Attention-Deficit/Hyperactivity Disorder among Toddlers and Preschoolers in Georgia: Opportunities for Policy Evaluation

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Georgia Behavioral Health Coordinating Council Meeting
September 24, 2014
Age-Specific ADHD Treatment Recommendations from AAP: Preschoolers

- For those aged 4–5 years, evidence-based parent- and/or teacher-administered behavior therapy as the **first line of treatment**
- May prescribe methylphenidate if behavior interventions do not provide significant improvement and moderate-to-severe disturbance in the child’s function continues
- If evidence-based behavioral treatments are not available, the clinician needs to weigh the risks of starting medication at an early age against the harm of delaying diagnosis and treatment
- The primary care clinician should titrate doses of medication

Percentage of GA Children in Medicaid with 2+ ADHD Diagnosis Codes (2012)

Unpublished data; released in collaboration with Georgia Inter-Agency Directors’ Team
Treatment of GA Children in Medicaid with 2+ ADHD Diagnosis Codes (2012)

Unpublished data; released in collaboration with Georgia Inter-Agency Directors’ Team
Percentage of Children in Medicaid with 2+ ADHD Diagnosis Codes (2012), by Eligibility Categories

- Georgia Families (CMO) N=776,278: 7.3%
- Foster Care/Adopt Assist N=14,548: 29.2%
- SSI/Waiver N=33,477: 21.0%
- Other N=24,959: 2.3%

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Treatment of Children in Medicaid with 2+ ADHD Diagnosis Codes (2012), by Eligibility Categories

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Policy as an Impetus for a Change in Clinical Practice

State Programs to Address Psychotropic Medication Use in Children – Foster Care Focus*

- A form requiring additional info (prescriber info, patient Dx, target symptoms being treated, other drugs prescribed and lab tests) when prescribing psychotropics for children under certain ages (e.g. < 6)
- A system by which a prescription for a psychotropic medication in a child triggers an edit for a preauthorization, requiring manual peer-review
- Hotlines or psychiatric consultation lines that the primary care doctors can access to guide them in their choice of therapy
- Data registries which analyze the prescribing of these drugs and provide physician feedback and training
- Preferred drug lists

A Novel Approach: A Fail-First Policy

- Transform to “Behavior-First”

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