Focus on Quality Improvement in ADHD

Follow up Care for Children
Prescribed ADHD Medication
Why ADHD?

- Estimates of 11% of school age boys and 4.4% of school age girls have been given a diagnosis of ADD/ADHD.
- Diagnosis increased 3% per year from 1997 to 2006.
- Diagnosis is more common in families living below the poverty level.
Why ADHD?

• 6.5% of children with public insurance coverage take medication for ADHD.
Why ADHD?

- “Annual societal cost of illness” estimated at 36 to 52 billion in 2005 dollars.
- 7 million ambulatory care visits in 2006.
- Costs include direct ADHD treatment costs and related health care, education costs, parental work loss and juvenile justice expenses.
What is the CHIPRA ADHD Indicator?

- Tracking “the percentage of children newly prescribed ADHD medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed”.
What is the CHIPRA ADHD Indicator?

• No ADHD med within the previous 120 days

• Initiation Phase- The percentage of children 6-12 years old with a follow up visit during the 30 day initiation phase after index prescription start date

• This follow up visit must be face to face.
What is the CHIPRA ADHD Indicator?

- Continuation and Maintenance Phase-Percentage of children 6-12 years old who remained on the medication for at least 210 days and who had at least 2 follow up visits within 270 days (9 months) after the initiation phase ended. These visits are in addition to the follow up visit during the initiation phase.
What is the CHIPRA ADHD indicator

- One of the two visits during the Continuation and Maintenance Phase may be a phone follow up with the practitioner
Concerns with the CHIPRA ADHD indicator

- How are Follow up Visits tracked and documented?
- How can Follow up phone contacts be tracked and documented?
- Is there solid data supporting the follow up intervals in the ADHD indicator?
What other Data Can We Evaluate and Incorporate into QI projects dealing with ADHD?

- Use and documentation of standardized tools in the diagnosis and follow up of ADHD.
- AAP toolkit includes Vanderbilt Scales
- Other scales also available
What Other Data Can We Evaluate and Incorporate into QI Projects?

- Relative Costs of Various Medications for ADHD and Relative Use of These Medications in Practice
SC Medicaid Data: Percent with Follow-Up Care for Children with ADHD (Ages 6 – 12 Years)

- **Initiation**

- **Continuation & Maintenance**

SC is ranked above the 10th percentile of the HEDIS benchmark.
AAP Clinical Practice Guideline: Treatment of the School-Aged Child with Attention-Deficit/Hyperactivity Disorder

• Released Oct 2001
• Targets Children Ages 6 to 12 years
• Clearly recommends stimulant medication and/or behavior therapy largely based upon early MTA study results
• Does not specifically recommend one stimulant over another and states that no specific stimulant has proven superior
AAP Practice Guideline

• If one stimulant is not effective, guideline recommends trying another stimulant
• Recommends periodic systematic follow up but refrains from recommending a specific time frame- “No controlled trials clearly document the appropriate frequency of follow-up visits.”
AAP Practice Guideline

Statement on follow-up frequency- “Once the child is stable, an office visit every 3 to 6 months allows for assessment of learning and behavior.”

Follow-up visits should also be used to assess growth, bp, heart rate, tics and any side effects of medication.
AAP Practice Guideline

- Use and documentation of the AAP Practice Guideline meets requirement 3A of the Standards for the NCAA Patient Centered medical Home - “The practice adopts and implements evidence based guidelines…”

- Three conditions must be selected including one related to unhealthy behavior or a mental health or substance abuse condition.
MTA Follow up Study

- MTA Study - Multimodal Treatment Study of Children with ADHD
- 4 distinct treatment groups
- 1. Medication management - stimulant medication 3x daily 7 days per week with monthly visits
MTA Follow up Study

• 2. Behavioral Management- 27 group sessions and 8 individual sessions along with an 8 week summer program and 12 weeks of classroom therapy with a half-time aide and 10 teacher consultation sessions

• 3. Combination Management including both the medication program and the behavioral program
MTA Follow up Study

- 4. Usual Community Care
- Initial study covered a 14-month period
- All groups improved but Combination treatment and Medication Management groups improved the most.
MTA Follow up Study

- 10 months after study completed- Half of the initial advantage of the Combination and Medication Management groups was gone.
- 3 years after study completed- Entire advantage of these groups was gone but some improvements over baseline continued for all 4 groups.
MTA Follow up Study

- 6 and 8 years after study completed: No difference in outcomes based upon study group.
- ADHD symptom trajectory in childhood strongly predicted outcome at 6 and 8 years.
- The MTA children functioned less well than a non-ADHD classmate sample recruited at 24 months.
MTA Follow up Study

- 6 and 8 years after study- Only 32.5% of the MTA children had taken medication for ADHD over half of the days in the past year.
- With the exception of math achievement, medicated children were not faring better than non-medicated children.
- Only 30% of the MTA children fulfilled DSM-IV criteria for ADHD at 8 year follow up.
MTA Follow up Study- What does this mean for us?

- Type and intensity of treatment MAY not be as important as initial symptom trajectory in predicting outcome.
- Children with more severe initial symptoms MAY benefit from more intense treatment and closer follow up but we simply don’t know this right now.
Use of Standardized Rating Scales in the Diagnosis and Follow up of ADHD

- American Academy of Pediatrics Clinical Practice Guideline: Diagnosis and Evaluation of the Child with Attention-Deficit/Hyperactivity Disorder
- “The assessment of ADHD requires evidence directly obtained from parents or caregivers regarding the core symptoms of ADHD in various settings…”
Use of Standardized Rating Scales

- Use of specific rating scales for ADHD is a clinical option when evaluating children for ADHD.
- Use of broad band, global scales may not be as accurate and is not recommended in the diagnosis of ADHD.
Use of Standardized Rating Scales

- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder.
- American Academy of Child and Adolescent Psychiatry
Use of Standardized Rating Scales

• Evaluation should include clinical interviews with parent and patient detailing school or day care function, medical, social and family history.

• “The parent should complete one of the many standardized behavior rating scales that have well established normative values…”
Relative Cost of Medications Used for ADHD

- Costs based on National Average Monthly Retail Prices May 2010
- Methylphenidate generic 40mg/day short acting tab-$40
- Methylphenidate oral solution 40mg/day $530
Relative Cost of Medications used to treat ADHD

- Methylphenidate long acting tablet
- Ritalin LA 40mg/day - $164
- Metadate CD 40mg/day - $240
- Concerta 54mg/day - 236
- Daytrana patch 20mg/day - $245
Relative Cost of Medications used to treat ADHD

- Dexmethylphenidate
- Focalin 20mg/day generic $88
- Focalin XR 20mg/day $211
Relative Cost of Medications used to Treat ADHD

• Mixed Amphetamine Salts
  • Adderall 20mg/day generic $61
  • Adderall XR 20mg/day generic $205

• Lisdexamfetamine
  • Vyvanse 50mg/day $188
PDSA Cycles to Consider dealing with ADHD treatment and follow up

- Compliance with the CHIPRA indicator for ADHD follow-up visits.
- Extract info to determine medication start dates and any previous ADHD treatment.
- Extract info to determine number of follow-up visits in the first month after initiation of treatment and in months 2 through 9.
How do you extract data?

- Eventually we hope that we will be able to give you data extracted from your electronic health records, but we are not there yet.
- 5 or 10 chart audits: Pull 5 to 10 charts per provider at a time to check for data. May not be statistically significant, but useful to ascertain trends for QI work.
- Use billing codes (i.e. 96110 to identify if a screen was used) or CPT codes.
PDSA Cycle Options

• Use of Standardized Rating Tools in the diagnosis and management of children with ADHD
• Extract data on children with diagnosis of ADHD
• Extract data on number of children with documented use of a standardized rating tool.
PDSA Cycle Options - Standardized Rating Tool Use

- Educate Physicians about the use of Standardized Rating Tools
- Repeat Data Extraction over time and compare rates of rating tool use
PDSA Cycle Options- Cost control study of Stimulant Medications

- Obtain information on AWP of commonly used stimulant medications
- Extract data on use of various medications in children with diagnosis of ADHD.
- Educate Physicians on the comparative pricing of stimulant medications (realizing the impact that formularies have upon this issue)
PDSA Cycle Options- Cost Control
Study of ADHD Medications

• Continue to monitor use of various stimulant medications.
• It may be difficult to quantify outcome with this topic because patient needs are very variable and because insurance formulary coverage varies markedly.
Resources for the Pediatrician Dealing with ADHD

- AAP ADHD Toolkit
- AAP Clinical Practice Guideline
- AACAP ADHD Practice Parameter
Bibliography

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• (file is actually a PDF at this site)