

Oklahoma Health Care Authority

**Diagnosis and Treatment of
Attention-Deficit Hyperactivity Disorder (ADHD)
Quality Assessment and Performance
Improvement (QAPI) Study**

Executive Summary



Report for Fiscal Year 2009

Data Review Period: Calendar Year 2007

Report Submitted May 2009

Submitted by:

APS Healthcare

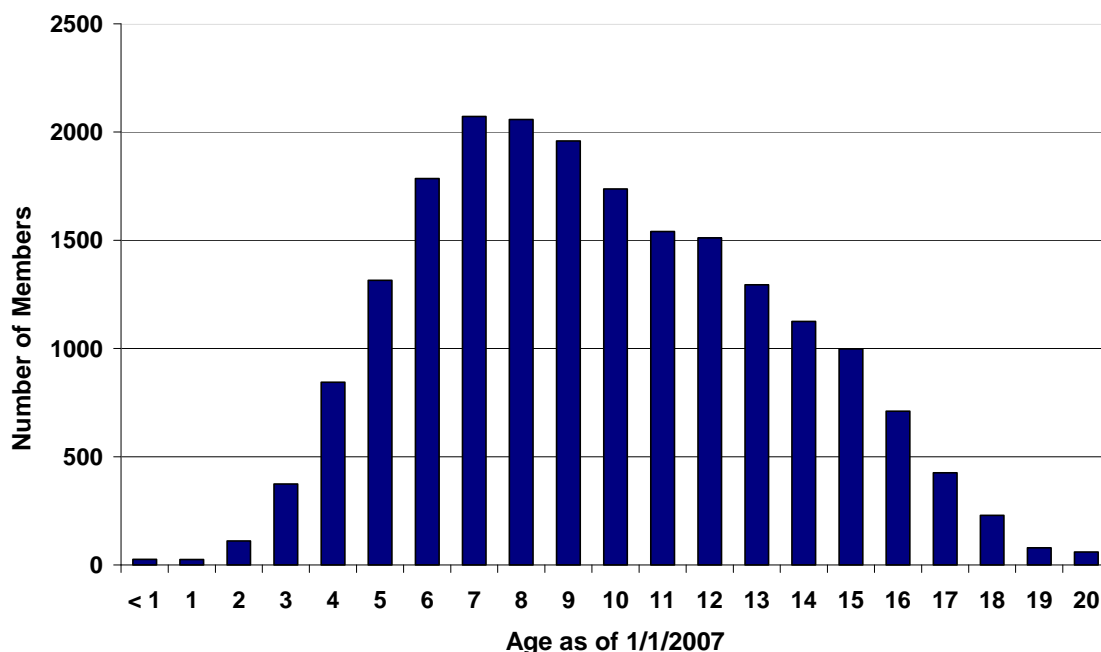
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Diagnosis and Treatment of Attention-Deficit Hyperactivity Disorder (ADHD)

Executive Summary

In state fiscal year (SFY) 2009, the Oklahoma Health Care Authority (OHCA) collaborated with APS Healthcare (APS) to examine the rates of medical treatment and behavioral health services provided to SoonerCare children diagnosed with Attention-Deficit Hyperactivity Disorder (ADHD). ADHD is the most common behavioral health condition affecting children in the United States. According to the Centers for Disease Control (CDC), approximately 4.5 million children during 2006 were affected by ADHD in the United States (2007). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), ADHD is characterized by persistent inattention, hyperactivity-impulsivity, or both occurring in greater severity and frequency than typically seen in people at the same developmental level (American Psychiatric Association, 1994). The diagnostic criteria require “clear evidence of interference with developmentally appropriate social, academic, or occupational functioning” (p. 78). ADHD also commonly co-exists with other mental or physical illnesses. ADHD is a complex disorder to both diagnose and treat and requires an individual treatment plan for each child. A thorough treatment plan requires the involvement of a physician, child, parent(s), family, school or daycare provider.

APS identified 20,278 SoonerCare children (under 21 years of age) with at least one ADHD diagnosis during the measurement period (calendar year 2007). Eighty-five percent of the children diagnosed with ADHD were Temporary Assistance for Needy Families (TANF) members. The overwhelming majority of children identified were male (72.2%), and Caucasians were the most highly represented racial/ethnic group (68.5%). Children aged 7 to 11 years comprised nearly half (46.2%) of the identified population. Shown below is a figure detailing member ages as of January 1, 2007, for identified SoonerCare children diagnosed with ADHD.



Analysis of the diagnostic patterns indicated that almost 70% of members received the ADHD diagnosis from a clinic or a physician. Mental health providers diagnosed 17.2% of the identified population with ADHD. Comorbid behavioral health conditions were frequently observed in conjunction with a diagnosis of ADHD. During the one-year study period, nearly one-fifth of SoonerCare members diagnosed with ADHD also had a diagnosis of Oppositional Defiant Disorder. Other common behavioral health conditions included depression, anxiety disorders, conduct disorders, other mood disorders, adjustment disorders, and developmental disorders.

Racial/ethnic differences were evident in that children identified as American Indian or Hispanic were less likely to have received treatment for ADHD while Caucasian and African American children were more likely to have received treatment.

According to the National Institute of Mental Health (NIMH) Multimodal Treatment Study of ADHD, there are four main types of treatment for ADHD: medication management, behavioral health treatment, a combination of both medication

and behavioral health treatment, and treatment provided by local community outreach organizations (2001). For the purposes of this study, medication management was defined as receiving a prescription for a central nervous system (CNS) stimulant, and behavioral health treatment was identified as individual or group therapy services with a behavioral health specialist. Administrative claims data were used for this analysis; therefore community treatment efforts could not be measured. Shown below is a table detailing the types of treatment the identified SoonerCare ADHD children received during calendar year 2007.

Treatment	Number*	Percentage of Those Treated
CNS stimulants only	7,518	41.4%
Behavioral health services only	3,349	18.4%
Both CNS stimulants & behavioral health services	7,304	40.2%

* N = 18,171 treated members

Children identified in the study were divided into two groups: members who received treatment for ADHD and members who did not receive treatment. About 2,107 members (10.4%) did not show claims-based evidence of having received treatment either by a filled CNS stimulant (ADHD medication) prescription or behavioral health services. The majority (81.6%) of members treated for ADHD received CNS stimulant medication(s), either alone or in combination with behavioral health treatment. The NIMH Multimodal Treatment Study of ADHD found that the combination of behavioral health treatment and medication management had better outcomes than behavioral health and community treatments alone (2001). Interestingly, 40.2% of SoonerCare children with ADHD received the combination of treatment with medication and behavioral health services during the measurement period.