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, November 8, 2014
Raleigh Marriott City Center
Raleigh, NC

Course Director: Andrew Adesman, MD

Date of Evaluation Summary: November 18, 2014

In November 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 Raleigh, NC.

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.

One hundred seventeen healthcare practitioners registered to attend *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in Raleigh, NC. Sixty four 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. Sixty one 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: 1.51
MD	45	73.77	
DO	2	3.28	
NP	13	21.31	
PA	1	1.64	
RN	0	0.00	
Other	0	0.00	

What is your specialty?

Response	Frequency	Percent	Mean: 3.36
Primary Care	25	40.98	
Endocrinology	0	0.00	
Rheumatology	0	0.00	
Pulmonology	0	0.00	
Pediatric	36	59.02	
Gastroenterology	0	0.00	

What is your professional degree?

Response

What is your specialty?

Response
Psychiatry

How many years have you been in practice?

Response	Frequency	Percent	Mean: 2.60
< 5 years	14	22.95	
5 - 10 years	13	21.31	
11 - 20 years	16	26.23	
> 20 years	17	27.87	
No Response	1	1.64	

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	60	98.36	
Disagree	0	0.00	
No Response	1	1.64	

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 chonic 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	60	98.36	
Disagree	0	0.00	
No Response	1	1.64	

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	60	98.36	
Disagree	0	0.00	
No Response	1	1.64	

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	60	98.36	
Disagree	0	0.00	
No Response	1	1.64	

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

Response	Frequency	Percent	Mean: 1.15
Yes	55	90.16	
No	1	1.64	
N/A - I do not work directly with patients	4	6.56	
No Response	1	1.64	

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

Response
Changes to benefit patient care
Only use Vanderbilt rather than commons
Including possibly office wide systems for all providers
Utilizing Vanderbilt more often for follow up evaluation
Following guidelines for management once meds initiated

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

Response	Frequency	Percent	Mean: 1.07
Agree	56	91.80	
Somewhat Agree	4	6.56	
Somewhat Disagree	0	0.00	
Disagree	0	0.00	
No Response	1	1.64	

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

Response	Frequency	Percent	Mean: 1.18
Agree	51	83.61	
Somewhat Agree	8	13.11	
Somewhat Disagree	0	0.00	
Disagree	1	1.64	
No Response	1	1.64	

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

Response	Frequency	Percent	Mean: 1.12
Agree	55	90.16	
Somewhat Agree	4	6.56	
Somewhat Disagree	0	0.00	
Disagree	1	1.64	
No Response	1	1.64	

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%	29	47.54	
70%	12	19.67	
50%	7	11.48	
30%	6	9.84	
10%	1	1.64	
No Response	6	9.84	

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

Response
ADHD/learning disorder-effective procedures to get appropriate help in timely manner
None
Debunking non effective treatments-chiropractic-computer models etc; how practitioners should address this to patients and community
ADHD in adults
Pretty complete
None-good to confirm practices
Diversion of meds and abuse/misuse
Chronic sleep issues with ADHD
What generic equivalents useful for those on drug regimen
Cost effectiveness
Can't think of anything. Seminar was all inclusive
Pediatric nutrition
Management of comorbidities
None
Guidelines in dosing when switching drugs after maximizing previous drug or ineffective drug due to SE
5-10 minute discussion of how to score/interpret Vanderbilt assessment
More specifics on treatment meds that work best for subtypes, certain symptoms and co-morbidities
It was nicely comprehensive for my level
Adult ADHD lecture topic also will be helpful
Complicated ADHD patient management
Discussion about Quoitent-computer assessment of ADHD patients in the office
Perhaps example of long term management of a sample patient with flow-diagnosis, med and PRMT, report cards

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

Response	Frequency	Percent	Mean: 1.09
Yes	53	86.89	
No	5	8.20	
No Response	3	4.92	

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

Response	Frequency	Percent	Mean: 1.14
Excellent	50	81.97	
Good	8	13.11	
No Response	3	4.92	

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

Response
Portal
mehealth portal advocated
Web portal a private venture but info/service in portal excellent and is generalizable to any system of follow up, patient forms and QI

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

Response
Work on getting V follow up form in 4-6 weeks after starting meds; better understanding of different way of adding Rx help modification of some Rx
Behavioral health training is the first line for before 5 years. Pharmaceutical therapy is the first line for 12-18 year cat
CHD screening; initial Vanderbilts for follow up rather than follow up VANS; portal-web based
Use VB question regularly
Use of email for communication with patients and teachers. Use of ADHD web portal
Increased use of follow up questionnaires. Increased screening for co-morbid conditions. Will recommend behavioral therapy more often
Do Vanderbilt follow up forms more regularly; quicker titration of meds; involve parents more in decision making
Vanderbilt's in follow up; more frequent medication titration; more often diagnose without referral
Would like to incorporate more behavioral management but competent resources in my area are absent. Increase use of Vanderbilt and receiving compensation. Consider use of web portal
Increased use of Vanderbilt forms for follow up evaluations
Consider melt meds; go to 1 med totally before changes except for portal
Use Vanderbilt more frequently after treatment. Meet with parents more frequently
Vanderbilt screening tool; medications
More frequent dose adjustment-weekly rather than monthly; therapy first for preschoolers; staggered dosing
Titrating medications more rapidly; screening for other comorbids; dosing solutions
Start involving children under 6 years old in treatment plan; use of alternative therapy for ADDHD
Changing time of prescribed stimulants; Using behavioral therapy with my patients; using following Vanderbilt forms within 4-6 weeks for follow up management
Using post-treatment Vanderbilt; less referral to Behavioral health specialists; medication management-I am more confident about multidosing
Use Vanderbilt forms for rapid follow-up with each ADHD visit. More rapidly titrate medications. Be more selective in choosing and customizing ADHD medications to individual patient needs
Rule out co-morbid conditions during evaluation. More effectively address parent expectations of outcome
Vanderbilt-portal/EMR note-not scanned; better phone follow up; we hadn't been charging for Vanderbilt's! Will start
Better post-treatment follow up; more use of follow-up forms and attention to impairment; more/better consistency of evaluation among providers
Increase frequency of Vanderbilt use in long term follow up; change follow up schedule to Q 1 mo until stable treatment; consider use of Omega-3 FA

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

Response
Pay more attention to shared decision making; improve talking of improvement-ie symptom score reduction; encourage all providers in the office to agree on a workflow to ADHD care
Follow up within 4-6 weeks of med initiation; tracking response to treatment based on TSS rather than subjective self reported; discussing workflow standardization with partners
Further assess use of portal; initiate discussions of CAM, dispel myths; use Vanderbilts for follow up more often
Follow up Vanderbilts in 4-6 weeks; improved observation of co-morbidities; possible use of web-based portion
Consistent use of Vanderbilt for all initial and follow up assessments; more investigation into use of portal; more consideration for sculpting med dosing
Implement follow up parent/teacher Vanderbilt scale; titrate medications according to decrease of symptoms; how to treat according to age
Using the Vanderbilt scales more frequently on follow up appointment; paying more attention to the dosing of the medication; listen better to parental concerns
Use the Vanderbilt assessments; diagnosis/treatment/ongoing evaluations is a shared responsibility; no first use drugs preschoolers
Try different and multiple approaches in Rx of ADHD
Use of stimulants; non-medical Rx of ADHD; titration of dose, follow up; side effect profile
Do Vanderbilt consistently for follow up; develop a checklist for side effects; start a parent education soup
Follow up teacher Vanderbilts; follow up 4-6 weeks
More Vanderbilt use periodically chronic use; more flexible dosing; bill for Vanderbilts now
Identification and treatment in children 4-6 years old. BMT for parents of preschoolers. Better shared decision making between myself and parents/providers. Web based tool
Buy Vanderbilt follow up forms at each visit; use BT and meds for preschool children; use Omega 3 fatty acids as CCAM
Follow up Vanderbilt forms; recommendations for first line med treatment adolescents
Doing follow up Vanderbilt for parents and teachers; documentation of symptom reduction and or worsening; incorporation of counseling in addition to medications
Patient education more a priority in reference to non-pharm treatments with better examples
Adjusting dose quickly; following up patients with Vanderbilt documentation after 4-6 weeks and periodically; documentation of improvement of TSS when on treatment
More attention to learning disabilities accompanied with ADHD. Partnership with patients. All the process of management
Use Vanderbilt at follow-ups; titrate more quickly via phone calls; refer for PBMT instead of just general counseling
More attention to regular, shorter follow up-with scales-intervals; consideration of staggered, sculpted dosing to accommodate med need; discuss use of ADHD web portal with pediatrician, IT staff at our office
More Vanderbilt use; more comorbid consideration; better education to parents pre intervention
Age of inclusion for diagnosis; parent behavior therapy using positive reinforcement +/-other CAM; doing follow up Vanderbilt within 1 month of starting prescriptions
Perform initial evaluation; decrease referrals for initial eval; change in medications
Be more aggressive with starting meds on teens; Recognize that only 5/9 symptoms needed for teens to diagnose inattentiveness or hyperactivity; charge for review of Vanderbilts
Including possibly office wide systems for all providers
Vanderbilt use after implementing medications; behavioral management referral

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

Response	Frequency	Percent	Mean: 1.14
Excellent	51	83.61	
Good	8	13.11	
Fair	0	0.00	
Poor	0	0.00	
No Response	2	3.28	

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

Response	Frequency	Percent	Mean: 1.12
Excellent	51	83.61	
Good	5	8.20	
Fair	1	1.64	
Poor	0	0.00	
No Response	4	6.56	

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	48	47.52	
Utilize the Process of Care algorithm to help make treatment decisions for ADHD	35	34.65	
Utilize strategies for shared decision making to foster treatment initiation and adherence	38	37.62	
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	6	5.94	
No Response	5	4.95	
Invalid	40	39.60	

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	47	77.05	
Performance	39	63.93	
Patient Outcomes	30	49.18	
No Response	7	11.48	
Invalid	0	0.00	

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

Response
Web based tool not available-most patients do not have access to internet/capable of using it
Incorporating these strategies into what is usually a 20-30 minute visit during the busy months
Patients Spanish speaking, illiterate, poor, no computer-parents
Cost of portal use; readiness of office to changes approach to ADHD assessment and management

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

Response
Not sure if web-based tool would be cost effective with our relatively lower number of ADHD patients at this time. May be creating more work for staff
Cost of web based tool, lack of internet access in rural community
Cost
I do not have portal in the office and it will take time to incorporate this
Web access restricted in my EMR system
N/A
I am not currently taking care of this problem in pediatric patients
90% of patients are low SES-many do not have computers and many only speak/read Spanish-approximately 40%
Time
N/A
Expensive to implement web based tools

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

Response
Very informative and a great refresher
Great information; to the point; very informative
Add to the med handout length of med activity-ex 10-12 hours
Coverage of material will done within the time constraints
Get rid of the portal
None
Great program-very informative and free. Speakers were informative, engaging, and kept attention
Would like to try portal
Snacks
Less time discussing the portal because it is boring because it is not live
I do use-but will improve my efficiency and flow
New guidelines will help manage ADHD
Hard to do, it was excellent and I have high expectations
I loved it
Excellent information/clear interesting presentation
Very worthwhile, practical information. Facility improvement-healthy snacks at back along with coffee and tea. Charge for conference if necessary
Very good
Snacks would be nice, even if I had to pay for it
Very practical, explicit and understandable-motivating to implement

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

Response	Frequency	Percent	Mean: 1.08
Excellent	55	90.16	
Good	5	8.20	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	1.64	

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

Response	Frequency	Percent	Mean: 1.10
Excellent	54	88.52	
Good	6	9.84	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	1.64	

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	52	85.25	
Good	8	13.11	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	1.64	

Andrew Adesman, 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	45	73.77	
Performance	37	60.66	
Patient Outcomes	27	44.26	
No Response	8	13.11	

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

Response
Great speaker
Very interesting
Excellent
Clear presentation. Good overview of 2011 Guidelines

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

Response	Frequency	Percent	Mean: 1.03
Excellent	58	95.08	
Good	2	3.28	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	1.64	

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

Response	Frequency	Percent	Mean: 1.15
Excellent	51	83.61	
Good	9	14.75	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	1.64	

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

Response	Frequency	Percent	Mean: 1.08
Excellent	55	90.16	
Good	5	8.20	
Fair	0	0.00	
Poor	0	0.00	
No Response	1	1.64	

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

Response	Frequency	Percent	Mean: -
Competence	48	78.69	
Performance	30	49.18	
Patient Outcomes	28	45.90	
No Response	8	13.11	

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

Response
Disagree with periactin not being beneficial in increasing appetite-my experience says it is
I love the guy! He is excellent
Wonderful
More on concerns of dependence/addiction/abuse

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

Response
A lot to cover, I realize, but would have liked more details about the mechanism of action/onset/duration of specific meds
Very interesting
Presentation seemed rushed-too much info/slides
Excellent
Entertaining
Was a little too fast

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

Response	Frequency	Percent	Mean: 1.10
Excellent	55	90.16	
Good	3	4.92	
Fair	0	0.00	
Poor	1	1.64	
No Response	2	3.28	

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

Response	Frequency	Percent	Mean: 1.12
Excellent	53	86.89	
Good	5	8.20	
Fair	1	1.64	
Poor	0	0.00	
No Response	2	3.28	

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

Response	Frequency	Percent	Mean: 1.10
Excellent	54	88.52	
Good	4	6.56	
Fair	1	1.64	
Poor	0	0.00	
No Response	2	3.28	

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	35	57.38	
Performance	23	37.70	
Patient Outcomes	22	36.07	
No Response	15	24.59	

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

Response
Overall good coverage
Excellent. Great knowledge and presentation
Great talk, well presented-trying to catch up-went a little fast but still good
Very interesting
Had to speak fast to get through, good info wish had more time

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: 1.32
Excellent	42	68.85	
Good	13	21.31	
Fair	1	1.64	
Poor	1	1.64	
No Response	4	6.56	

Phil Lichtenstein, MD: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: How well topic was covered:

Response	Frequency	Percent	Mean: 1.28
Excellent	43	70.49	
Good	12	19.67	
Fair	2	3.28	
Poor	0	0.00	
No Response	4	6.56	

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: 1.45
Excellent	39	63.93	
Good	12	19.67	
Fair	7	11.48	
Poor	0	0.00	
No Response	3	4.92	

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

Response
Too much of a sales pitch. Would not work for patients that are poor/have no computers/illiterate/Spanish speaking
Too detailed about explaining website-practice and hands on more useful way to learn
Great presentations
Too many uhhs; should have stayed on time
Many of us do not have portals or will not get portals for awhile; I thought this part of the conference was going to be more broad towards only office and not so specific about web portal
Topic boring
Make flow charts legible too small
Excellent presentation but not likely to be used with patient population at office I work at
Flow charts, algorithms were difficult to see, understand. This segment could be a conference into itself. Hands on practice with program-proctored-would be helpful