

**Behavioral Health /
ADHD Workgroup**

***Facilitation materials
Monday, November 7th
3-5p***

Arkansas Healthcare Payment Improvement Initiative: A statewide, multi-payor effort

“Our goal is to align payment incentives to eliminate inefficiencies and improve coordination and effectiveness of care delivery.”

– Gov. Mike Beebe

Episodes have the potential to ...

Deliver coordinated, **evidence-based** care

Focus on **high-quality** outcomes

Improve **patient focus** and **experience**

Avoid **complications**, reduce **errors** and **redundancy**

Incentivize **cost-efficient** care

Role of workgroup: we want real input and collaboration from workgroups

Workgroups: we are looking for...

- Clinical and patient input on the patient journey and experience
- Clinical and patient input on inefficiencies in the system and improvement potential
- Feedback and discussion on payment model design
- Feedback on practical implementation challenges to overcome

Format for today

- We want your active participation and feedback
- Flow: we will present some materials (for example, a draft “patient journey”) and will then turn to group discussion and comments
- Videoconference participants should feel free to speak up (we will also pause at points to ask for input from other sites)
- Please always speak directly into the microphone so that those at other sites can hear your comments

Behavioral Health / ADHD Workgroup Agenda

- **Introductions**
- **Describe role of this workgroup**
- **Provide context and data on Behavioral Health and ADHD**
- **Review ADHD patient journey**
- **Discuss opportunities to ensure effective care, quality, and patient experience for ADHD patients**
- **Next steps**



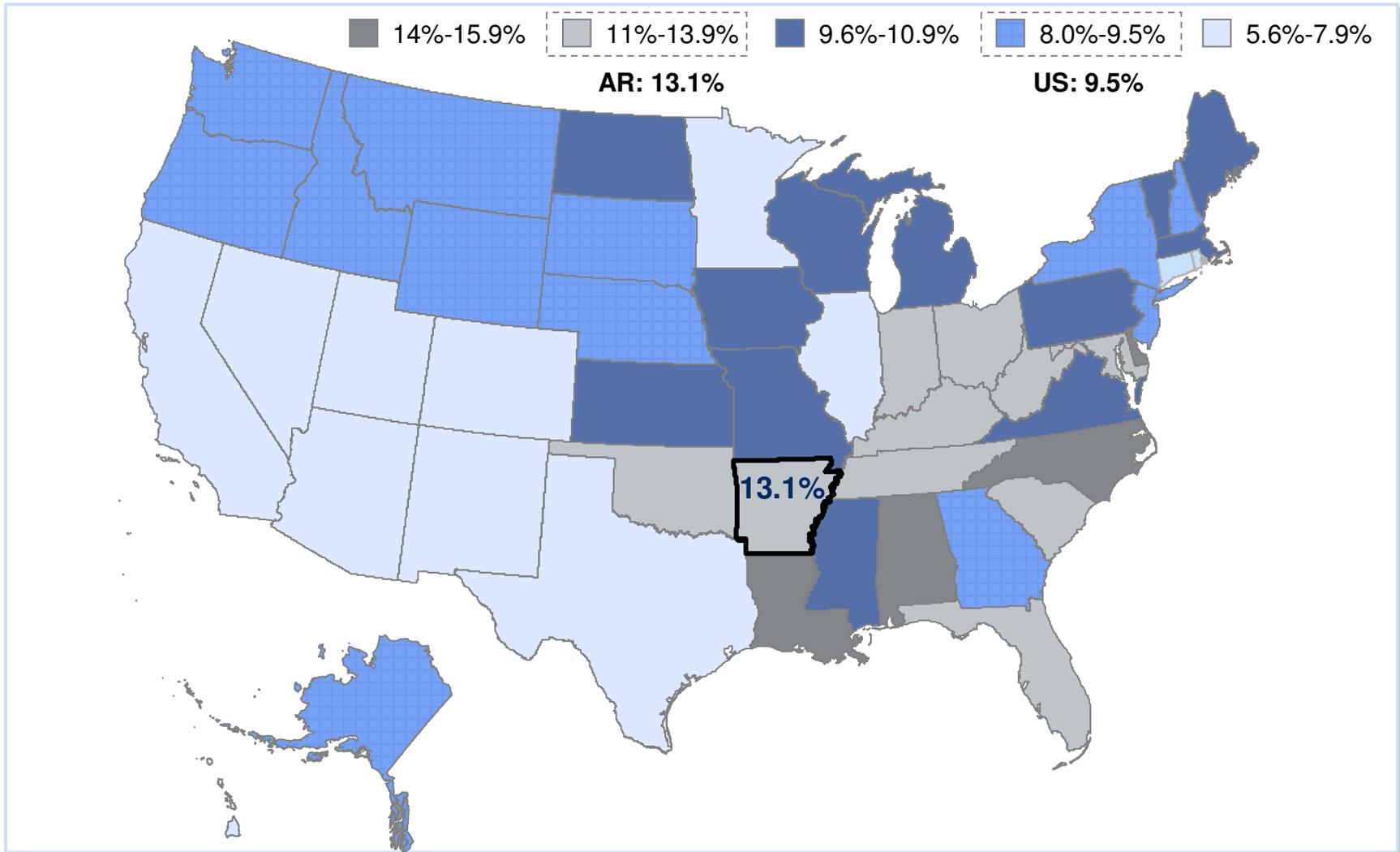
We will begin with ADHD for several reasons

- **Impacts large number of children:** ~13% of 4-17 year olds in Arkansas have been diagnosed with ADHD; about 25,000 Medicaid patients affected¹
 - **Significant spend:** over \$100M Medicaid dollars spent on ADHD-related primary diagnoses in state fiscal year 2010
 - **Impacts a large number of diverse providers:** over 1,000 providers in Arkansas assess or treat ADHD, including primary care physicians, mental health professionals, hospitals, and Rehabilitative Services for Persons with Mental Illness (RSPMI) providers
 - **Clear guidelines:** there are well-established guidelines for important aspects of ADHD
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¹ This includes all individuals with at least two Medicaid claims in SFY10 with an ADHD primary diagnosis

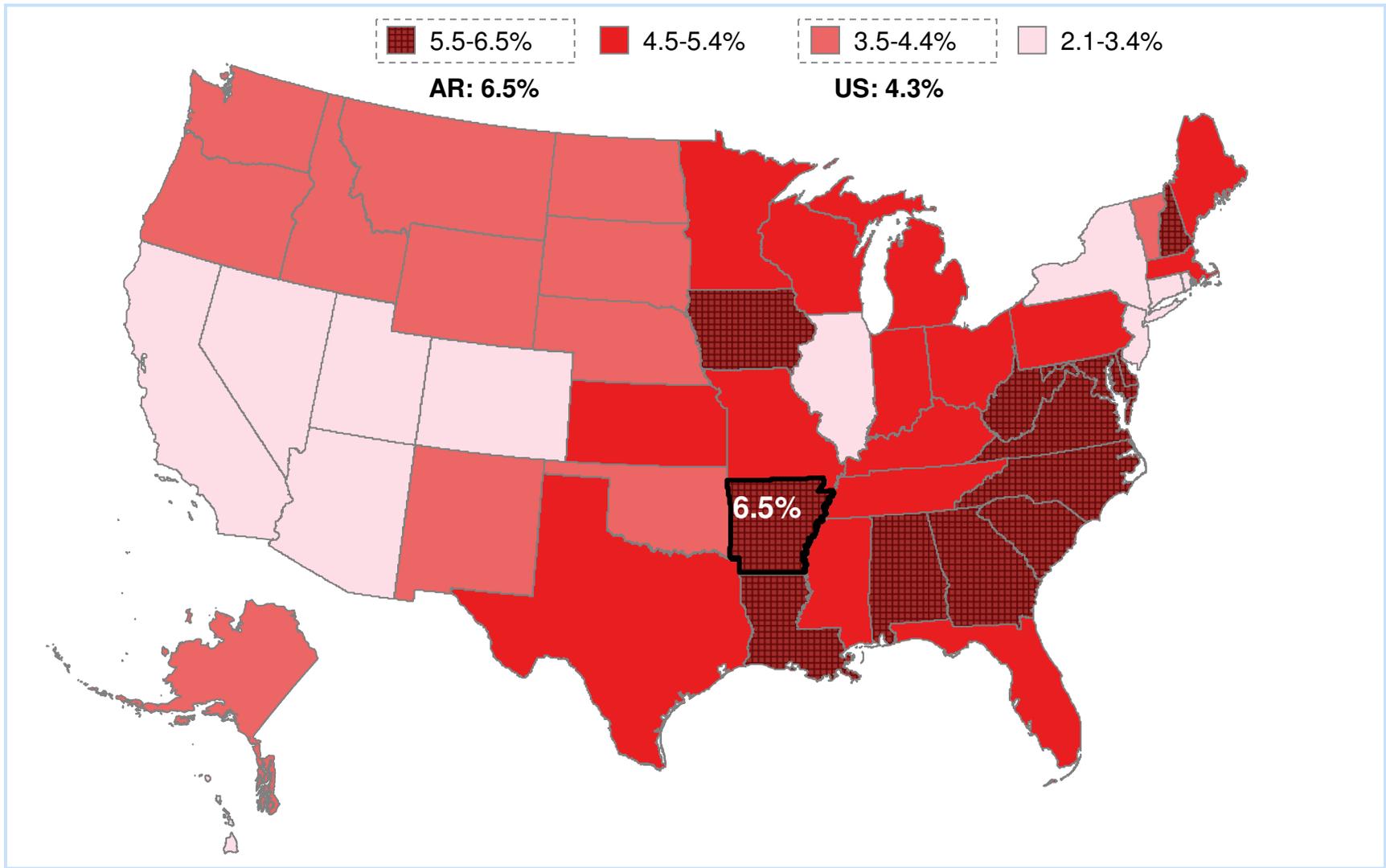
Context: State-based Prevalence Data of ADHD Diagnosis

Percent of Youth 4-17 ever diagnosed with Attention-Deficit/Hyperactivity Disorder: National Survey of Children's Health, 2007

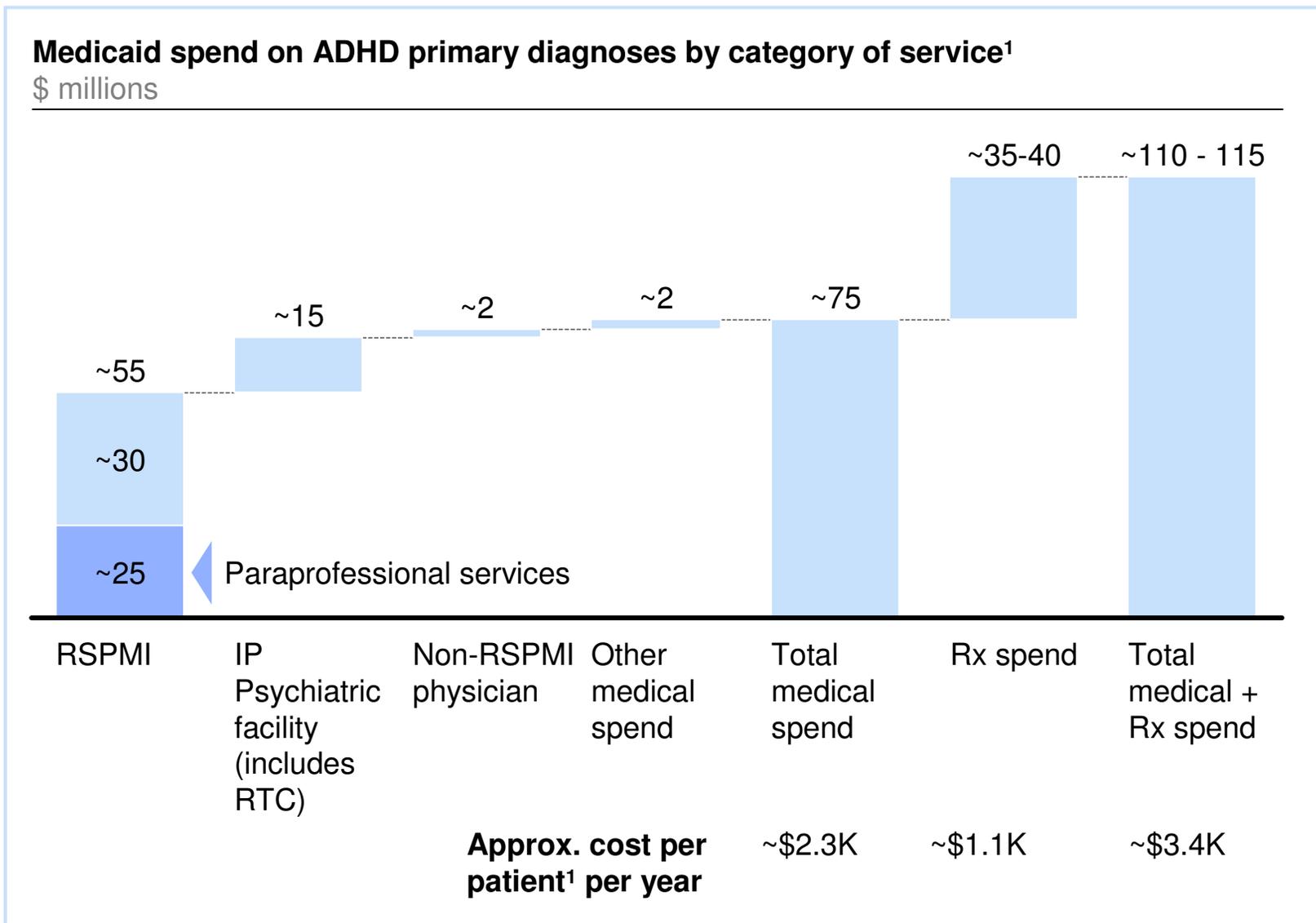


Context: State-based Prevalence Data of ADHD Medication Treatment

Percent of Youth 4-17 ever having an ADHD diagnosis and receiving medication treatment for ADHD:
National Survey of Children's Health, 2003



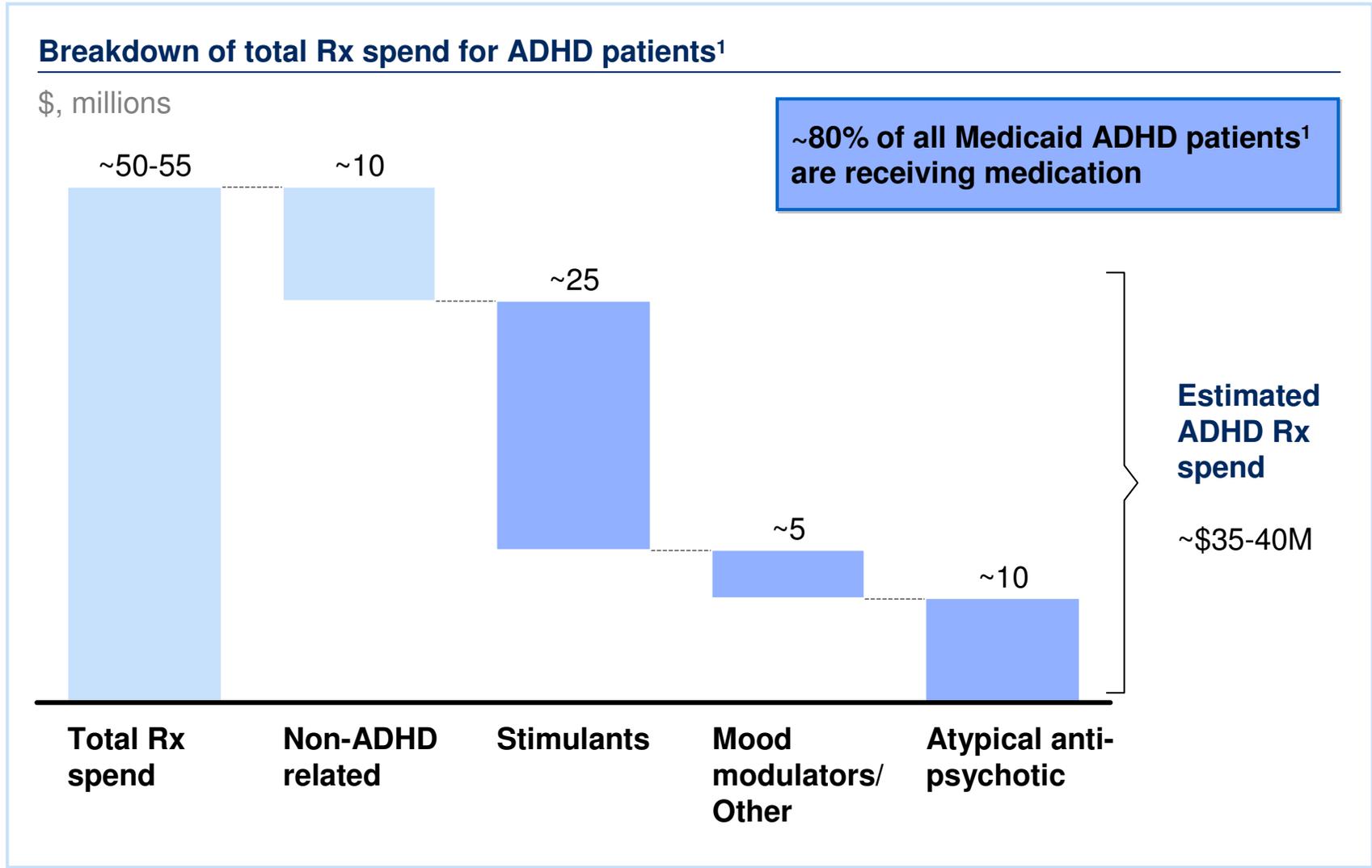
Context: ADHD spending by Medicaid category of service



¹ All patients with primary diagnosis code for ADHD

SOURCE: Arkansas Department of Human Services, Division of Medical Services, SFY10

Context: Prescription spending for Medicaid patients with ADHD PRELIMINARY

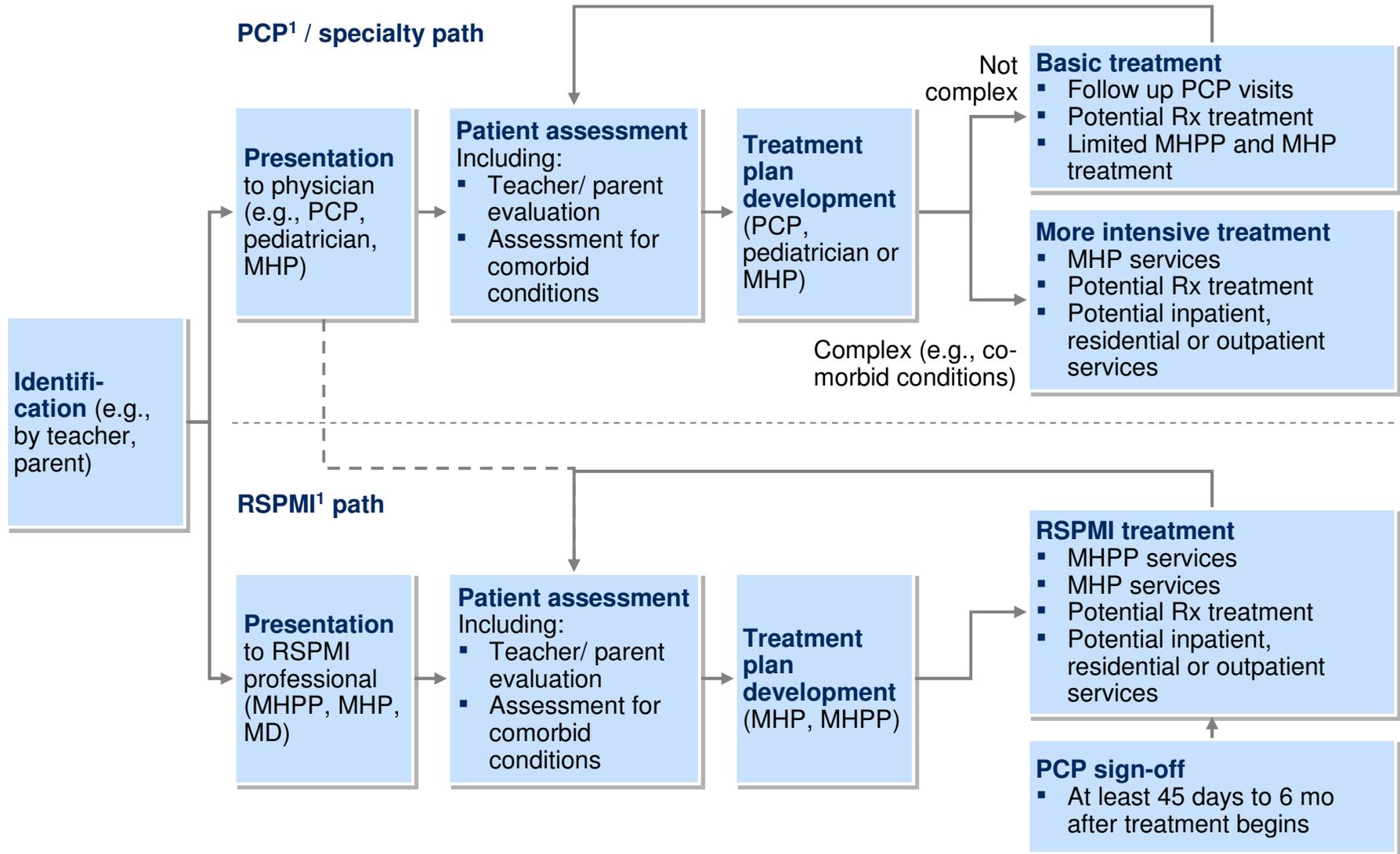


¹ With primary diagnosis code for ADHD

SOURCE: Arkansas Department of Human Services, Division of Medical Services, SFY10

ADHD patient journey today

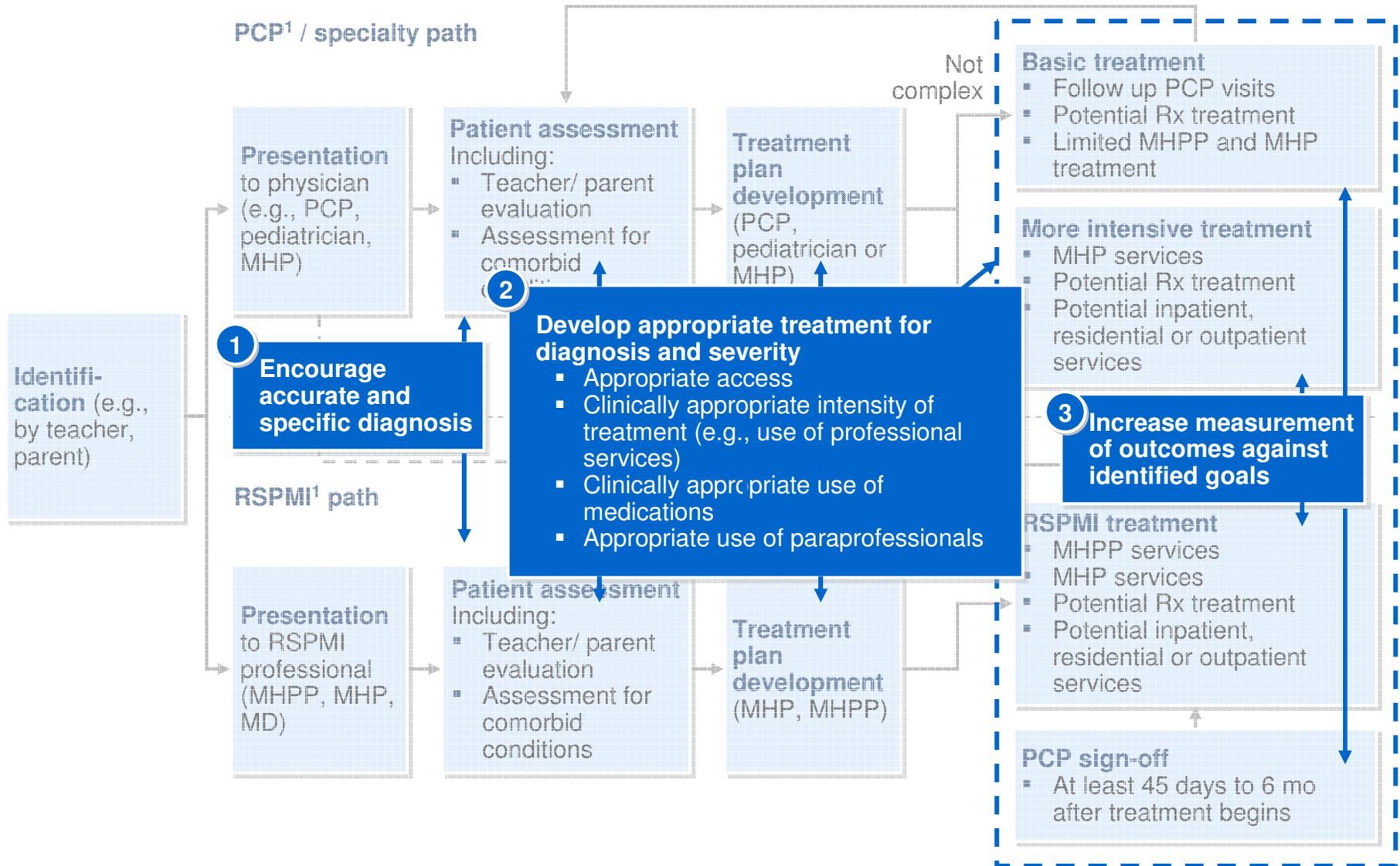
PRELIMINARY



¹ PCP – primacy care physician; MHP – mental health professional; MHPP – mental health paraprofessional; RSPMI - Rehabilitative Services for Persons with Mental Illness; MHP – mental health professional; MD – doctor of medicine

ADHD: opportunities to improve quality, patient experience, and cost effectiveness

PRELIMINARY



¹ PCP – primacy care physician; MHP – mental health professional; MHPP – mental health paraprofessional; RSPMI - Rehabilitative Services for Persons with Mental Illness; MHP – mental health professional; MD – doctor of medicine

Discussion: opportunities for improvement

1

Encourage accurate and specific diagnosis

Discussion: opportunities for improvement

Develop appropriate treatment for diagnosis and severity

2

- Appropriate access
- Clinically appropriate intensity of treatment (e.g., use of professional services)
- Clinically appropriate use of medications
- Appropriate use of paraprofessionals

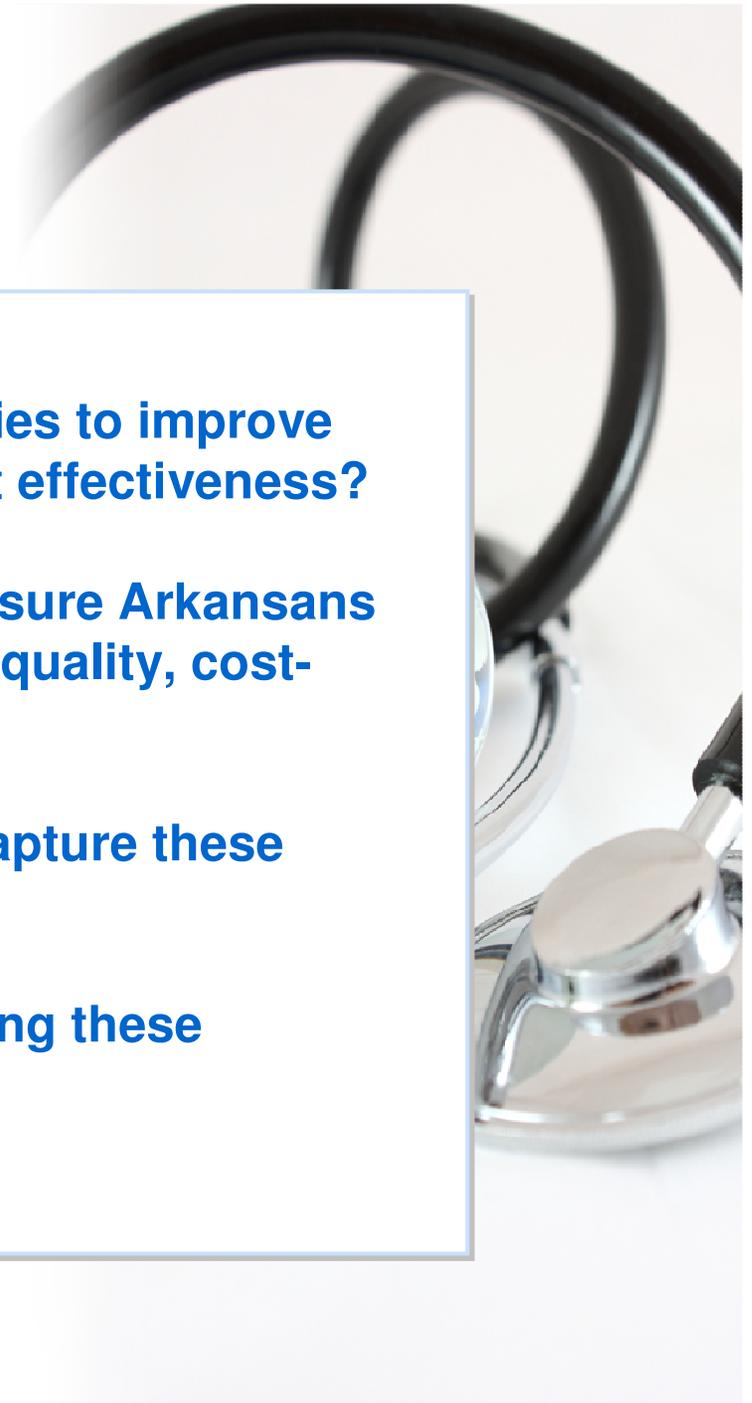
Discussion: opportunities for improvement

3 Increase measurement of outcomes against identified goals

Questions for discussion

Areas of opportunity

- **How would you describe opportunities to improve quality, patient experience, and cost effectiveness?**
- **What other opportunities exist to ensure Arkansans with ADHD receive consistent, high-quality, cost-effective care?**
- **What has been tried in the past to capture these opportunities? What has worked?**
- **What are the challenges to addressing these opportunities?**



Next steps

- **Synthesize** and post online the feedback and input from today's discussion
- Circulate **follow up questions**
- Attend our next ADHD workgroup on **Wednesday, December 14**
- **Visit our web site:** <http://paymentinitiative.org>