

**Attention Deficit Hyperactivity Disorder (ADHD)  
 Summary of Public Comments**

Measure	Summary of Responses in Support/Non-Support	Summary of Key Issues, Recommendations and Questions for Work Group
<b>Measure #1: Accurate ADHD Diagnosis</b>	Support – 5 Support w/ modifications – 8	<ul style="list-style-type: none"> <li>- Comments regarding inclusion of additional criteria in evaluation:               <ol style="list-style-type: none"> <li>1. Recommendation that evaluation should include family dynamics, medical family history and presence/absence of co-morbidities (<b>Center for Advanced Pediatrics</b>)</li> <li>2. Recommendation that evaluation should include a nutritional evaluation (<b>Children’s Health Specialists</b>)</li> <li>3. Recommendation to include evaluation of sleep disorders (<b>Neurology and Sleep Medicine, P.C.</b>)</li> </ol> </li> <li>- Recommendation to revise language to be more specific to “other clinicians” and include occupational therapists (<b>American Occupational Therapy Association</b>)</li> <li>- Recommendation to revise several points in numerator and denominator to revise language, improve clarity (<b>AAP</b>)</li> <li>- Recommendation to consider taking out validated diagnostic tool as a way to diagnose ADHD (<b>AAP Individual Member</b>)</li> <li>- Recommendation to revise language in numerator and denominator statements for clarity (<b>PMAG</b>)</li> <li>- Recommendation to consider adding exceptions (<b>AMA-PCPI Specifications Staff</b>)</li> </ul>

Measure	Summary of Responses in Support/Non-Support	Summary of Key Issues, Recommendations and Questions for Work Group
<p><b>Measure #2: Behavior Therapy as First-Line Treatment for Preschool-Aged Children</b></p>	<p>Support – 5            Support w/ modifications – 9</p>	<ul style="list-style-type: none"> <li>- Recommendation to expand on definition of behavior therapy and include other professionals, eg occupational therapists (<b>American Occupational Therapy Association</b>)</li> <li>- Recommendation that under measure importance heading, add a disclaimer that the FDA has not approved the use of methylphenidate (<b>Shire</b>)</li> <li>- Recommendation to include school aged children in this measure (<b>The Children’s Hospital of Philadelphia</b>)</li> <li>- Recommendation to include availability of adequate behavior therapy (<b>Children’s Memorial Hospital, Chicago</b>)</li> <li>- Recommendation to revise several points in numerator to revise language, improve clarity (<b>AAP</b>)</li> <li>- Recommendation to consider not penalizing the clinician on whether patient actually receives behavior therapy, more feasible simply that it is recommended by the clinician as first line therapy (<b>AAP Individual Member</b>)</li> <li>- Recommendation to revise language in numerator and denominator statements for clarity (<b>PMAG</b>)</li> <li>- Recommendation to revise definition of behavior therapy to make it more basic and general (<b>AMA-PCPI Measure Development Staff</b>)</li> </ul> <p><b>Questions:</b></p> <p>Who is being asked to perform these treatments and in what capacity? There is concern that behavior therapy is not always available or supported by insurance. Recommend allowing this to be done in the medical home setting (<b>The Center for Advanced Pediatrics</b>)</p>

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<b>Measure #3: Follow-Up and Symptom Management (Composite)</b>	Support – 5 Support w/ modifications – 8	<ul style="list-style-type: none"> <li>- Recommendation to explicitly include occupational therapists as they are able to help with medication management <b>(American Occupational Therapy Association)</b></li> <li>- Recommendation to include other settings for follow up care, eg school where nurse can monitor height and weight <b>(American Academy of Family Physicians)</b></li> <li>- Recommendation to include age appropriate scales as part of functional impairment evaluation. In addition, added element for children transitioning into adolescence <b>(Shire)</b></li> <li>- Commenters questioned the feasibility of this measure stating that pediatricians do not have access to free of charge instruments, and there is little incentive to provide this service as it is underpaid <b>(AAP Individual Member)</b></li> <li>- Recommendation to include education for parents about adjuvant therapy <b>(Center for Advanced Pediatrics)</b></li> <li>- Recommendation to revise several points in numerator to revise language, improve clarity <b>(AAP)</b></li> <li>- Recommendation to revise language in numerator and denominator statements for clarity <b>(PMAG)</b></li> <li>- Recommendation to revised language to “4 follow up visits” <b>(AMA-PCPI Specifications Staff)</b></li> </ul>