



ADHD Management Program for Children in Primary Care

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Who We Are

•HealthNow New York, Inc. (HNNY) is one of New York's leading healthcare companies

•HNNY serves more than 815,000 members, 13,000 client companies, 2,100 employees and had revenues exceeding \$2.14 billion dollars in 2007

•HNNY is the parent company of:

- BlueCross BlueShield of Western New York the largest plan in the region
- BlueShield of Northeastern New York in the Capital Region since 1965
- HealthNow bringing services and products to Central New York
- Brokerage Concepts Inc. (BCI) a third-party administrator and brokerage
- MedUS Services, LLC
 - a Medicare claims processing unit for 45 counties in NYS






Why develop a ADHD Program?


- We have a limited behavioral health network specializing in child and adolescent and BH
- PCP's (Pediatricians and Family Practitioners) have managed children with ADHD but requested a "Reader's Digest" version of the AAP practice guidelines
- Although we have a small population of members with ADHD, there is a huge impact on the parent/guardian in the workplace and employer groups asked for some assistance managing this population






Our ADHD population and program

- Program inclusion limited to 6-12 year olds
- Members identified with ADHD by prescribed stimulant medication.
 - 100% accurate
 - Previous ICD-9 code data mining revealed only 41% of this population
- Over the past 3 years...
 - Ave population size = 6450/members/year
 - # members (parent/guardian) engaged = 825 (~13%)
 - % male = 78%
 - % female = 22%
 - # members who opted out = 3
 - # member self-referrals = 5
 - # practitioner referrals = 0






Our ADHD population and program (con't)


- The vast majority of our practitioners who treat this member population are Pediatricians or Family Practitioners
- They have expressed a level of comfort managing this population both with medications or with referral to Behavioral Health specialists
- We, like much of the United States, have network concerns related to Child Psychiatrists, Child Psychologists and Child Counselors






ADHD project development

- The **aim** of this project is to increase compliance with the practice recommendations of at least one (1) face-to-face follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase through education/awareness of the standard of care and notification of the desired timeframe.
- We also engage the parent/guardian in the desired treatment plan with simultaneous education/awareness of the standard of care through coordination of care with our Behavioral Health vendor Health Integrated (HI)
- The **objective** of the intervention is to increase our practitioner compliance with practice standards and HEDIS requirements by a demonstrated 2% points increase in both the initial and continuation phases of treatment for ALOB







Practitioner Intervention

- Within 14 days of the onset of NEW therapy* and using the member list of new ADHD prescription fills mined from our PBM, we populate a letter template to the prescribing practitioner indicating:
 - Member name
 - DOB
 - De-identified member ID
 - Name of medication
 - Date of fill
 - Information regarding practice recommendations of one (1) face-to-face follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- Communication with Document Automation within BCBSWNY to send data file to pre-populate letter template (mail merge) on an ongoing every other week basis.


* Defined as new to a specific medication and dose based on medication review for the past 6 months.






Member Intervention

- Simultaneously with the practitioner intervention, a letter will be generated to the parent/guardian by Health Integrated of the selected member indicating:
 - Member name
 - Name of medication
 - Date of fill
 - Name of prescribing practitioner
 - Contact information of the prescribing practitioner
 - Information regarding practice recommendations of one (1) face-to-face follow-up visit with a practitioner with prescribing authority during the 30-day initiation phase.
- This file will be forwarded to Health Integrated for educational mailing offering:
 - Additional written material
 - Direction to credible web destinations
 - Assistance with referral to behavioral health specialist to address additional member or family needs






So, what kind of volume are we talking about?

Date range: 04.01.07->12.31.07 and 01.01.08->10.31.08

- **Total Members identified:** 932/719
 - **Number of Unique Members:** 925/717
 - **Number female:** 187/146
 - **Number male:** 738/571
 - **Average/month:** 104/72
- **# of letters sent to practitioners in 2008:** 719
 - **Number of unique practitioners:** 279
 - **Number of returns:** 0
 - **Number of practitioner concerns:** 3
 - **Origin of concerns:** 2 "not my patient", 1 not a new start to stimulant medication
 - **Resolution of concerns:** 2 point of sale data entry errors, 1 member new to plan and unable to access prescription history



So, what kind of volume are we talking about?

Member (parent/guardian) intervention response:

- ~15% request assistance with BH referral
- ~14% request assistance/direction to web based tools
- ~14% request additional written material
- 3 members have opted-out of the program
- 5 members have self-enrolled via the web

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The proof is in the numbers...

Follow-up for Children Prescribed ADHD medication - Initiation Phase

Program rolled out in WNY region in 2006 & then to NENY in 2007

- Increase of 7.52% to 39.59% in WNY Commercial in 3 years
- Increase of 1% to 49.23% in NENY Commercial in 2 years
- Increase of 4.03% to 39.08% in Medicaid population
- Increase of 6.47% to 41.51% in Child Health Plus Population

*New York State Average = 39.25%
 *National Average = 34.32%
 ~-5.5 percentage points higher than the 4 major competitors in both regions

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Lessons Learned

- Member identification based on medication class most accurate
- Members (parents/guardians) welcome assistance with credible information
- Practitioners less than enthusiastic about additional mail from the plan!
- Major stumbling block in identification of new starts are:
 - Data entry error at the point of sale
 - Members continuing on medication but new to our plan

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Thank-you!

Questions???

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