

## Getting to Goal: Managed Care Strategies for Children, Adolescents, and Adults With ADHD

This supplement to *The American Journal of Managed Care* provides information on the clinical characteristics, diagnosis, and treatment of ADHD in plan members of all ages, in addition to discussing managed care initiatives for improving therapeutic adherence and optimizing patient outcomes.

### ■ Participating Faculty

#### **Julie A. Dopheide, PharmD, BCPP**

Associate Professor of Clinical Pharmacy,  
Psychiatry and the Behavioral Sciences  
University of Southern California  
Schools of Pharmacy and Medicine  
Los Angeles, California

#### **Peter S. Jensen, MD**

President & CEO  
The REACH Institute  
REsource for Advancing Children's Health  
New York, New York

#### **Neil B. Minkoff, MD**

Medical Director  
Network Medical Management and Pharmacy  
Harvard Pilgrim Health Care  
Wellesley, Massachusetts

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#### **Julie A. Dopheide, PharmD, BCPP**

*Consultant:*

Ortho-McNeil Janssen Scientific Affairs, LLC  
Shire

#### **Peter S. Jensen, MD**

*Consultant:*

Ortho-McNeil Janssen Scientific Affairs, LLC  
Otsuka America Pharmaceutical, Inc.  
Shire

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Signed disclosures are on file at the office of *The American Journal of Managed Care*, Plainsboro, New Jersey.

### *Getting to Goal: Managed Care Strategies for Children, Adolescents, and Adults With ADHD*

Release date: May 15, 2009; Expiration date: November 30, 2010

#### **TARGET AUDIENCE**

This activity has been designed to meet the educational needs of physicians, managed care pharmacists, pharmacy directors, medical directors, quality directors, policy executives, and other key managed care administrators involved in the management of patients with attention-deficit/hyperactivity disorder (ADHD).

#### **MEDIA**

Journal supplement

#### **EDUCATIONAL OBJECTIVES**

After completing this activity, the participant should be better able to:

- Describe the overall costs associated with ADHD and related comorbidities.
- Specify the clinical and financial impact of various ADHD treatment options.
- Describe a managed care road map for improving clinical and economic outcomes for ADHD.
- Cite recommendations for health plans to assist their providers with strategies to improve HEDIS performance scores for ADHD.
- Identify a step therapy model to provide appropriate drug therapy for ADHD treatment by managed care.

#### **STATEMENT OF NEED/PROGRAM OVERVIEW**

ADHD is considered the most common neurobehavioral disorder in children, affecting an estimated 4% to 12% of school-age children. Approximately one third to one half of all pediatric mental health referrals are due to ADHD. In addition to ADHD, many children have comorbid conditions, such as anxiety disorders, conduct disorder, and learning disorders. ADHD that begins in early childhood persists into adulthood in up to two thirds of cases. According to the National Comorbidity Survey Replication (NCS-R), the estimated prevalence rate of adult ADHD in the United States is 4.4%.

Adherence is a critical aspect of care because of the chronicity of lifelong ADHD consequences from significant symptoms that continue to exhibit in adulthood. Among children with ADHD, those on medication have shown to have significantly less frequent and less costly emergency department visits. In the absence of consistent treatment, adolescents with ADHD suffer 4 times as many serious injuries and 3 times as many motor vehicle accidents versus those without ADHD or those with ADHD who are medication compliant.

The increasing incidence of ADHD is an issue for managed care organizations and their providers. Providers are already feeling stretched to deliver adequate care for neurobehavioral disorders, so there is a need to increase their comfort in prescribing medicines along with behavioral recommendations for patients with ADHD. Education is needed to learn more about the use of controlled versus noncontrolled agents. The diversion of drugs within the ADHD category remains an issue with the managed care audience; therefore, recommendations are needed that help monitor inappropriate usage.

All of the above have fostered barriers to ADHD treatment and poor adherence to treatment guidelines, including the American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics, the National Institutes of Health, and Healthcare Effectiveness Data and Information Set (HEDIS) recommendations. By following the treatment guidelines and reducing restrictions to proper care and medications, managed care can implement an appropriate use strategy to improve outcomes for ADHD.

#### **PHYSICIAN CONTINUING MEDICAL EDUCATION**

##### **Accreditation Statement**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Postgraduate Institute for Medicine (PIM) and Impact Education, LLC. PIM is accredited by the ACCME to provide continuing medical education for physicians.

##### **Credit Designation**

Postgraduate Institute for Medicine designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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Estimated time to complete activity: 1.5 hours

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