The Supplemental and Measurable Guideline provides objective and consensus-based measurable components to the Best Practice Guideline for ADHD. The guidelines, as written, are meant to measure a minimum standard of care. Two aspects of this Supplemental Guideline are measured on at least an annual basis, and the data are then used to identify opportunities for improvement.

According to the National Institutes of Health NIH Consensus Statement on Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD), ADHD is the most frequently diagnosed childhood behavioral disorder, affecting 3-5% of school-aged children (NIH, 1998). At the core of the disorder are behavioral symptoms of inappropriate levels of activity and concentration, impulsivity, inattentiveness to tasks, and distractibility. This is usually accompanied by functional impairment in multiple settings (e.g., home, school, peer relationships). Consequently, there is a strong association between ADHD and poor academic performance, low self-esteem, and conflicts/poor relationships with family members, teachers, and peers (Klassen, Miller, Raina, Lee, & Olsen, 1999).

Treatment for ADHD in children 6-12 years old can take many forms. Among the more effective forms of treatment are behavior therapy and psychopharmacological treatment, generally in combination for moderate to severe symptoms. It is recommended that behavior therapy may be used alone for mild symptoms with minimal impairment (AACAP, 2007).

As previously concluded in the National Institutes of Health Consensus Statement (1998), stimulants continue to be supported in the scientific literature as the most efficacious of pharmacological treatments (Antshel et al, 2011).

"In addition to primary medication treatment, multimodal intervention is commonly needed for management of ADHD and other concomitant conditions and comorbidities," (Dobie et al, 2012).

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1 Optum is a brand name used by United Behavioral Health and its affiliates.
ADHD is the most frequent primary diagnosis assigned to members ages 6-12 years old. To help ensure the provision of high quality care from our network of providers for these members, we have developed a supplemental guideline to the Best Practice Guideline for the treatment of children diagnosed with ADHD. This guideline has two components:

1. Children ages 6-12 years old who are diagnosed with ADHD and engaged in treatment with a behavioral health provider through Optum and OptumHealth Behavioral Solutions of California (OHBS-CA) should be seen for a minimum of 4 visits within 6 months of the initial diagnosis of ADHD. This component will take into account the variability in access to clinicians.

2. For children ages 6-12 years old seeing a behavioral health prescriber (rather than by a primary medical physician), the time between the initial and second visit should be 30 days or less. The 30-day time interval takes into account the variability in access to clinicians.

Both components of this supplemental guideline are generally consistent with the guidelines and recommendations developed by NIH, AACAP and Institute for Clinical Systems Improvement, research findings and other treatment recommendations found in the published literature.

**References**


