

Follow-Up Care for Children Prescribed ADHD Medication

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common mental disorders in children, affecting approximately 6.1 million children 2-17 years of age in the US as of 2016.^{1,2} The American Academy of Pediatrics recommends combining behavior therapy with medication to treat children ages 6 years and older.³ Along with an early diagnosis and proper patient care, appropriate follow-up visits can lead to improved medication management and control of ADHD symptoms. An important HEDIS measure assesses follow-up care for children newly prescribed ADHD medications within 30 days and 9 months of prescription dispensing.³

What should I know about the HEDIS measure?

This measure assesses the percentage of patients between 6 and 12 years of age who were newly prescribed an ADHD medication and received a follow-up visit with a practitioner with prescribing authority within 30 days of when the medication was first dispensed and at least two additional visits within the subsequent 9 months. A higher percentage indicates better performance.⁴

There are two rates measured.

- **Initiation phase:** Assesses children 6 to 12 years of age who had one follow-up care visit with a provider within the first 30 days of a newly prescribed ADHD medication.
- **Continuation and Maintenance (C&M) phase:** Assesses children 6 to 12 years of age who remained on the prescribed ADHD medication for at least 210 days (7 months) and had at least 2 follow-up visits with a provider within the 270 days (9 months) following the initiation phase.

Patients are included and excluded from the measure using the following criteria:

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Outpatient visit • Observation visit • Health and behavior assessment/intervention • Intensive outpatient encounter or partial hospitalization • Community mental health center visit • A telehealth visit* • A telephone visit* 	<ul style="list-style-type: none"> • Hospice • Acute inpatient encounter with a principal mental health diagnosis • Acute inpatient encounter with a principal chemical dependency diagnosis • Narcolepsy

*Only one of two visits during the 9 months after the initiation phase (days 31-300) may be a telehealth or telephone visit.

Which medications are included in this measure?

Medication Class	Medication Name
<i>CNS stimulants</i>	<ul style="list-style-type: none"> • Amphetamine-dextroamphetamine • Dexmethylphenidate • Dextroamphetamine • Lisdexamfetamine • Methylphenidate • Methamphetamine
<i>Alpha-2 receptor agonists</i>	<ul style="list-style-type: none"> • Clonidine • Guanfacine
<i>Miscellaneous ADHD medications</i>	<ul style="list-style-type: none"> • Atomoxetine

How can I help improve performance?

- Schedule follow-up appointments to ensure proper medication management and control of ADHD symptoms.
- Identify and code follow-up visits correctly.

References

1. Data and Statistics. Centers for Disease Control and Prevention. Updated September 21, 2018. Available at: <https://www.cdc.gov/ncbddd/adhd/data.html>. Accessed May 21, 2019.
2. Data and Statistics on Children's Mental Health. Centers for Disease Control and Prevention. Updated April 19, 2019. Available at: <https://www.cdc.gov/childrensmentalhealth/data.html>. Accessed May 22, 2019.
3. HEDIS 2019, Volume 2. National Committee for Quality Assurance (NCQA) *Follow-Up Care for Children Prescribed ADHD Medication (ADD)*.
4. ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. American Academy of Pediatrics. 2011;128(5):1007-1022.

Medi-Cal Educational Bulletins are available through the CalOptima website at www.caloptima.org: Providers-Medi-Cal Pharmacy Resources

The CalOptima Approved Drug List is available on our website: www.caloptima.org
and for PDA download at www.epocrates.com