

eCQM Title	Follow-Up Care for Children Prescribed ADHD Medication (ADD)		
eCQM Identifier (Measure Authoring Tool)	136	eCQM Version number	8.3.000
NQF Number	0108	GUID	703cc49b-b653-4885-80e8-245a057f5ae9
Measurement Period	January 1, 20XX through December 31, 20XX		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	National Quality Forum		
Description	<p>Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported.</p> <p>a. Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase.</p> <p>b. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.</p>		
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Measure Scoring	Proportion		
Measure Type	Process		
Stratification	None		
Risk Adjustment	None		
Rate Aggregation	None		
Rationale	<p>Attention-deficit hyperactivity disorder (ADHD) is one of the most prevalent behavioral health diseases in children. A National Survey of Children's Health study found that, in 2007, about 9.5% of children 4 to 17 years of age, or about 5.4 million, had a history of ADHD (CDC 2010). Of those 5.4 million children with a history of ADHD, 78% had a current diagnosis of ADHD at the time of the survey (CDC 2010) and 66.3% of those children were taking medication for the disorder (CDC 2010). A similar survey conducted in 2013 found that about 10% of American children age 3-17 have been diagnosed with ADHD (Bloom et al., 2013). ADHD also incurs substantial financial costs due to medical care and work loss costs for patients and families. The annual average direct cost per ADHD patient is \$1,574 dollars compared to \$541 dollars among similar individuals without ADHD (Swensen et al. 2003). Additionally, children with ADHD add a higher cost to the education system - on average \$5,000 each year for each student with ADHD (Robb et al., 2011).</p> <p>There are many symptoms associated with ADHD. Children with ADHD may experience significant functional problems, such as school difficulties, academic underachievement, troublesome relationships with family members and peers and behavioral problems (American Academy of Pediatrics 2000). For instance, recent studies have found that parents whose children have a history of ADHD report significantly more peer problems and a higher rate of non-fatal injuries compared to parents whose children do not have a history of ADHD (Strine et al. 2006; Xiang et al. 2005). Additional studies suggest that there is an increased risk for drug use disorders in adolescents with untreated ADHD (National Institute on Drug Abuse, 2010). One of the national objectives of the Department of Health and Human Services Healthy People 2020 initiative is to increase the proportion of children with mental health problems who receive treatment.</p> <p>Medication treatment has been found to be effective for managing ADHD, but treatment requires careful monitoring by physicians. Studies have shown that psychostimulants are highly effective for 75-90% of children with ADHD by reducing symptoms of hyperactivity, impulsivity and inattention; improving classroom performance and behavior; and promoting increased interaction with teachers, parents and peers (U.S. Department of Health and Human Services 1999). Some reported adverse effects of stimulant ADHD medications including appetite loss, abdominal pain, headaches, sleep disturbance, decreasing growth velocity, and less commonly, hallucinations and other psychotic symptoms (Wolraich et al. 2011). Therefore, it is important to assess the presence or absence of potential adverse effects before and after a stimulant drug is initiated (Smucker &amp; Hedayat 2001). Monitoring adverse effects from ADHD medication allows physicians to suggest an optimal, alternative treatment. Studies have also shown that treating children with effective medication management can lead to substantially greater improvements in social skills and peer relations compared to children who are not effectively managed (Jensen et al. 2001). Finally, treatments for children with ADHD are frequently not sustained despite the fact that they are at greater risk of significant problems if they discontinue treatment (Wolraich et al. 2011). Effective management mitigates the risk of discontinuing treatment.</p>		
Clinical Recommendation Statement	<p>American Academy of Child and Adolescent Psychiatry (AACAP) Practice Parameter for the Assessment and Treatment of Children and Adolescents with ADHD</p> <p>- Overall Guideline The key to effective long-term management of the patient with ADHD is continuity of care with a clinician experienced in the treatment of ADHD. The frequency and duration of follow-up sessions should be individualized for each family and patient, depending on the severity of ADHD symptoms; the degree of comorbidity of other psychiatric illness; the response to treatment; and the degree of impairment in home, school, work, or peer-related activities. The clinician should establish an effective mechanism for receiving feedback from the family and other important informants in the patient's environment to be sure symptoms are well controlled and side effects are minimal. Although this parameter does not seek to set a formula for the method of follow-up, significant contact with the clinician should typically occur two to four times per year in cases of uncomplicated ADHD and up to weekly sessions at times of severe dysfunction or complications of treatment.</p> <p>- Recommendation 6: A Well-Thought-Out and Comprehensive Treatment Plan Should Be Developed for the Patient With ADHD. The treatment plan should be reviewed regularly and modified if the patient's symptoms do not respond. Minimal Standard [MS]</p> <p>- Recommendation 9. During a Psychopharmacological Intervention for ADHD, the Patient Should Be Monitored for Treatment-Emergent Side Effects. Minimal Standard [MS]</p> <p>- Recommendation 12. Patients Should Be Assessed Periodically to Determine Whether There Is Continued Need for Treatment or If Symptoms Have Remitted. Treatment of ADHD Should Continue as Long as Symptoms Remain Present and Cause Impairment. Minimal Standard [MS]</p> <p>American Academy of Pediatrics Clinical Practice Guideline for the Diagnosis, Evaluation and Treatment of ADHD in Children and Adolescents</p> <p>- Action Statement 4: The primary care clinician should recognize ADHD as a chronic condition and, therefore, consider children and adolescents with ADHD as children and youth with special health care needs. Management of children and youth with special health care needs should follow the principles of the chronic care model and the medical home. Grade B: Strong Recommendation</p>		
Improvement Notation	Higher score indicates better quality		
Reference	American Academy of Pediatrics. 2000. "Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder." Pediatrics 105(5): 1158-70.		
Reference	Bloom B, Jones LI, Freeman G. Summary health statistics for U.S. children: National Health Interview Survey, 2012. Vital Health Statistics 10: 1-81. U.S. Department of Health & Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, 2013. <a href="http://www.ncbi.nlm.nih.gov/pubmed/24784481">http://www.ncbi.nlm.nih.gov/pubmed/24784481</a> (December 2013)		
Reference	Centers for Disease Control and Prevention. 2010. "Increasing Prevalence of Parent-Reported Attention-Deficit/Hyperactivity Disorder		

	Among Children --- United States, 2003 and 2007." Morbidity and Mortality Weekly 59(44):1439-1443. <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5944a3.htm?s_cid=mm5944a3_w">http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5944a3.htm?s_cid=mm5944a3_w</a>
Reference	Jensen P, S.P. Hinshaw, J.M. Swanson et al. 2001. "Findings from the NIMH multimodal treatment study of ADHD (MTA): implications and applications for primary care providers." Journal of Developmental and Behavioral Pediatrics 22(1):60-73.
Reference	National Institute on Drug Abuse. 2010. Comorbidity: Addiction and Other Mental Illnesses. <a href="http://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/how-common-are-comorbid-drug-use-other-mental-diso">http://www.drugabuse.gov/publications/research-reports/comorbidity-addiction-other-mental-illnesses/how-common-are-comorbid-drug-use-other-mental-diso</a> (September 2010)
Reference	Pliszka S, AACAP Work Group on Quality Issues. 2007. Practice parameter for the assessment and treatment of children and adolescents with attention-deficit/hyperactivity disorder. Journal of the American Academy of Child and Adolescent Psychiatry 46(7):894-921.
Reference	Robb, J.A., M.H. Sibley, W.E. Pelham, Jr., M.E. Foster, B.S.G. Molina, E.M. Nnagy, A.B. Kuriyan. 2011. The Estimated Annual Cost of ADHD to the US Education System. School Mental Health 3.3: 169-77. <a href="http://link.springer.com/article/10.1007/s12310-011-9057-6#">http://link.springer.com/article/10.1007/s12310-011-9057-6#</a> (September 2011)
Reference	Smucker,W.D. & M. Hedayat et al. 2001. "Evaluation and Treatment of ADHD." American Family Physician 817-830.
Reference	Strine T.W., C.A. Lesesne, C.A. Okoro, L.C. McGuire, D. P. Chapman, L.S. Balluz, A.H. Mokdad. 2006. "Emotional and behavioral difficulties and impairments in everyday functioning among children with a history of attention-deficit/hyperactivity disorder." Preventing Chronic Disease 3(2):A52.
Reference	Swensen A.R., H.G. Birnbaum, K. Secnik, M. Marynchenko, P. Greenberg, A. Claxton. 2003. "Attention-deficit/hyperactivity disorder: increased costs for patients and their families." Journal of the American Academy of Child Adolescent Psychiatry 42(12):1415-23.
Reference	U.S. Department of Health and Human Services. 1999. "Mental Health: A Report of the Surgeon General." Last modified April 9, 2002. <a href="http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS">http://profiles.nlm.nih.gov/ps/retrieve/ResourceMetadata/NNBBHS</a>
Reference	Wolraich M., L. Brown, R.T. Brown, G. DuPaul, M. Earls, H.M. Feldman, T.G. Ganiats, B. Kaplanek, B. Meyer, J. Perrin, K. Pierce, M. Reiff, M.T. Stein, S. Visser. 2011. "ADHD: clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents." Pediatrics 128(5):1007-22.
Reference	Xiang H., L. Stallones, G. Chen, S.G. Hostetler, K. Kelleher. 2005. "Nonfatal injuries among US children with disabling conditions. Opportunity for Improvement." American Journal of Public Health. 95(11):1970-5.
Definition	Intake Period: The five-month period starting 90 days prior to the start of the measurement period and ending 60 days after the start of the measurement period.  Index Prescription Start Date (IPSD): The earliest prescription dispensing date for an ADHD medication where the date is in the Intake Period and an ADHD medication was not dispensed during the 120 days prior.  Initiation Phase: The 30 days following the IPSD.  Continuation and Maintenance Phase: The 31-300 days following the IPSD.
Guidance	CUMULATIVE MEDICATION DURATION is an individual's total number of medication days over a specific period; the period counts multiple prescriptions with gaps in between, but does not count the gaps during which a medication was not dispensed.  To determine the cumulative medication duration, determine first the number of the medication Days for each prescription in the period: the number of doses divided by the dose frequency per day. Then add the Medication Days for each prescription without counting any days between the prescriptions.  For example, there is an original prescription for 30 days with 2 refills for thirty days each. After a gap of 3 months, the medication was prescribed again for 60 days with 1 refill for 60 days. The cumulative medication duration is (30 x 3) + (60 x 2) = 210 days over the 10 month period.
Transmission Format	TBD
Initial Population	Initial Population 1: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who had a visit during the measurement period.  Initial Population 2: Children 6-12 years of age who were dispensed an ADHD medication during the Intake Period and who remained on the medication for at least 210 days out of the 300 days following the IPSD, and who had a visit during the measurement period.
Denominator	Equals Initial Population
Denominator Exclusions	Denominator Exclusion 1: Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period.  Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 30 days after the IPSD.  Exclude patients who were actively on an ADHD medication in the 120 days prior to the Index Prescription Start Date.  Exclude patients whose hospice care overlaps the measurement period.  Denominator Exclusion 2: Exclude patients diagnosed with narcolepsy at any point in their history or during the measurement period.  Exclude patients who had an acute inpatient stay with a principal diagnosis of mental health or substance abuse during the 300 days after the IPSD.  Exclude patients who were actively on an ADHD medication in the 120 days prior to the Index Prescription Start Date.  Exclude patients whose hospice care overlaps the measurement period.
Numerator	Numerator 1: Patients who had at least one face-to-face visit with a practitioner with prescribing authority within 30 days after the IPSD.  Numerator 2: Patients who had at least one face-to-face visit with a practitioner with prescribing authority during the Initiation Phase, and at least two follow-up visits during the Continuation and Maintenance Phase. One of the two visits during the Continuation and Maintenance Phase may be a telephone visit with a practitioner.
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex

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## Population Criteria

### Population Criteria 1

#### Initial Population

exists ["Patient Characteristic Birthdate"] BirthDate  
 where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")in Interval[6, 12 )  
 and exists ("Qualifying Encounter")  
 and "First ADHD Medication Dispensed" is not null

#### Denominator

"Initial Population 1"

#### Denominator Exclusions

Hospice."Has Hospice"  
 or exists ("Narcolepsy Exclusion")  
 or exists ("Inpatient Stay with Qualifying Diagnosis within 30 Days of Initial ADHD Dispense")  
 or exists ("Previously On ADHD Medication Exclusion")

#### ▲ Numerator

exists ("Encounter 30 Days After Initial ADHD Medication")

#### ▲ Numerator Exclusions

None

#### ▲ Denominator Exceptions

None

#### ▲ Stratification

None

### ▲ Population Criteria 2

#### ▲ Initial Population

exists ["Patient Characteristic Birthdate"] BirthDate  
 where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")in Interval[6, 12)  
 and exists ("Qualifying Encounter")  
 and "Has ADHD Cumulative Medication Duration Greater Than or Equal to 210 Days"  
 and "First ADHD Medication Dispensed" is not null

#### ▲ Denominator

"Initial Population 2"

#### ▲ Denominator Exclusions

Hospice."Has Hospice"  
 or exists ("Narcolepsy Exclusion")  
 or exists ("Inpatient Stay with Qualifying Diagnosis within 300 Days of Initial ADHD Dispense")  
 or exists ("Previously On ADHD Medication Exclusion")

#### ▲ Numerator

exists ("Encounter 30 Days After Initial ADHD Medication")  
 and ( ("Two or More Followup Encounters")  
 or ( exists ("Encounters 300 Days After Initial ADHD Medication")  
 and exists ("Telehealth Services or Telephone Management")  
 )  
 )

#### ▲ Numerator Exclusions

None

#### ▲ Denominator Exceptions

None

#### ▲ Stratification

None

## Definitions

### ▲ ADHD Medications Taken Within 300 Days After First ADHD Medication Dispensed

["Medication, Active": "ADHD Medications"] ActiveADHDMedications  
 with "First ADHD Medication Dispensed" InitialADHDMedication  
 such that ActiveADHDMedications.relevantPeriod starts 300 days or less on or after day of InitialADHDMedication.authorDatetime

#### ▲ Denominator 1

"Initial Population 1"

#### ▲ Denominator 2

"Initial Population 2"

#### ▲ Denominator Exclusions 1

Hospice."Has Hospice"  
 or exists ("Narcolepsy Exclusion")  
 or exists ("Inpatient Stay with Qualifying Diagnosis within 30 Days of Initial ADHD Dispense")  
 or exists ("Previously On ADHD Medication Exclusion")

#### ▲ Denominator Exclusions 2

Hospice."Has Hospice"  
 or exists ("Narcolepsy Exclusion")  
 or exists ("Inpatient Stay with Qualifying Diagnosis within 300 Days of Initial ADHD Dispense")  
 or exists ("Previously On ADHD Medication Exclusion")

#### ▲ Encounter 30 Days After Initial ADHD Medication

("Qualifying Numerator Encounter" ValidNumeratorEncounter  
 with "First ADHD Medication Dispensed" InitialADHDMedication  
 such that ValidNumeratorEncounter.relevantPeriod starts 30 days or less on or after InitialADHDMedication.authorDatetime  
 )

#### ▲ Encounters 300 Days After Initial ADHD Medication

"Qualifying Numerator Encounter" ValidNumeratorEncounter  
 with "First ADHD Medication Dispensed" InitialADHDMedication  
 such that ValidNumeratorEncounter.relevantPeriod starts 31 days or more after day of InitialADHDMedication.authorDatetime  
 and ValidNumeratorEncounter.relevantPeriod starts 300 days or less after day of InitialADHDMedication.authorDatetime

#### ▲ First ADHD Medication Dispensed

First(["Medication, Dispensed": "ADHD Medications"] FirstADHDMedication  
 where FirstADHDMedication.authorDatetime 60 days or less after start "Measurement Period"  
 or FirstADHDMedication.authorDatetime 90 days or less on or before start "Measurement Period"  
 sort by authorDatetime  
 )

#### ▲ Has ADHD Cumulative Medication Duration Greater Than or Equal to 210 Days

"Cumulative Medication Duration"("ADHD Medications Taken Within 300 Days After First ADHD Medication Dispensed")>= 210

**▲ Hospice.Has Hospice**

```
exists ( ["Encounter, Performed": "Encounter Inpatient"] DischargeHospice
  where ( DischargeHospice.dischargeDisposition as Code = "Discharge to home for hospice care (procedure)"
    or DischargeHospice.dischargeDisposition as Code = "Discharge to healthcare facility for hospice care (procedure)"
  )
  and DischargeHospice.relevantPeriod ends during "Measurement Period"
)
or exists ( ["Intervention, Order": "Hospice care ambulatory"] HospiceOrder
  where HospiceOrder.authorDatetime during "Measurement Period"
)
or exists ( ["Intervention, Performed": "Hospice care ambulatory"] HospicePerformed
  where HospicePerformed.relevantPeriod overlaps "Measurement Period"
)
```

**▲ Initial Population 1**

```
exists ["Patient Characteristic Birthdate"] BirthDate
  where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")in Interval[6, 12)
  and exists ( "Qualifying Encounter" )
  and "First ADHD Medication Dispensed" is not null
```

**▲ Initial Population 2**

```
exists ["Patient Characteristic Birthdate"] BirthDate
  where Global."CalendarAgeInYearsAt"(BirthDate.birthDatetime, start of "Measurement Period")in Interval[6, 12)
  and exists ( "Qualifying Encounter" )
  and "Has ADHD Cumulative Medication Duration Greater Than or Equal to 210 Days"
  and "First ADHD Medication Dispensed" is not null
```

**▲ Inpatient Stay with Qualifying Diagnosis within 30 Days of Initial ADHD Dispense**

```
["Encounter, Performed": "Inpatient Encounter"] InpatientStay
  with "First ADHD Medication Dispensed" InitialADHDMedication
  such that InpatientStay.relevantPeriod starts 30 days or less on or after InitialADHDMedication.authorDatetime
  where ( InpatientStay.principalDiagnosis in "Mental Health Diagnoses"
    or InpatientStay.principalDiagnosis in "Substance Abuse"
  )
```

**▲ Inpatient Stay with Qualifying Diagnosis within 300 Days of Initial ADHD Dispense**

```
["Encounter, Performed": "Inpatient Encounter"] InpatientStay
  with "First ADHD Medication Dispensed" InitialADHDMedication
  such that InpatientStay.relevantPeriod starts 300 days or less on or after day of InitialADHDMedication.authorDatetime
  where ( InpatientStay.principalDiagnosis in "Mental Health Diagnoses"
    or InpatientStay.principalDiagnosis in "Substance Abuse"
  )
```

**▲ Narcolepsy Exclusion**

```
["Diagnosis": "Narcolepsy"] Narcolepsy
  where Narcolepsy.prevalencePeriod starts before end "Measurement Period"
```

**▲ Numerator 1**

```
exists ( "Encounter 30 Days After Initial ADHD Medication" )
```

**▲ Numerator 2**

```
exists ( "Encounter 30 Days After Initial ADHD Medication" )
  and ( ( "Two or More Followup Encounters" )
    or ( exists ( "Encounters 300 Days After Initial ADHD Medication" )
      and exists ( "Telehealth Services or Telephone Management" )
    )
  )
```

**▲ Previously On ADHD Medication Exclusion**

```
["Medication, Active": "ADHD Medications"] ActiveADHDMedication
  with "First ADHD Medication Dispensed" InitialADHDMedication
  such that ActiveADHDMedication.relevantPeriod starts 120 days or less before InitialADHDMedication.authorDatetime
```

**▲ Qualifying Encounter**

```
( ["Encounter, Performed": "Office Visit"]
  union ["Encounter, Performed": "Home Healthcare Services"]
  union ["Encounter, Performed": "Preventive Care, Established Office Visit, 0 to 17"]
  union ["Encounter, Performed": "Preventive Care Services, Initial Office Visit, 0 to 17"] ) ValidEncounter
  where ValidEncounter.relevantPeriod during "Measurement Period"
```

**▲ Qualifying Numerator Encounter**

```
( ["Encounter, Performed": "Office Visit"]
  union ["Encounter, Performed": "Hospital Observation Care - Initial"]
  union ["Encounter, Performed": "Preventive Care Services - Group Counseling"]
  union ["Encounter, Performed": "Behavioral Health Follow-up Visit"]
  union ["Encounter, Performed": "Preventive Care Services-Individual Counseling"]
  union ( ["Encounter, Performed": "Psychotherapy and Pharmacologic Management"] PsychPharmMgmt
    where exists ( PsychPharmMgmt.facilityLocations Location
      where Location.code in "Ambulatory"
    )
  )
  union ["Encounter, Performed": "Discharge Services- Observation Care"]
  union ["Encounter, Performed": "Outpatient Consultation"]
  union ["Encounter, Performed": "Home Healthcare Services"]
  union ["Encounter, Performed": "Preventive Care Services, Initial Office Visit, 0 to 17"]
  union ["Encounter, Performed": "Preventive Care, Established Office Visit, 0 to 17"]
  union ["Encounter, Performed": "Psych Visit - Diagnostic Evaluation"]
  union ["Encounter, Performed": "Psych Visit - Psychotherapy"]
)
```

**▲ SDE Ethnicity**

```
["Patient Characteristic Ethnicity": "Ethnicity"]
```

**▲ SDE Payer**

```
["Patient Characteristic Payer": "Payer"]
```

**▲ SDE Race**

```
["Patient Characteristic Race": "Race"]
```

**▲ SDE Sex**

```
["Patient Characteristic Sex": "ONC Administrative Sex"]
```

**▲ Telehealth Services or Telephone Management**

```
( ["Encounter, Performed": "Telehealth Services"]
  union ["Encounter, Performed": "Telephone Management"] ) TelehealthEncounter
```

with "First ADHD Medication Dispensed" InitialADHDMedication  
 such that TelehealthEncounter.relevantPeriod starts 31 days or more after day of InitialADHDMedication.authorDatetime  
 and TelehealthEncounter.relevantPeriod starts 300 days or less after day of InitialADHDMedication.authorDatetime

▲ **Two or More Followup Encounters**

Count("Encounters 300 Days After Initial ADHD Medication")>= 2

**Functions**

▲ **Cumulative Medication Duration(Medication List<"Medication, Active">)**

Sum((collapse(Medication.relevantPeriod))MedicationPeriod  
 return all duration in days of MedicationPeriod  
 )

▲ **Global.CalendarAgeInYearsAt(BirthDate Time Date Time, AsOf Date Time)**

years between ToDate(BirthDate Time)and ToDate(AsOf)

▲ **Global.ToDate(Value Date Time)**

Date Time(year from Value, month from Value, day from Value, 0, 0, 0, 0, timezone from Value)

**Terminology**

- codesystem "SNOMEDCT" using "2.16.840.1.113883.6.96 version 2017-09"
- code "Discharge to healthcare facility for hospice care (procedure)" using "SNOMEDCT version 2017-09 Code (428371000124100)"
- code "Discharge to home for hospice care (procedure)" using "SNOMEDCT version 2017-09 Code (428361000124107)"
- valueset "ADHD Medications" using "2.16.840.1.113883.3.464.1003.196.12.1171"
- valueset "Ambulatory" using "2.16.840.1.113883.3.464.1003.122.12.1003"
- valueset "Behavioral Health Follow-up Visit" using "2.16.840.1.113883.3.464.1003.101.12.1054"
- valueset "Discharge Services- Observation Care" using "2.16.840.1.113883.3.464.1003.101.12.1039"
- valueset "Encounter Inpatient" using "2.16.840.1.113883.3.666.5.307"
- valueset "Ethnicity" using "2.16.840.1.114222.4.11.837"
- valueset "Home Healthcare Services" using "2.16.840.1.113883.3.464.1003.101.12.1016"
- valueset "Hospice care ambulatory" using "2.16.840.1.113762.1.4.1108.15"
- valueset "Hospital Observation Care - Initial" using "2.16.840.1.113883.3.464.1003.101.12.1002"
- valueset "Inpatient Encounter" using "2.16.840.1.113883.3.464.1003.101.12.1060"
- valueset "Mental Health Diagnoses" using "2.16.840.1.113883.3.464.1003.105.12.1004"
- valueset "Narcolepsy" using "2.16.840.1.113883.3.464.1003.114.12.1011"
- valueset "Office Visit" using "2.16.840.1.113883.3.464.1003.101.12.1001"
- valueset "ONC Administrative Sex" using "2.16.840.1.113762.1.4.1"
- valueset "Outpatient Consultation" using "2.16.840.1.113883.3.464.1003.101.12.1008"
- valueset "Payer" using "2.16.840.1.114222.4.11.3591"
- valueset "Preventive Care Services - Group Counseling" using "2.16.840.1.113883.3.464.1003.101.12.1027"
- valueset "Preventive Care Services, Initial Office Visit, 0 to 17" using "2.16.840.1.113883.3.464.1003.101.12.1022"
- valueset "Preventive Care Services-Individual Counseling" using "2.16.840.1.113883.3.464.1003.101.12.1026"
- valueset "Preventive Care, Established Office Visit, 0 to 17" using "2.16.840.1.113883.3.464.1003.101.12.1024"
- valueset "Psych Visit - Diagnostic Evaluation" using "2.16.840.1.113883.3.526.3.1492"
- valueset "Psych Visit - Psychotherapy" using "2.16.840.1.113883.3.526.3.1496"
- valueset "Psychotherapy and Pharmacologic Management" using "2.16.840.1.113883.3.464.1003.101.12.1055"
- valueset "Race" using "2.16.840.1.114222.4.11.836"
- valueset "Substance Abuse" using "2.16.840.1.113883.3.464.1003.106.12.1004"
- valueset "Telehealth Services" using "2.16.840.1.113883.3.464.1003.101.12.1031"
- valueset "Telephone Management" using "2.16.840.1.113883.3.464.1003.101.12.1053"

**Data Criteria (QDM Data Elements)**

- "Diagnosis: Narcolepsy" using "Narcolepsy (2.16.840.1.113883.3.464.1003.114.12.1011)"
- "Encounter, Performed: Behavioral Health Follow-up Visit" using "Behavioral Health Follow-up Visit (2.16.840.1.113883.3.464.1003.101.12.1054)"
- "Encounter, Performed: Discharge Services- Observation Care" using "Discharge Services- Observation Care (2.16.840.1.113883.3.464.1003.101.12.1039)"
- "Encounter, Performed: Encounter Inpatient" using "Encounter Inpatient (2.16.840.1.113883.3.666.5.307)"
- "Encounter, Performed: Home Healthcare Services" using "Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)"
- "Encounter, Performed: Hospital Observation Care - Initial" using "Hospital Observation Care - Initial (2.16.840.1.113883.3.464.1003.101.12.1002)"
- "Encounter, Performed: Inpatient Encounter" using "Inpatient Encounter (2.16.840.1.113883.3.464.1003.101.12.1060)"
- "Encounter, Performed: Office Visit" using "Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)"
- "Encounter, Performed: Outpatient Consultation" using "Outpatient Consultation (2.16.840.1.113883.3.464.1003.101.12.1008)"
- "Encounter, Performed: Preventive Care Services - Group Counseling" using "Preventive Care Services - Group Counseling (2.16.840.1.113883.3.464.1003.101.12.1027)"
- "Encounter, Performed: Preventive Care Services, Initial Office Visit, 0 to 17" using "Preventive Care Services, Initial Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1022)"
- "Encounter, Performed: Preventive Care Services-Individual Counseling" using "Preventive Care Services-Individual Counseling (2.16.840.1.113883.3.464.1003.101.12.1026)"
- "Encounter, Performed: Preventive Care, Established Office Visit, 0 to 17" using "Preventive Care, Established Office Visit, 0 to 17 (2.16.840.1.113883.3.464.1003.101.12.1024)"
- "Encounter, Performed: Psych Visit - Diagnostic Evaluation" using "Psych Visit - Diagnostic Evaluation (2.16.840.1.113883.3.526.3.1492)"
- "Encounter, Performed: Psych Visit - Psychotherapy" using "Psych Visit - Psychotherapy (2.16.840.1.113883.3.526.3.1496)"
- "Encounter, Performed: Psychotherapy and Pharmacologic Management" using "Psychotherapy and Pharmacologic Management (2.16.840.1.113883.3.464.1003.101.12.1055)"
- "Encounter, Performed: Telehealth Services" using "Telehealth Services (2.16.840.1.113883.3.464.1003.101.12.1031)"
- "Encounter, Performed: Telephone Management" using "Telephone Management (2.16.840.1.113883.3.464.1003.101.12.1053)"
- "Intervention, Order: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Intervention, Performed: Hospice care ambulatory" using "Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)"
- "Medication, Active: ADHD Medications" using "ADHD Medications (2.16.840.1.113883.3.464.1003.196.12.1171)"
- "Medication, Dispensed: ADHD Medications" using "ADHD Medications (2.16.840.1.113883.3.464.1003.196.12.1171)"
- "Patient Characteristic Ethnicity: Ethnicity" using "Ethnicity (2.16.840.1.114222.4.11.837)"
- "Patient Characteristic Payer: Payer" using "Payer (2.16.840.1.114222.4.11.3591)"
- "Patient Characteristic Race: Race" using "Race (2.16.840.1.114222.4.11.836)"
- "Patient Characteristic Sex: ONC Administrative Sex" using "ONC Administrative Sex (2.16.840.1.113762.1.4.1)"

**Supplemental Data Elements**

▲ **SDE Ethnicity**

["Patient Characteristic Ethnicity": "Ethnicity"]

▲ **SDE Payer**

["Patient Characteristic Payer": "Payer"]

▲ **SDE Race**

["Patient Characteristic Race": "Race"]

▲ **SDE Sex**

["Patient Characteristic Sex": "ONC Administrative Sex"]

**Risk Adjustment Variables**

None

Measure Set	None
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