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Raising The Standard Of ADHD Care

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The Problem: Demand & Complexity In ADHD

Complexity in patient history & difficult overlapping symptoms

ADHD shares its core symptoms: hyperactivity, inattention and impulsivity with many other disorders, leaving clinicians to have to cut through complex history in order to diagnose accurately.

Limited provider time & demand for speed

Resources are increasingly limited amongst clinicians, and demand for evaluations continues to rise. Chart review shows DSM-5 criteria documented only 70% of the time.⁵

Low use of evidence-based care

Studies show parent/teacher rating scales are only utilized in assessment between 20-57% of the time. Throughout treatment, 80% of clinicians surveyed report rarely using standardized tools for rescreening. When collected, the average time for rating scales to be collected in the treatment process is 396.2 days following first prescription, leaving clinicians without data to make diagnosis/treatment decisions.^{3,4}

Chart review shows DSM-5 criteria documented only 70% of the time

Age/gender symptom differences^{1,2}

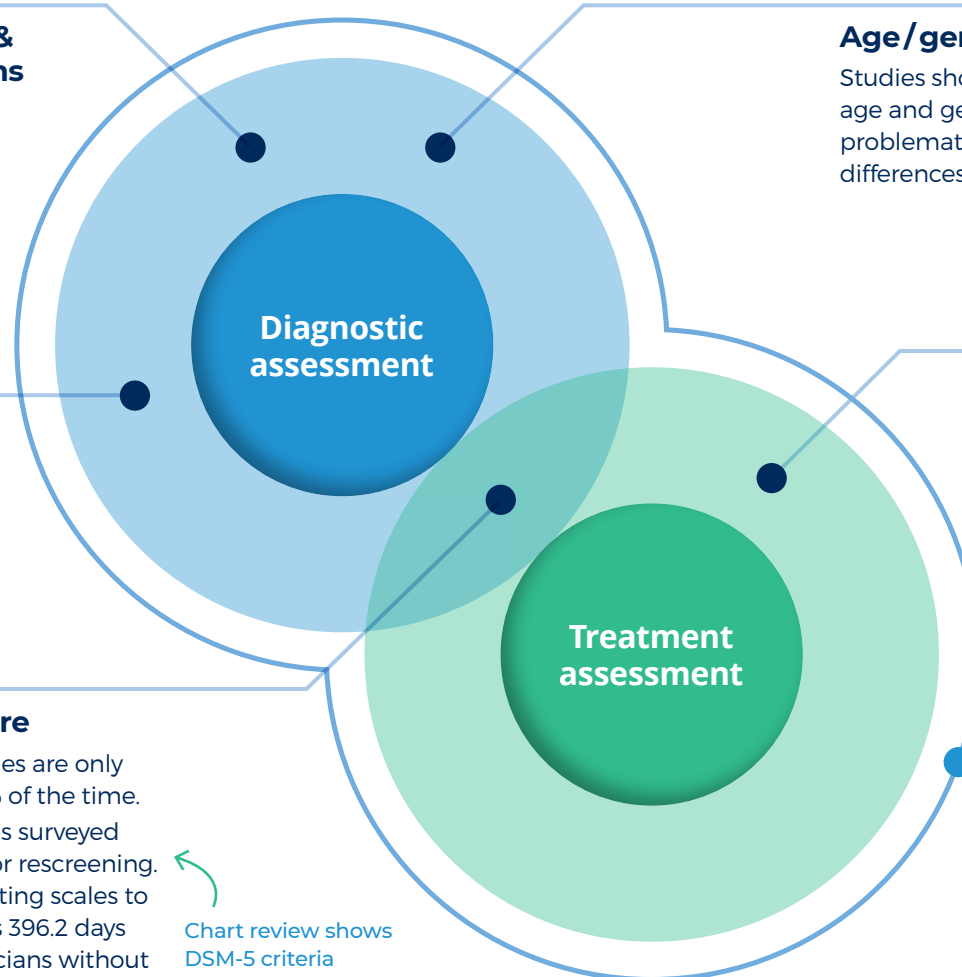
Studies show raters struggle to take into account age and gender when rating patients. This can be problematic considering the significant age and sex differences in ADHD symptom presentation.

A gap in treatment monitoring⁷

Only 36% of patients reported treatment effect on Adult Rating Scales, compared to 86% on QbTest, showing a 50% better identification of treatment response at six months on objective measures over rating scales.

Pandemic creating increased symptom reporting

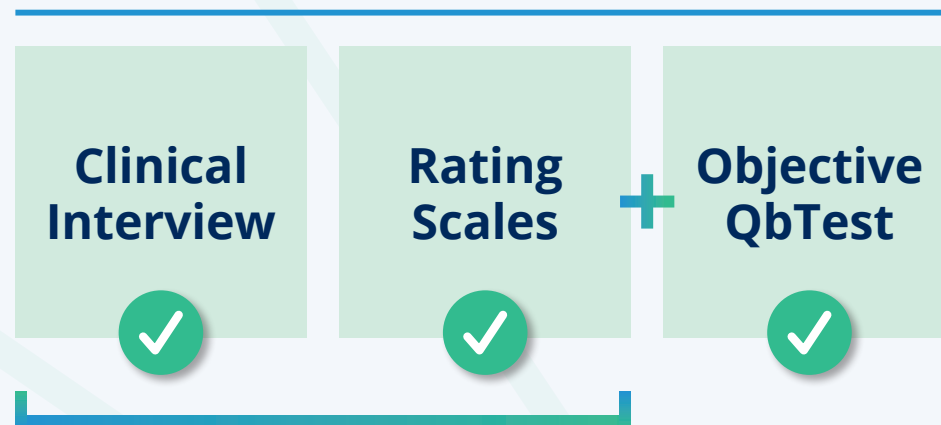
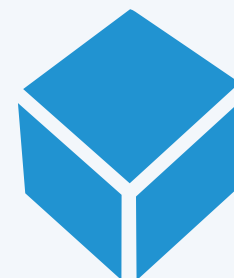
Parents report that a majority of children's ADHD symptoms appeared worse on rating scales during the Covid-19 pandemic.⁶



The Solution: Innovate FDA Cleared Tests

- ❖ Objective data cuts through complex history and overlapping symptoms
- ❖ Quick testing allows for low resource allocation
- ❖ Brings available data in-clinic or remote
- ❖ Mitigates age / sex bias in assessment ⁷
- ❖ More sensitive to treatment response ⁸
- ❖ Improves provider confidence & patient satisfaction ⁹

Results in
less than
20 minutes
for less
than \$38

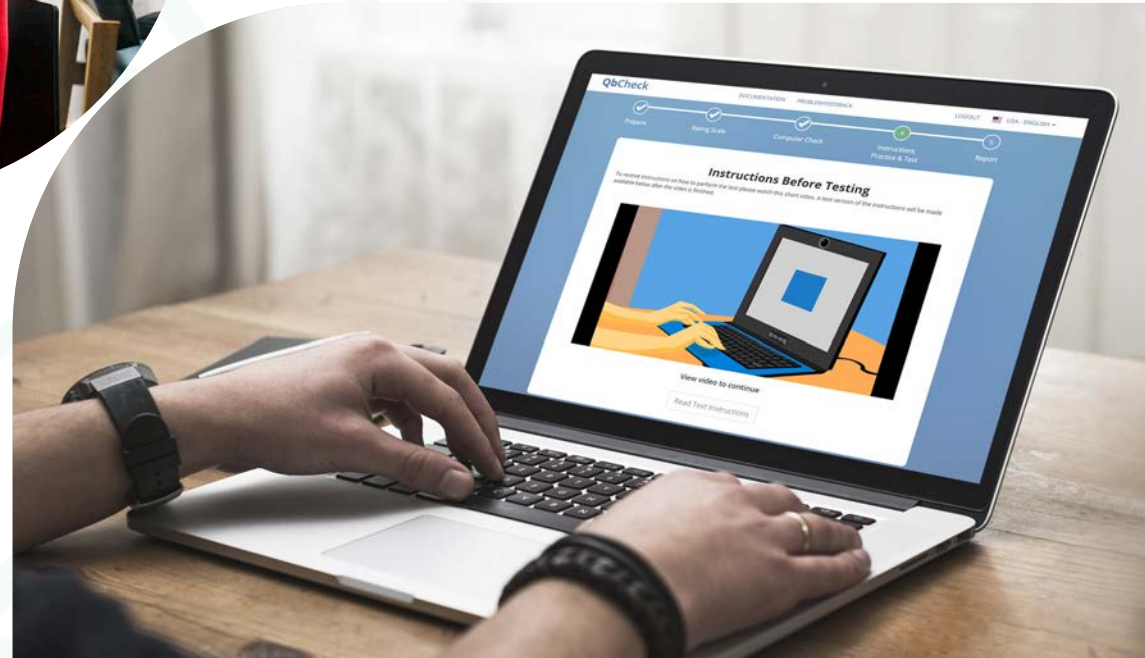


Currently
utilized

Add either in-clinic
or remote quantitative
data to close the gap
in ADHD management

In-clinic & Telehealth Options Available

Clear, reliable
data at your
clinician's
fingertips



The Evidence Is Clear

50% better	QbTest is 50% better at measuring treatment effects than rating scales (ASRS). ⁸
87% increased confidence	87% of clinicians reported their confidence was increased with the presence of QbTest results throughout evaluation, 79% endorsing improved confidence in complex cases of ADHD.
Reduced bias	A robust normative database allows for reduced bias with age and sex matched comparisons. ⁷
Strong patient satisfaction	Easy to understand reports help patients feel engaged and educated. 90% of young people said that the report helped them to better understand their symptoms and 85% of families said the QbTest is really helpful. ⁹
Standardization	Ensure standardization across the network through integrated testing protocols with high test/retest reliability and no risk of inter/intra rater variation.
3.71-4.32 RVUs	3.71-4.32 RVUs available under appropriate CPT codes. [†]

Clear Reports Provide Confidence & Patient Satisfaction

93% of clinicians report that QbTest results improved communication with patients regarding symptoms¹⁰



The evidence suggests that combining an objective assessment of activity with a CPT assessing impulsivity and attention may provide **the most clinically useful tool in aiding assessment and medication management.**"

Dr. Charlotte Hall
University of Nottingham

Utilized Globally To Improve The Standard Of Care

Globally integrated

Operates in **14** countries worldwide, Endorsed by the NHS of England as a standard of care.

US professional utilization

60% psychiatry
35% pediatrics / primary care
5% other

Large network integration

Rapidly growing across US based multi-site networks, universities and hospital systems.

Insurance reimbursable

9 years of successful reimbursement as a neuropsychological assessment.

First FDA cleared Telehealth testing option

50,000+ Telehealth tests run globally.

Annual Packages Include Both In-clinic & Telehealth Tests

Our QbTest package includes



Customized
on-site
training



Equipment
provided
by Qbtech



Access to clinical
phone support &
on-going training



Marketing
website & patient
brochures



Telehealth
remote testing



Data
management

- ❖ Annual subscription packages range from \$23-\$38 per test
- ❖ One-day installation, training and set up
- ❖ On-going integration support from Qbtech

What is ADHD?

Attention Deficit Hyperactivity Disorder (ADHD), also referred to as Attention Deficit Disorder (ADD), is the most common neurodevelopmental condition affecting 3–5% of children and young people¹¹, which often persists into adulthood.

ADHD symptoms include poor attention, hyperactivity and impulsivity, yet, how these symptoms manifest and affect children, adolescents and adults can differ greatly. Importantly, various studies also highlight findings regarding gender differences and birthdate bias in ADHD, widening the scope beyond the common stereotype of the 'naughty, hyperactive boy' and calling for the identification of those who have been missed.

These factors, combined with the frequent presence of other conditions, including Autism Spectrum Disorder (ASD) – formerly known as Autism or Asperger's – dysgraphia, dyspraxia and Oppositional Defiant Disorder (ODD), emphasize the need for a comprehensive clinical evaluation and diagnosis.

For more information, visit our website
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Supporting documents

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