

## Attachment 13.1 ADHD Expert Workgroup and Leadership Team Rosters

### ADHD Expert Workgroup

<i>Name</i>	<i>Specialty</i>	<i>Organization/Affiliation</i>
Abernathy, Ted	Pediatrician	Private Practice of Pediatrics and Adolescent Medicine
Brooks, Betsy	Pediatrician	Holyoke Pediatric Associates
Brown, Lawrence	Pediatric Neurologist	Children's Hospital of Philadelphia
Coleman, Mirean	Social Worker	National Association of Social Workers
Downs, Stephen	Pediatrician	Children's Health Services Research
DuPaul, George	School Psychologist	Lehigh University
Earls, Marian	Developmental-Behavioral Pediatrician	Guilford Child Health
Epstein, Jeff	Clinical Psychologist	Cincinnati Children's Hospital Medical Center
Ganiats, Theodore G.	Family Physician	University of California San Diego
Hannah, Jane	School-based Learning Disability Specialist	Currey Ingram Academy
Hasnain-Wynia, Romana	Healthcare Equity Expert	Northwestern University Institute for Healthcare Studies
Kairys, Steven	Pediatrician	Jersey Shore Medical Center
Kaplanek, Beth	Parent	Children & Adults w/Attention Deficit Disorders (CHADD)
Katerji, M. Ammar	Pediatric Neurologist	Advocate Hope Children's Hospital
Lane, Shelly	Occupational Therapist	Virginia Commonwealth University
Marek, Nancy	Pediatric Nurse	Advocate Hope Children's Hospital
Miles, Paul	Maintenance of Certification Expert	American Board of Pediatrics
Mozee-Russell, Patrice	Teacher	Children & Adults w/Attention Deficit Disorders (CHADD)
Pierce, Karen*	Child and Adolescent Psychiatrist	Children's Memorial Hospital/Northwestern University
Rief, Sandra	School-based Learning Disability Specialist	Children & Adults w/Attention Deficit Disorders (CHADD)
Ross, Clarke	Parent	American Association on Health and Disability
Sandler, Adrian	Developmental-Behavioral Pediatrician	Mission Children's Hospital
Slomowitz, Marcia	Child and Adolescent Psychiatrist	Northwestern Memorial Hospital
Stine, Laurel	Consumer Representative	Bazon Center for Mental Health Law

Wolraich, Mark*	Developmental-Behavioral Pediatrician	University of Oklahoma Child Study Center
Zima, Bonnie	Child and Adolescent Psychiatrist	UCLA Center for Health Services and Society

\*Co-Chair

ADHD Leadership Team

<b>Northwestern University, Feinberg School of Medicine</b>
Donna Woods, EdM, PhD
Raymond Kang, MA
Nicole Muller, BS
Lindsay DiMarco, MPH
<b>Medical College of Wisconsin</b>
Ramesh Sachdeva, MD, PhD, MBA, FAAP
Lisa Ciesielczyk
<b>American Academy of Pediatrics</b>
Fan Tait, MD, FAAP
Keri Thiessen, MEd

# Attachment 13.2 Chronic Care Follow-up Measure Results

## ADHD Chronic Care Measure-Final Results

### 1a. MEDICAID

Year/ Age Category	Total Number of enrollees 2010- 2011	Number of enrollees with complete coverage in 2011 and 1 or more days of coverage in 2010	% of total enrollees	Total Medicaid (w/ sufficient coverage) and who are Diagnosed with ADHD in 2010 excluding kids with specific conditions (Denominator)	% of kids with sufficient coverage	Follow-up Visit		Follow-up Visit		Follow-up Visit		Follow-up Visit	
						# who had valid specific psychiatric* E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid other psychiatric** E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid non- psychiatric E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had any valid E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator
<b>2010-2011</b>													
4-5 years	513,572	263,052	51%	17,532	7%	4,274	24.38%	2,999	17.11%	9,072	51.73%	11,806	67.33%
6-12 years	1,528,102	802,451	53%	111,934	14%	26,142	23.35%	15,763	14.08%	56,118	50.13%	74,652	66.69%
13-18 years	1,064,132	412,283	39%	37,005	9%	7,069	19.10%	3,606	9.74%	12,771	34.51%	18,605	50.27%
4-18 years	3,105,806	1,477,786	48%	166,471	11%	37,485	22.52%	22,368	13.43%	77,961	46.83%	105,063	63.11%

\* Specific Psychiatric visits are E&M codes 90804-90807 (any POS) and 90862-90863 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

\*\* Other Psychiatric visits are E&M codes 90808-90815 (any POS) and 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90875, 90876 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

### 1b. Commercial

Year/ Age Category	Total Number of enrollees 2010- 2011	Number of enrollees with complete coverage in 2011 and 1 or more days of coverage in 2010	% of total enrollees	Total Commercial (w/ sufficient coverage) and who are Diagnosed with ADHD in 2010 excluding kids with specific conditions (Denominator)	% of kids with sufficient coverage	Follow-up Visit		Follow-up Visit		Follow-up Visit		Follow-up Visit	
						# who had valid specific psychiatric* E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid other psychiatric** E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had valid non- psychiatric E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator	# who had any valid E&M visit w/ ADHD DX code in the measurement year (2011)	% of Denominator
<b>2010-2011</b>													
4-5 years	1,767,905	835,488	47%	19,866	2%	3,062	15.41%	2,059	10.36%	8,189	41.22%	10,214	51.40%
6-12 years	6,635,306	3,271,156	49%	235,424	7%	34,372	14.60%	17,446	7.41%	101,603	43.15%	127,062	53.97%
13-18 years	6,243,994	3,068,626	49%	147,467	5%	18,158	12.31%	6,585	4.46%	45,756	31.02%	61,231	41.52%
4-18 years	14,647,205	7,175,270	49%	402,757	6%	55,592	13.80%	26,090	6.48%	155,548	38.62%	198,507	49.29%

\* Specific Psychiatric visits are E&M codes 90804-90807 (any POS) and 90862-90863 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

\*\* Other Psychiatric visits are E&M codes 90808-90815 (any POS) and 90801, 90802, 90816-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90875, 90876 with POS in (03, 05, 07, 09, 11, 12, 13, 14, 15, 20, 22, 33, 49, 50, 52, 53, 71, 72)

**Notes:** Columns G, I, and K are not mutually exclusive

Exclusion criteria is based on a diagnosis for a specific condition anytime during the two year (2010-2011) time window.

There is no clean period requirement for a diagnosis of ADHD.

### **Attachment 13.3 References**

1. Centers for Disease Control and Prevention (CDC), *Vital and Health Statistics* (PDF; December 2010; Series 10, Number 247).
2. Visser Sn, Danielson ML, Bitsko RH, ..., Blumberg SJ. Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003-2011. *J Am Acad Child Adolesc Psychiatry*. 2014; 53(1):34-46.
3. Hodgkins P, Sasane R, Christensen L, Harley C, Liu F. Treatment outcomes with methylphenidate formulations among patients with ADHD: retrospective claims analysis of a managed care population. *Curr Med Res Opin*. 2011; 27(Suppl 2):53-62.
4. Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*. 2011;128(5):1-16.