modification techniques and education) are also recommended. These combinations aid the child to focus his or her attention and to control any behavior issues. It is important to monitor the child's progress. Visits with a behavioral health clinician and/or the treating medical doctor are recommended at least monthly until optimal results are achieved.

For participating health plans, the National Committee for Quality Assurance (NCQA) reports performance on the following HEDIS<sup>1</sup> measures for children with ADHD:

- The percentage with a new prescription dispensed for ADHD medication that had one follow-up visit with a practitioner with prescriptive authority within 30 days of the initiation of treatment (Initiation Phase)
- The percentage with a prescription dispensed for ADHD medication that remained on the medication for at least 210 days and had at least two additional follow-up visits with a practitioner within nine months, one of which may be by telephone, after the Initiation Phase ends. (Continuation and Maintenance Phase)

## Resources

Best Practice Guidelines area available (from the American Academy of Pediatrics) located here:

<http://pediatrics.aappublications.org/content/128/5/1007.full.pdf+html?sid=bea6a3e3-7bda-42a3-8b53-cba3240e750a>

Access the ADHD Toolkit for Clinicians created conjointly by the National Initiative for Children's Healthcare Quality (NICHQ), North Carolina's Center for Child Health Improvement and the American Academy of Pediatrics here:

<http://nichq.org>

While the toolkit is created for practitioners, the resources and information can be useful to parents as well. (Note: The NICHQ website above requires you to log in in order to view and download the FREE toolkit ***Caring for Children with ADHD: A Resources Toolkit for Clinicians (1<sup>st</sup> Edition)***). The toolkit is in a PDF format so you will need the Adobe Acrobat Reader to download, view and print your own copies).

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### **Managing Pediatric ADHD in Your Primary Care Practice CME 2014-15**

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<sup>1</sup> Centers for Disease Control and Prevention: <http://www.cdc.gov/ncbddd/adhd/data.html>; Accessed 8-8-2013.

<sup>2</sup> The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures designed to provide purchasers and consumers with the information they need to reliably compare the performance of health care plans.