The Aims and Measures are intended to provide guideline users with a menu of measures for multiple purposes which may include the following:

- Population health improvement measures
- Quality improvement measures for delivery systems
- Measures from regulatory organizations such as Joint Commission
- Measures that are currently required for public reporting
- Measures that are part of Center for Medicare Services Physician Quality Reporting initiative
- Other measures from local and national organizations aimed at measuring population health and improvement of care delivery.

This section provides resources, strategies and measurement for use in closing the gap between current clinical practice and the recommendations set forth in the American Academy of Pediatric's (AAP) ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents.
Aims and Measures

1. Increase the use of DSM-5 criteria for diagnosing attention deficit hyperactivity disorder. *(AAP's ADHD Clinical Practice Guideline, Recommendation #2)*

   Measure for accomplishing this aim:
   
   a. Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-5 criteria.

2. Increase screening for other comorbidities in patients newly diagnosed with attention deficit hyperactivity disorder. *(AAP's ADHD Clinical Practice Guideline, Recommendation #1)*

   Measure for accomplishing this aim:
   
   a. Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of screening for other primary conditions and comorbidities, as defined in the AAP's ADHD Clinical Practice Guideline.

3. Improve the primary care use of FDA-approved ADHD medications with indications for management of patients with ADHD. *(AAP's ADHD Clinical Practice Guideline, Recommendations #5a, 5b, 5c)*

   Measure for accomplishing this aim:
   
   a. Percentage of patients treated with psychostimulant medication for the diagnosis of ADHD whose medical record contains documentation of a follow-up visit within 30 days of medication initiation that include height, weight, a discussion of medication, a discussion of school progress and a care plan.
   
   b. Percentage of patients treated with psychostimulant medication for the diagnosis of ADHD whose medical record contains documentation of follow-up visits at least twice a year that include height, weight, a discussion of medication, a discussion of school progress and a care plan.

4. Improve primary care communication with parents regarding resources and school support in treatment planning for children with ADHD. *(AAP's ADHD Clinical Practice Guideline, Recommendation #4)*

   Measure for accomplishing this aim:
   
   a. Percentage of patients diagnosed with ADHD whose medical record contains documentation of discussion of parental resources for managing children with ADHD (e.g., parent training groups, videos, books, psychology referral).
   
   b. Percentage of patients diagnosed with ADHD whose medical record contains documentation that the clinician discussed the need for school-based supports and educational service options for children with ADHD.
Measurement Specifications

Measurement #1a
Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of DSM-5 criteria.

Population Definition
Patients ages 4 through 18 years diagnosed with ADHD.

Data of Interest
\[
\frac{\text{# of patients with documentation of DSM-5 criteria used to diagnose ADHD}}{\text{# of newly diagnosed ADHD patients}}
\]

Numerator/Denominator Definitions
Numerator: Number of patients newly diagnosed with ADHD whose medical record contains documentation that DSM-5 criteria were used to diagnose ADHD.
- Patients diagnosed in the past six months from the measurement date.
- Documentation is defined as any evidence in the medical record that DSM-5 criteria were addressed.

Denominator: Number of patients newly diagnosed with ADHD.
- Patients diagnosed in the past six months from the measurement date.

Method/Source of Data Collection
Query EMR for all patients diagnosed with ADHD in the past six months from the measurement date. Determine from medical records for each patient whether DSM-5 criteria were used to diagnose ADHD.

Time Frame Pertaining to Data Collection
Monthly.

Notes
Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.

This is a process improvement measure, and improvement is noted as an increase in the rate.
Measurement #2a

Percentage of patients newly diagnosed with ADHD whose medical record contains documentation of screening for other primary conditions and comorbidities, as defined in the guideline (for example, depression, anxiety, oppositional-defiant disorder).

Population Definition

Patients age 4 through 18 years diagnosed with ADHD.

Data of Interest

\[
\frac{\# \text{ of patients with documentation of screening for other primary conditions and comorbidities}}{\# \text{ of newly diagnosed ADHD patients}}
\]

Numerator/Denominator Definitions

Numerator: Number of patients newly diagnosed with ADHD whose medical record contains documentation that patients were screened for other primary conditions and comorbidities.

Patients diagnosed in the past six months from the measurement date.

Denominator: Number of patients newly diagnosed with ADHD.

Patients diagnosed in the past six months from the measurement date.

Method/Source of Data Collection

Query EMR for all patients diagnosed with ADHD in the past six months from the measurement date. Determine from medical records for each patient whether patients were screened for other primary conditions and comorbidities.

Time Frame Pertaining to Data Collection

Monthly.

Notes

Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.

This is a process improvement measure, and improvement is noted as an increase in the rate.
Measurement #3a
Percentage of patients treated with psychostimulant medication for the diagnosis of ADHD for the first time whose medical record contains documentation of a follow-up visit within 30 days of medication initiation that include height, weight, a discussion of medication, a discussion of school progress and a care plan.

Population Definition
Patients age 4 through 18 years diagnosed with ADHD and prescribed psychostimulant medication.

Data of Interest
# of medical records of ADHD patients on psychostimulant medication with documentation of a follow-up visit within 30 days of medication initiation and a follow-up components discussed: height, weight, medication, school progress and a care plan

Total # of ADHD patients on psychostimulant medication whose medical records are reviewed

Numerator/Denominator Definitions
Numerator: Number of patients diagnosed with ADHD and prescribed psychostimulant medication for the first time whose medical record contains documentation of a follow-up visit within 30 days of medication initiation and the following components were discussed at the visit: height, weight, medication, school progress and a care plan.
Denominator: Number of patients newly diagnosed with ADHD and prescribed psychostimulant medication.

For this measure count medication initiation date as the start of the 30-day period.

Method/Source of Data Collection
Query EMR for all patients diagnosed with ADHD and prescribed psychostimulant medication. Determine from medical records for each patient whether patients had a follow-up visit within 30 days of medication initiation and whether following components were addressed during each visit: height, weight, medication, school progress and a care plan.

Time Frame Pertaining to Data Collection
Monthly.

Notes
Recognize that the date of initiation of medication may be different than the date of dispensing.
Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.
This is a process improvement measure, and improvement is noted as an increase in the rate.
NCQA HEDIS Measure on Medication Follow up for Children with ADHD: The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. Full specifications for HEDIS measure are available at http://www.ncqa.org.
Measurement #3b

Percentage of patients treated with psychostimulant medication for the diagnosis of ADHD whose medical record contains documentation of a follow-up visit at least twice a year and had the following discussed at each of the visits: height, weight, medication, school progress and a care plan.

Population Definition

Patients age 4 through 18 years diagnosed with ADHD prescribed psychostimulant medication.

Data of Interest

# of medical records of ADHD patients on psychostimulant medication with documentation of at least two follow-up visits a year and follow-up components discussed: height, weight, medication, school progress and a care plan

Total # of ADHD patients on psychostimulant medication whose medical records are reviewed

Numerator/Denominator Definitions

Numerator: Number of patients diagnosed with ADHD and prescribed psychostimulant medication whose medical record contains documentation of at least two follow-up visits within a year medication was prescribed and the following components were discussed at each of the visits: height, weight, medication, school progress, and a care plan.

Denominator: Number of patients diagnosed with ADHD and prescribed psychostimulant medication.

For this measure, count medication initiation date as the start of a 12-month period.

Method/Source of Data Collection

Query EMR for all patients diagnosed with ADHD and prescribed psychostimulant medication. Determine from medical records for each patient whether patients had at least two follow up visits within 12 months of medication prescription and whether following components were addressed during each visit: height, weight, medication, school progress, and a care plan.

Time Frame Pertaining to Data Collection

Monthly.

Notes

Recognize that the date of initiation of medication may be different than the date of dispensing.

Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.

This is a process improvement measure, and improvement is noted as an increase in the rate.

NCQA HEDIS Measure on Medication Follow up for Children with ADHD: The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. Full specifications for HEDIS measure are available at http://www.ncqa.org.
Measurement #4a
Percentage of patients diagnosed with ADHD whose medical record contains documentation of discussion of parental resources for managing children with ADHD (e.g., parent training groups, videos, books, psychology referral).

Population Definition
Patients age 4 through 18 years diagnosed with ADHD.

Data of Interest
\[
\frac{\text{# of patients with documentation of parental resources discussion}}{\text{# of diagnosed ADHD patients}}
\]

Numerator/Denominator Definitions
Numerator: Number of patients diagnosed with ADHD whose medical record contains documentation that parental resources for managing ADHD were discussed.
Parental resources may include parent training groups, videos, books, psychology referral and websites.
Denominator: Number of patients diagnosed with ADHD within the past 12 months from the measurement date.

Method/Source of Data Collection
Query EMR for all patients diagnosed with ADHD in the past 12 months from the measurement date. Determine from medical records for each patient whether clinician discussed the need for school-based supports and educational service options for children with ADHD.

Time Frame Pertaining to Data Collection
Monthly.

Notes
Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.
This is a process improvement measure, and improvement is noted as an increase in the rate.
Measurement #4b
Percentage of patients diagnosed with ADHD whose medical record contains documentation that the clinician discussed the need for school-based supports and educational service options for children with ADHD.

Population Definition
Patients ages 5 through 18 years diagnosed with ADHD.

Data of Interest
\[
\frac{\text{# of patients with documentation of school-based supports discussion}}{\text{Total # of diagnosed ADHD patients}}
\]

Numerator/Denominator Definitions
Numerator: Number of patients diagnosed with ADHD whose medical record contains documentation that clinician discussed the need for school-based supports and educational service options for children with ADHD.
Denominator: Number of patients diagnosed with ADHD within the past 12 months from the measurement date.

Method/Source of Data Collection
Query EMR for all patients diagnosed with ADHD in the past 12 months from the measurement date. Determine from medical records for each patient whether clinician discussed the need for school-based supports and educational service options for children with ADHD.

Time Frame Pertaining to Data Collection
Monthly.

Notes
Depending upon the size of the medical group's ADHD population, data may be collected on a less frequent basis.

This is a process improvement measure, and improvement is noted as an increase in the rate.