

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, May 10, 2014
Renaissance Tampa International Plaza
Tampa, FL

Course Director: Andrew Adesman, MD

Date of Evaluation Summary: May 28, 2014

In May 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 Tampa, FL.

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 twenty one healthcare practitioners registered to attend *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice*, in Tampa, FL. Eighty 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. Eighty four completed evaluations were received. The data collected is displayed in this report.

CME ACCREDITATION

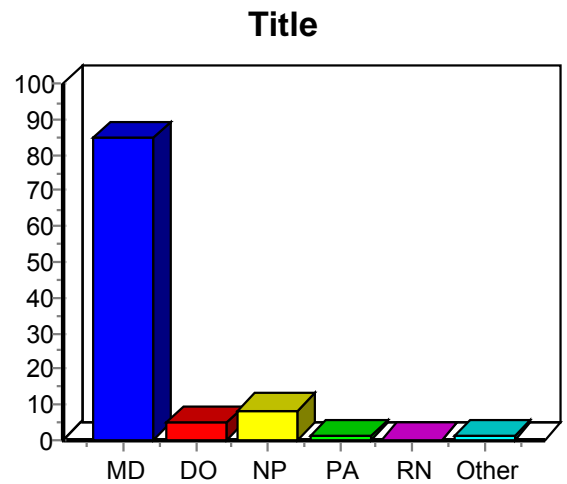
Albert Einstein College of Medicine of Yeshiva University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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).

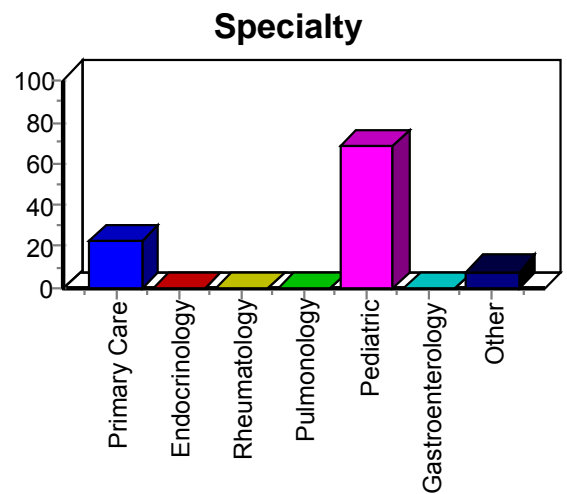
What is your professional degree?

Label	Frequency	Percent	Valid Percent
MD	71	84.52	84.52
DO	4	4.76	4.76
NP	7	8.33	8.33
PA	1	1.19	1.19
RN	0	0.00	0.00
Other	1	1.19	1.19
Total Valid	84	100.00	100.00



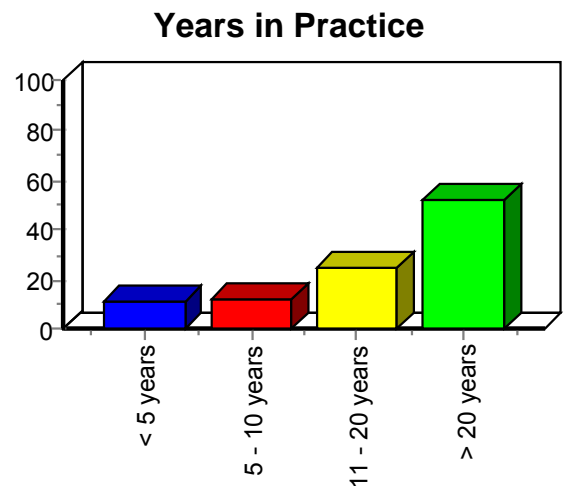
What is your specialty?

Label	Frequency	Percent	Valid Percent
Primary Care	19	22.62	22.89
Endocrinology	0	0.00	0.00
Rheumatology	0	0.00	0.00
Pulmonology	0	0.00	0.00
Pediatric	57	67.86	68.67
Gastroenterology	0	0.00	0.00
Other	7	8.33	8.43
Total Valid	83	98.81	100.00
Total Missing	1	1.19	
Total	84	100.00	



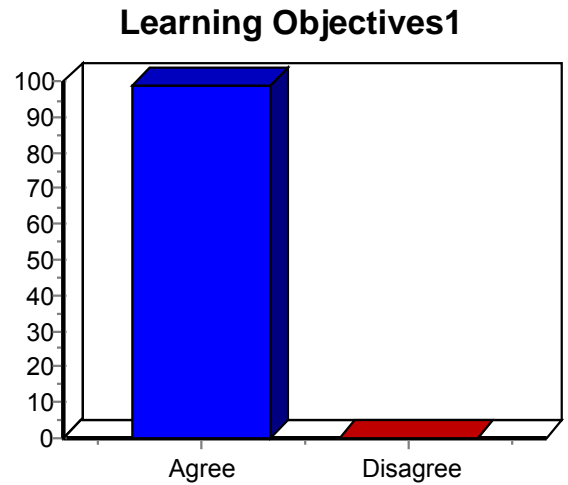
How many years have you been in practice?

Label	Frequency	Percent	Valid Percent
< 5 years	9	10.71	10.71
5 - 10 years	10	11.90	11.90
11 - 20 years	21	25.00	25.00
> 20 years	44	52.38	52.38
Total Valid	84	100.00	100.00



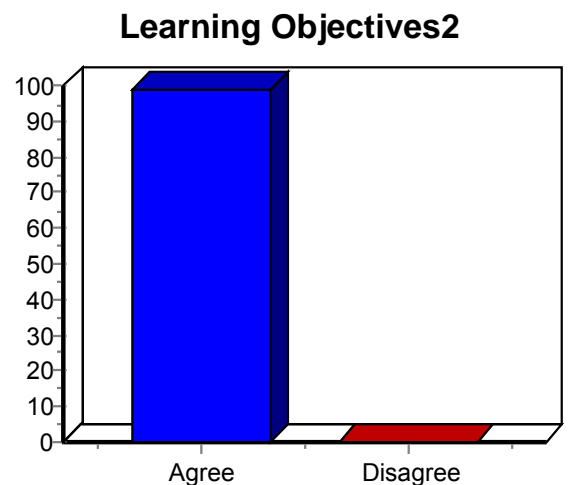
After attending this activity, I should be able to: Explain current research findings regarding the apparent increases in the diagnosis of ADHD and implications for your practice; discuss new data about the genetics of ADHD and associated disorders; explain the role of diet as a potential therapy for ADHD; identify how long-term stimulant medications affect the brains of ADHD patients.

Label	Frequency	Percent	Valid Percent
Agree	83	98.81	100.00
Disagree	0	0.00	0.00
Total Valid	83	98.81	100.00
Total Missing	1	1.19	
Total	84	100.00	



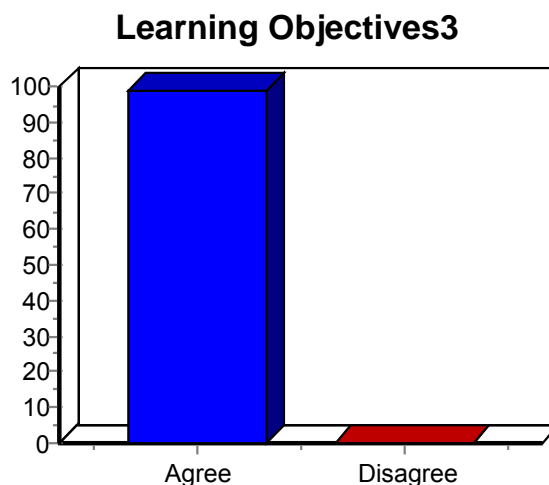
After attending this activity, I should be able to: Discuss new features of the 2011 AAP Clinical Practice Guideline for ADHD and compare to earlier guideline; identify the special circumstances for treatment of preschoolers and adolescents with ADHD within the new guideline; explain how the use of rating 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.

Label	Frequency	Percent	Valid Percent
Agree	83	98.81	100.00
Disagree	0	0.00	0.00
Total Valid	83	98.81	100.00
Total Missing	1	1.19	
Total	84	100.00	



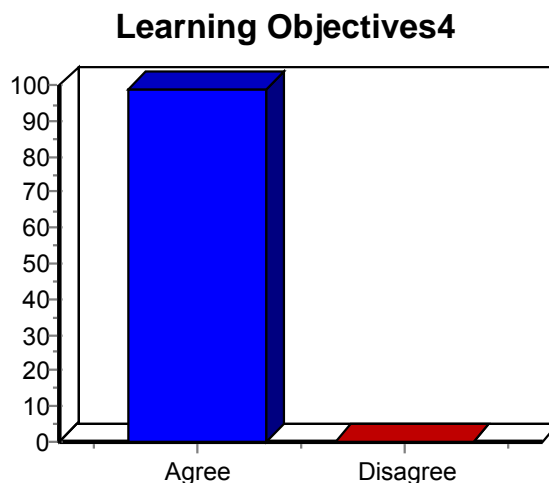
After attending this activity, I should be able to: Discuss the AAP 2011 Guideline and Process of Care algorithm to help make treatment decisions for ADHD; explain the safety and efficacy of different pharmacologic options for treating children and adolescents with ADHD; explain the importance of shared 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.

Label	Frequency	Percent	Valid Percent
Agree	83	98.81	100.00
Disagree	0	0.00	0.00
Total Valid	83	98.81	100.00
Total Missing	1	1.19	
Total	84	100.00	



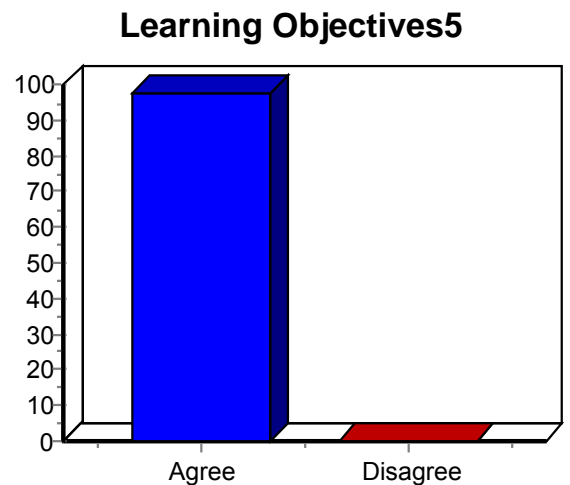
After attending this activity, I should be able to: Discuss the clinician's respect for parental goals and treatment preferences in fostering treatment initiation and adherence; explain the importance of psychoeducation and parent behavior management training in optimizing ADHD care; discuss promising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

Label	Frequency	Percent	Valid Percent
Agree	83	98.81	100.00
Disagree	0	0.00	0.00
Total Valid	83	98.81	100.00
Total Missing	1	1.19	
Total	84	100.00	



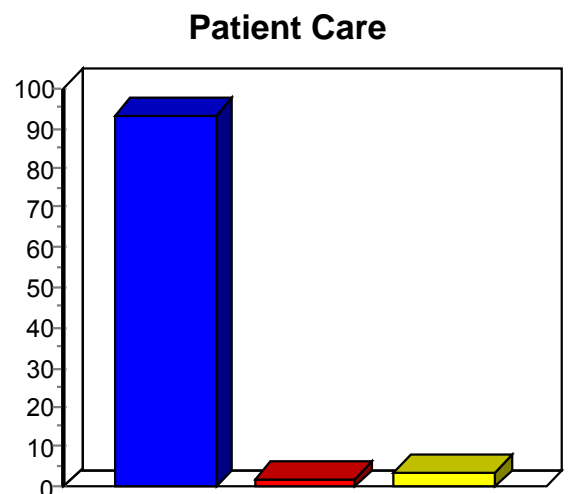
After attending this activity, I should be able to: Explain how you can use an evidence-based, comprehensive web based tool to improve the quality of ADHD care in your practice; deliver and track assessment rating scales to parents and teachers using web based tools; implement a systematic follow-up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

Label	Frequency	Percent	Valid Percent
Agree	82	97.62	100.00
Disagree	0	0.00	0.00
Total Valid	82	97.62	100.00
Total Missing	2	2.38	
Total	84	100.00	



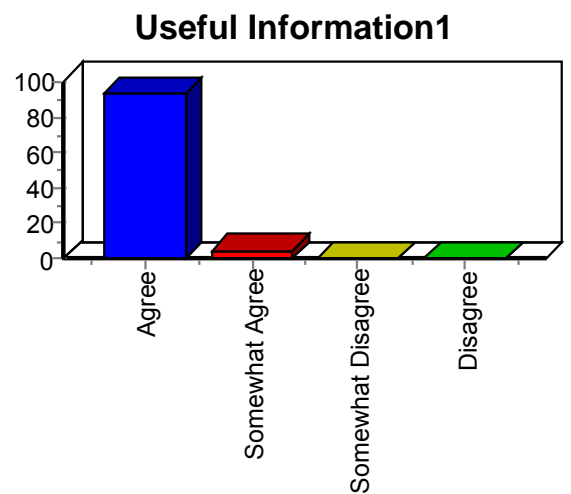
Will you make changes that will benefit patient care as a result of attending this course?

Label	Frequency	Percent	Valid Percent
Yes	78	92.86	93.98
No	2	2.38	2.41
N/A - I do not work directly with patients	3	3.57	3.61
Total Valid	83	98.81	100.00
Total Missing	1	1.19	
Total	84	100.00	



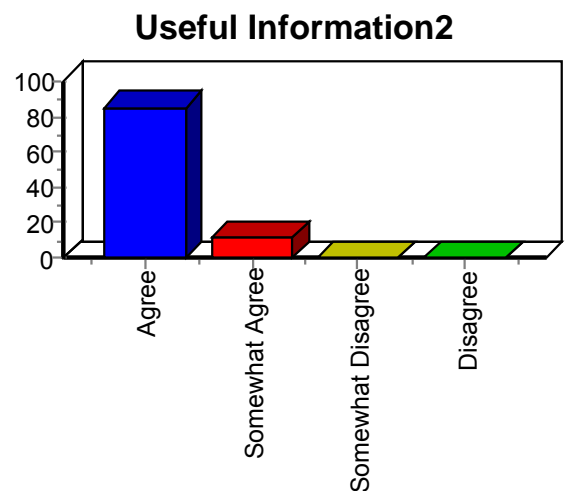
This activity provided information that I can use to: Increase my Competence Skills:

Label	Frequency	Percent	Valid Percent
Agree	78	92.86	95.12
Somewhat Agree	4	4.76	4.88
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	82	97.62	100.00
Total Missing	2	2.38	
Total	84	100.00	



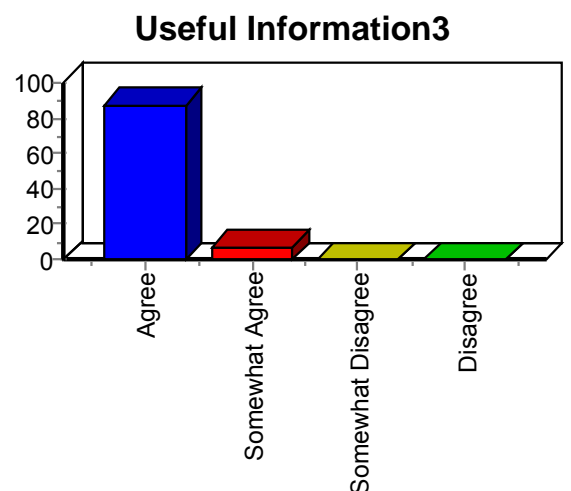
This activity provided information that I can use to: Modify the way I perform in Practice:

Label	Frequency	Percent	Valid Percent
Agree	71	84.52	87.65
Somewhat Agree	10	11.90	12.35
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	81	96.43	100.00
Total Missing	3	3.57	
Total	84	100.00	



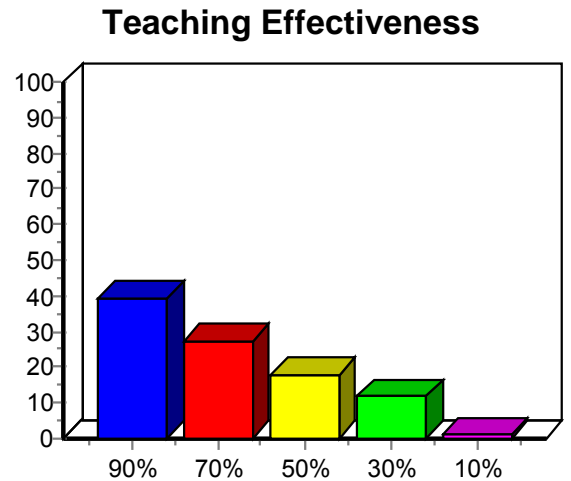
This activity provided information that I can use to: Improve Patient Outcomes:

Label	Frequency	Percent	Valid Percent
Agree	73	86.90	92.41
Somewhat Agree	6	7.14	7.59
Somewhat Disagree	0	0.00	0.00
Disagree	0	0.00	0.00
Total Valid	79	94.05	100.00
Total Missing	5	5.95	
Total	84	100.00	



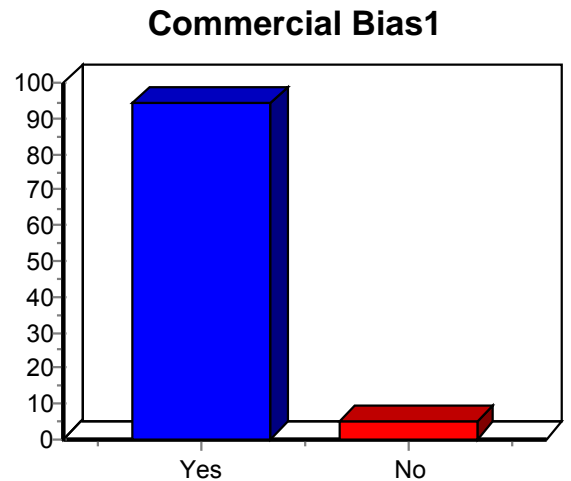
What percentage of the presentations was effective in teaching you something new that you will incorporate into your practice?

Label	Frequency	Percent	Valid Percent
90%	33	39.29	40.24
70%	23	27.38	28.05
50%	15	17.86	18.29
30%	10	11.90	12.20
10%	1	1.19	1.22
Total Valid	82	97.62	100.00
Total Missing	2	2.38	
Total	84	100.00	



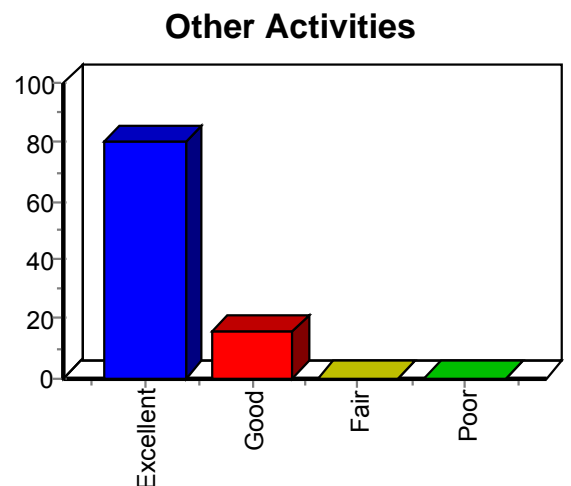
Was this CME activity "free of commercial bias for or against any product?"

Label	Frequency	Percent	Valid Percent
Yes	79	94.05	95.18
No	4	4.76	4.82
Total Valid	83	98.81	100.00
Total Missing	1	1.19	
Total	84	100.00	



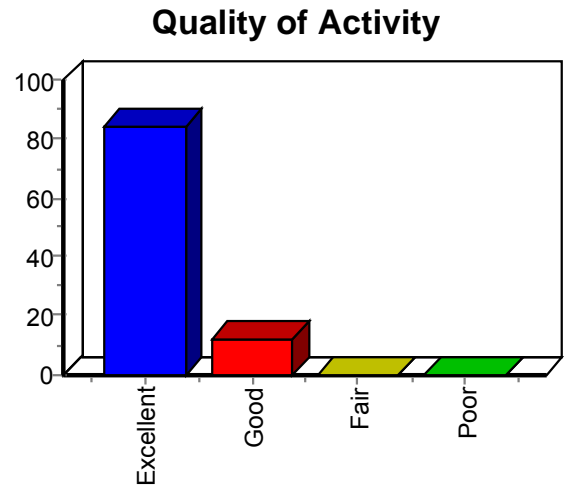
In comparison to other similar activities how would you rate this activity?

Label	Frequency	Percent	Valid Percent
Excellent	67	79.76	83.75
Good	13	15.48	16.25
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	80	95.24	100.00
Total Missing	4	4.76	
Total	84	100.00	



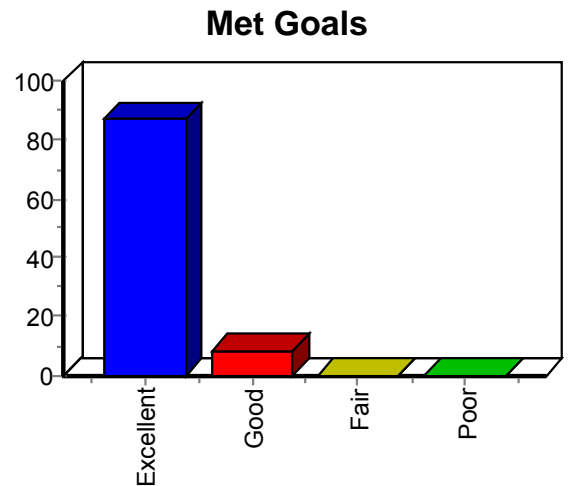
How would you rate this activity in the quality of its organization and professional manner in which it was conducted?

Label	Frequency	Percent	Valid Percent
Excellent	71	84.52	87.65
Good	10	11.90	12.35
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	81	96.43	100.00
Total Missing	3	3.57	
Total	84	100.00	



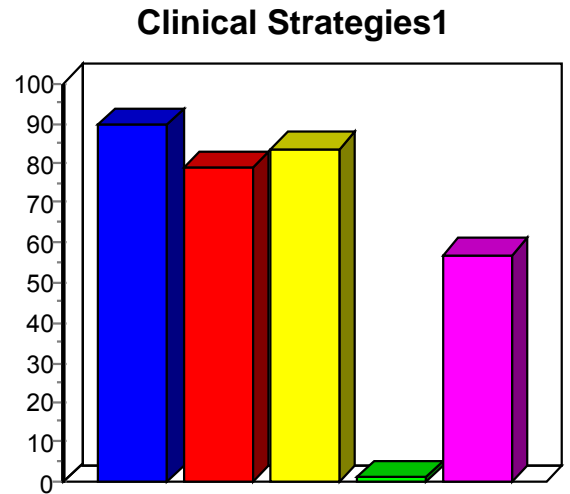
This program is designed to explain the 2011 AAP ADHD Guideline and its use in practice

Label	Frequency	Percent	Valid Percent
Excellent	73	86.90	91.25
Good	7	8.33	8.75
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	80	95.24	100.00
Total Missing	4	4.76	
Total	84	100.00	



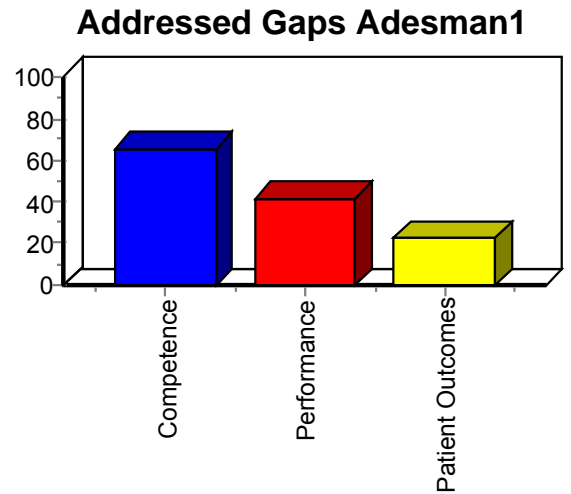
Based on my participation in this CME activity, I will incorporate the following new clinical strategies: (check all that apply)

Label	Frequency	Percent	Valid Percent
Utilize the 2011 AAP Clinical Practice Guideline for ADHD	75	89.29	93.75
Utilize the Process of Care algorithm to help make treatment decisions for ADHD	66	78.57	82.50
Utilize strategies for shared decision making to foster treatment initiation and adherence	70	83.33	87.50
Utilize an evidence-based, comprehensive web based tool to improve the quality of ADHD care in my practice	1	1.19	1.25
I already do all these things	48	57.14	60.00
Total Valid	80	95.24	100.00
Total Missing	4	4.76	
Total	84	100.00	



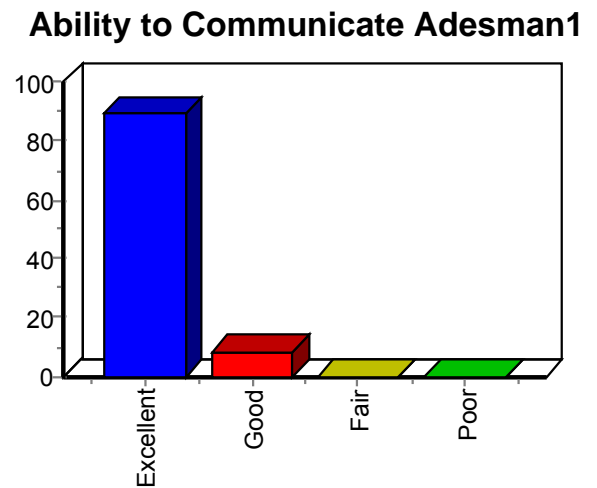
Andrew Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	55	65.48	85.94
Performance	35	41.67	54.69
Patient Outcomes	19	22.62	29.69
Total Valid	64	76.19	100.00
Total Missing	20	23.81	
Total	84	100.00	



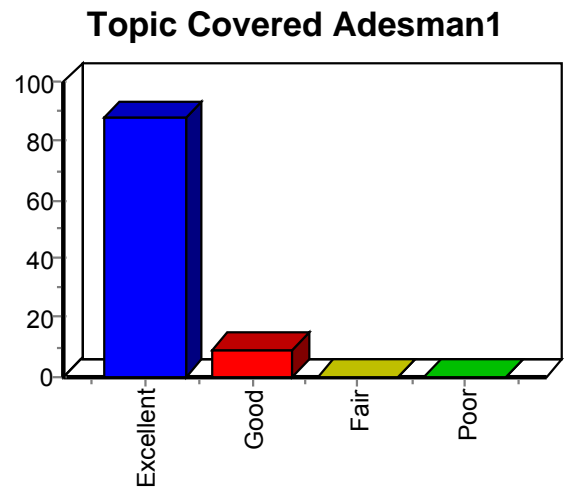
Andrea Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	75	89.29	91.46
Good	7	8.33	8.54
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	82	97.62	100.00
Total Missing	2	2.38	
Total	84	100.00	



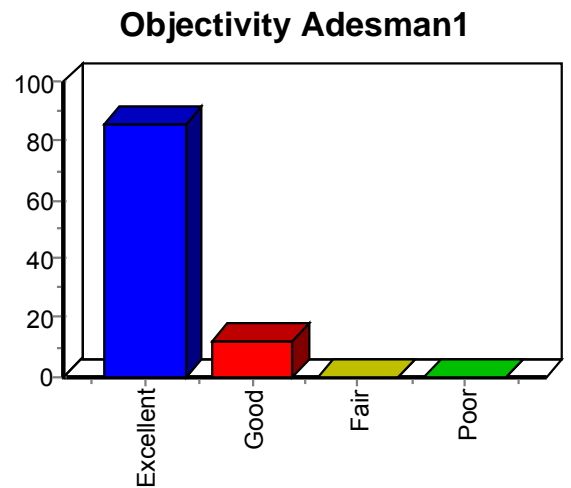
Andrea Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	74	88.10	90.24
Good	8	9.52	9.76
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	82	97.62	100.00
Total Missing	2	2.38	
Total	84	100.00	



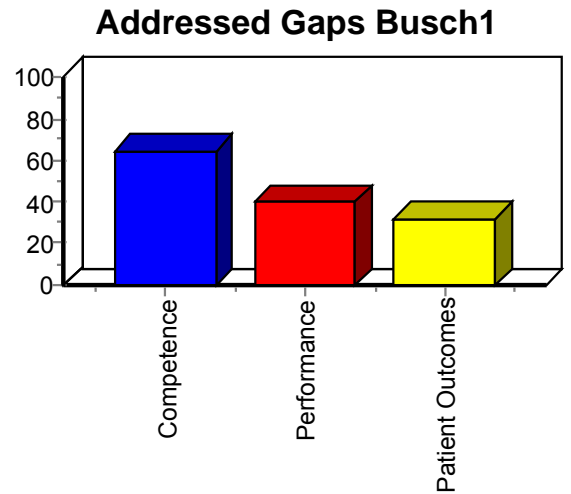
Andrea Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	72	85.71	87.80
Good	10	11.90	12.20
Fair	0	0.00	0.00
Poor	0	0.00	0.00
Total Valid	82	97.62	100.00
Total Missing	2	2.38	
Total	84	100.00	



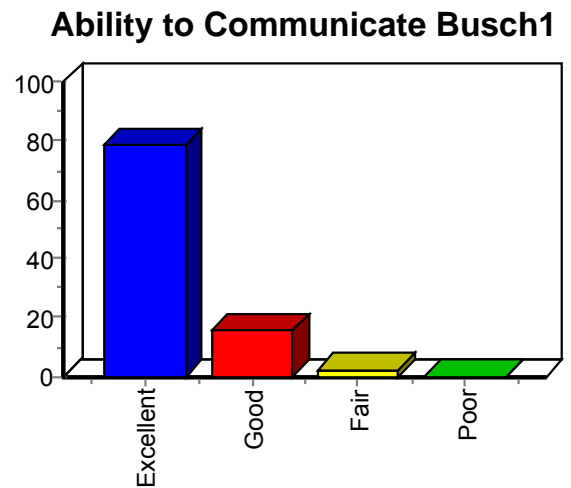
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	54	64.29	85.71
Performance	33	39.29	52.38
Patient Outcomes	27	32.14	42.86
Total Valid	63	75.00	100.00
Total Missing	21	25.00	
Total	84	100.00	



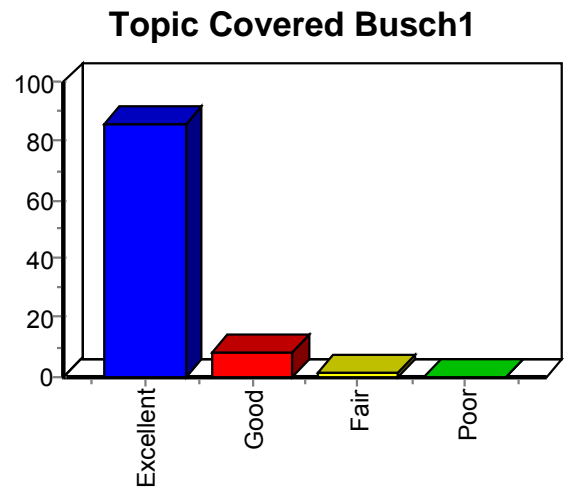
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	66	78.57	81.48
Good	13	15.48	16.05
Fair	2	2.38	2.47
Poor	0	0.00	0.00
Total Valid	81	96.43	100.00
Total Missing	3	3.57	
Total	84	100.00	



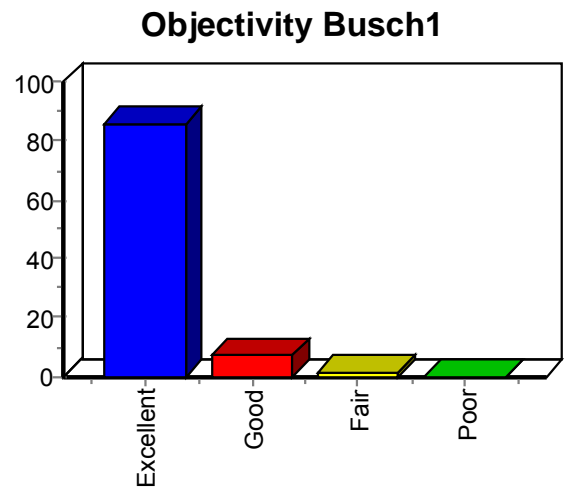
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	72	85.71	90.00
Good	7	8.33	8.75
Fair	1	1.19	1.25
Poor	0	0.00	0.00
Total Valid	80	95.24	100.00
Total Missing	4	4.76	
Total	84	100.00	



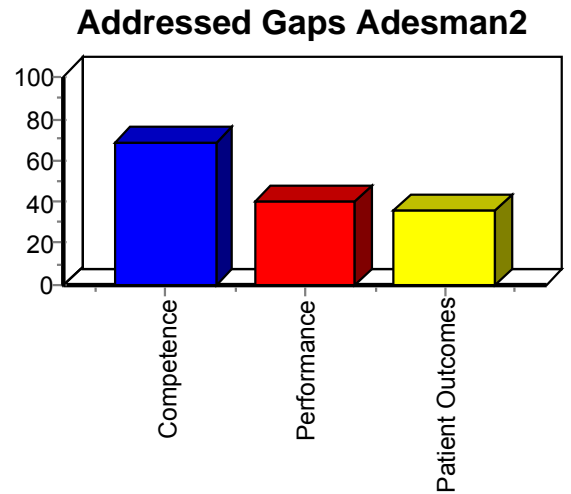
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	72	85.71	91.14
Good	6	7.14	7.59
Fair	1	1.19	1.27
Poor	0	0.00	0.00
Total Valid	79	94.05	100.00
Total Missing	5	5.95	
Total	84	100.00	



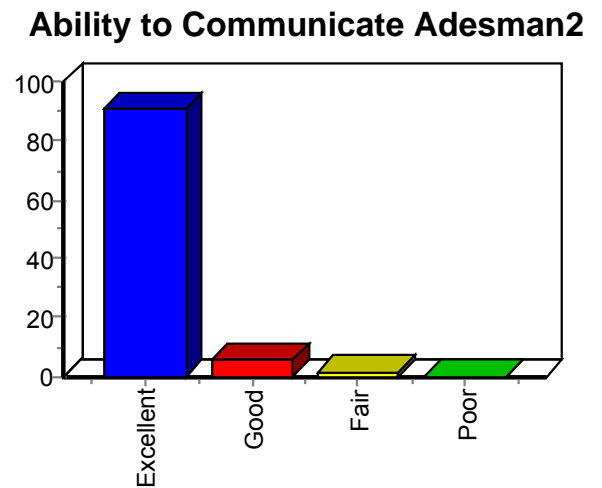
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	57	67.86	89.06
Performance	33	39.29	51.56
Patient Outcomes	30	35.71	46.88
Total Valid	64	76.19	100.00
Total Missing	20	23.81	
Total	84	100.00	



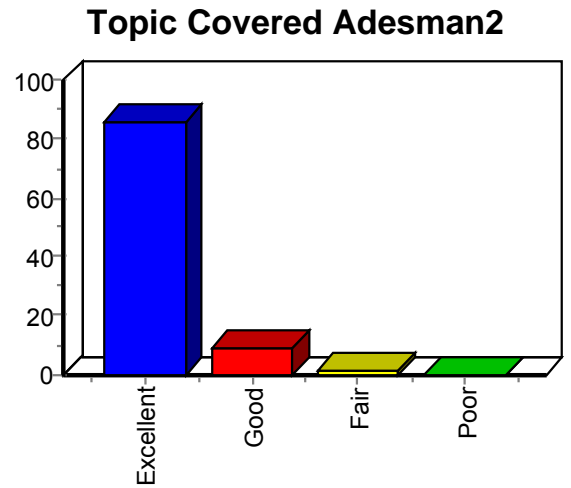
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	76	90.48	92.68
Good	5	5.95	6.10
Fair	1	1.19	1.22
Poor	0	0.00	0.00
Total Valid	82	97.62	100.00
Total Missing	2	2.38	
Total	84	100.00	



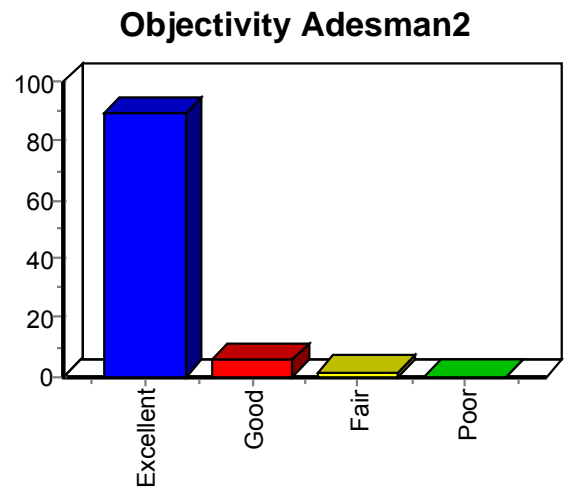
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	72	85.71	88.89
Good	8	9.52	9.88
Fair	1	1.19	1.23
Poor	0	0.00	0.00
Total Valid	81	96.43	100.00
Total Missing	3	3.57	
Total	84	100.00	



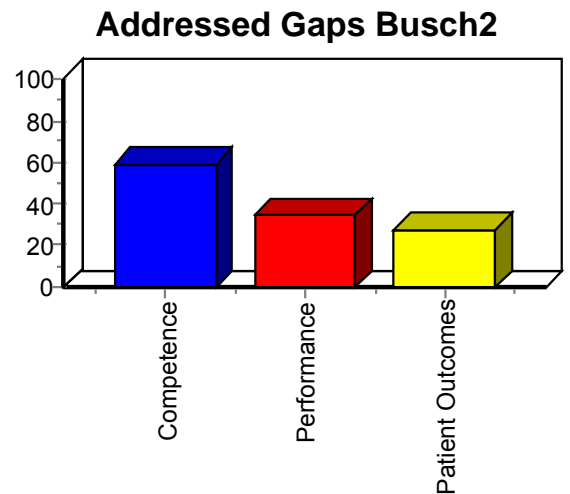
Andrew Adesman, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent	Valid Percent
Excellent	75	89.29	92.59
Good	5	5.95	6.17
Fair	1	1.19	1.23
Poor	0	0.00	0.00
Total Valid	81	96.43	100.00
Total Missing	3	3.57	
Total	84	100.00	



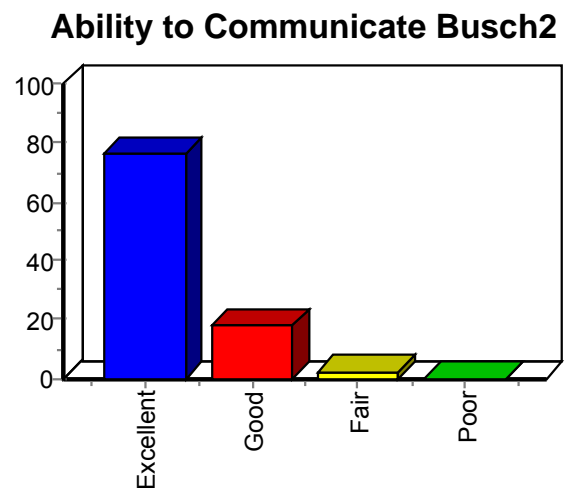
**Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making:
This Presentation addressed gaps in changing your:**

Label	Frequency	Percent	Valid Percent
Competence	50	59.52	81.97
Performance	29	34.52	47.54
Patient Outcomes	23	27.38	37.70
Total Valid	61	72.62	100.00
Total Missing	23	27.38	
Total	84	100.00	



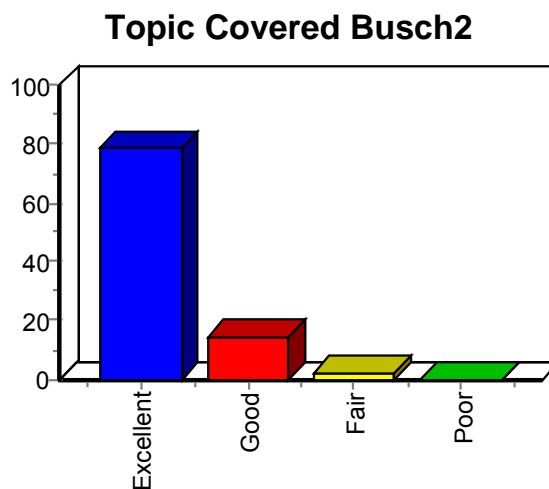
**Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making:
Speakers ability to communicate:**

Label	Frequency	Percent	Valid Percent
Excellent	64	76.19	79.01
Good	15	17.86	18.52
Fair	2	2.38	2.47
Poor	0	0.00	0.00
Total Valid	81	96.43	100.00
Total Missing	3	3.57	
Total	84	100.00	



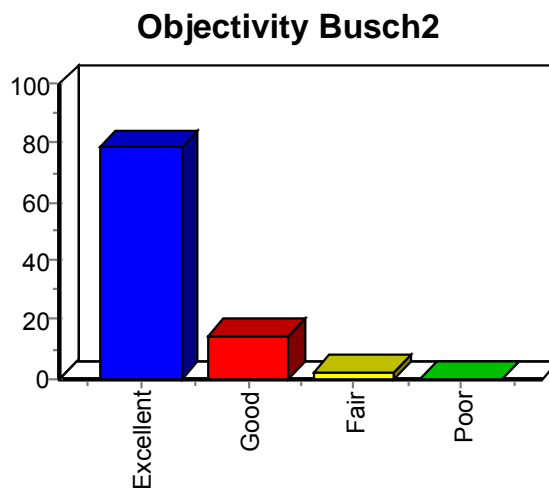
**Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making:
How well topic was covered:**

Label	Frequency	Percent	Valid Percent
Excellent	66	78.57	82.50
Good	12	14.29	15.00
Fair	2	2.38	2.50
Poor	0	0.00	0.00
Total Valid	80	95.24	100.00
Total Missing	4	4.76	
Total	84	100.00	



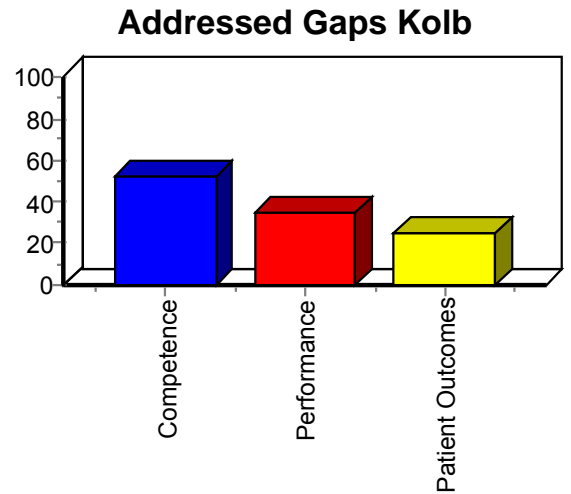
**Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making:
Objectivity, balance, & scientific rigor:**

Label	Frequency	Percent	Valid Percent
Excellent	66	78.57	82.50
Good	12	14.29	15.00
Fair	2	2.38	2.50
Poor	0	0.00	0.00
Total Valid	80	95.24	100.00
Total Missing	4	4.76	
Total	84	100.00	



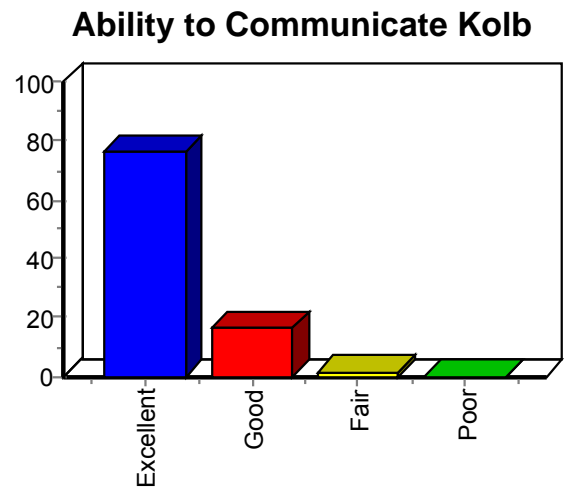
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: This Presentation addressed gaps in changing your:

Label	Frequency	Percent	Valid Percent
Competence	44	52.38	73.33
Performance	29	34.52	48.33
Patient Outcomes	21	25.00	35.00
Total Valid	60	71.43	100.00
Total Missing	24	28.57	
Total	84	100.00	



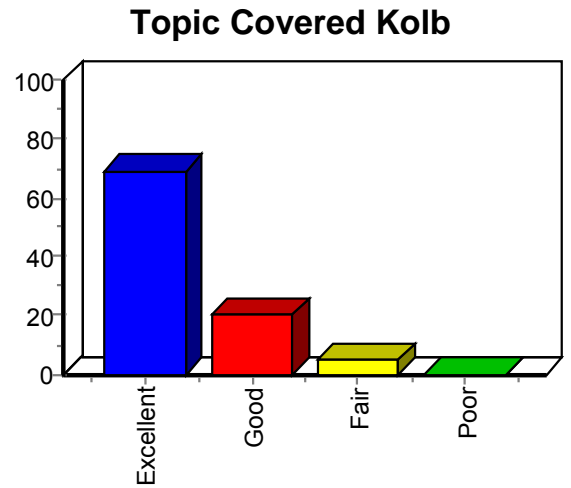
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Speakers ability to communicate:

Label	Frequency	Percent	Valid Percent
Excellent	64	76.19	81.01
Good	14	16.67	17.72
Fair	1	1.19	1.27
Poor	0	0.00	0.00
Total Valid	79	94.05	100.00
Total Missing	5	5.95	
Total	84	100.00	



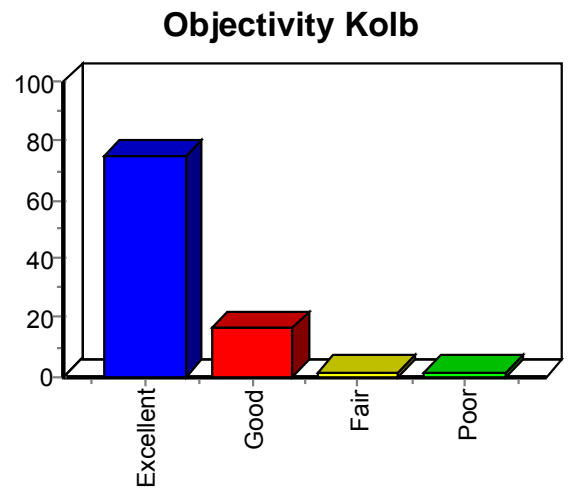
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: How well topic was covered:

Label	Frequency	Percent	Valid Percent
Excellent	58	69.05	73.42
Good	17	20.24	21.52
Fair	4	4.76	5.06
Poor	0	0.00	0.00
Total Valid	79	94.05	100.00
Total Missing	5	5.95	
Total	84	100.00	



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

Label	Frequency	Percent	Valid Percent
Excellent	63	75.00	79.75
Good	14	16.67	17.72
Fair	1	1.19	1.27
Poor	1	1.19	1.27
Total Valid	79	94.05	100.00
Total Missing	5	5.95	
Total	84	100.00	



What is your professional degree?

Comment

What is your specialty?

Comment
Ger/psych
Taking USMLE
Neurology
Psychology

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

Comments:

Comment
Recommend Omega 3 and decrease intake of food colorant
Recommend Omega 3
The big issue is getting patients back in for the win win
Definitely-discuss behavioral components to further
Use Vanderbilt more
Specifically titration times for initiating and stabilizing med dosages
Excellent course
ER

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

Comment
Is ADHD a single entity
The required behavior implementation to meds
How medicines work in the brain
How to accomplish all the requirements in less time-still not in a practical day clinic
Barriers to optimal ADHD care in Chloren covered by Medicaid/Medicaid HMOs
Billing data with insurance
Case studies
Management of co-morbid conditions; adult ADHD
Vaccines and ADHD
Long term med use studies
Breaks in therapy-when parents don't give med on weekends/holidays; long term adverse effects of meds
Comorbidities
Most should be treatment
Coding for office visits
More case studies, especially in adolescence
More information on behavioral therapy for children with ADHD
Comorbidity discussion
Transition of care from adolescence to adulthood
More discussion of side effects and how to manage them; titration of drugs
Everything was addressed
Comparison of ADHD medications

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

Comment
Web based program
Web portal information for ME Health

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

Comment
Recommend Omega 3 deed increase; Follow up with Vanderbilt need bill for it; to start treating patient under 6 often bekown therapy did not work
Utilize the Vanderbilt more; involve patients in M6E more; utilize clinical module for M6E
Give parents more information; get parents to agree with therapeutic approach; present non-medical modalities
Advise Omega 3 fatty acids; work on use follow up questionnaire more often; define better select behaviors for BMT
Use this for my re-cert

Comment
More frequent Vanderbilt forms; use Staggor/Sculpute medication dosing; potentially ADD or change medication
Follow AAP guidelines more closely; better side effect management; use follow up forms more frequently
Add Vanderbilt assessment at quarterly visits; advocate for Behavior Therapy more insistently; Consider trying more sculpting; Discuss food and pulyratise of effect
Discuss dietary dyes with parents-high levels; more consistent use of follow up Vanderbilt forms; more consistent evaluation of premedication sleep issues
Use Vanderbilt more; change meds; modify my interview
Early intensification of child; being moluanted with parents and teachers
Incorporate adolescent ADHD-additional-questions in our history taking; bill for Vanderbilt or Connor scoring; May recommend Omega 3 as adjunct to treatment
Evaluate children with ADHD; follow ARP guidelines; treat
Emphasis on early treatment, follow up with parents educators; work closely with Behaviorist, Psychiatrist; discuss with parents about unproven treatment, misconception, current research
Use of rating scales for follow up; building block approach to Rx; shared decision making
Using the material printed is a resource for ADHD management; Use Vanderbilt for follow up of treatment; Use non-medication evidence-based modality to improve outcomes
Parent behavior training < 6 years; better utilization of teacher follow up Vanderbilts; better education of parents of non-traditional Rx
Treatment; improvement of outcomes; cost
More Vanderbilt for initial and organ assessments; follow up closely
Medications update
Better follow up using rating scales; more frequent follow up
Better patient monitoring
Use of Vanderbilt at least 50% in follow ups; following guidelines on med choice; more time with initial assessment and explaining risks/benefits with both parents
Modify time between titration of meds; try to implement more non-med/CAM alternatives for treatments
Follow up questionnaires
Behavior modification-increase importance; use of Omega-3 PUFAS
Listening; AAP guidelines
Use Vanderbilt follow up questionnaire; use parent behavior therapy in preschool; tridate dose aggressively to achieve optimal effect
Utilize the 2011 AAP Clinical Practice guidelines for ADHD
Use of Vanderbilt for follow-up; use of behavior therapy in younger patients; combine medical/non medical treatments
Testing; better presentation to parents/families about Psych/ED management; more in focused discussion with parents
Tracking response to treatment with scoring; setting up Home Behavior Management Program; titrating meds more quickly
Close phone follow up after initiating medications; increase rate of teachers eval after initiating therapy, follow up; refer parent to Behavior Training website

Comment
Improved compliance with follow up rating scales; streamline practice flow to improve consistency for patients/families; use Web portal
Scales for teacher; follow up Vanderbilt
Use follow up Vanderbilt; follow up phone calls 1 week after starting meds; better titration of medication
Think about Behavior Management in Rx; consider Omega 3
More use of Vanderbilt parent and teacher rating scales
I will do more behavior management; utilize the 2011 AAP Guidelines for ADHD
Try to convince parents not to use non-medical treatments; shared decision making; cardiac screening
See 4 evaluate test for make diagnosis; look for other disease; compliance with patient
Vanderbilt follow up incorporated as standard of all visits
Vanderbilt form follow up scale; better usage of adjunct MFRS; behavior therapy
More frequent Vanderbilts; more frequent office visits
SCL; behavior modification
Use of follow up scoring scales
Better adherence to AAP guidelines; better monitoring of patients, their adherence to meds, and side effects
Add Pittsburgh side effects rating scale; consider using web portal; look for more resources for parental behavior management
Management of ADHD in pre-schoolers; management of ADHD in adolescents; diet and exercise
Better diagnosis especially to think of others so-existent psych disorders; better follow-up-more often monitoring effects; more involvement of care giver's opinions
Will use the Vanderbilt scales more; will stress behavioral modification
Lead the initial assessment for ADHD; use Vanderbilt screenings 100% of the time
Using teacher rating scales and parent rating scales for follow up not only during initial evaluation

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

Comment
Time limitations
Already denz; Idenz situation is great but in a volume based pay model, time is still an issue
I have concerns with web based tools, most in my patient populations are not computer savvy
I do not have the time or support staff to implement this
Time and limited staff
NPs in Florida are not allowed to Rx scheduled drugs
Time
Teachers unable to fill-up Vanderbilt in timely manner; parents bias against behavior therapy; parents unable to go to behavioral therapy
I work in a practice in which the owner of the practice refers all patients to neurology for med eval. He is not going to change

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

Comment
This presentation made me more blind because print was so small
More engaging speakers
Consider having teachers discuss their experiences with ADHD and completing Vanderbilt forms; adding speakers who practice only in the community; providing more practical strategies for management of ADHD
More billing guidelines
Need more breaks
Keep to time schedule
Good and very helpful, will love to attend more seminars
Great program
The time was too brief on web portal information, thus I think it didn't have enough impact to make a change
Speakers should have more information about behavior therapy
Polypharmacy for treatment co-morbidities -ADHD, anxiety, mood disorder
Superb speakers and excellent subject matter
It was just fine
If I were in my old practice-I would definitely use the web
It was very beneficial. Thank you

Andrew Adesman, MD: New Findings in Our Understanding of ADHD in Children and Adolescents: Comments:

Comment
Very well done

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

Comment

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

Comment
Hopefully included pharmacology/treatment options for ADHD and comorbidities-polypharmacy

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

Comment
Good illumination; forms can be duplicated or order
The handouts for Behavior Management programs are excellent. Thank you for sharing
Data/suggestions consistent but old school recommendations

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

Comment
Slides print too small to read
Probably not practical for most practices
Seems too complicated
Spoke very fast and didn't explain answers during post lecture questions
Not enough time on the additional time required on saved/manpower requirements
Speak into microphone when viewing projector screen

Item Statistics:

	Title	Specialty	Years in Practice	Learning Objectives1	Learning Objectives2	Learning Objectives3	Learning Objectives4
Mean	1.31	4.25	3.19	1.00	1.00	1.00	1.00
Variance	0.70	3.48	1.05	0.00	0.00	0.00	0.00
Standard Deviation	0.84	1.87	1.02	0.00	0.00	0.00	0.00
Standard Error	0.09	0.20	0.11	0.00	0.00	0.00	0.00
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	6.00	7.00	4.00	1.00	1.00	1.00	1.00
Median	1.00	5.00	4.00	1.00	1.00	1.00	1.00
Range	5.00	6.00	3.00	0.00	0.00	0.00	0.00
Sum	110.00	353.00	268.00	83.00	83.00	83.00	83.00
Sum of Squares	202.00	1787.00	942.00	83.00	83.00	83.00	83.00
Skewness	3.29	-0.93	-1.02	-	-	-	-

	Learning Objectives5	Patient Care	Useful Information1	Useful Information2	Useful Information3	Teaching Effectiveness	Commercial Bias1
Mean	1.00	1.10	1.05	1.12	1.08	2.06	1.05
Variance	0.00	0.16	0.05	0.11	0.07	1.19	0.05
Standard Deviation	0.00	0.40	0.22	0.33	0.27	1.09	0.22
Standard Error	0.00	0.04	0.02	0.04	0.03	0.12	0.02
Minimum	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	1.00	3.00	2.00	2.00	2.00	5.00	2.00
Median	1.00	1.00	1.00	1.00	1.00	2.00	1.00
Range	0.00	2.00	1.00	1.00	1.00	4.00	1.00
Sum	82.00	91.00	86.00	91.00	85.00	169.00	87.00
Sum of Squares	82.00	113.00	94.00	111.00	97.00	445.00	95.00
Skewness	-	4.26	4.27	2.33	3.26	0.69	4.30

	Other Activities	Quality of Activity	Met Goals	Clinical Strategies1	Addressed Gaps Adesman1	Ability to Communicate Adesman1	Topic Covered Adesman1
Mean	1.16	1.12	1.09	-	-	1.09	1.10
Variance	0.14	0.11	0.08	-	-	0.08	0.09
Standard Deviation	0.37	0.33	0.28	-	-	0.28	0.30
Standard Error	0.04	0.04	0.03	-	-	0.03	0.03
Minimum	1.00	1.00	1.00	-	-	1.00	1.00
Maximum	2.00	2.00	2.00	-	-	2.00	2.00
Median	1.00	1.00	1.00	-	-	1.00	1.00
Range	1.00	1.00	1.00	-	-	1.00	1.00
Sum	93.00	91.00	87.00	-	-	89.00	90.00
Sum of Squares	119.00	111.00	101.00	-	-	103.00	106.00
Skewness	1.86	2.33	2.98	-	-	3.02	2.76

	Objectivity Adesman1	Addressed Gaps Busch1	Ability to Communicate Busch1	Topic Covered Busch1	Objectivity Busch1	Addressed Gaps Adesman2	Ability to Communicate Adesman2
Mean	1.12	-	1.21	1.11	1.10	-	1.09
Variance	0.11	-	0.22	0.13	0.12	-	0.10
Standard Deviation	0.33	-	0.47	0.36	0.34	-	0.32
Standard Error	0.04	-	0.05	0.04	0.04	-	0.04
Minimum	1.00	-	1.00	1.00	1.00	-	1.00
Maximum	2.00	-	3.00	3.00	3.00	-	3.00
Median	1.00	-	1.00	1.00	1.00	-	1.00
Range	1.00	-	2.00	2.00	2.00	-	2.00
Sum	92.00	-	98.00	89.00	87.00	-	89.00
Sum of Squares	112.00	-	136.00	109.00	105.00	-	105.00
Skewness	2.35	-	2.18	3.33	3.62	-	4.09

	Topic Covered Adesman2	Objectivity Adesman2	Addressed Gaps Busch2	Ability to Communicate Busch2	Topic Covered Busch2	Objectivity Busch2	Addressed Gaps Kolb
Mean	1.12	1.09	-	1.23	1.20	1.20	-
Variance	0.13	0.10	-	0.23	0.21	0.21	-
Standard Deviation	0.37	0.32	-	0.48	0.46	0.46	-
Standard Error	0.04	0.04	-	0.05	0.05	0.05	-
Minimum	1.00	1.00	-	1.00	1.00	1.00	-
Maximum	3.00	3.00	-	3.00	3.00	3.00	-
Median	1.00	1.00	-	1.00	1.00	1.00	-
Range	2.00	2.00	-	2.00	2.00	2.00	-
Sum	91.00	88.00	-	100.00	96.00	96.00	-
Sum of Squares	113.00	104.00	-	142.00	132.00	132.00	-
Skewness	3.08	4.06	-	1.94	2.29	2.29	-

	Ability to Communicate Kolb	Topic Covered Kolb	Objectivity Kolb
Mean	1.20	1.32	1.24
Variance	0.19	0.32	0.29
Standard Deviation	0.43	0.57	0.54
Standard Error	0.05	0.06	0.06
Minimum	1.00	1.00	1.00
Maximum	3.00	3.00	4.00
Median	1.00	1.00	1.00
Range	2.00	2.00	3.00
Sum	95.00	104.00	98.00
Sum of Squares	129.00	162.00	144.00
Skewness	1.98	1.64	2.71