# Getting with the Guideline: Managing Pediatric ADHD in Your Primary Care Practice



| Regional Live Conferences | |
|---|---|
| Coral Springs, FL | Indianapolis, IN |
| Tampa, FL | Wilmington, DE |
| Baltimore, MD | Nashville, TN |
| St. Louis, MO | Raleigh, NC |

**Enduring Webcasts**

**Performance Improvement CME Web Portal Activity**

**Report Date: February 29, 2016**

**Pfizer Grant Award #10275443**

**Sponsored and Certified By**

**Co-sponsored By**

EINSTEIN
Albert Einstein College of Medicine

Montefiore
THE UNIVERSITY HOSPITAL

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

---

# Getting with the Guideline:
# Managing Pediatric ADHD in Your Primary Care Practice

## Areas of Training and Key Learning Objectives

| | |
|---|---|
| 2011 AAP Clinical Practice Guideline for ADHD | Learners will increase their knowledge of pediatric ADHD diagnosis and management, the 2011 guideline, and their confidence in applying principles of the guideline in practice |
| Self-Assessment of Practice Performance and Patient Outcomes | Learners will evaluate their adherence to the guideline with respect to practice performance and patient outcome measures |
| ADHD Assessment and Treatment | Learners will increase the use of guideline-based practice performance measures to assess and treat children and youth with ADHD which will lead to better patient outcomes |
| Office Work Flow | Practices will improve office work flow systems to enable the ADHD care team to provide guideline-based care. |

## Measures for Training

**Practice Performance Measures**

Use parent rating scales to initially assess symptoms of ADHD

Use teacher rating scales to initially assess symptoms of ADHD

Use the DSM criteria to determine whether patients meet criteria for a diagnosis of ADHD

Use parent rating scales for follow up after starting treatment

Use teacher rating scales for follow up after starting treatment

Have office contact (i.e., visit, phone call) within 14 days after initiating medication

Have office contact (i.e., visit, phone call) within six weeks after initiating medication

**Patient Outcome Measures**

Determine the amount of ADHD symptom reduction by tracking symptoms before and after treatment on rating scales completed by parents and/or teachers

Determine the amount of ADHD impairment reduction by tracking impairment before and after treatment on rating scales completed by parents and/or teachers

# Live/Enduring Conference Presentations

**Live Conferences April to November 2014**
811 Registered /532 Completed  Program in Eight Cities
75% Physicians, 22% NPs or PAs; 1% RNs, 2% Other—53% Pediatrics, 38% PCPs, 9% Other
**Enduring Webcasts June to December 2015**
787 PCPs Registered /384 Completed—39% Pediatrics; 34% PCPs; 7% Psychiatric; 20% Other

| Title | Pre to Post Improvement in Knowledge | Pre to Post Improvement in Confidence |
|---|---|---|
| New Findings in Our Understanding of ADHD in Children and Adolescents | 34% Live  58% Enduring | Improved |
| Review of AAP Assessment and Treatment Guidelines and Measurement-Based Care | 20% Live  60% Enduring | Improved |
| Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model | 19% Live  39% Enduring | Improved |
| Non-Medical Treatments for ADHD and Shared Decision Making | 26% Live  33% Enduring | Improved |
| Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal | Non-significant due to high % correct at pretest | Improved |



# Live Conferences

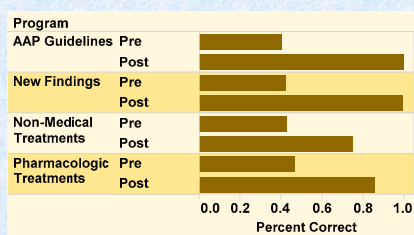**Pre and Post-Tests: Total Percent Correct on Knowledge Questions**
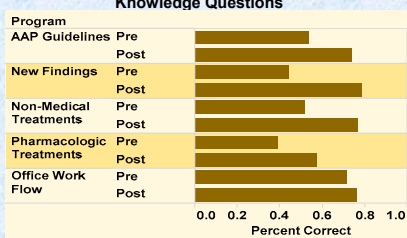
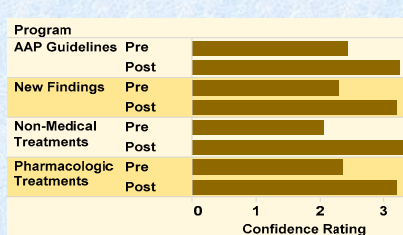**Pre and Post-Tests: Confidence Ratings**
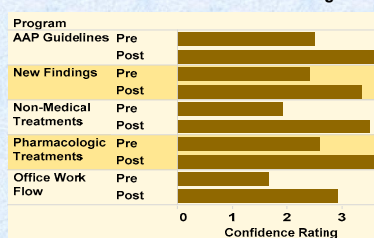
# Enduring Webcasts

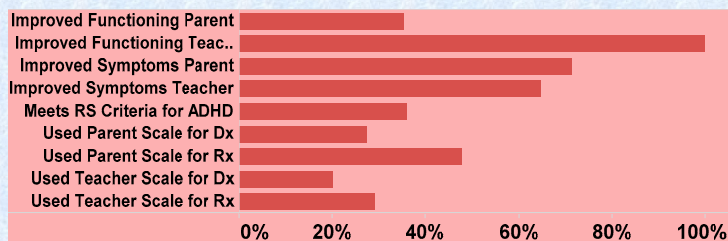**Total Percent Correct on Knowledge Questions**

**Pre & Post-Test Confidence Ratings**

## PI-CME Web Portal

83 pediatricians had registered on the web portal and 23 had completed training on the mehealth.com web portal designed to improve delivery of care for pediatric patients with ADHD.

### Utilization of Practice Performance and Patient Measures



Note: Dx = Diagnosis; Rx = Treatment; RS = Rating Scale

An overall summary of the results is given by the red graph above.
•Improved functioning was noted on over 90% of children rated by teachers
•Reduced symptoms was noted on approximately 70% of children rated by parents
•Improved symptoms was noted on nearly 70% of children rated by teachers
•< 50% of respondents used either parent or teacher ratings
•< 50% the patients assessed met rating scale criteria for ADHD
•Sites with complete data showed good treatment outcomes as regards percent of patients improved or normalized
•Tests of change revealed common barriers to implementing change in office work flow particularly with respect to getting completed rating scales from informants and timely office visits for follow-up appointments

## Summary and Conclusions

**Purpose**

This project sought to improve adherence to guideline-based care for children and adolescents with ADHD by training clinicians on the 2011 AAP ADHD guideline and by encouraging them to implement specific practice measures and patient outcome measures.

**Methodology**

Three formats for training were offered: live workshops in eight cities, on-demand enduring webcasts, and PI-CME training through a web portal.

**Results**

•Learners who participated in the certified live workshops and enduring webcasts showed significant gains in knowledge about the 2011 AAP ADHD guideline. They improved in their competence to apply the knowledge in practice, and in their confidence about treating ADHD related to the guideline.

•With respect to measures, surveys completed by learners as to how they actually use specific measures in their practice to evaluate, treat, and monitor ADHD symptoms and functional outcomes of patients, indicated continued need for improvement even after they attended the training.

•Recruitment of clinicians to participate in the ADHD PI-CME web portal was challenging despite numerous efforts to reach out to pediatricians. For some clinicians the barrier to registering was reluctance to use another platform to record patient information that was not integrated with their current EMR system. For some it was the amount of time they thought it would take to complete the requirements of the program to earn credit.

•Review of some of the tests of change in their practices that clinicians considered to improve utilization of measures for ADHD, revealed some of the barriers that clinicians faced. These included issues such as: patients with no Internet access, having to create office policies to ensure parents activated accounts set up for them on the portal, getting rating scales from teachers and parents in time to make treatment decisions for continued care, making sure office contacts were scheduled properly.

•The web portal is an excellent platform and practice tool to organize office procedures and workflow around ADHD care, automate data collection, maintain patient records to monitor the impact of ongoing treatment, etc. However, sites that were not as actively engaged in the portal probably, most likely, require better understanding of the benefits of the portal, comprehensive training on how to use it, and a strong commitment to using it by the office-based ADHD care team.