

Attention Deficit Hyperactivity Disorder (ADHD) Episode Executive Summary

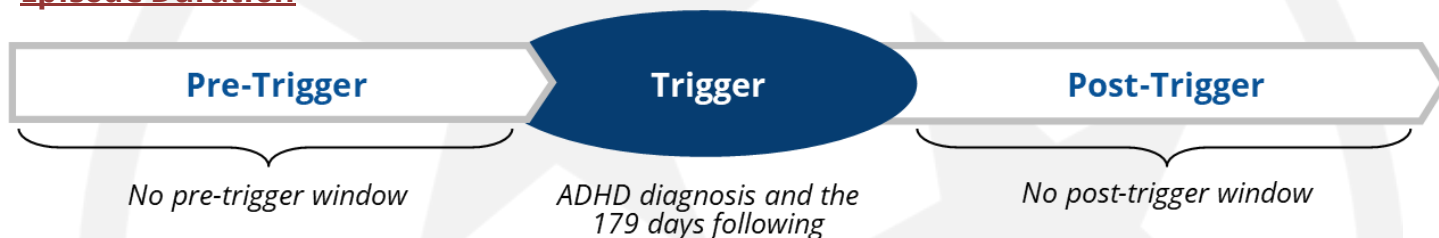
Episode Design

- **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>.