QUALITY OF CARE FOR CHILDHOOD ATTENTION DEFICIT/HYPERACTIVITY DISORDER: A RETROSPECTIVE ANALYSIS OF MISSISSIPPI MEDICAID PROGRAM

OBJECTIVES:
The Centers for Medicare and Medicaid (CMS) core set of quality measures for use in Medicaid and the Children’s Health Insurance Program (CHIP) includes a measure for follow-up care within 30 days of a child initiating treatment with an attention deficit disorder (ADHD) medication. The objective of this study is to document the proportion of children in Mississippi Medicaid who received a follow-up visit within 30 days of initiating a stimulant for ADHD.

METHODS:
A retrospective analysis was conducted using Mississippi Medicaid medical claims, pharmacy claims and beneficiary eligibility data for the time period July 2012 to December 2013. 2013 was the observation year for initiation of stimulant therapy. Inclusion criteria were age < 21 at time of initiation of therapy, continuously enrolled for 180 days prior and 30 days post prescription start index date (PSID), and PSID occurred during observation year. Beneficiaries were considered to have received follow-up if a claim for an office visit occurred within 30 days of the PSID.

RESULTS:
6,354 children met the inclusion criteria and 3,769 (59.3%) had a follow up visit within 30 days. The prescribing physicians were primary care physicians (PCPs) for 49.5% of patients, psychiatrists for 23.2%, and other types of prescribers 27.3% of the time. PCPs had the lowest rate of follow up visits; 51.0% compared to 55.6% for psychiatrists and 54.1% for other prescribers. There was considerable variability in rates for MDs in each provider type.

CONCLUSIONS:
The Mississippi rate of 59% follow up is above the national average of 46% reported in the 2014 CMS Annual report on child quality measurement for FFY 2013. Although PCPs had the lowest rate, all provider types needed improvement on this measure. Educational interventions are needed to improve the state’s performance on this measure.

Statement to be included on poster

Acknowledgement: The work reported was conducted by the MS-DUR program in the Center for Pharmaceutical Marketing and Management as part of the retrospective drug use analysis activities conducted under contract with the Mississippi Division of Medicaid. The views expressed are those of the authors and do not necessarily reflect those of Mississippi Division of Medicaid or the University of Mississippi.