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 20, 2014 Wilmington Doubletree Downtown Wilmington, DE
Course Director:	Andrew Adesman, MD
Date of Evaluation Summary:	October 7, 2014

EINSTEIN Albert Einstein College of Medicine of Yeshiva University

Montefiore THE UNIVERSITY HOSPITAL

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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 Wilmington, DE.

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 seven healthcare practitioners registered to attend *Getting With The Guideline: Managing Pediatric ADHD in Your Primary Care Practice***,** in Wilmington, DE and one hundred ninety registered to participate in the live simulcast. Seventy four healthcare practitioners actually participated in the conference: seventeen attended the conference in Wilmington, DE and fifty seven participated via the live simulcast. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. Fifty one completed evaluations were received. The data collected is displayed in this report.

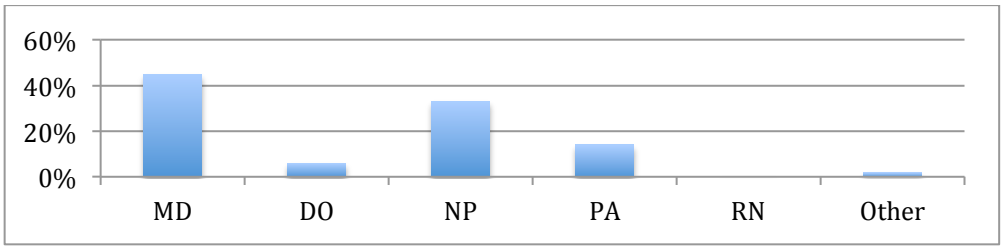
CME ACCREDITATION

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.

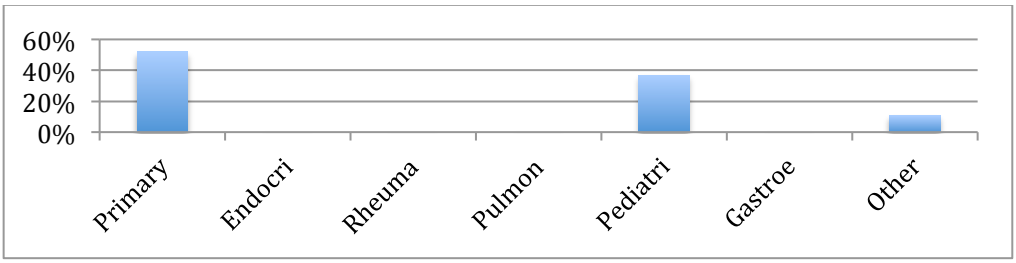
This activity was co-sponsored with the National Association for Continuing Education (NACE).

NP	17	33%
PA	7	14%
RN	0	0%
Other	1	2%
Total	51	100%



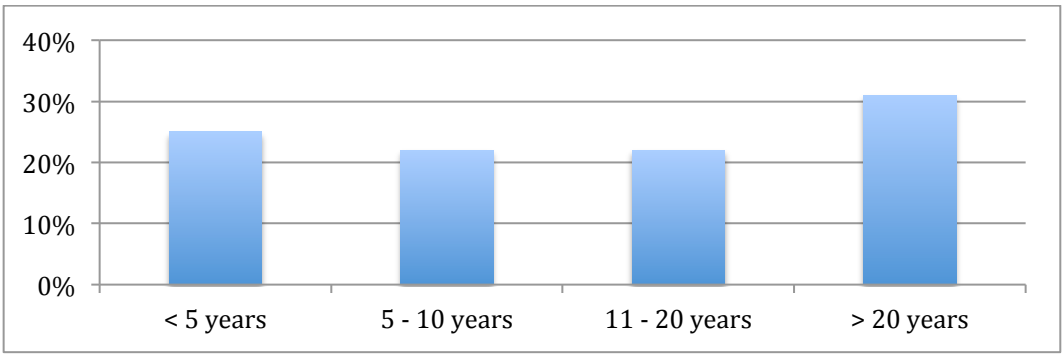
What is your specialty?

Label	Frequency	Percent
Primary Care	28	52%
Endocrinology	0	0%
Rheumatology	0	0%
Pulmonology	0	0%
Pediatric	20	37%
Gastroenterology	0	0%
Other	6	11%
Total	54	100%



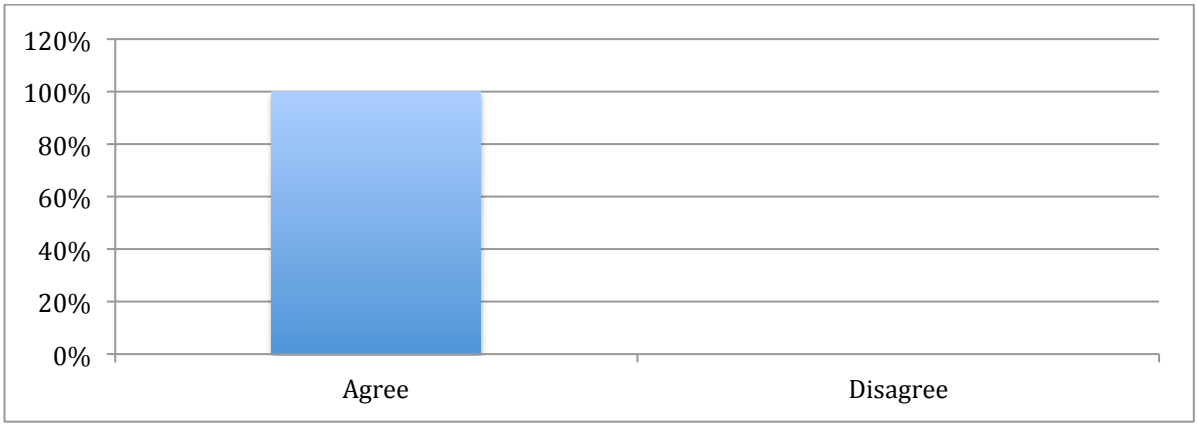
How many years have you been in practice?

Label	Frequency	Percent
< 5 years	13	25%
5 - 10 years	11	22%
11 - 20 years	11	22%
> 20 years	16	31%
Total	51	100%



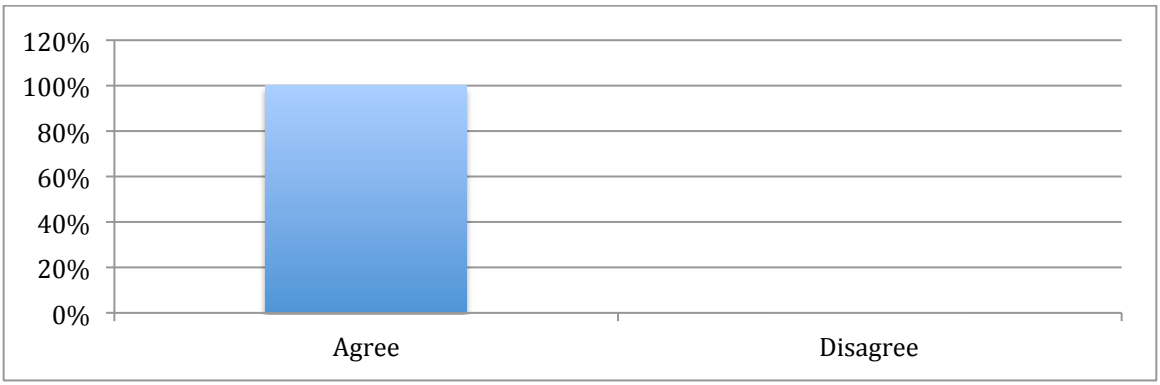
After attending this activity, I should be able to: After attending this activity, I should be able to: Discuss new features of the 2011 AAP Clinical Practice Guideline for ADHD and compare to earlier guideline; identify the special circumstances for treatment of preschoolers and adolescents with ADHD 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
Agree	51	100%
Disagree	0	0%
Total	51	100%



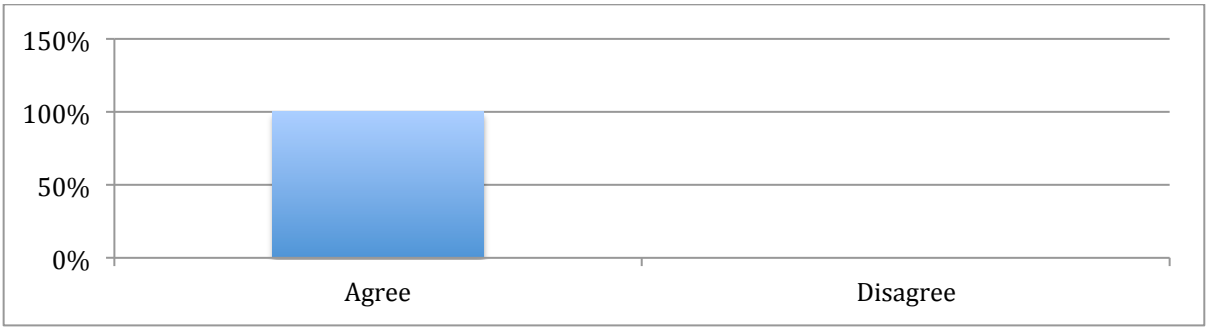
After attending this activity Discuss the AAP 2011 Guideline and Process of Care algorithm to help make treatment decisions for ADHD; explain the safety and efficacy of different pharmacologic options for treating children and adolescents with ADHD; explain the importance of shared decision making and 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
Agree	51	100%
Disagree	0	0%
Total	51	100%



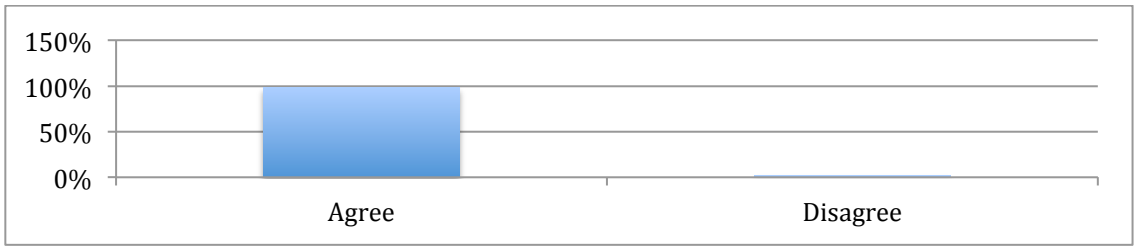
After attending this activity, I should be able to: Discuss the clinician's respect for parental goals and treatment preferences in fostering treatment initiation and adherence; explain the importance of psychoeducation and parent behavior management training in optimizing ADHD care; discuss promising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

Label	Frequency	Percent
Agree	51	100%
Disagree	0	0%
Total	51	100%



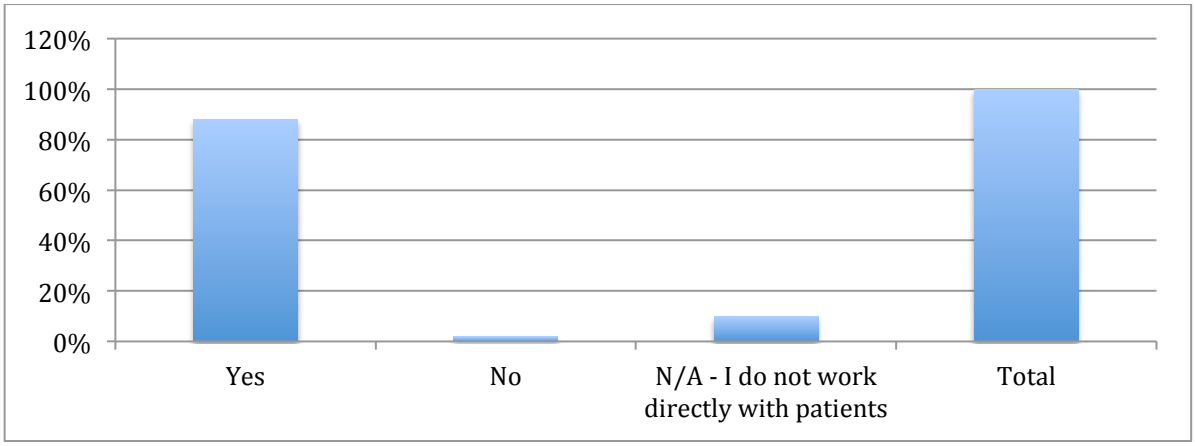
After attending this activity, I should be able to: Explain how you can use an evidence-based, comprehensive web based tool to improve the quality of ADHD care in your practice; deliver and track assessment rating scales to parents and teachers using web based tools; implement a systematic follow-up 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
Agree	46	98%
Disagree	1	2%
Total	47	100%



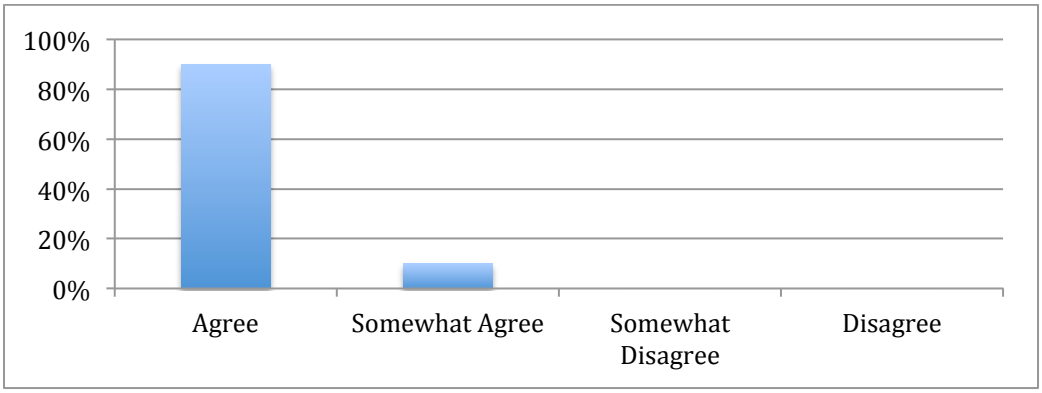
Will you make changes that will benefit patient care as a result of attending this course?

Label	Frequency	Percent
Yes	45	88%
No	1	2%
N/A - I do not work directly with patients	5	10%
Total	51	100%



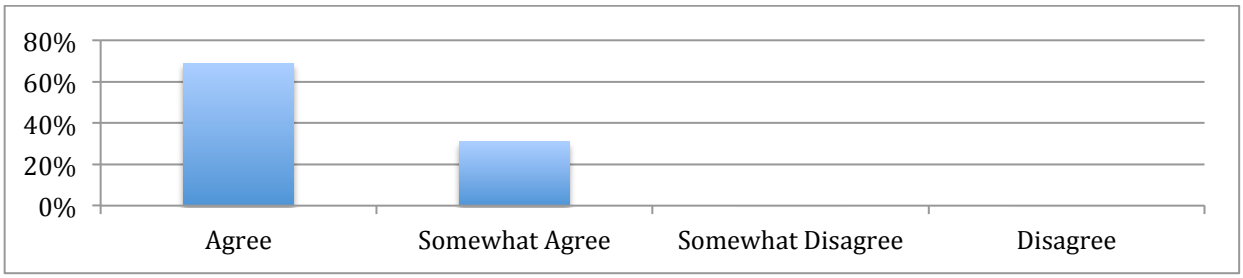
This activity provided information that I can use to: Increase my Competence Skills:

Label	Frequency	Percent
Agree	46	90%
Somewhat Agree	5	10%
Somewhat Disagree	0	0%
Disagree	0	0%
Total	51	100%



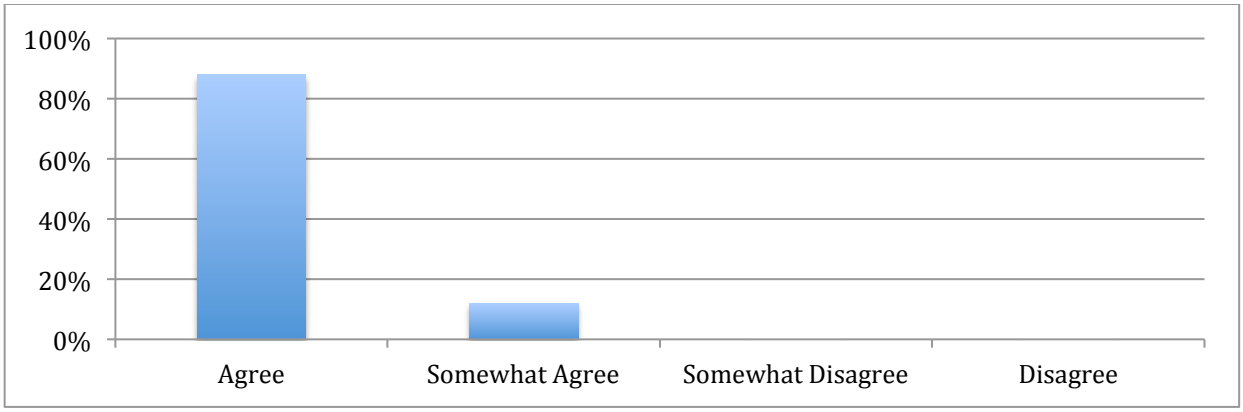
This activity provided information that I can use to: Modify the way I perform in Practice:

Label	Frequency	Percent
Agree	35	69%
Somewhat Agree	16	31%
Somewhat Disagree	0	0%
Disagree	0	0%
Total	51	100%



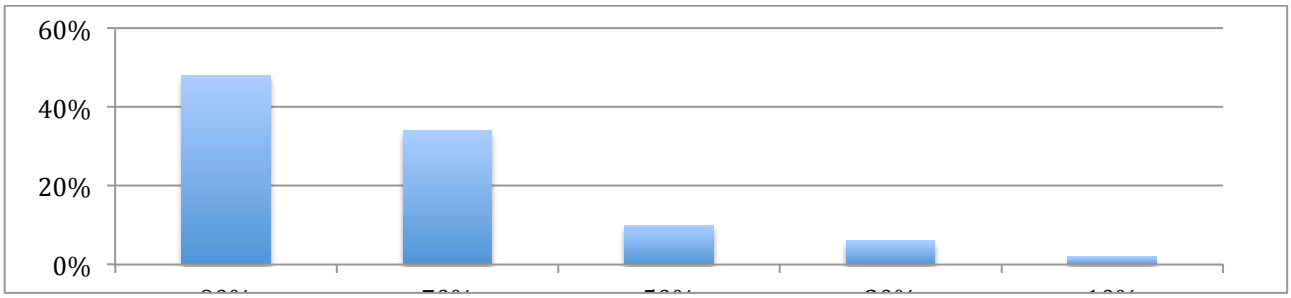
This activity provided information that I can use to: Improve Patient Outcomes:

Label	Frequency	Percent
Agree	45	88%
Somewhat Agree	6	12%
Somewhat Disagree	0	0%
Disagree	0	0%
Total	51	100%



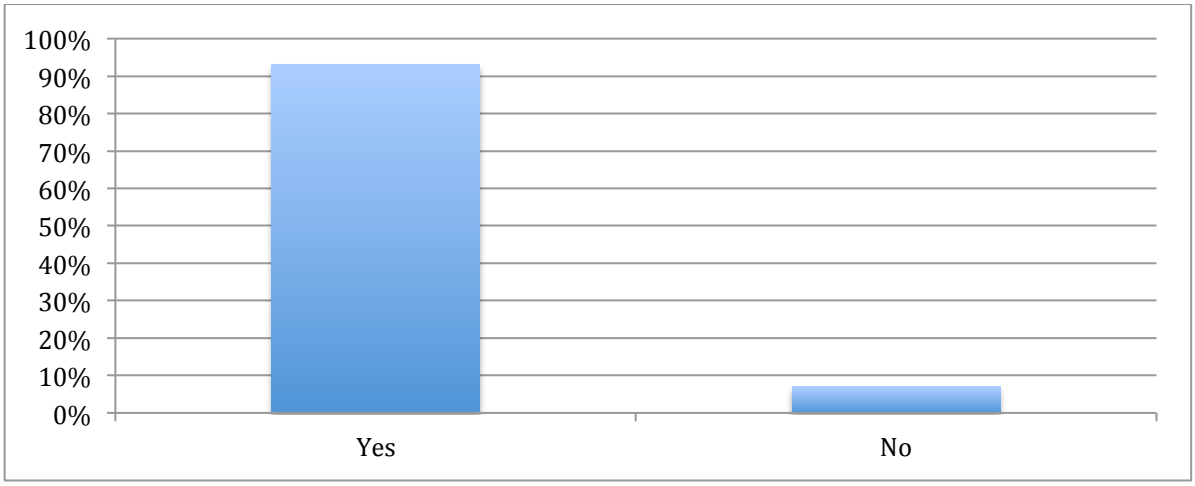
What percentage of the presentations was effective in teaching you something new that you will incorporate into your practice?

Label	Frequency	Percent
90%	24	48%
70%	17	34%
50%	5	10%
30%	3	6%
10%	1	2%
Total	50	100%



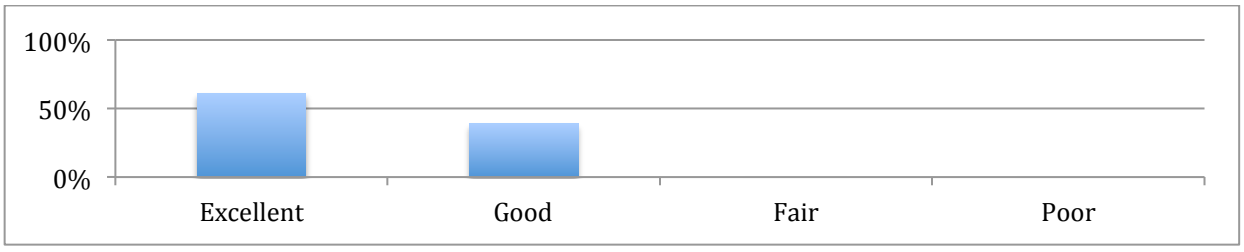
Was this CME activity "free of commercial bias for or against any product?"

Label	Frequency	Percent
Yes	46	90%
No	5	10%
Total	51	100%



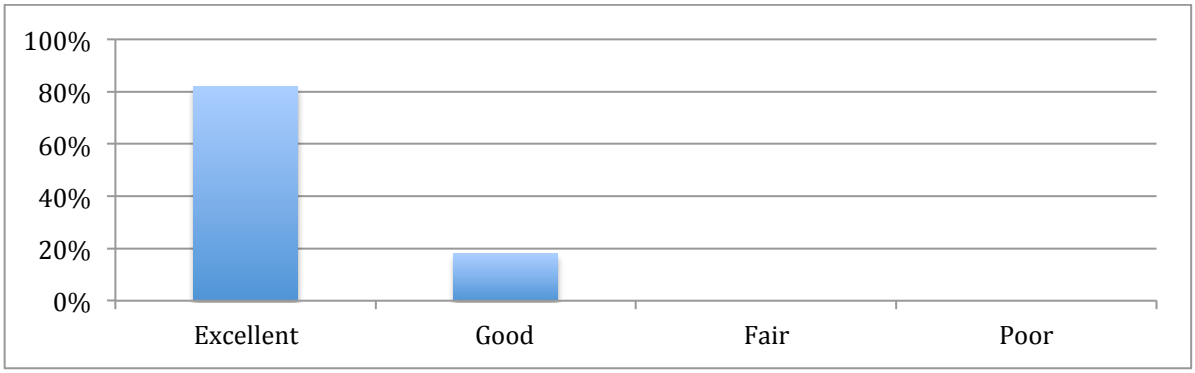
In comparison to other similar activities how would you rate this activity?

Label	Frequency	Percent
Excellent	31	61%
Good	20	39%
Fair	0	0%
Poor	0	0%
Total	51	100%



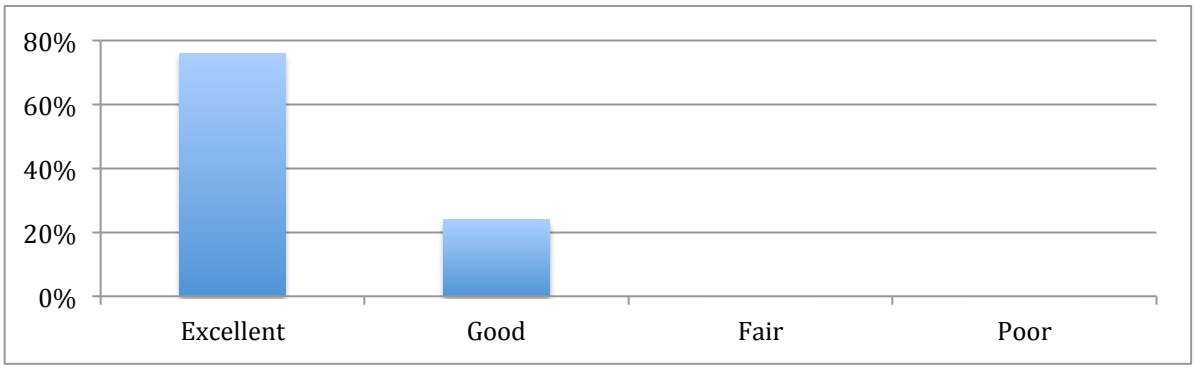
How would you rate this activity in the quality of its organization and professional manner in which it was conducted?

Label	Frequency	Percent
Excellent	42	82%
Good	9	18%
Fair	0	0%
Poor	0	0%
Total	51	100%



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

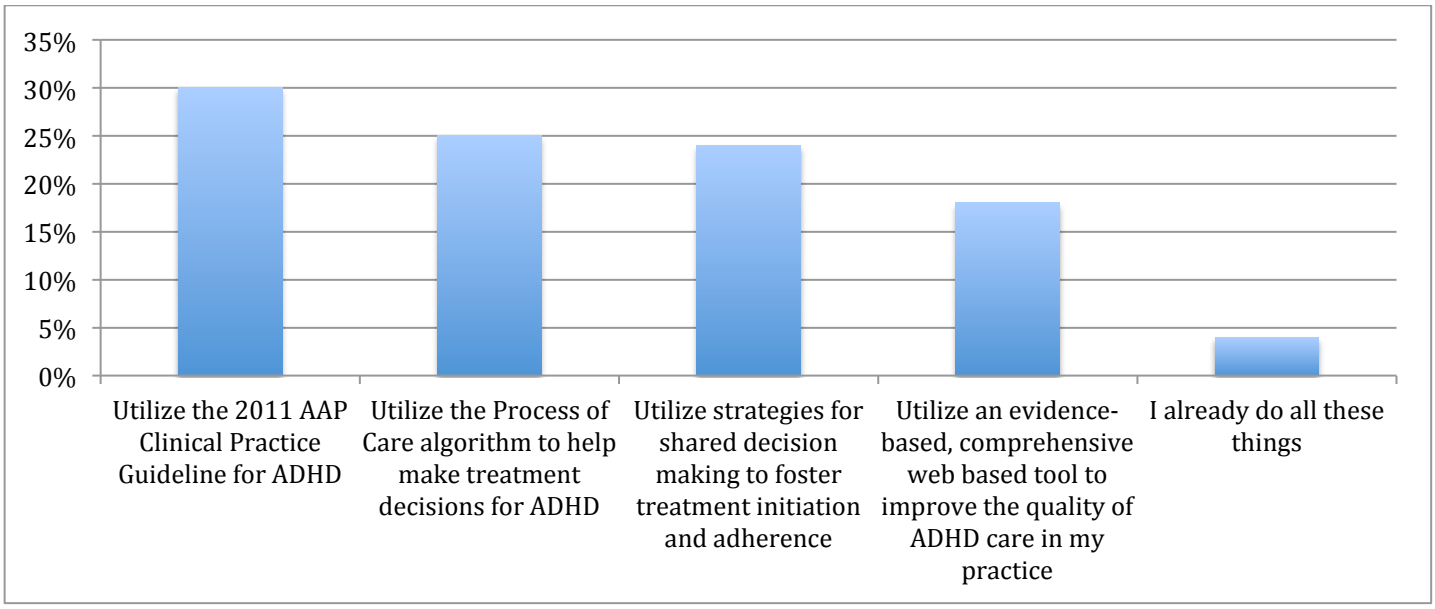
Label	Frequency	Percent
Excellent	39	76%
Good	12	24%
Fair	0	0%
Poor	0	0%
Total	51	100%



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

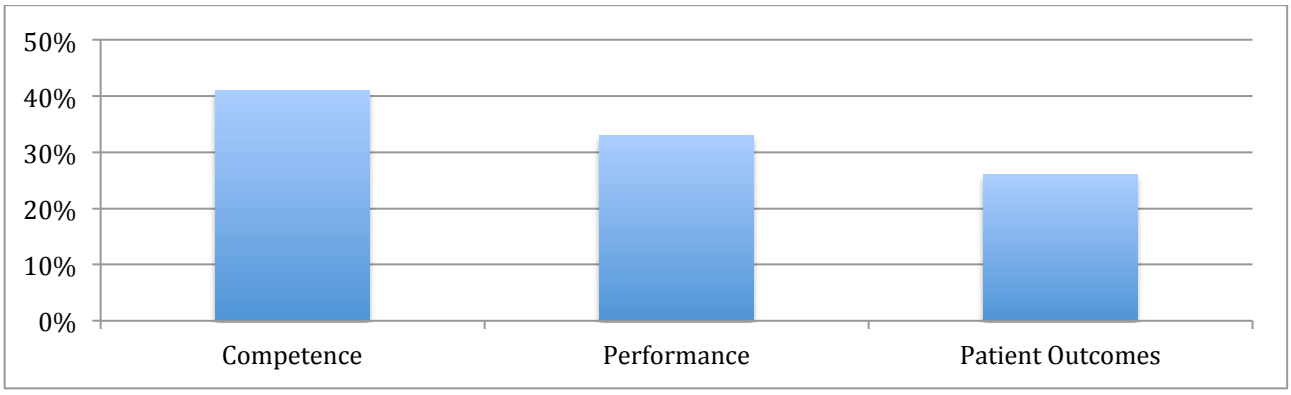
Label	Frequency	Percent
Utilize the 2011 AAP Clinical Practice Guideline for ADHD	42	30%
Utilize the Process of Care algorithm to help make	35	25%

treatment decisions for ADHD		
Utilize strategies for shared decision making to foster treatment initiation and adherence	34	24%
Utilize an evidence-based, comprehensive web based tool to improve the quality of ADHD care in my practice	25	18%
I already do all these things	5	4%
Total	141	100%



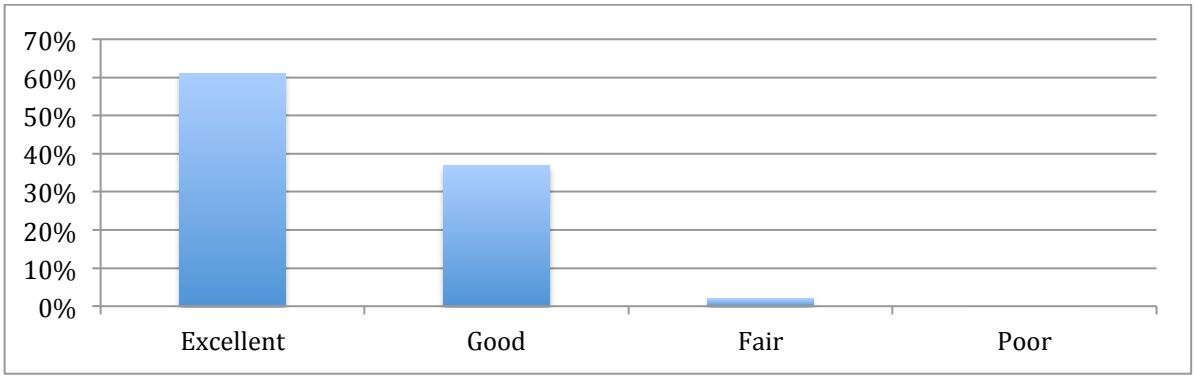
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: This Presentation addressed gaps in changing your:

Label	Frequency	Percent
Competence	33	41%
Performance	26	33%
Patient Outcomes	21	26%
Total	80	100%



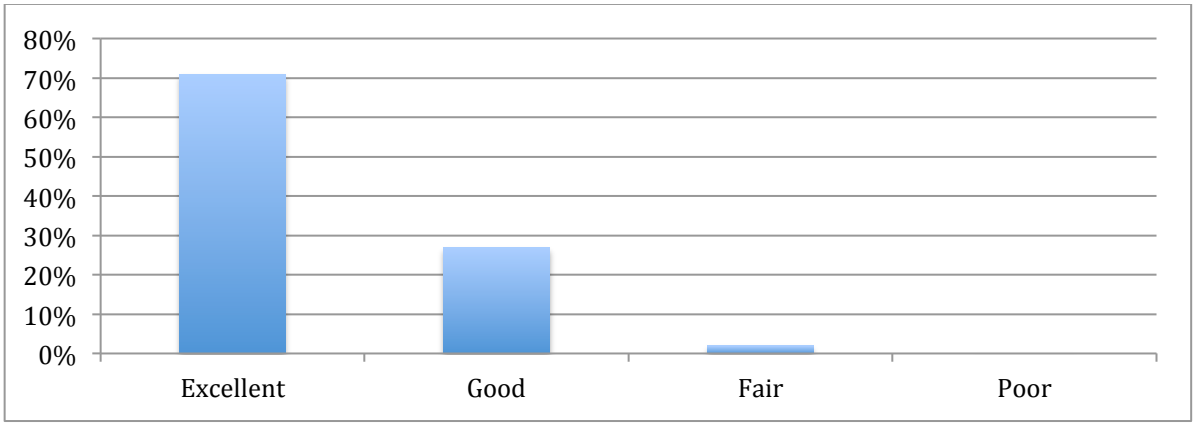
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Speakers ability to communicate:

Label	Frequency	Percent
Excellent	30	61%
Good	18	37%
Fair	1	2%
Poor	0	0%
Total	49	100%



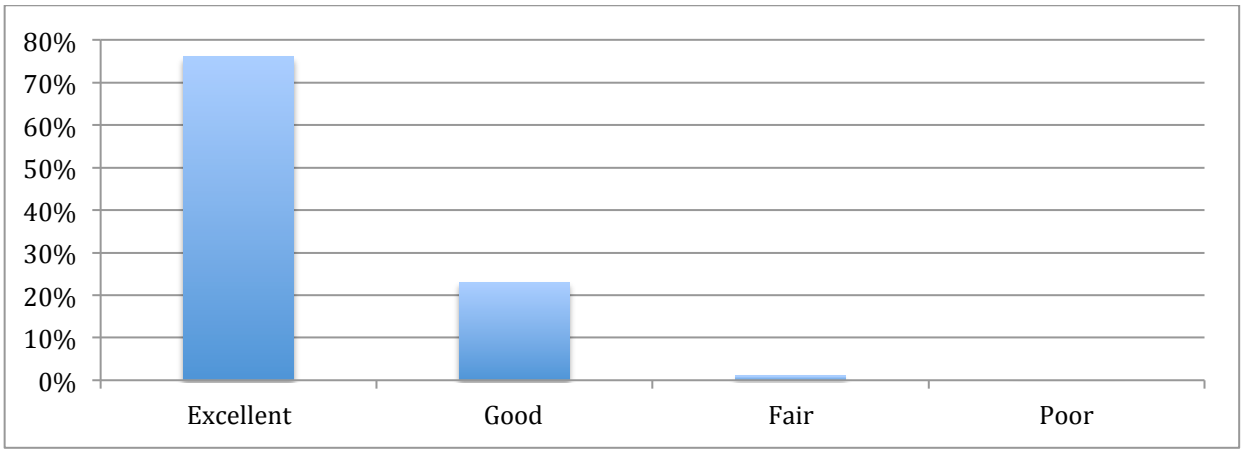
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: How well topic was covered:

Label	Frequency	Percent
Excellent	35	71%
Good	13	27%
Fair	1	2%
Poor	0	0%
Total	49	100%



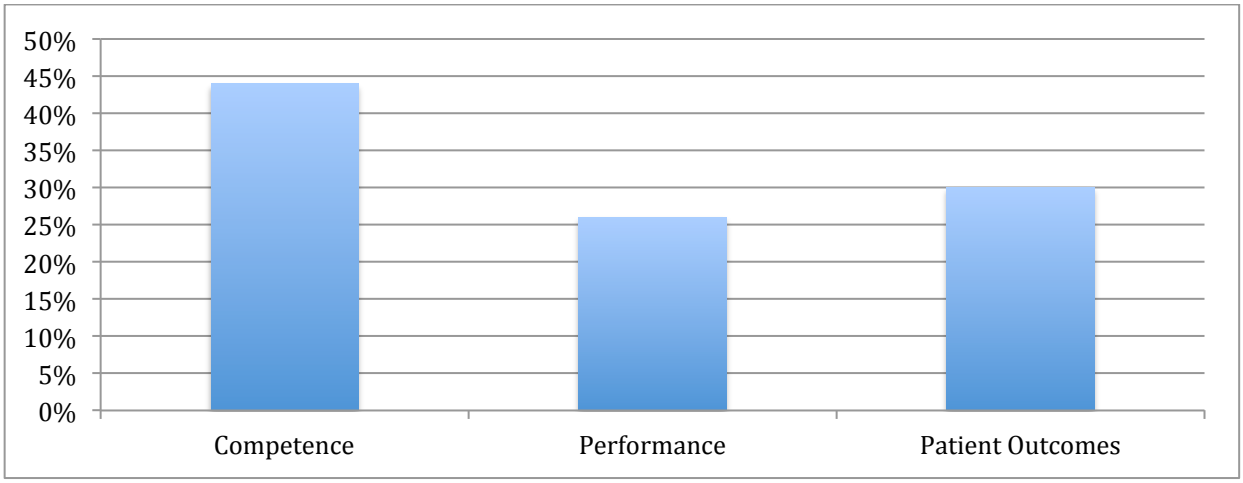
Betsy Busch, MD, FAAP: Review of AAP Assessment and Treatment Guideline and Measurement-Based Care: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent
Excellent	38	78%
Good	10	20%
Fair	1	2%
Poor	0	0%
Total	49	100%



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

Label	Frequency	Percent
Competence	34	44%
Performance	20	26%
Patient Outcomes	23	30%
Total	77	100%

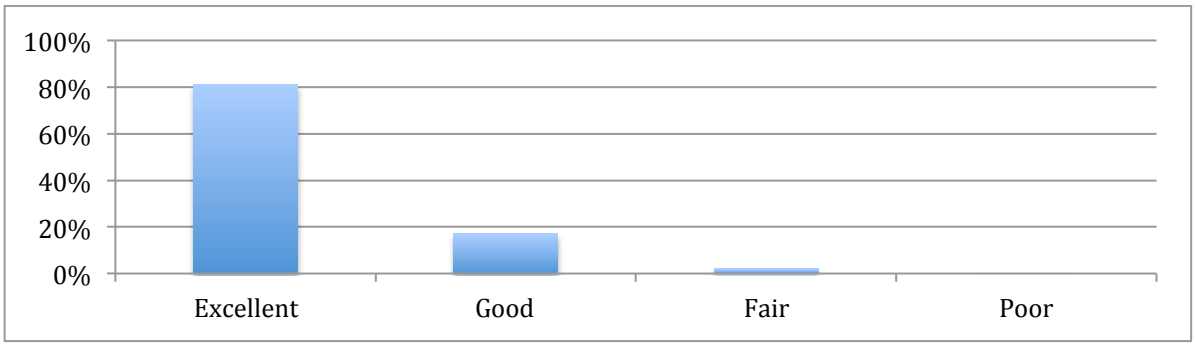


Anthony Rostain, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Speakers ability to communicate:

Label	Frequency	Percent
Excellent	39	81%
Good	9	19%
Fair	0	0%
Poor	0	0%
Total	48	100%

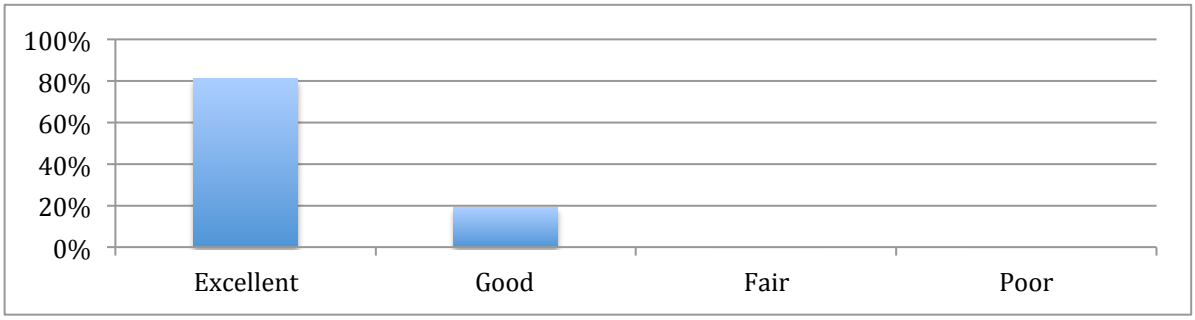
Anthony Rostain, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: How well topic was covered:

Label	Frequency	Percent
Excellent	38	81%
Good	8	17%
Fair	1	2%
Poor	0	0%
Total	47	100%



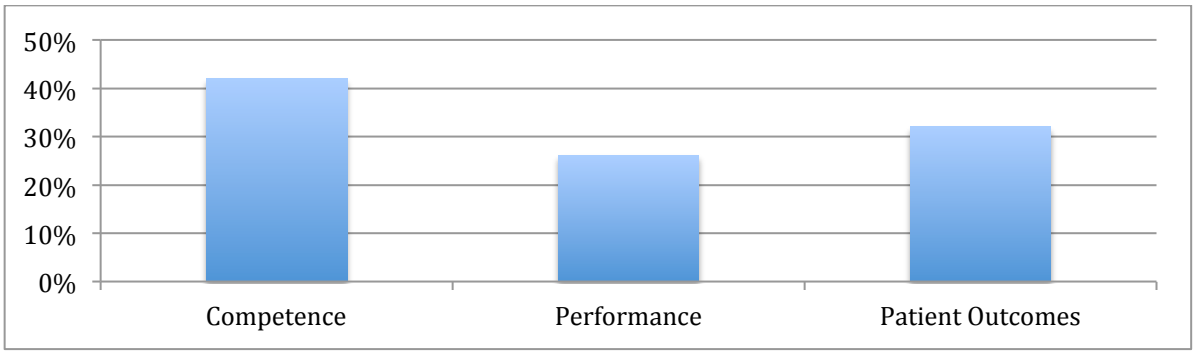
Anthony Rostain, MD: Pharmacologic Treatments for ADHD and Shared Decision Making within a Chronic Care Model: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent
Excellent	39	81%
Good	9	19%
Fair	0	0%
Poor	0	0%
Total	48	100%



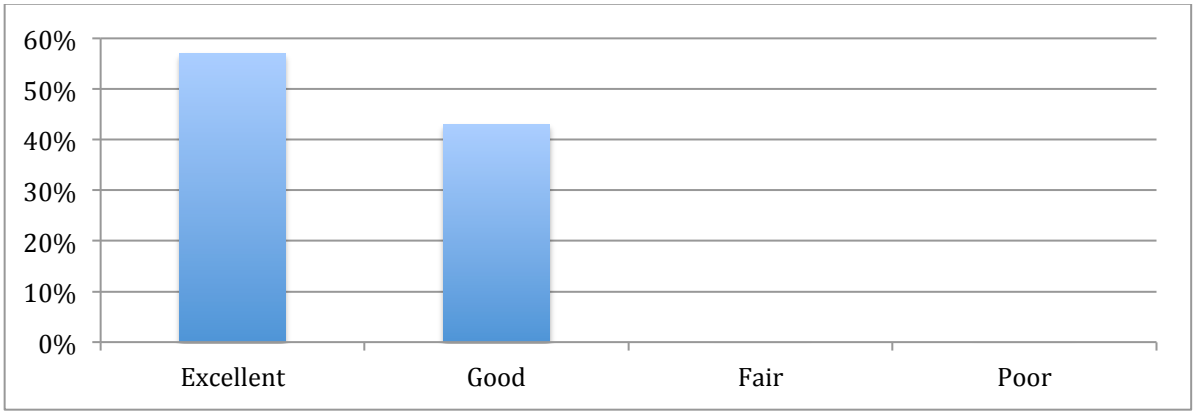
Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making: This Presentation addressed gaps in changing your:

Competence	30	42%
Performance	19	26%
Patient Outcomes	23	32%
Total	72	100%
Competence	30	42%



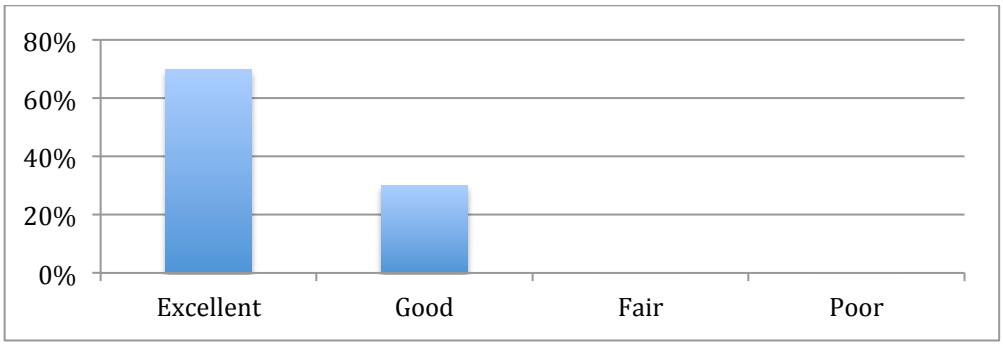
Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making: Speakers ability to communicate:

Label	Frequency	Percent
Excellent	25	57%
Good	19	43%
Fair	0	0%
Poor	0	0%
Total	44	100%



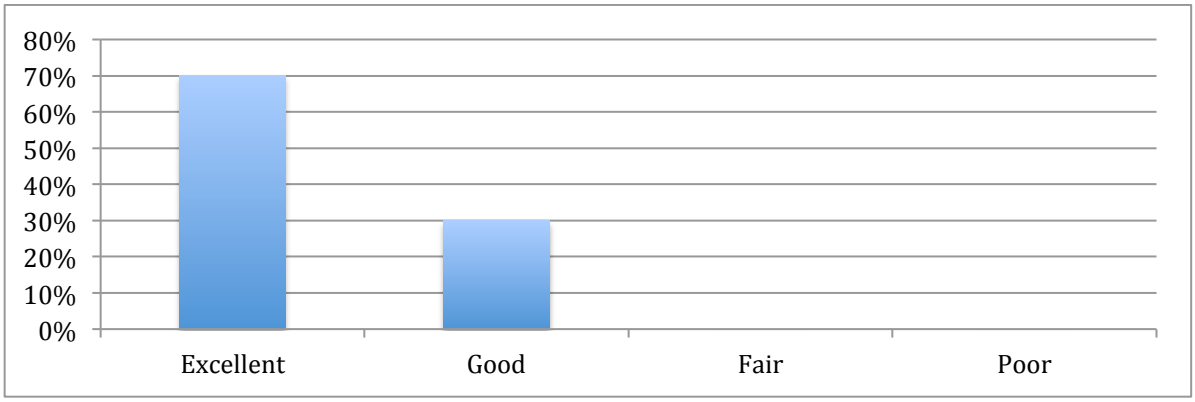
Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making: How well topic was covered:

Label	Frequency	Percent
Excellent	30	70%
Good	13	30%
Fair	0	0%
Poor	0	0%
Total	43	100%



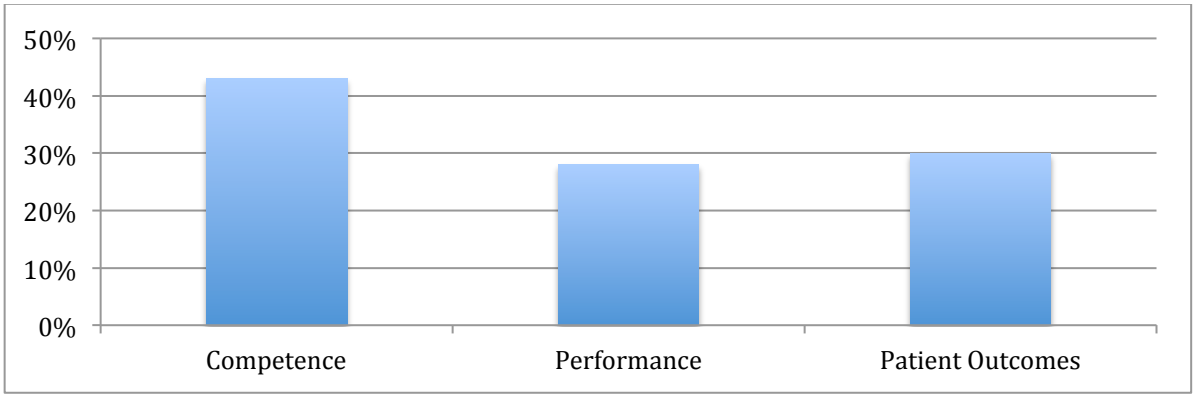
Betsy Busch, MD, FAAP: Non-Medical Treatments for ADHD and Shared Decision Making: Objectivity, balance, & scientific rigor:

Label	Frequency	Percent
Excellent	31	70%
Good	13	30%
Fair	0	0%
Poor	0	0%
Total	44	100%



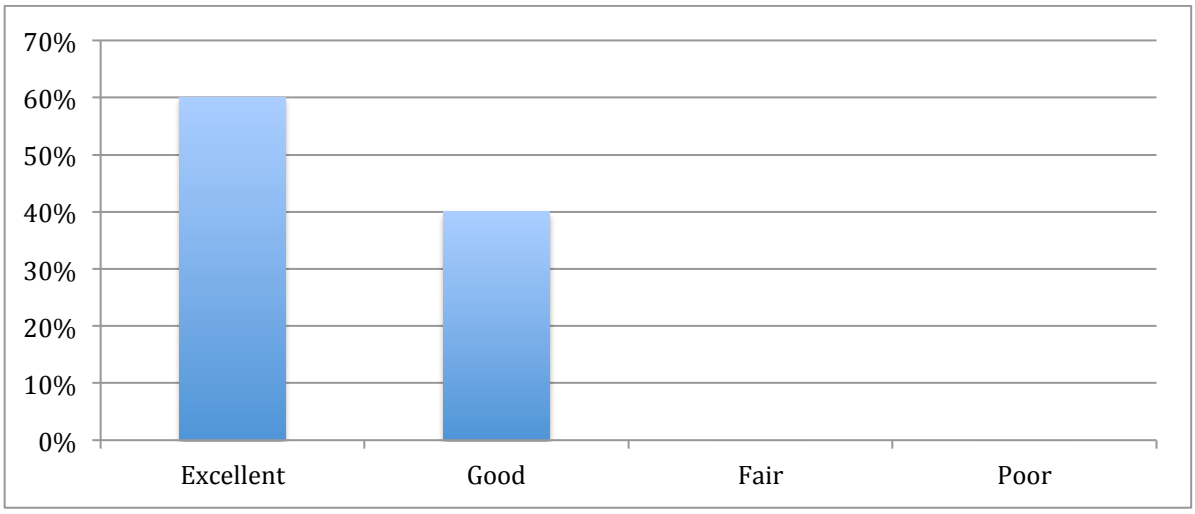
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: This Presentation addressed gaps in changing your:

Label	Frequency	Percent
Competence	26	43%
Performance	17	28%
Patient Outcomes	18	30%
Total	61	100%



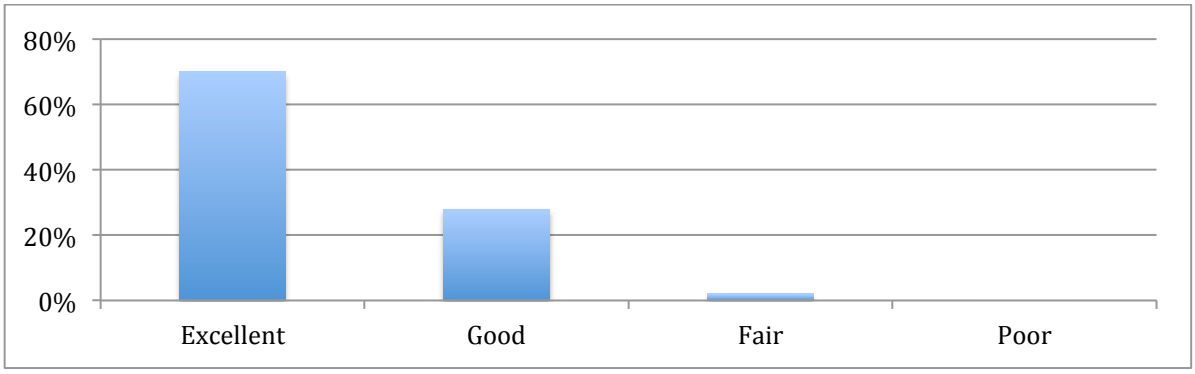
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: Speakers ability to communicate:

Label	Frequency	Percent
Excellent	26	60%
Good	17	40%
Fair	0	0%
Poor	0	0%
Total	43	100%



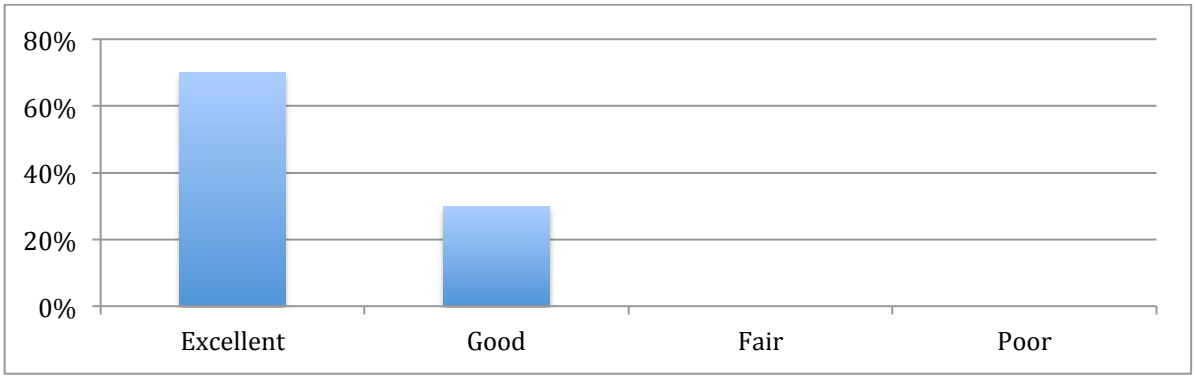
Rebecca Kolb, MA: Managing Office Work Flow for ADHD Care in Your Practice by Using a Web Portal: How well topic was covered:

Label	Frequency	Percent
Excellent	30	70%
Good	12	28%
Fair	1	2%
Poor	0	0%
Total	43	100%



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
Excellent	30	70%
Good	13	30%
Fair	0	0%
Poor	0	0%
Total	43	100%



What is your professional degree?

Comment
Doctor of Nursing Practice
FNP
M.A.
Master of Physician assistant
MD
MPH
MSN
MSN, FNP-BC

What is your specialty?

Comment
Adelescent Medicine
DB Pediatrics
Gynecology obstetrics
Med surg
Mental Health
Neonatology
Psychiatry
Public Health

Date:

Comment
9/20/2014

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

Comment
Monitoring and completing vanderbilt at retur visits in 4-6 weeks.
Better patient follow up.
I will be sure to bring my patients in sooner for follow-up after starting medication. I will titrate the medication at a faster rate than I have been doing. I will remember to repeat the Vanderbilt screening tool at the follow-up visits.
Increased frequency of school/parent evaluations and use of child goal sheets for home setting
More aware of diagnosis and treatment options.
More review of the S/S
Na
Omega 3 use in ADHD, Vanderbilt screening, medication review
Rating scale use
Refined description of side effects to medications.
Treatment
Use the Vanderbilts consistently.
Vanderbilt follow up survey
Yes
Yes, I only have a few of ADHD patients and they span the age range but most of the information given in this conference can apply to all of them. Getting the parental and teacher involvement is also needed more in these patients.
Yes, use the website for parents and teachers to evaluate the child.
Yes, will use questionnaire and prescribe more frequently
Yes.
Yes. I will use universally the Vanderbilt tools and will follow periodically my patients using those measuring tools, to asses improvement and response to therapy.

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

Comment
Addition of local community measures for ADHD
ADHD co morbility
All nicely covered
Anxiety disorders using alternatives to Benzodiazepines
Autism has any impact on ADHD?
Better definition and assessment of ADHD comorbidities. Further description of the elements of psycho-educational training for the ADHD caregivers
Depression, anxiety causing patient difficulty to concentrate. Not necessary ADD.
Diagnostic tools

Genetics
Good as is
How to treat and when to get the Adult ADHD patient off the medication therapy.
I can't think of anything.
I thought it was very informative
Learning diability
More detail about effective behavioral interventions.
More in depth discussion of different medications for treatment of adhd
More in depth information on side effects managment.
N/a
Na
None
None new
Not sure
Other mental issues dermatology
Other psych topics
Resistant ADHD, false diagnosis
Review of different medications and side effects.
Screening for depression in children.
Seemed well rounded.
Specific recommendations for home-based strategies for parents. this is what parents want to know.
Transitional care into adulthood and discontinuation of meds
Treatment of comorbid problems i.e. ODD, anger management, anxiety, depression
Undecided
Very conclusive
Womens healthcare

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

Comment
Not exactly bias free since portal recommended costs
Promoted MeHealth
Promotes MEhealth
The last segment seemed to try and sell the software
You are selling a web portal, however the first 3 presentations were free from bias

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

Comment
-Use Vanderbilts consistently -Listen to parents concerns more attentively -Increase behavioral strategies, decrease CBT
1 .PRE and 4-6 weeks post evaluation 2. More comfortable in choice of treament options

3. Utilizing behavioral therapy for younger but moving it to oral agent in teens followed by behavioral
1) Parent behavior management training. 2) Combination regimens for tighter titration. 3) Use of non-stimulant medication alternatives.
1. I will be sure to bring my patients in sooner for follow-up after starting medication. 2. I will titrate the medication at a faster rate than I have been doing. 3. I will remember to repeat the Vanderbilt screening tool at the follow-up visits
1. Questionnaire usage 2. Increasing dosing 3. Nonstimulant use
ADD and BMT programs for parents. More aggressive stimulant treatment. More follow up on Rx with Vanderbilt
Adhere to DDP assessment and treatment guidelines
Am in the process of obtaining a position as an NP after recently graduating
Better follow up of patients, more use of non stimulant medication
Collateral information from 2 different settings. Follow up rating scale use. Dose titration based on resopnse to scales
Combining long acting with short acting ADD meds if necessary. OK to dose them high if needed. Everyone metabolizes differently. Younger age dosing.
Consider meds in preschoolers who fail parent behavior training
Considering the portal. Will continue to use Vanderbilt sub. Continue to use combination stimulant/new stimulant
Continue use of Vanderbilt for follow up evaluation. Broader understanding of medications. Different follow up pattern
Continued use of Vanderbilt forms. Stimulants as a first line of treatment. Start low and go fast.
Diagnosing, Treatment and monitor therapy
Diagnosis of ADHD Nonmedication treatment Medication treatment options
Diagnosis, treatment, medication maintanence
Evaluate and diagnose children 4-6 years of age for ADHD. Recommend behavioral management more strongly. Spend more time teaching parents about ADHD test
Evaluation from parents and teachers. Encourage behavior therapy for parents. See the patient within 4-6wks after starting medication.
Expand age range for ADHD diagnosis refine description of side effects when counseling parents understand how to manage SE better
Follow up survey BID medications Non stimulant meds
Good as is
I am in limited clinical practice
I do not work with pediatrics in my current position
More probe into S/S Treat insomnia

Supportive therapy
More quickly adjust med dosing. Consider starting meds at an earlier age. Not wait for educational testing from school
More sensitive to early symptons, utilize process of care algorithm
More use of the Vanderbilt Evaluations. More teacher and parental involvement. Better use of the ADHD medications in relation to responses from the patients.
More Vanderbilt for follows up. Faster increasing doses
Nonstimulant use with stimulant use.
Performing Vanderbilt questionaire more often
Provide Vanderbilt to parent in admission packet. Encourage use of patient portal. Assess material family/parent/child with ADHD uses/ also increase the stimulant at more rapid pace (I still use the start low go slow model)
Screening guidelines for AAP ADHD in children and adolescents.
Screening techniques, billing changes and follow up.
To start methylplanidate for ADHD in <6 years. Using Melatonin for increasing secondary ADHD medication. Titrating medication after 1 week
Try to evaluate/manage ADHD patients in my Practice as the opportunity arises
Undecided
Universal use of Vanderbilt scales, for diagnostic and improvement definition following treatment. Have consistent follow up protocol of my patient's treatment and progress. Further define, assess and treat the associated co-morbidities in a consistent way.
Use of Vanderbilts for every follow up visit. Quicker titration time for patients started on meds. Use of total symptom scoring to monitor treatment response
Use Pittsburg assessment of side effects prior to initiating therapy as baseline Be more comfortable using long acting stimulants in preschoolers Use the Pittsburg modification to the Vanderbilt assessment tool
Use the AAP guidelines to treat patients with ADHD Educate patients and family using sound evidence-based knowledge Improve treatment based on the individual tailored needs of my ADHD patients
Use Vanderbilt testing
Use web tool. Closer follow up. More competence in general with dx/tx.
Using the tool. 4 -6 week reevaluate
Using the Vanderbilt, Omega 3, Medication planning and teaching
Utilize the 2011 AAP Clinical Practice Guideline for ADHD Utilize the Process of Care algorithm to help make treatment decisions for ADHD

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

Comment
As a licensed professional counselor, I cannot implement the pharmacological interventions however; I now better understand the perspective of the PCP to whom I refer clients.
I use some of these, but inconsistently, hence I need to be more consistent. I read the outcomes, which stated the percentage of adherence dropped as time passed.
Lack of parental involvement and teacher communication about the student's progress.
My patients will not likely be amenable to web portal
Need to discuss web based tool with partners before implementation
Other providers need to be on-board
Will have to discuss with other prroviders in group if feasible to do QI of ADHD management

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

Comment
I appreciate the on line presentations
Excellent
Good review of ADHD & assesment & treatment/management
Great
Great CME! Thank you!
Great program just offer is often.
I had difficulty reserving a block of 4 hours. I would have appreciated being able to go back and view the lectures at my own convenience, after the conference. I was only able to attend two of the lectures due to time constraints.
I was unable to connect and missed the start of the program, which was a disappointment.
Learned a lot
Lecturers excellent speakers, kept on target with goals, case models used were "real world", appreciated being provided charges codes.
Nicely organized presentation, and very effective participants. They presented their assigned teaching materials in a concise and comprehensive manner.
Overall, it was excellent. The only thing was the questions presented on line was not synchronous on 3 occasions with the speaker
Question and answer session after each lecture
Very good activity
Would like to have assess to the material before the conference to review for questions later

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

Comment
Great presentation.
I had some problem hearing her at times.
The speakers brought in new information, study outcomes from the last time I attended this topic.

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

Comment
Excellent
Great presentation.
I liked the practical approach in combining long and short acting stimulants in various ways to address gaps in drug levels and tailor it to patients age and needs. Thank you
Targeted specific changes that would improve outcomes

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

Comment
Great presentation.
Interesting perspective. Would have enjoyed learning more on the topic of alternatives. Many parents want to pursue this avenue and we hate to discourage them, and to continually say the research does not support--Would love to hear more about technology programs like Lumosity

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

Comment
Enjoyed this presentation the best due to good patient information and involvement tools.
Well presented. I appreciated the overview of the web portal and the opportunity to experience with patients.