

# Attention Deficit Hyperactivity Disorder (ADHD) Episode Executive Summary

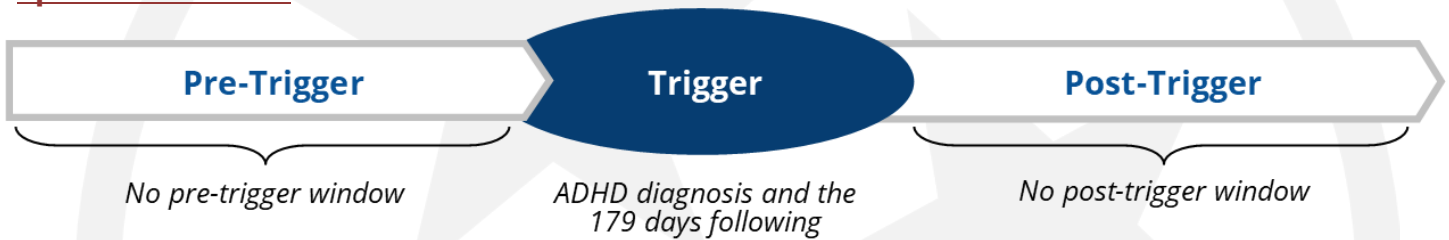
## Episode Design

- **Trigger:** ADHD diagnosis
- **Quarterback type:** professional (provider with plurality of visits)
- **Care included:** care with primary diagnosis of ADHD or primary diagnosis of ADHD-specific symptoms with an ADHD secondary diagnosis trigger code, as well as a specific list of medications

## Sources of Value

- Thorough assessment that ensures that patient meets DSM-V criteria before diagnosis is given
- Age-appropriateness of treatment
- Appropriate choice and use of medications
- Reduction of unnecessary repeated performance testing, neuropsychological testing, EKGs, and/or lab work
- Reduction of treatment in the summer only if clinically appropriate (e.g., significant side effects)

## Episode Duration



## Quality Metrics

### Tied to Gain-Sharing

- Minimum care requirement (higher rate is better)
- Utilization of therapy for members aged 4 and 5 (higher rate is better)

### Informational Only

- Utilization of E&M and medication management
- Utilization of therapy for members aged 6 to 20
- Utilization of medication for members aged 4 and 5
- Utilization of medication for members aged 6 to 20
- Follow-up within 30 days of trigger

## Making Fair Comparisons

### Exclusions

- Business exclusions: inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g., COVID-19, attempted suicide or self-injury, autistic disorders, bipolar, borderline personality disorder, conduct disorder, delirium/dementia, disruptive mood dysregulation disorder, dissociative disorders, homicidal ideation, homelessness, intellectual disabilities, manic disorder, psychoses, PTSD, schizophrenia, specific psychosomatic disorders, prescription & illicit substance use, DCS custody)
- Patient exclusions: age (less than 4 or greater than 20 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

**Risk adjustment** is used to ensure appropriate comparisons between patients.

**To learn more about the episode's design**, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at <https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html>.