

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

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## INTRODUCTION

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. ADHD is a chronic, debilitating neurobehavioral disorder that affects child's personal life, relationship with parents, academic performance and social skills.

- First line of treatment includes – CNS stimulants to normalize catecholaminergic neurotransmission.
- Regular visits to physician are required to –
  - optimize treatment efficiency
  - minimize adverse events
  - continuously evaluate the need for medication

## OBJECTIVES

The objectives of this study were to document the proportion of children in Mississippi Medicaid who received follow-up visit during 30 days after initiating stimulant for ADHD and compare Mississippi's performance to the national average..

## METHODS

**Study design :** Retrospective cohort study.

**Data source:** 2012 – 2013 Mississippi Medicaid medical claims, pharmacy claims and beneficiary eligibility data

**Population:** Following criteria was used to select patients for the study: (1) Children less than 21 years of age and enrolled in fee for service or managed care of Mississippi Medicaid (2) Individuals continuously enrolled in Medicaid for 6 months before (wash-out period) and 1 month after stimulant medication initiation (3) Received ≥1 prescription of stimulant from January 1, 2013, to November 30, 2013, (index period); (4) Individual without any stimulant prescription 180 days prior to index period (i.e. the stimulant prescription is a new medication).

**National Performance on Measure:** The national performance measures were obtained from the 2013 annual report on the quality of care for Children in Medicaid and CHIP.<sup>2</sup> As shown in Table 1, the average performance on this measure for the 31 states reporting for Federal Fiscal Year 2013 was 45.6%. Figure 1 illustrates the geographical variation across state Medicaid programs.

## REFERENCES

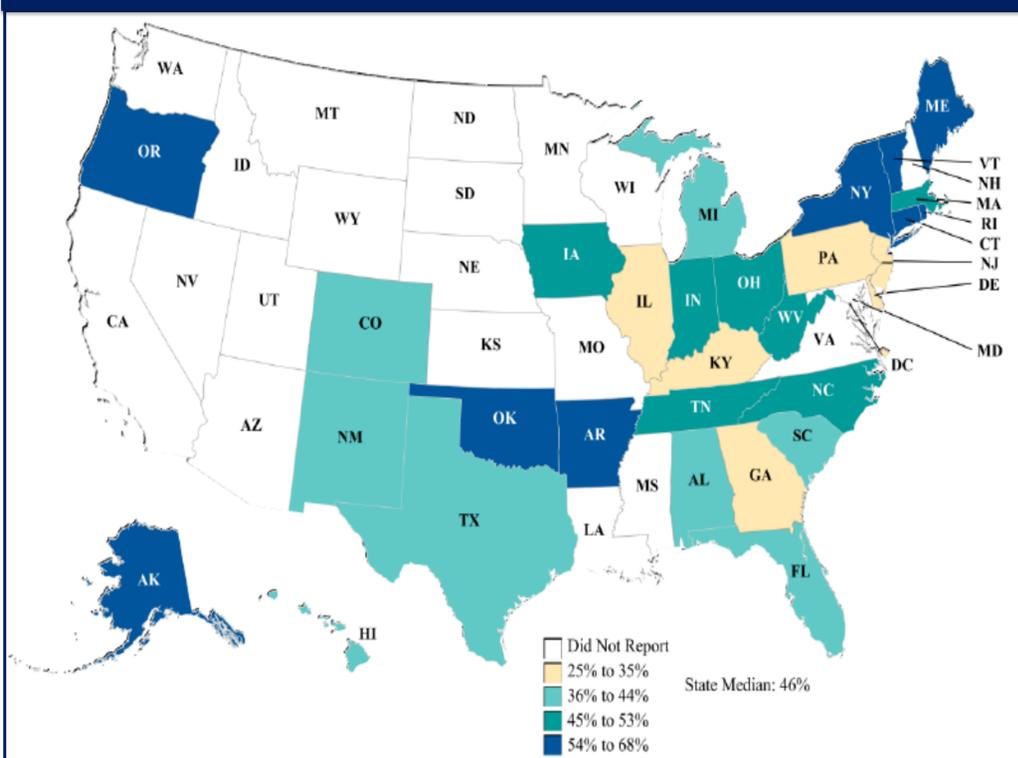
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**Table 1 . Performance Rates Reported From Medicaid/CHIP Children's Health Care Quality Measures, FFY 2013\***

Measure	# of States Reporting	Mean	Median	25th Percentile	75th Percentile
Percentage of children starting ADHD medication with 1 follow-up visit within 30 days	31	45.6%	45.8%	37.2%	55.7%

\* Burwell SM. "Annual report on the quality of care for Children in Medicaid and CHIP". 2014

**Figure 1. Geographic Variation in the Percentage of Children Prescribed Medication for ADHD who Received At Least One Visit during the 30-Day Initiation Phase, FFY 2013 (n = 31 states) \***



\* Burwell SM. "Annual report on the quality of care for Children in Medicaid and CHIP". 2014

## RESULTS

- 6,354 children met the criteria and were included in the study.
- 3,769 (59.3%) received a follow up visit within 30 days of initiation of stimulant medication.

**Table 2. Percent of ADHD Patients Receiving Follow-up Visit Within 30 Days by Prescriber Specialty**

Prescriber Type	New Starts N (% of all starts)	Percent of Children Receiving Follow-up
Primary Care Physician	3006 (49.47)	51.01%
Psychiatrists	1409 (23.19)	55.59%
Others	1661 (27.34)	54.12%

- 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.

## CONCLUSION

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 were proposed to the Mississippi Medicaid DUR Board and have been implemented to improve the state's performance on this measure

## LIMITATIONS

- Study used data from Mississippi Medicaid program, which may not be generalizable to other populations.
- Even with a washout period of 6 months, the study may have misclassified some children as having new stimulant medication prescription.

## ACKNOWLEDGEMENT

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