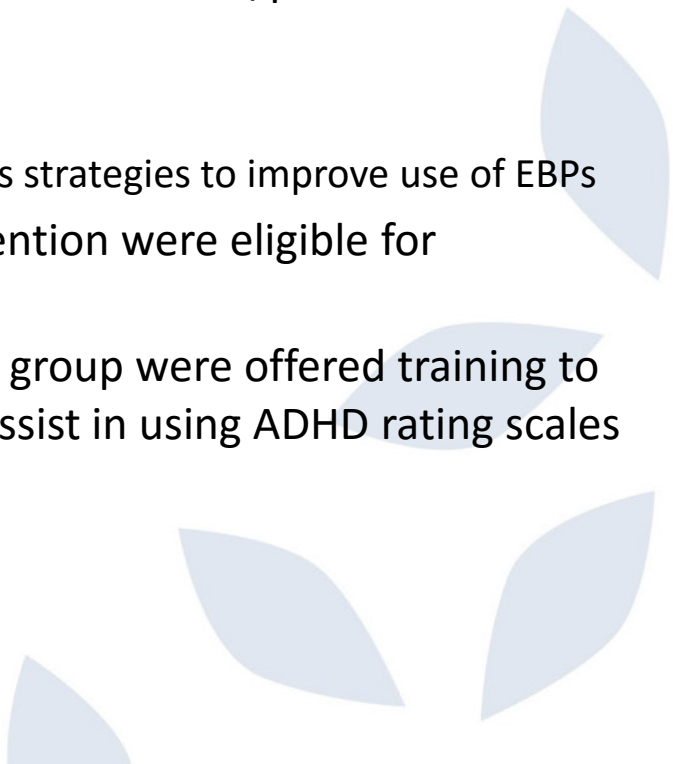
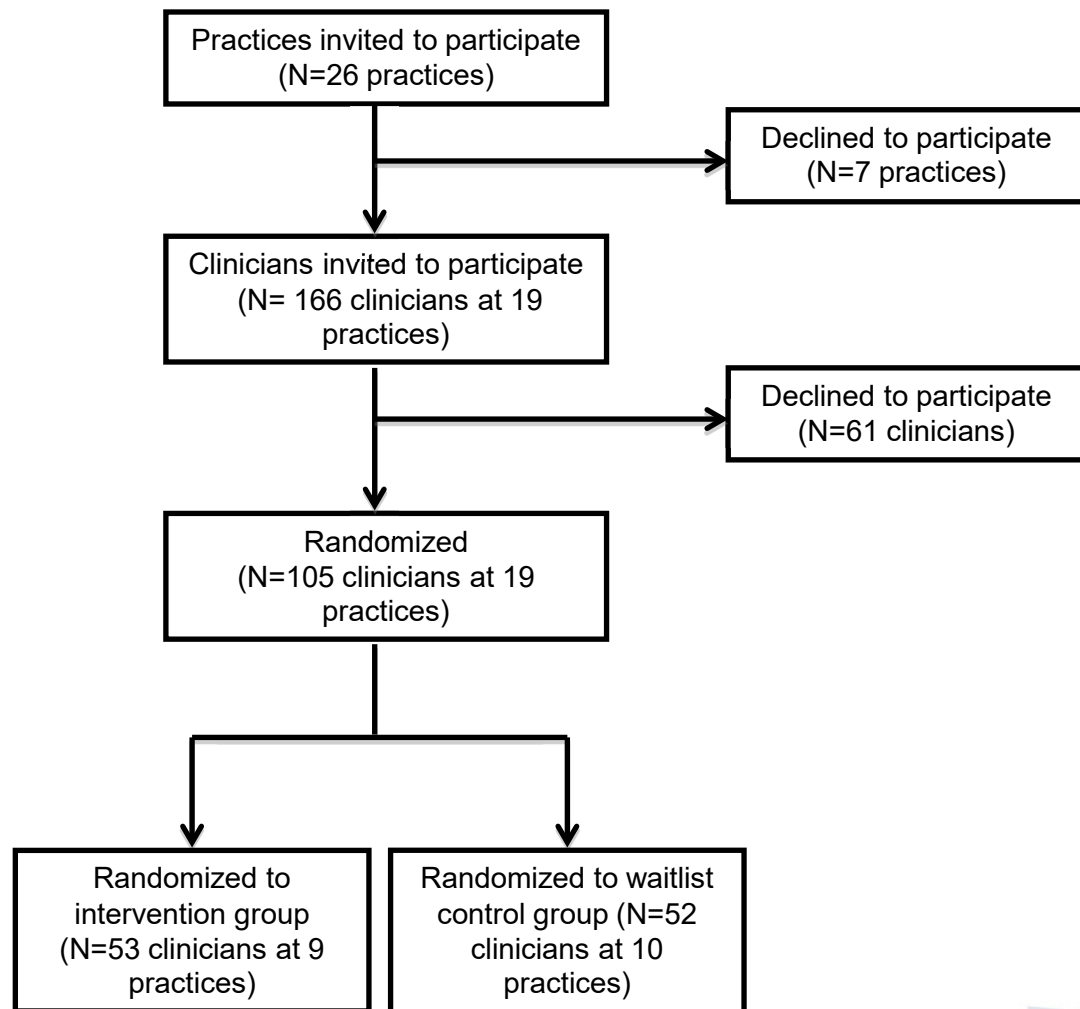


# Intervention: Project SHARE

- Distance learning approaches targeted PCPs
    - Office staff not involved
    - No on-site coaching of PCPs
  - Education of PCPs – three, 15-min web-based presentations
  - Collaborative consultation using online networking site or email/phone discussion
  - Quality improvement
    - Performance feedback every 2 months
    - Four, 1-hr conference calls to review data and discuss strategies to improve use of EBPs
  - Clinicians participating in all components of intervention were eligible for Maintenance of Certification (MOC) Credit
  - All providers, including those in the waitlist control group were offered training to use ADHD Care Assistant, an electronic system to assist in using ADHD rating scales
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# Results: Changes in Rating Scale Outcomes Between Groups

	Intervention Group			Waitlist Control Group			Significance Testing
	Baseline period <sup>1</sup>	Intervention period <sup>2</sup>	Change (95% CI)	Baseline period <sup>3</sup>	Intervention period <sup>4</sup>	Change (95% CI)	Diff in change scores (CI)
Parent scale sent	17%	42%	25% (18, 32)	19%	34%	15% (7, 22)	10.8% (-0.2, 21.9)
Parent scale received	14%	28%	14% (7, 21)	15%	26%	11% (3, 18)	3.6% (-6.8, 14.1)
Teacher scale sent	16%	32%	16% (8, 23)	18%	32%	14% (6,22)	2.2% (-8.7, 13.2)
Teacher scale received	14%	26%	12% (7,16)	16%	24%	8% 2,14)	4.1 (-3.3, 11.5)

Entries reflect adjusted, standardized percentages.

None of the group differences in change scores were significant, but there was a significant time effect for parent rating scales sent.

<sup>1</sup>N=199 patient charts; <sup>2</sup>N=200 patient charts; <sup>3</sup>N=191 patient charts; <sup>4</sup>N=195 patient charts.

# Changes in Rating Scale Outcomes by Clinician Level of Participation

	Completed MOC			Did not Complete MOC			Significance Testing
	Baseline period <sup>1</sup>	Intervention period <sup>2</sup>	Change (95% CI)	Baseline period <sup>3</sup>	Intervention period <sup>4</sup>	Change (95% CI)	Diff in change scores (CI)
Parent scale sent	15%	51%	27% (21, 52)	18%	36%	18% (11 25)	18.8% (1.9, 35.79)
Parent scale received	15%	33%	18% (8, 28)	15%	27%	12% (6, 19)	6.3% (-8.9, 21.4)
Teacher scale sent	15%	35%	20% (9, 31)	18%	31%	13% (5,21)	7.1% -6.2, 20)
Teacher scale received	15%	26%	12% (4,19)	14%	26%	12% (6,17)	-0.1 (-10.0, 9.7)

MOC refers to requirements for Maintenance of Certification credit.

Entries reflect adjusted, standardized percentages.

19 of 53 providers (36%) completed all components required for MOC credit.

Group difference in change scores was significant for parent ratings scales sent only.

<sup>1</sup>N=76 patient charts; <sup>2</sup>N=73 patient charts; <sup>3</sup>N=124 patient charts; <sup>4</sup>N=129 patient charts.

# Conclusions

- Study is one of the few to use a RCT and rigorous chart review process to evaluate a QI intervention to improve rating scale outcomes for ADHD
  - Our cost-efficient, distance-learning, clinician-focused QI intervention did not improve rating scale outcomes
  - Clinicians who were highly engaged in the intervention had higher ratings of sending out parent scales
  - Use of electronic portal appears to be associated with improvements in rating scale outcomes
  - To improve outcomes, it seems important to:
    - Promote the engagement of clinicians
    - Involve practice staff as well as clinicians
    - Integrate practice supports better into office work flow
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