# ADHD Expert Consortium

# Community Call To Action

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Dallas, Texas

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We have organized the following statement to address the set of challenges impacting clinicians, and a direct call to action to the community in supporting improvements to care in ADHD. This one-day meeting included a diverse panel of experts, who encourage support and dissemination of this message to relevant stakeholders.

We would like to thank Qbtech, Inc., for supporting this meeting and each of the ADHD Expert Consortium participants for their tremendous contributions.

**Consensus Statement**

Historically, ADHD has been a poorly recognized and a controversial condition in both children and adults; today there is increasing awareness that ADHD is a mental health disorder with serious consequences across the lifespan. Despite the existence of safe, effective, and evidence-based treatments for ADHD for children[1-2] and adults[3], many obstacles remain. It is why, we a diverse group of experts in ADHD comprised of psychiatrists, neurologists, developmental pediatricians, pediatricians, nurse practitioners, psychologists, neuropsychologists, and patient advocates feel the growing need to elevate the challenges our patients face, and call to action stakeholders with influence to help better identify and manage ADHD.

A commonality among this panel is the use of evidence-based objective testing for diagnosis and treatment monitoring and the management of large caseloads of ADHD in adults and children. With the mental health crisis hitting an all-time high[4] it is imperative clinicians act together to better meet the needs of those with ADHD. We identified 1) the main challenges facing clinicians today, and 2) the key actions that would help our society better manage ADHD- for patients, families, clinicians, and schools.

**Identified key challenges**:

*ADHD is both under-diagnosed and over-diagnosed.* Most primary care providers, psychiatrists, and neurologists are not specifically trained in the diagnosis and management of ADHD and have little support in their daily practice. We are concerned that ADHD is a complex diagnosis and frequently co-occurs with other mental health and developmental disorders. Without the **confidence and skills** needed to accurately screen, treat, and refer for ADHD, patients may be misdiagnosed leading to "negative effects on personal development, academic outcomes, and family interaction[i]"[5-6].

Due to the scarcity of clinicians who can accurately diagnose and treat ADHD, many Americans do not have **access to quality ADHD care**. We strongly support efforts to improve access to care, including expanded telehealth policies, and interstate agreements. With the most effective treatment of ADHD being categorized as a schedule II drug, there is conflicting acceptance over willingness to prescribe from various clinicians and patients. To improve access to quality ADHD care, we need objective, evidence-based tools to ensure accurate diagnosis, treatment, and the ability and access to monitor the efficacy of these medications over time. Utilization of these objective tools is under-supported by payers. We believe that the lack of utilization creates additional barriers in managing ADHD, ultimately leading to poorer clinical outcomes, increased risk of medication misuse, and decreased access to quality care.

We are very concerned about the **lack of equity** in ADHD education, diagnosis, and treatment. Even among the providers who frequently treat ADHD, there is a *lack of understanding about the intersection between culture and ADHD presentation and management.* There are few ADHD providers who reflect BIPOC cultures, immigrant cultures, and LGBTQ+ cultures, to name a few. We believe that inequity will continue unless we formulate universal best practices (CPGs – Clinical Path Guides) for screening, referral, treatment, and monitoring of ADHD. *Objective testing is commonly but not routinely used and can help promote and maintain equitable diagnosis and treatment of ADHD*. Limited by time, brief history and subjective information, clinicians risk under-diagnosis, over-diagnosis, or misdiagnosis of individuals, especially those who come from different cultures or socio-economic backgrounds.

For clinicians who do have the confidence and skills to treat ADHD, operating an **efficient and financially sustainable** clinical practice remains challenging. *Many insurance payers limit reimbursement for objective tools that can help improve clinician confidence, efficiencies, and accuracy across the care pathway.* When clinicians do receive payer support for ADHD assessment, testing, and monitoring, it is often at a low reimbursement rate[7]. Much of the cost of elevating the standard of ADHD care falls on the patient and therefore remains deficient. Additionally, prior authorization requirements are a common barrier to efficient diagnosis, treatment, and monitoring of ADHD patients, placing enormous administrative burden on clinicians. Taken together, low reimbursements coupled with high administrative burden highlights the persistent **lack of parity** between mental health and physical health in our country today. We believe that payers play a critical role in fixing our current mental health crisis through evolution of their payment and utilization management models for mental health.

**Call For The Following Key Actions:**

1. Leverage, expand and update existing ADHD screening[8] in children to be more universal, across disciplines and improve awareness.
2. Develop Adult ADHD Diagnostic and Treatment Guidelines in the U.S.
3. Make evidence-based, objective testing the standard of care for ADHD in children and adults.
4. Better education, rooted in equity, of medical residents and practitioners in pediatrics, neurology, psychiatry, and primary care for the diagnosis and treatment of ADHD.
5. Improve insurance coverage for evidence-based ADHD evaluation and treatment.

What is the future if we continue with the status quo? A glance at the literature shows us that the current journey for a child or adults with ADHD is fraught with invisible obstacles and threats:

- 90% of individuals with ADHD will continue to have some elevated symptoms throughout their lifetime (only 10% achieve stable remission)[9]
- Children with ADHD have increased accidents and injuries[10] and untreated ADHD adults have more car accidents and injuries than those on treatment[11].
- Mortality rates are significantly increased in individuals with ADHD (accidents, injuries, suicide).[12-13] Those with ADHD 3-5x more at risk for suicide.[14]
- Children and adults with ADHD have increased rates of depression, anxiety, substance abuse and other coexisting conditions[15-16] (60-100% have more than one)[17]
- Incremental direct medical costs are double for children with ADHD, with an estimated total of $3.92 billion[18-19] in US child population
- Indirect costs and burden to families, has been calculated to be 5x that of total financial burden of the controls.[20]
- Lifetime economic costs of ADHD are substantial ($266 Billion annually in 2010 compared to $215 Billion for Alzheimer's Disease in the U.S)[21]

ADHD must be viewed as a public health problem producing a substantial impact on the health, quality of life, and economic viability of the US population.[22]

Sincerely,

The ADHD Expert Consortium

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Citations:

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