



**BlueCross BlueShield  
of New Mexico**

# Attention Deficit Hyperactivity Disorder Care Coordination

Helping members get the most from  
their health care benefit plan.



## HEDIS® Measures for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication

As part of a quality initiative to help assess effectiveness of care and services to our members, Blue Cross and Blue Shield of New Mexico (BCBSNM) uses specifications published by the National Committee for Quality Assurance (NCQA) for Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS is one of the most widely used and nationally accepted effectiveness of care measurements available.

### Did you know?

- The National Survey of Children's Health found that 33 percent of children with ADHD had one co-occurring disorder, 18 percent had two or more and 16 percent had three or more.<sup>1</sup> The most common was Oppositional Defiant Disorder appearing 41 percent of the time, the second is Minor Depression/Dysthymia with a rate of 22 percent and the third is Generalized Anxiety Disorder occurring 15 percent of the time.<sup>2</sup>
- 3.5 million children (69 percent of children with current ADHD as reported by parents) were taking medication for ADHD.<sup>3</sup>
- Nationally, the economic cost of ADHD is very high; 19 research studies found a range between \$143 billion to \$266 billion (adjusted to 2010 U.S. dollars) every year.<sup>4</sup>

### Measurement Structure

In an effort to achieve the HEDIS requirement and measure the care our members receive, BCBSNM studies claims data based on the following structure:

- **Initiation Phase:** The percentage of members 6 to 12 years of age when the prescription is dispensed for ADHD medication, who had one follow-up visit with their practitioner during the first 30 days.
- **Continuation and Maintenance (C&M) Phase:** The percentage of members 6 to 12 years of age when the prescription is dispensed for ADHD medication who meet the following:
  - Stayed on the medication for at least 210 days
  - Had at least two additional follow-up visits with a practitioner between days 31 and 270 (9 months)

#### Sources

- <sup>1</sup> Larson, Kandyce et al. (2011). Patterns of Comorbidity, Functioning, and Service Use for US Children with ADHD, 2007. *Pediatrics*, 127(3):462–470.
- <sup>2</sup> Elia, Josephine et al. (2008). ADHD characteristics: I. Concurrent co-morbidity patterns in children & adolescents. *Child and Adolescent Psychiatry and Mental Health*, 2:15.
- <sup>3</sup> U.S. Centers for Disease Control and Prevention (CDC). (2014). Key Findings: Trends in the Parent-Report of Health Care Provider-Diagnosis and Medication Treatment for ADHD: United States, 2003–2011.
- <sup>4</sup> Doshi, J. A. et al. (2012). Economic Impact of Childhood and Adult Attention-Deficit/Hyperactivity Disorder in the United States. *Journal of the American Academy of Child & Adolescent Psychiatry* 51(10):990–1002.e2.

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### Tips and Strategies

We appreciate the care and services you provide to help improve the health and well-being of our members. Below are a few tips and strategies you may want to apply with your ADHD patients.

- It is important to educate the patient and family members on the common side effects of the medication, including but not limited to, increased blood pressure, weight loss, anxiety, agitation and insomnia.
- It is important to educate the patient and family members on the potential for abuse and diversion of the medications.
- If clinically appropriate, refer the patient to a psychiatrist for consultation.
- Discuss the importance of therapeutic engagement and coordination of care with other contracted health care providers.
- Prescribe generic prescriptions, if appropriate.

### Follow-up After Initiation of Pharmacotherapy

The following are the HEDIS measures for follow-up after initially prescribing ADHD medication to children:

- Follow up with the patient within a month after starting the medication in order to assess the efficacy and evaluate for possible side effects.
- Following the first month, it's recommended that the contracted provider follow up with the patient at least twice in the subsequent nine months to continue to assess the efficacy and evaluate for possible side effects of the medication.