dell children's Health Plan

ADHD Medication

ADD-E - Follow-up Care for Children Prescribed ADHD Medication

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common disorders affecting children. 11% of American children have been diagnosed with ADHD. Of these children, 6.1% are taking ADHD medication.

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, children must be monitored by a pediatrician or primary care physician (PCP) with prescribing authority.

HEDIS Measure: Follow-Up Care for Children Prescribed ADHD Medication (ADD)

The measure evaluates the percentage of members 6-12 years of age with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within 10 months. One visit is required within 30 days of when the first ADHD medication was dispensed. The two rates that are reported are:

- **Initiation phase:** percentage of members 6-12 years of age as of the Index Prescription Start Date with a 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 phase:** percentage of members 6-12 years of age with a 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 9 months after the Initiation Phase.

Best Practices and Measure Tips

Timing of scheduled visits is key based on the prescription day supply to evaluate medication effectiveness, assess any adverse effects, and monitor the patient's progress.

When prescribing a new ADHD medication for a patient:

- Schedule follow-up visits to occur before the refill is given.
- Schedule a 21-day, 60-day and 180-day follow-up visit from the initial visit before the member leaves office.
- Only one of the two visits during days 31–300 may be an e-visit or virtual check-in.
- Review the treatment plan regularly and make any modifications if the patient's symptoms do not respond.
- Discuss with patients the importance of taking medication as prescribed and remaining on the medication
- Educate patients and caregivers on possible side effects and the length of time it will take for the medication to have the desired effect.
- Send appointment reminders to ensure the patient returns
- Develop a tracking method for patients who were prescribed or restarted ADHD medication
- Require staff to follow up with patients who miss or cancel their appointment
- Consider telehealth appointments if in-person visits are not available
- Consider the parent's work schedule as a barrier to the visit, and offer extended evening or weekend hours

Follow Up Visits

Follow-up visits can be captured in several ways.

- Face-to-face office visits
- Telehealth visits
- Telephone calls, e-visits, or virtual check-ins are not paid but can be coded on a claim to capture the visit for the HEDIS measure (after the first 30-day visit)

There are no chart reviews for this measure. Only office visits, telemedicine visits, phone calls or virtual check-ins submitted via a claim will be captured. This is an NCQA requirement.

ADHD Medications

CNS Stimulants: dexmethylphenidate, dextroamphetamine, lisdexamfetamine, methylphenidate, methamphetamine

Alpha-2 receptor agonists: clonidine, guanfacine

Misc. ADHD medications: atomoxetine