

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, October 18, 2014
Nashville Marriott at Vanderbilt University
Nashville, TN

Course Director: Andrew Adesman, MD

Date of Evaluation Summary: October 28, 2014

In October 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 Nashville, TN.

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.

Sixty two healthcare practitioners registered to attend *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in Nashville, TN. Thirty eight 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. Thirty 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: 1.61 |
|--------------------|-----------|---------|------------|
| MD | 24 | 72.73 | |
| DO | 2 | 6.06 | |
| NP | 5 | 15.15 | |
| PA | 1 | 3.03 | |
| RN | 0 | 0.00 | |
| Other | 1 | 3.03 | |
| No Response | 0 | 0.00 | |

What is your specialty?

| Response | Frequency | Percent | Mean: 3.25 |
|----------------------|-----------|---------|------------|
| Primary Care | 15 | 45.45 | |
| Endocrinology | 0 | 0.00 | |
| Rheumatology | 0 | 0.00 | |
| Pulmonology | 0 | 0.00 | |
| Pediatric | 15 | 45.45 | |
| Gastroenterolog y | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

What is your professional degree?

| Response |
|----------|
| PhD |

What is your specialty?

| Response |
|--|
| Emergency Medicine |
| retired but maintaining MD license |
| Pediatrics/adolescent and young adult medicine, primarily treating ADHD in private practice, with most current patients in the adult age group |

How many years have you been in practice?

| Response | Frequency | Percent | Mean: 2.94 |
|--------------------|-----------|---------|------------|
| < 5 years | 8 | 24.24 | |
| 5 - 10 years | 3 | 9.09 | |
| 11 - 20 years | 5 | 15.15 | |
| > 20 years | 17 | 51.52 | |
| No Response | 0 | 0.00 | |

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 | 32 | 96.97 | |
| Disagree | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

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 | 32 | 96.97 | |
| Disagree | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

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 | 28 | 84.85 | |
| Disagree | 0 | 0.00 | |
| No Response | 5 | 15.15 | |

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 | 31 | 93.94 | |
| Disagree | 0 | 0.00 | |
| No Response | 2 | 6.06 | |

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

| Response | Frequency | Percent | Mean: 1.13 |
|--|-----------|---------|------------|
| Yes | 29 | 87.88 | |
| No | 0 | 0.00 | |
| N/A - I do not work directly with patients | 2 | 6.06 | |
| No Response | 2 | 6.06 | |

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

| Response |
|---|
| Reviewing subsets of Vanderbilt questionnaire/parent engagement |
| None |
| Get more aggressive with med management |

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

| Response | Frequency | Percent | Mean: 1.07 |
|-------------------|-----------|---------|------------|
| Agree | 28 | 84.85 | |
| Somewhat Agree | 2 | 6.06 | |
| Somewhat Disagree | 0 | 0.00 | |
| Disagree | 0 | 0.00 | |
| No Response | 3 | 9.09 | |

This activity provided information that I can use to: Modify the way I perform in Practice:

| Response | Frequency | Percent | Mean: 1.17 |
|-------------------|-----------|---------|------------|
| Agree | 25 | 75.76 | |
| Somewhat Agree | 5 | 15.15 | |
| Somewhat Disagree | 0 | 0.00 | |
| Disagree | 0 | 0.00 | |
| No Response | 3 | 9.09 | |

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

| Response | Frequency | Percent | Mean: 1.13 |
|-------------------|-----------|---------|------------|
| Agree | 26 | 78.79 | |
| Somewhat Agree | 4 | 12.12 | |
| Somewhat Disagree | 0 | 0.00 | |
| Disagree | 0 | 0.00 | |
| No Response | 3 | 9.09 | |

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

| Response | Frequency | Percent | Mean: 1.87 |
|-------------|-----------|---------|------------|
| 90% | 13 | 39.39 | |
| 70% | 11 | 33.33 | |
| 50% | 3 | 9.09 | |
| 30% | 3 | 9.09 | |
| 10% | 0 | 0.00 | |
| No Response | 3 | 9.09 | |

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

| Response |
|---|
| Dosing, choosing meds, fine tuning therapies - case studies/examples |
| Better how to deal with the non-responsive patient |
| How to engage the teacher - what about ADHD and driving/sports |
| None |
| More review on Vanderbilt, interpretation, use if you did not diagnose patient with ADHD |
| Working in an academic setting and managing ADHD when supervising residents |
| Since I am now treating mostly adults with ADHD, I would enjoy more information about adult ADHD and co-morbidities |
| Using stimulants in substance abuse families (parental S/A) |
| ADD without hyperactivity |
| Pathogenesis of ADHD (etiology) |

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

| Response | Frequency | Percent | Mean: 1.00 |
|-------------|-----------|---------|------------|
| Yes | 32 | 96.97 | |
| No | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

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

| Response | Frequency | Percent | Mean: 1.27 |
|-------------|-----------|---------|------------|
| Excellent | 24 | 72.73 | |
| Good | 9 | 27.27 | |
| No Response | 0 | 0.00 | |

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

| Response |
|----------|
| |

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

| Response |
|--|
| Use Vanderbilt questionnaires for revelation more often. Try combination treatment with more confidence. Try alternative non-pharmacology treatment as options |
| Correctly diagnose ADHD patients. Manage case appropriately. Offer more than just meds |
| Medications. Web portal. Follow-ups |
| Titrate medicine more quickly. Discuss behavior training with parents more often. Better knowledge of medications (duration, SE's, etc.) |
| Follow-up forms. Monitoring improvement |
| Titrate medication sooner if needed. Use Vanderbilt forms for re-evaluation as ongoing assessment tool. Use non-medication methods of treatment options to parents |

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

| Response |
|---|
| More frequent follow-up. Using Vanderbilt forms at follow-up visits. On front end promote the 'shared decision making' concepts |
| Management of kids <6 years of age. DSM-5 criteria for ADHD reinforced today. Management of ADHD (stimulants versus non-stimulant drugs) |
| Use of screening handouts. More thorough assessment of side effects versus desired outcomes. More involvement with teachers |
| Quicker follow-up. More survey |
| Engaging parents more actively. Taking baseline history, HA/sleep/fatigue. Step approach to meds to get steady state |
| None |
| Using Vanderbilt. Provide more patient info |
| More use of Vanderbilt scales. Better med management. More use of ancillary services/referrals |
| NA as I am retired and not seeing patients |
| Use Vanderbilt forms to assess response. Titrate with more confidence. Recommend parent behavioral therapy for pre-schoolers |
| Use of Vanderbilt assessments. Earlier titration of medication as indicated. Encourage parents to become included in shared decision making |
| Use follow-up rating scales more often. Be attentive to possible co-morbidities. Be a better listener/evaluator |
| Treating younger preschooler |
| Using Vanderbilt forms with every visit. Discussing treatment is empiric trial to finding 'perfect med' |
| Parent drug screens/only at school doses |
| Ensure follow-up in 4 weeks. Encourage parental voicing of their preference for treatment. Get follow-up teacher evaluations |
| Treat younger kids - I usually send them to pscyh. Evaluate cardiac history better. Better phone follow-up |
| More frequent use of Vanderbilt - questionnaire. Aggressive approach with pharmacologic treatment. Implement follow-up of goals, outcomes with PBMT and CBT maybe |
| Move over to portal to increase return of forms. Decrease use of psychometric testing |
| Staggered Rx dosing. More reassurance of SE of Rx. Emphasize and educate about comorbidities of ADHD |

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

| Response | Frequency | Percent | Mean: 1.15 |
|-------------|-----------|---------|------------|
| Excellent | 28 | 84.85 | |
| Good | 5 | 15.15 | |
| Fair | 0 | 0.00 | |
| Poor | 0 | 0.00 | |
| No Response | 0 | 0.00 | |

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

| Response | Frequency | Percent | Mean: 1.16 |
|-------------|-----------|---------|------------|
| Excellent | 27 | 81.82 | |
| Good | 5 | 15.15 | |
| Fair | 0 | 0.00 | |
| Poor | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

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 | 23 | 36.51 | |
| Utilize the Process of Care algorithm to help make treatment decisions for ADHD | 18 | 28.57 | |
| Utilize strategies for shared decision making to foster treatment initiation and adherence | 23 | 36.51 | |
| 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 | 9 | 14.29 | |
| No Response Invalid | 4 30 | 6.35 47.62 | |

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

| Response | Frequency | Percent | Mean: - |
|----------------------------|-----------|---------------|---------|
| Competence | 22 | 66.67 | |
| Performance | 17 | 51.52 | |
| Patient Outcomes | 16 | 48.48 | |
| No Response Invalid | 5 0 | 15.15 0.00 | |

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

| Response |
|--|
| Time |
| I am retired - do not actively treat patients now |
| I do not have EMR's; portal idea would not likely work |
| Already do same/not good on web |

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

| Response |
|--|
| Refreshments |
| Very helpful for general pediatrician treating ADHD |
| Very good - would be nice to have copies of handouts |
| Very informative |
| Great |
| Awesome course |

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

| Response |
|--|
| Wonderful Thank you |
| Great program and speakers |
| The hotel was way overpriced for the amenities provided (no free internet), valet parking, not free breakfast (which seems to be standard at most hotels these days) |

Betsy Busch, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Speakers ability to communicate:

| Response | Frequency | Percent | Mean: 1.30 |
|-----------|-----------|---------|------------|
| Excellent | 24 | 72.73 | |
| Good | 8 | 24.24 | |
| Fair | 1 | 3.03 | |
| Poor | 0 | 0.00 | |

Betsy Busch, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: How well topic was covered:

| Response | Frequency | Percent | Mean: 1.21 |
|-----------|-----------|---------|------------|
| Excellent | 26 | 78.79 | |
| Good | 7 | 21.21 | |
| Fair | 0 | 0.00 | |
| Poor | 0 | 0.00 | |

Betsy Busch, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Objectivity, balance, & scientific rigor:

| Response | Frequency | Percent | Mean: 1.18 |
|-------------|-----------|---------|------------|
| Excellent | 27 | 81.82 | |
| Good | 6 | 18.18 | |
| Fair | 0 | 0.00 | |
| Poor | 0 | 0.00 | |
| No Response | 0 | 0.00 | |

Anthony Rostain, 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 | 23 | 69.70 | |
| Performance | 14 | 42.42 | |
| Patient Outcomes | 15 | 45.45 | |
| No Response | 5 | 15.15 | |

Betsy Busch, MD: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Comments:

| Response |
|---|
| Try not to turn head away from microphone |
| Dynamic and engaging |
| Fantastic |
| Kept slinging hands and head, could not always hear her because of voice deflections. |
| Excellent speaker |

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

| Response | Frequency | Percent | Mean: 1.06 |
|-------------|-----------|---------|------------|
| Excellent | 30 | 90.91 | |
| Good | 2 | 6.06 | |
| Fair | 0 | 0.00 | |
| Poor | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

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

| Response | Frequency | Percent | Mean: 1.06 |
|-------------|-----------|---------|------------|
| Excellent | 30 | 90.91 | |
| Good | 2 | 6.06 | |
| Fair | 0 | 0.00 | |
| Poor | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

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

| Response | Frequency | Percent | Mean: 1.06 |
|-------------|-----------|---------|------------|
| Excellent | 30 | 90.91 | |
| Good | 2 | 6.06 | |
| Fair | 0 | 0.00 | |
| Poor | 0 | 0.00 | |
| No Response | 1 | 3.03 | |

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

| Response | Frequency | Percent | Mean: - |
|------------------|-----------|---------|---------|
| Competence | 22 | 66.67 | |
| Performance | 12 | 36.36 | |
| Patient Outcomes | 12 | 36.36 | |
| No Response | 7 | 21.21 | |

Anthony Rostain, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Comments:

| Response |
|--|
| Really excellent |
| Phenomenal |
| Good presentation. Easy to hear |
| Terrific educator and highly knowledgeable |

Betsy Busch, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Speakers ability to communicate:

| Response | Frequency | Percent | Mean: 1.39 |
|-----------|-----------|---------|------------|
| Excellent | 22 | 66.67 | |
| Good | 9 | 27.27 | |
| Fair | 2 | 6.06 | |
| Poor | 0 | 0.00 | |

Betsy Busch, MD: Non-Medical Treatments for ADHD and Shared Decision Making: How well topic was covered:

| Response | Frequency | Percent | Mean: 1.36 |
|-----------|-----------|---------|------------|
| Excellent | 22 | 66.67 | |
| Good | 10 | 30.30 | |
| Fair | 1 | 3.03 | |
| Poor | 0 | 0.00 | |

Betsy Busch, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Objectivity, balance, & scientific rigor:

| Response | Frequency | Percent | Mean: 1.30 |
|-------------|-----------|---------|------------|
| Excellent | 24 | 72.73 | |
| Good | 8 | 24.24 | |
| Fair | 1 | 3.03 | |
| Poor | 0 | 0.00 | |
| No Response | 0 | 0.00 | |






Rebecca Kolb, MA: 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 | 16 | 48.48 | |
| Performance | 12 | 36.36 | |
| Patient Outcomes | 7 | 21.21 | |
| No Response | 13 | 39.39 | |






Betsy Busch, MD: Non-Medical Treatments for ADHD and Shared Decision Making: Comments:

| Response |
|------------------|
| Lost me a little |






**Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal:
Speakers ability to communicate:**

| Response | Frequency | Percent | Mean: 1.33 |
|--------------------|-----------|---------|---|
| Excellent | 18 | 54.55 |  |
| Good | 9 | 27.27 |  |
| Fair | 0 | 0.00 |  |
| Poor | 0 | 0.00 |  |
| No Response | 6 | 18.18 |  |

**Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal:
How well topic was covered:**

| Response | Frequency | Percent | Mean: 1.38 |
|--------------------|-----------|---------|---|
| Excellent | 17 | 51.52 |  |
| Good | 8 | 24.24 |  |
| Fair | 1 | 3.03 |  |
| Poor | 0 | 0.00 |  |
| No Response | 7 | 21.21 |  |

**Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal:
Objectivity, balance, & scientific rigor:**

| Response | Frequency | Percent | Mean: 1.26 |
|--------------------|-----------|---------|---|
| Excellent | 20 | 60.61 |  |
| Good | 7 | 21.21 |  |
| Fair | 0 | 0.00 |  |
| Poor | 0 | 0.00 |  |
| No Response | 6 | 18.18 |  |

**Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal:
Comments:**

| Response |
|--|
| Good speaker |
| Too much too fast |
| Awesome idea and portal |
| Could only hear distinctly when turned head to left. Bad set up for people who have hearing problems |