



QUALITY CARE FOR SPECIAL KIDS

Profiles of Children with Chronic Conditions and Disabilities

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Quality Care for Children with ADHD: The Role of Primary Care Physicians

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Along with childhood obesity and asthma, attention deficit hyperactivity disorder (ADHD) is one of the most common chronic conditions among children. Approximately two million children in the United States have ADHD, and prevalence rates continue to rise.¹ The disorder is usually quite stressful for families, and some parents choose to work fewer hours to meet the needs of a child with ADHD. A higher incidence of injuries and behavioral problems as well as greater use of prescription drugs push medical costs for these children beyond the costs for children without special health care needs.²

Children with ADHD receive most of their care from primary care clinicians, who make the initial diagnosis, manage a child's care, and supervise treatment. Effective management of ADHD is a multifaceted effort and typically involves working with parents and schools. Unfortunately, treatment may fall short of recommended national guidelines. As commercial health plans continue to refine current products and develop new ones, they may benefit from taking a closer

look at the role of primary care physicians in the diagnosis and treatment of children with ADHD.

Findings

Children who have ADHD use significantly more health care services than do children who do not have ADHD. The former have more primary care visits, more mental health visits, and more pharmaceutical use compared with other children. One study of children with ADHD in commercial plans found that their overall annual medical costs were double the costs for children who do not have ADHD (\$1465 versus \$690; Figure 1).³

Pediatricians, family doctors, and other primary care physicians play a critical role in the treatment of children with ADHD. Primary care physicians are often involved in the initial diagnosis of ADHD, finding mental health specialists for further counseling and coordinating care with other providers and schools. In addition, primary care physicians prescribe and manage the most common forms of ADHD medication. In fact, more than two-thirds

WHO ARE CHILDREN WITH ADHD?

Twelve percent of the children enrolled in commercial health insurance plans have special health care needs. Almost 40 percent of them have an emotional or behavioral disorder. Of children with one of these disorders, 34 percent have a diagnosis of ADHD alone. An additional 22 percent have ADHD along with another chronic condition.

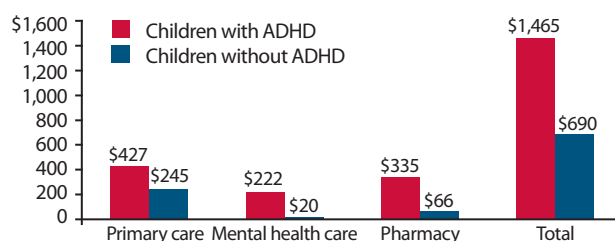
This data update is the sixth in a series designed to keep commercial health plans abreast of critical issues involved in caring for these children.

¹National Institutes of Health (www.nimh.nih.gov/publicat/adhd.cfm); Centers for Disease Control and Prevention (www.cdc.gov/ncbddd/adhd/publichealth.htm); Agency for Healthcare Research and Quality (www.ahrq.gov/clinic/epcsums/adhdsutr.htm).

²Centers for Disease Control and Prevention (www.cdc.gov/ncbddd/adhd/otherconditions.htm). Mathematica Policy Research, Inc. (www.mathematica-mpr.com/publications/PDFs/menhltchil.pdf).

³Guevara, Lozano, Wickizer, Mell, and Gephart. 2001. "Utilization and Cost of Health Care Services for Children with Attention-Deficit/Hyperactivity Disorder." *Pediatrics* 108(1): 71-78.

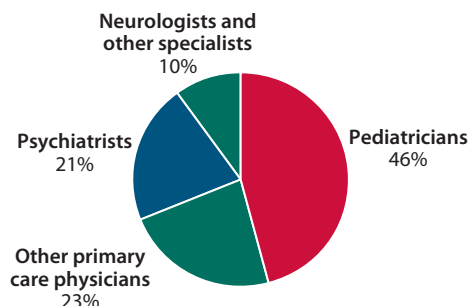
FIGURE 1. MEAN ANNUAL HEALTH CARE COSTS FOR CHILDREN WITH AND WITHOUT ADHD



Source: Guevara et al. 2001. "Utilization and Cost of Health Care Services for Children with Attention-Deficit/Hyperactivity Disorder". *Pediatrics* 108(1): 71-78. Data are from a Washington State HMO in which children age 3 to 17 were continuously enrolled in 1997.

of the providers who prescribe stimulants for ADHD in school-age children (6 to 12 years old) are pediatricians or other primary care physicians (Figure 2).

FIGURE 2. PERCENTAGE OF VARIOUS PROVIDERS PRESCRIBING STIMULANTS



Source: Mathematica Policy Research (www.mathematica-mpr.com/publications/PDFs/menhlthchil.pdf). Other primary care physicians include family practitioners and internists.

Standard treatment for ADHD now includes a mix of approaches, such as medication therapy, psychosocial/behavioral treatment, supportive services offered in school, and various combinations of the three. However, about half of the children identified as having ADHD do not receive appropriate care, as defined by guidelines of the American Academy of Child and Adolescent Psychiatry. According to primary care physicians, major barriers to care—the same for ADHD and other childhood emotional and behavioral chronic conditions—include a shortage of pediatric specialists, delays in getting appointments, and coverage issues such as physician panel restrictions and a complex appeals process for the use of out-of-plan specialists (see Table 1).⁴

TABLE 1. PERCENT OF PRIMARY CARE PHYSICIANS REPORTING SELECTED BARRIERS TO CARE FOR CHILDREN WITH EMOTIONAL AND BEHAVIORAL CHRONIC CONDITIONS

Barriers	Percent
Lack of pediatric specialists	64.4
Difficulty/delay in getting appointment	64.1
Physician panel restrictions	48.3
Complex appeals process for utilization of out-of-plan specialists	42.9
Authorization procedures	39.0
Financial disincentives	34.9
Burdensome paperwork	29.2

Source: Hoagwood, Kelleher, Reil, and Comer. 2000. "Treatment Services for Children with ADHD: A National Perspective." *Journal of the American Academy of Child & Adolescent Psychiatry* 39(2):198-206.

Implications

Because primary care physicians provide a substantial amount of care for children with ADHD, health plans can use several newly developed tools to help ensure that treatment is delivered efficiently and appropriately in primary care offices.

- The National Center for Quality Assurance has a HEDIS measure of adequate follow-up care for children on medication for ADHD. The measure, which reflects care delivered in the first 30 days of treatment and within the next nine months, is intended to guard against adverse side effects of medication (www.ncqa.org/main/sponsors/hedis_measureimplementation.pdf).
- Use a survey of member families who have children with ADHD to learn more about satisfaction with plan services. The ECHO component of the Consumer Assessment of Healthcare Providers and Systems has questions on children receiving treatment for ADHD through commercial health plans (www.cahps.ahrq.gov/content/cahpskit/files/255_echo_mbho_v3_eng_child.pdf).
- The American Academy of Pediatrics' toolkit recommends that private payers recognize the complexity involved in making the initial diagnosis and ensure that providers are properly reimbursed (see Perrin et al., *Principles for Improving the Fiscal Environment for the Provision of ADHD Services*. Elk Grove, IL: American Academy of Pediatrics, March 2004).

⁴Hoagwood, Kelleher, Reil, and Comer. 2000. "Treatment Services for Children With ADHD: A National Perspective." *Journal of the American Academy of Child & Adolescent Psychiatry* 39(2):198-206.

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