

## **UPDATE ON FOLLOW-UP CARE FOR CHILDREN STARTING ADHD THERAPY**

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) established the Pediatric Quality Measures Program (PQMP), an initiative funded by the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) to support the development of new quality measures for use in the Medicaid and CHIP. One measure in the current Child Core Set is "Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication."

At the February 2015 meeting of the DUR Board, the following recommendations were approved with respect to follow-up care for children starting ADHD therapy.

1. MS-DUR should prepare an educational article about the importance of this CMS quality measure that will be submitted to appropriate state medical journal(s).
2. MS-DUR should identify the prescribers performing poorly on this measure and mail them information about the importance of children receiving follow-up visits, as well as information about the services available from the UMMC Center for the Advancement of Children to assist community practitioners in diagnosing and developing treatment plans for children with mental health problems.

An educational article is currently being written. Programming has been completed for the exceptions monitoring and educational intervention. Each month:

- An analysis will be run evaluating providers' performance on the quality measure
- Providers will be ranked based on the number of their patients who have filled an initial prescription for a stimulant and did not have a documented follow-up office visit within 30 days.
- The 100 providers with the greatest number of patients initiating therapy and not having a follow-up visit will be mailed a letter each month (see attached).
- A provider will only be sent one letter within a four month period of time.

The educational intervention will be continued for at least 6 months. After 6 months, MS-DUR will report on current performance within Medicaid and will make additional recommendations, if needed, to address this important quality-of-care measure. As with other quality-of-care related educational interventions, all children and providers in Medicaid, regardless of pharmacy plan, will be included in this initiative.

DATE

MD\_NAME,  
MD\_ADDRESS  
MD\_ADDRESS, MS MD\_ZIP

Dear Dr.MD\_NAME,

The Mississippi Division of Medicaid (DOM) is committed to improving the quality of care provided to Mississippi Medicaid beneficiaries. DOM's Drug Utilization Review or DUR Board, comprised of twelve physicians and pharmacists from around the state, has recommended several initiatives addressing quality issues regarding the treatment of children with mental health illnesses. This letter is being sent as part of our initiative regarding appropriate follow up care when children begin stimulants for attention deficit/hyperactivity disorder (ADHD).

### THE GOAL

The Children's Health Insurance Program Reauthorization Act of 2009 established the Pediatric Quality Measures Program. This is an initiative funded by the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) to support the development of new quality measures for use in Medicaid and the Children Health Insurance Program (CHIP). One measure in the current Child Core Set is the percentage of children initiating treatment with a stimulant for ADHD who had a follow-up visit within 30 days of starting therapy. A recent analysis of Mississippi Medicaid found that of the children beginning stimulant therapy only 59.3% had a follow-up visit within 30 days. The Mississippi rate is slightly above the national average reported in the 2014 CMS Annual Report but is far from ideal. It is recognized that appropriate management can occur without a claim for a follow up visit. However, this percentage should be much higher.

### WHAT WE ASK OF YOU?

Analysis of Medicaid children (fee-for-service and coordinated care) during the last year showed that you initiated stimulant therapy for (MD\_#PTS) children and (MD\_%) had a claim for a follow-up visit within 30 days of filling the prescription. The American Academy of Pediatrics recommends that follow-up appointments should be made at least monthly until a child's mental and behavioral symptoms have been stabilized. When initiating treatment with stimulants, we encourage you to do monthly follow-ups until a stable treatment plan has been developed.

We recognize the challenges of diagnosing and establishing a stable treatment of ADHD. The Center for the Advancement of Youth (CAY) at the University of Mississippi Medical Center is working with DOM to provide coordinated care for youngsters with behavioral or developmental issues and to assist community physicians in diagnosing and developing treatment plans for children with ADHD and other behavioral problems. Please feel free to contact CAY to determine how they might help you provide effective coordinated care for children in your practice with behavioral problems. You can reach CAY by phone at their physician-to-physician number 866-862-3627 or by visiting their website <http://www.ummchealth.com/cay/>.

Sincerely,

Benjamin F. Banahan, III, Ph.D.  
Project Director  
MS-DUR

Judith P. Clark, R.Ph, B.S. Pharmacy  
Director, Office of Pharmacy  
Division of Medicaid