

# Getting With The Guideline



## Managing Pediatric ADHD in Your Primary Care Practice

### Activity Evaluation Summary

**CME Activity:** Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice  
Saturday, September 6, 2014  
Hyatt Regency Indianapolis  
Indianapolis, IN

**Course Director:** Andrew Adesman, MD

**Date of Evaluation Summary:** October 7, 2014

In September 2014, the Albert Einstein College of Medicine of Yeshiva University (AECOM) and National Association for Continuing Education (NACE) co-sponsored a CME activity, *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in Indianapolis, IN.

This educational activity was designed to provide primary care clinicians with the background and the tools needed to provide measurement-based care for pediatric patients with ADHD which will lead to improved patient outcomes.

In planning this CME activity, the AECOM and NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Forty one healthcare practitioners registered to attend *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in Indianapolis, IN. Twenty three healthcare practitioners actually participated in the conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Twenty three completed evaluations were received. The data collected is displayed in this report.

#### CME ACCREDITATION

Albert Einstein College of Medicine of Yeshiva University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Albert Einstein College of Medicine of Yeshiva University designates this live activity for a maximum of 4.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity was co-sponsored with the National Association for Continuing Education (NACE).

# Integrated Item Analysis Report

## What is your professional degree?

Response	Frequency	Percent	Mean: 1.83
MD	15	65.22	
DO	1	4.35	
NP	5	21.74	
PA	1	4.35	
RN	0	0.00	
Other	1	4.35	

## What is your specialty?

Response	Frequency	Percent	Mean: 4.22
Primary Care	5	21.74	
Endocrinology	0	0.00	
Rheumatology	0	0.00	
Pulmonology	0	0.00	
Pediatric	17	73.91	
Gastroenterolog y	0	0.00	

## What is your professional degree?

Response
PhD HSP/Psychologist

## What is your specialty?

Response
School-based clinics
Child Clinical Psychologist

## How many years have you been in practice?

Response	Frequency	Percent	Mean: 2.57
< 5 years	5	21.74	
5 - 10 years	6	26.09	
11 - 20 years	6	26.09	
> 20 years	6	26.09	

After attending this activity, I should be able to:  
 Discuss new features of the 2011 AAP Clinical Practice Guideline for ADHD and compare to earlier guideline; identify the special circumstances for treatment of preschoolers and adolescents with ADHD within the new guideline; explain how the use of rating scales such as the Vanderbilt Scales can provide quantitative information that can inform both the diagnosis and ongoing adequacy of the treatment response in patients with ADHD; identify best practices in the implementation of clinician performance measures and patient outcome measures for ADHD.

Response	Frequency	Percent	Mean: 1.00
Agree	23	100.00	
Disagree	0	0.00	

After attending this activity, I should be able to:  
 Discuss the AAP 2011 Guideline and Process of Care algorithm to help make treatment decisions for ADHD; explain the safety and efficacy of different pharmacologic options for treating children and adolescents with ADHD; explain the importance of shared decision making and the use of a chronic care model for long-term management of ADHD; discuss methods to evaluate treatment effects by systematically measuring outcomes; explain strategies to manage adverse effects of medication treatments.

Response	Frequency	Percent	Mean: 1.00
Agree	23	100.00	<div style="width: 100%;"></div>
Disagree	0	0.00	<div style="width: 0%;"></div>

After attending this activity, I should be able to:  
 Explain how you can use an evidence-based, comprehensive web based tool to improve the quality of ADHD care in your practice; deliver and track assessment rating scales to parents and teachers using web based tools; implement a systematic follow-up plan to monitor response to treatment using web based tools; monitor and improve AAP guideline adherence in your practice; customize and improve work flow for ADHD care in your practice.

Response	Frequency	Percent	Mean: 1.00
Agree	20	86.96	<div style="width: 86.96%;"></div>
Disagree	0	0.00	<div style="width: 0%;"></div>
No Response	3	13.04	<div style="width: 0%;"></div>

Will you make changes that will benefit patient care as a result of attending this course? Comments:

Response
I am interested to implement web portal

This activity provided information that I can use to:  
 Increase my Competence Skills:

Response	Frequency	Percent	Mean: 1.00
Agree	23	100.00	<div style="width: 100%;"></div>
Somewhat Agree	0	0.00	<div style="width: 0%;"></div>
Somewhat Disagree	0	0.00	<div style="width: 0%;"></div>
Disagree	0	0.00	<div style="width: 0%;"></div>
No Response	0	0.00	<div style="width: 0%;"></div>

After attending this activity, I should be able to:  
 Discuss the clinician's respect for parental goals and treatment preferences in fostering treatment initiation and adherence; explain the importance of psychoeducation and parent behavior management training in optimizing ADHD care; discuss promising and inadvisable dietary modifications, supplements and complementary and alternative treatments for ADHD.

Response	Frequency	Percent	Mean: 1.00
Agree	23	100.00	<div style="width: 100%;"></div>
Disagree	0	0.00	<div style="width: 0%;"></div>

Will you make changes that will benefit patient care as a result of attending this course?

Response	Frequency	Percent	Mean: 1.09
Yes	22	95.65	<div style="width: 95.65%;"></div>
No	0	0.00	<div style="width: 0%;"></div>
N/A - I do not work directly with patients	1	4.35	<div style="width: 0%;"></div>
No Response	0	0.00	<div style="width: 0%;"></div>

**This activity provided information that I can use to:  
Improve Patient Outcomes:**

Response	Frequency	Percent	Mean: 1.00
Agree	22	95.65	
Somewhat Agree	0	0.00	
Somewhat Disagree	0	0.00	
Disagree	0	0.00	
No Response	1	4.35	

**What percentage of the presentations was effective in teaching you something new that you will incorporate into your practice?**

Response	Frequency	Percent	Mean: 1.50
90%	14	60.87	
70%	5	21.74	
50%	3	13.04	
30%	0	0.00	
10%	0	0.00	
No Response	1	4.35	

**What subject matter not presented in this activity do you think should be included in future activities?**

Response
Would like to have insurance coverage information for all treatments
HIPAA regulations, Reimbursements
No
Those children with co-morbid disorder-how can a pediatrician help these patients; how often to do Vanderbilt follow up
Case-based examples for medication initiation
More detailed addressing some of the research supporting positive recommendations
More specific discussion of dosing including case studies related to med choice, titration, SE
Questions to help educate 10 and over late peds when parents are at home. Help during lunch time to increase calories-no supervision by lunch staff
How to manage and treat only hyperactivity or attention separately
Medication Management-more specifics with tailoring doses especially weaning off early; question case examples

**Was this CME activity "free of commercial bias for or against any product?"**

Response	Frequency	Percent	Mean: 1.04
Yes	22	95.65	
No	1	4.35	

**In comparison to other similar activities how would you rate this activity?**

Response	Frequency	Percent	Mean: 1.09
Excellent	21	91.30	
Good	2	8.70	

**Was this CME activity "free of commercial bias for or against any product?" If you answered "no", please explain:**

Response
I checked the site out for the portal. Fairly hefty fee. Prohibitive for FP

**List up to 3 changes in your practice that you intend to implement after you listened to the presentation.**

Response
Billing for Vanderbilt; staggered dosing; PBMT
Combination therapies; combination medication treatments; less referrals out to psych
More frequent use of Vanderbilt throughout treatment; quicker titration of stimulants over 3-7 days; possibility of utilization of web portal at PQHC
Vanderbilts at every visit-not just initial and one follow up; billing for Vanderbilts!!! Consider instituting the web portal for our ADHD patients
Using the Vanderbilt. Modification and sculpting of ADHD meds; implementing behavior modification training plan
Patient, parent, provider relationship

List up to 3 changes in your practice that you intend to implement after you listened to the presentation.

Response
Ages to use stimulant; what stimulant can be used for 4-6 year old; contraindications of stimulants change/new labels
Follow up sooner/titrate more quickly; more assessment forms
Better medical and alternative management of ADHD; increase the follow up assessment with Vanderbilt to 90%; implement web portal
Use Vanderbilt scale with each visit; Increase frequency of assessments; more thorough use of behavior therapy referral
Under 6 years old MetayepH as drug of choice-first line-and adolescent -first line issues; how to change medications based on duration, action; how to handle side effects of stimulants
Use Vanderbilt for both screening and maintenance; push behavior therapy; speed of titration
Experiment with Vanderbilt; experiment with mechanics of portals
Staggering, sculpting doses of meds; adhering to AAP guidelines including use Vanderbilt on follow up assess; shared decision making
Improved long term follow up; improve phone/short term follow up
I currently don't see pediatric patients N/A
More follow up Vanderbilt forms; expand medication use-no longer stick with favorite; educate residents further on ADHD
Encourage a consistent approach to evaluating/managing ADHD among providers in my office. Use AAP guidelines to evaluate/manage patient's with ADHD
Consider use of Vanderbilt; try sculpting dose; divide dose
Do Vanderbilt follow up assessment; evaluate office work flow; more aggressive medication titration-especially with initiation

How would you rate this activity in the quality of its organization and professional manner in which it was conducted?

Response	Frequency	Percent	Mean: 1.04
Excellent	22	95.65	
Good	1	4.35	
Fair	0	0.00	
Poor	0	0.00	

This program is designed to explain the 2011 AAP ADHD Guideline and its use in practice

Response	Frequency	Percent	Mean: 1.04
Excellent	22	95.65	
Good	1	4.35	
Fair	0	0.00	
Poor	0	0.00	

**Based on my participation in this CME activity, I will incorporate the following new clinical strategies: (check all that apply)**

Response	Frequency	Percent	Mean: -
Utilize the 2011 AAP Clinical Practice Guideline for ADHD	17	37.78	
Utilize the Process of Care algorithm to help make treatment decisions for ADHD	15	33.33	
Utilize strategies for shared decision making to foster treatment initiation and adherence	16	35.56	
Utilize an evidence-based comprehensive web based tool to improve the quality of ADHD care in my practice	0	0.00	
I already do all these things	0	0.00	
<b>No Response</b>	3	6.67	
<b>Multiple</b>	2	4.44	
<b>Invalid</b>	22	48.89	

**Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: This Presentation addressed gaps in changing your:**

Response	Frequency	Percent	Mean: -
Competence	17	73.91	
Performance	16	69.57	
Patient Outcomes	9	39.13	
<b>No Response</b>	1	4.35	
<b>Multiple</b>	0	0.00	
<b>Invalid</b>	0	0.00	

**If you do not plan to incorporate the above clinical strategies, please list the factors acting as barriers:**

Response
Low SES population and limited resources for Medicaid and self pay; especially behavioral management resources
I currently don't see pediatric patients N/A
Unsure about portal and implementation in office, acceptance with patients additional clicks and EMR

**Please provide general comments regarding this activity and suggest how it might be improved:**

Response
Great to have CMEs/education on this topic made easily available. Usually difficult to find training opportunities
I am so happy to learn more about ADHD-especially in a free CME and off day so I don't miss work time-Your speakers are excellent, insightful and easy to listen to as well as learn from! Loved it
N/A
Sources to get service for Behavior Management

**Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Speakers ability to communicate:**

Response	Frequency	Percent	Mean: 1.09
Excellent	21	91.30	
Good	2	8.70	
Fair	0	0.00	
Poor	0	0.00	

**Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Objectivity, balance, & scientific rigor:**

Response	Frequency	Percent	Mean: 1.13
Excellent	20	86.96	
Good	3	13.04	
Fair	0	0.00	
Poor	0	0.00	
No Response	0	0.00	

**Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Comments:**

Response

**Phil Lichtenstein, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Speakers ability to communicate:**

Response	Frequency	Percent	Mean: 1.09
Excellent	20	86.96	
Good	2	8.70	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	4.35	

**Phil Lichtenstein, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Objectivity, balance, & scientific rigor:**

Response	Frequency	Percent	Mean: 1.04
Excellent	22	95.65	
Good	1	4.35	
Fair	0	0.00	
Poor	0	0.00	
No Response	0	0.00	

**Phil Lichtenstein, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Comments:**

Response

Went through slides too quickly at times

**Phil Lichtenstein, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: How well topic was covered:**

Response	Frequency	Percent	Mean: 1.09
Excellent	21	91.30	
Good	2	8.70	
Fair	0	0.00	
Poor	0	0.00	

**Phil Lichtenstein, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: This Presentation addressed gaps in changing your:**

Response	Frequency	Percent	Mean: -
Competence	19	82.61	
Performance	13	56.52	
Patient Outcomes	12	52.17	
No Response	1	4.35	

**Phil Lichtenstein, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: How well topic was covered:**

Response	Frequency	Percent	Mean: 1.04
Excellent	22	95.65	
Good	1	4.35	
Fair	0	0.00	
Poor	0	0.00	
No Response	0	0.00	

**Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: This Presentation addressed gaps in changing your:**

Response	Frequency	Percent	Mean: -
Competence	18	78.26	
Performance	12	52.17	
Patient Outcomes	10	43.48	
No Response	1	4.35	



**Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Speakers ability to communicate:**

Response	Frequency	Percent	Mean: 1.09
Excellent	20	86.96	
Good	2	8.70	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	4.35	

**Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Objectivity, balance, & scientific rigor:**

Response	Frequency	Percent	Mean: 1.09
Excellent	20	86.96	
Good	2	8.70	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	4.35	

**Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Comments:**

Response

**Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Speakers ability to communicate:**

Response	Frequency	Percent	Mean: 1.18
Excellent	14	60.87	
Good	3	13.04	
Fair	0	0.00	
Poor	0	0.00	
No Response	6	26.09	

**Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Objectivity, balance, & scientific rigor:**

Response	Frequency	Percent	Mean: 1.31
Excellent	12	52.17	
Good	3	13.04	
Fair	1	4.35	
Poor	0	0.00	
No Response	7	30.43	

**Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Comments:**

Response
Needed more time
Practical, excellent, persuasive

**Andrew Adesman, MD: Non-Medical Treatments for ADHD and Shared Decision Making: How well topic was covered:**

Response	Frequency	Percent	Mean: 1.09
Excellent	20	86.96	
Good	2	8.70	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	4.35	

**Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: This Presentation addressed gaps in changing your:**

Response	Frequency	Percent	Mean: -
Competence	8	34.78	
Performance	12	52.17	
Patient Outcomes	6	26.09	
No Response	7	30.43	