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Quality improvement project helps pediatricians diagnose, manage ADHD

by from the AAP Department of Community and Chapter Affairs and Quality Improvement

A pilot project to improve the care of children with attention-deficit/hyperactivity disorder (ADHD) led to a reduction in symptoms as well as increased confidence among pediatricians in diagnosing and managing the disorder.

The Chapter Quality Network (CQN) led the project from December 2015 through January 2017 to improve the quality of care processes and outcomes by implementing the Academy's clinical practice guideline on ADHD. Pediatricians, practices and chapters from Arkansas, Georgia, New York Chapters 1 and 2, Ohio and Texas used quality improvement (QI) methods to test evidence-based care processes and embed them into their workflows. They also participated in monthly calls to share best practices and review data, and attended four learning sessions.

At the end of the project, children with ADHD experienced a 12% reduction in symptoms, as measured by parent and teacher assessment. Furthermore, 70% of providers reported increased confidence in diagnosing ADHD and 83% reported increased confidence in managing and treating ADHD.

"With this grant, pediatricians have become comfortable evaluating, diagnosing, treating and providing ongoing care for the child and families with ADHD," said Joseph J. Abularrage, M.D., M.P.H., M.Phil., FAAP, project physician leader from New York Chapter 2. "That's been a big positive for the children, the families, the pediatricians and the neurologists in New York City who, in general, were actually happy to shift ADHD patients away from them."

Chapter and national project leaders helped practices develop reliable systems to ensure they receive parent and teacher assessments of child symptoms throughout diagnosis, medication titration and follow-up care, which is a core tenant of the AAP ADHD guideline. The national and chapter teams also provided education on medication management, diagnosis of comorbidities and evidence-based behavior therapy, which is the first-line treatment for preschoolers and recommended for all other ages, in addition to medication. The practices were encouraged to connect with behavior therapy providers in their communities and were given tools to encourage collaboration with parents and schools, such as school-home report cards and an online message center.

Results showed the percentage of children whose parent and teacher returned an assessment within 30 days of medication initiation increased from 58% at baseline to 83% at the end of the project. Furthermore, 71% of providers reported an increase in return of parent assessments, and 66% reported an increase in return of teacher assessments. In addition, 72% of participants reported developing a better understanding of evidence-based therapy, and 45% reported finding new behavior therapy providers as a result of the project.

Unique approach: parent engagement

National and chapter leaders also engaged parent advisers in project design and development of tools to help providers guide parents as they work to manage their child's condition and set them up for school success. The parents also shared personal stories to educate providers on how to support them throughout the diagnosis and treatment process.

"Parents play a huge role in treating their children for any condition but particularly for ADHD, and it can be a tough journey for a family," said Dr. Abularrage. "Incorporating the parents' perspective into this project helped pediatricians get a better picture of what parents need, the things we can do and say to support them when they're trying to make sure their child is happy and healthy."



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"There is a huge disconnect between the physician, parent and the school, but with (this) QI project that gap was bridged," added Donna Williams, parent adviser for New York Chapter 1. "Educating physicians on the parent perspective also gives them more insight on cultural competency. No two children are alike and being in a country where we are surrounded by many cultures and practices, it behooves physicians to be as well-rounded as possible. This makes it easy for parents to relate to them and trust that their expertise is appropriate for the help that they are seeking."

CQN will embark on a second phase of the ADHD project, which will be open to chapters and health care organizations. The request for proposal will be released this spring. Both phases of the project are funded by an independent grant from Pfizer Inc.

CQN projects address immunizations, judicious use of antibiotics

The Chapter Quality Network (CQN) U.S. Immunizations project launched in October 2016 to help practices improve immunization rates in children 19-35 months of age. Chapters in Georgia, New Jersey, Oklahoma, California Chapters 2 and 4, and New York Chapter 2 are working with practices to address missed opportunities and improve recall systems. The project is funded by an independent grant from Pfizer Inc.

Additionally, the Virginia Chapter is beginning a CQN pilot project on the judicious use of antibiotics with a focus on acute otitis media and upper respiratory infections. The project, funded by the Centers for Disease Control and Prevention, also aims to improve communication with parents and caregivers regarding antibiotic prescribing. For the first time, CQN is working with Anthem Inc.'s affiliated health plans to provide incentives to participating pediatricians.

For more information about the Chapter Quality Network or other chapter quality improvement activities contact Suzanne Emmer at 847-434-4077 or semmer@aap.org.