Briefing for information

Understanding impacts of proposed changes to diagnosing and prescribing practices for ADHD

Date due to MO:	10 October 2024	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Reference:**	H2024050136
To:	Hon Matt Doocey, Minister for Mental Health, Associate Minister of Health		
Copy to:	Hon Nicola Willis, Minister for Social Investment Hon David Seymour, Associate Minister of Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☐		

Contact for telephone discussion

Name	Position	Telephone
Dean Rutherford	Deputy Director-General, Evidence Research and Innovation, Ministry of Health	s 9(2)(a)
Peter Dolan	Group Manager, Data Analytics and Surveys	s 9(2)(a)

Minister's office to complete:

☐ Approved	☐ Decline	☐ Overtaken by events
☐ Needs change	☐ Seen	
☐ See Minister's Notes	☐ Withdrawn	

Comment:

Briefing for decision

Understanding impacts of proposed changes to diagnosing and prescribing practices for ADHD

Security level:	IN CONFIDENCE	**Date:**	10 October 2024
To:	Hon Matt Doocey, Minister for Mental Health and Associate Minister of Health		
Copy:	Hon Nicola Willis, Minister for Social Investment Hon David Seymour, Associate Minister of Health		

Purpose of report

1. This briefing responds to your request for advice that outlines approaches for understanding the impacts of proposed changes to diagnosis and prescribing practices for Attention Deficit Hyperactivity Disorder (ADHD).
2. This briefing was developed by the Ministry of Health, with input from the Social Investment Agency. Pharmac was consulted.
3. Given this briefing was jointly commissioned by your Office and the Office of the Minister for Social Investment, it has been copied to Hon Nicola Willis. As this briefing discusses proposals consulted on by Pharmac, it has been copied to Hon David Seymour as Associate Minister of Health.

Recommendations

We recommend you:

a) **Note** that we have identified options for how the impacts of proposed changes to ADHD diagnosing and prescribing practices could be evaluated **Yes/No**

Dean Rutherford
Deputy Director-General – Evidence Research and Analytics
Ministry of Health
Date: 11 October 2024

Hon Matt Doocey
Minister for Mental Health, Associate Minister of Health
Date:

Understanding impacts of changes to prescribing practices for ADHD

Context and background

1. At the Attention Deficit Hyperactivity Disorder (ADHD) parliamentary hui on 2 May 2024, stakeholders developed and agreed six actions focussed on addressing barriers and improving support across the ADHD care continuum.

2. On 26 August 2024, officials from Health New Zealand, the Ministry of Health (the Ministry) and Pharmac met with you (in your respective capacities as Minister for Social Investment, and Associate Minister of Health) to discuss progress on these actions. The Ministry of Health, Pharmac and Health New Zealand recently provided an update on progress towards cross-agency ADHD actions, including work to improve data collection [H2024050133 refers].

3. Pharmac has recently completed public consultation (12 – 26 September 2024) on a proposal to fund lisdexamfetamine for management of ADHD. If approved by the Pharmac Board (or delegate), lisdexamfetamine will be available to eligible consumers in early December 2024.

4. Pharmac has also recently completed consultation (12 September – 3 October 2024) on a proposal to remove the renewal criteria for stimulant treatments for people with ADHD. If approved by the Pharmac Board (or delegate), the renewal criteria would be removed from stimulant treatments in early December 2024.

5. In December 2024, Pharmac and Medsafe will work together to publicly consult on a proposal to change both the regulatory and funding settings for who can initiate prescribing funded and unfunded stimulant medication for ADHD.

6. Considering these proposed changes, and following discussion with officials on 26 August 2024, your Offices commissioned advice from the Ministry and the Social Investment Agency (SIA) on how impacts of changes to prescribing and diagnosing practices could be measured.

Understanding the impacts of the proposed changes

7. The proposed changes to prescribing and diagnosing practices aim to improve services and care for those with ADHD through:

   a. increasing supply of ADHD medication

   b. improving ongoing access to funded stimulant treatment, ongoing and long-term care

   c. allowing a wider range of health professionals to diagnose ADHD and initiate stimulant treatment.

8. To understand the impact of these changes, we would evaluate:

    a. changes in prescribing and dispending patterns in order to understand the extent to which medication accessibility has changed for whom pharmaceutical treatment is preferred – both initial access and access to long-term care

        i. specific aspects of change that could be investigated include overall prescription and dispensing volumes, continuity of prescription and dispensing for individuals, variation across regions or population groups

    b. changes in diagnosis rates and diagnosis patterns in order to understand the extent to which access to diagnosis has improved

        i. specific aspects of change that could be investigated include the practitioner types (e.g., psychiatrist, general practitioner, nurse practitioner), changes in initial special authority requests (indicating diagnosis where pharmaceutical treatment is preferred/appropriate)

    c. how changes in diagnosis and prescribing practices influence social outcomes for those with ADHD

        i. using the Integrated Data Infrastructure (IDI), these outcomes can be observed across cohorts, across domains, and through time. Key outcomes of interest include school attendance, student achievement, employment stability, and labour force participation

        ii. analysis using the IDI will support evaluation of outcomes of those who have ADHD compared to those who don't and inform further policy and investment decisions based on changes in outcomes (whether positive or negative)

Some evaluation will be straightforward, but there are some important limitations to be aware of

9. It may be challenging to determine from the kinds of analysis described above whether changes in outcomes are the result of the proposed changes, other supports (e.g., tailored, or bespoke learning supports) or contributing factors (e.g., environmental, or wider health supports).

10. The datasets currently available to support analysis are administrative datasets. As administrative datasets are designed to record health service user interactions with the health system, they will provide an effective avenue for evaluating the impacts of the proposed changes on those who receive a diagnosis or are receiving pharmaceutical treatment.

11. However, administrative datasets do not allow us to understand unmet need or accurately define the population with the greatest potential to benefit. This does not prevent analysis from being undertaken, but it does set the parameters for which analysis can be interpreted or used.

12. There is likely to be some lag time between implementation of the changes and impact on social outcomes being observed through analysis. This is because of the time needed for changes to be:

    a. embedded in clinical settings and practice, and for the corresponding uptake to occur

b. represented in data collections and for these to be available in the IDI to support analysis.

Recent data investment will support further analysis in the future

13. The recently announced mental health and addiction prevalence survey will measure the range, proportion, and distribution of mental health conditions among children and young people, including neurodevelopmental conditions such as ADHD.

14. Supplementing existing administrative datasets with data from this survey will allow analysis to stretch beyond snapshots of service delivery and interactions with the system. The survey will permit understanding of the underlying prevalence of ADHD among children and young people in New Zealand (i.e., the size of the problem among that population cohort) and identify unmet need.

15. The survey will increase visibility of the population with the greatest potential to benefit from changes to prescribing and diagnosing practices, where barriers may exist within the system, and how this differs across the country and population groups.

Equity

16. Our administrative datasets provide an effective and efficient avenue for understanding interactions with the health system – particularly who is accessing which services.

17. Access to ADHD diagnoses and corresponding treatments and care may be unevenly distributed across New Zealand's population. Analysis that utilises administrative data will not completely account for groups of the population who experience barriers to accessing health care. The proposed analysis therefore is unlikely to be representative of the population with the potential to benefit from interventions. In some cases, analysis will only represent those who have access to prescriptions (i.e., have an ADHD diagnosis).

Next steps

18. Further advice on the scope, resource requirements and timeframes can be provided on request. Where appropriate and required, this advice will seek decisions related to priorities and trade-offs.

19. The Ministry of Health is establishing an ADHD programme oversight group to support ongoing coordination of cross-government activity in relation to ADHD actions. This could include oversight further activities to evaluate impacts of changes through the use of ADHD data.

ENDS.