

Measure Title FOLLOW-UP WITH CHILDREN INITIATING ADHD MEDICATION THERAPY

Disease State Attention Deficit Hyperactivity Disorder **Indicator Classification¹** Disease Management

Strength of Recommendation² C

Physician Specialties Psychiatry, Family Practice, Pediatrics

Clinical Rationale

Disease Burden

- ADHD is one of the most common disorders of childhood with an estimated prevalence of 8 to 10 percent in school aged children.[1, 2]
- According to data from the National Survey of Children's Health, the prevalence of ADHD increases with increasing age (4.1 percent versus 9.7 percent among those <9 years and 9 years, respectively). Among those with reported AD/HD, 56 percent were being treated with medication at the time of the survey.[3]

Reason for Indicated Intervention or Treatment

- Regular monitoring of children who are receiving pharmacological treatment for ADHD is necessary to review progress, adjust the dose if necessary, monitor adverse effects of therapy and review the child's understanding of the medication as he or she develops.[4-7]

Evidence supporting Intervention or Treatment

- Some side affects of stimulant medication include appetite disturbances, sleep disturbances, weight loss, increased heart rate and blood pressure, headache, social withdrawal, nervousness, and irritability.[8-14] Other more serious side effects may include liver toxicity and sudden unexpected death.[15, 16]

Clinical Recommendations

- The American Academy of Pediatrics strongly recommends periodically providing systematic follow-up with the child with ADHD.[4]
- The American Society of Child and Adolescent Psychiatry recommends having weekly contact with the patient during initial titration and during later drug dose adjustments. During the maintenance phase, they recommend following patients monthly until the patient's symptoms have stabilized.[17]

Source Adapted from Health Plan Employer Data and Information Set (HEDIS®) 2006 Technical Specification:

HEDIS looks for ID period of one year period starting ten months prior to the measurement year. HBI looks in the one year period starting one month prior to the measurement year.

Denominator Continuously enrolled members aged 6-12 who were prescribed ADHD medication during the one year period starting one month prior to the measurement year.

Denominator Exclusion Members without pharmacy benefits, members who were prescribed ADHD medication in the four months prior to the index prescription date, members who had an acute mental health or substance abuse inpatient stay in the 30 days after the index prescription date, or members diagnosed with narcolepsy.

Numerator Members with at least one follow up visit during the 30 days following the index prescription date.

Interpretation of Score High score implies better performance

Physician Attribution Score all physicians (in the selected specialties) who saw the member during the 30 days after the index prescription date.

External Files Required for Analysis File name: 314.adhdfu_den_medlist.xls
Source: NCQA

References

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16. *Adderall and Adderall XR (amphetamines) information. FDA Alert.* [cited 2005 March 7]; Available from: www.fda.gov/cder/drug/infopage/adderall/default.htm.
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¹ **Indicator Classification** (Adapted from Health Plan Employer Data Information Set (HEDIS®) technical specifications)

Diagnosis	Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g. evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain)
Effectiveness of Care	
Prevention	Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g. immunizations).
Screening	Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g. pap smears; screening for elevated blood pressure).
Disease Management	Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g. cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).
Medication Monitoring	Measures applicable to patients taking medications with narrow therapeutic windows and / or potential preventable significant side effects or adverse reactions (e.g. thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy)
Medication Adherence	Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g. adherence to lipid lowering medication).
Utilization	Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g. conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).

Strength of Recommendation Based on a Body of Evidence

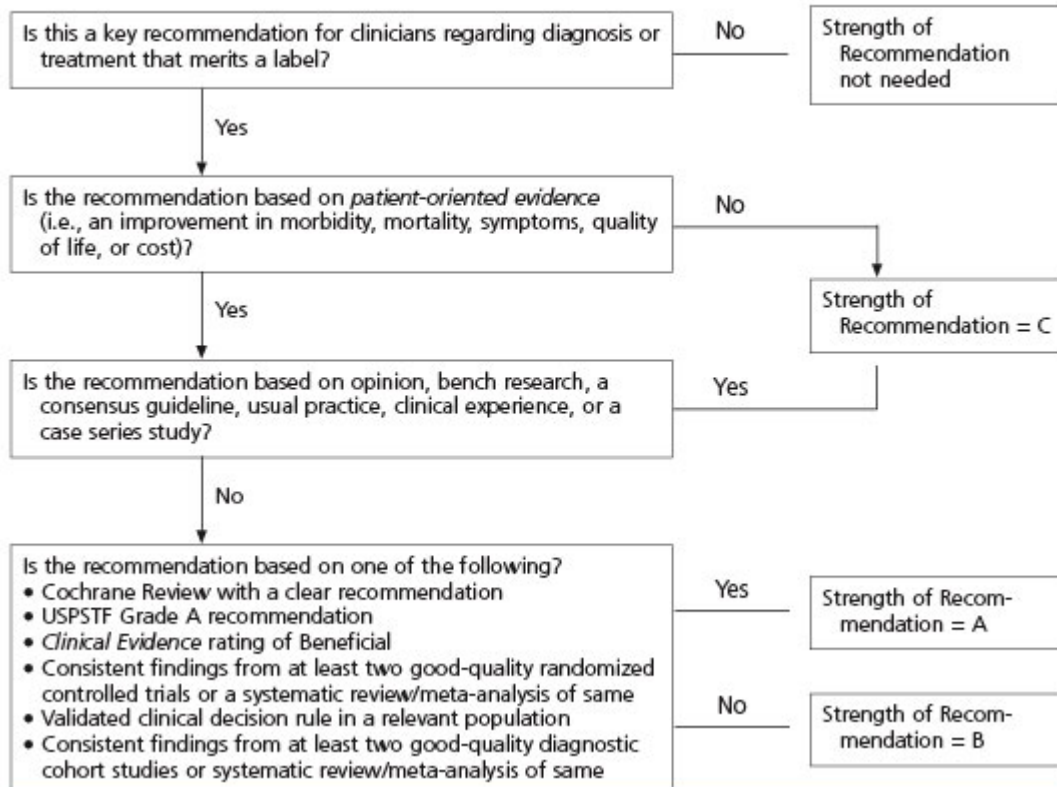


FIGURE 2. Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)