



Incorporating ADHD Management into your Practice

Name, Degree

Current Academic / Clinical Titles



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Speaker:

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Disclosures

“Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.”





Why?

- More than 80% of ADHD care is done in primary care offices
- ADHD affects 7-10% of pediatric patients
- Limited access to mental/behavioral health resources for kids
- COVID19 has increased the needs and complexity of treating mental health problems



Amherst Pediatrics

- suburban pediatric primary care office (PCMH) located near Buffalo New York
- 6 FT pediatricians, 2 PNP's, 1 LMHC, 35 clinical and clerical support staff, office manager
- 2019 patient population: 9636 unique patients, 26,880 total visits
- 2019 insurance distribution: 81% commercial, 19% public, 1% private pay
- 2019: 677 identified ADHD patients
- affiliated teaching site for pediatric residents and medical students (SUNY Buffalo school of medicine)





How to structure office-based ADHD care

- Effectively - using DSM 5 criteria for diagnosis and evidence-based guidelines for treatment
- Efficiently - managing time, scheduling and staffing constraints
- Economically - getting paid for it





Things we talked about!

- ? Types, duration, and frequency of visits
- ? “best times” for visits (eg. last or first appts of the day, separate days for adhd appointments - all day or 1/2 day sessions, medical home model -will all providers see adhd patients or will there be designated adhd ‘specialist(s)
- ? in person visits, tele-health visits, a combination
- ? how will collection, tracking and distribution of necessary documents (eg. screening tools, school and community providers reports, intake forms, medical reports, etc) be accomplished



Basic Principles

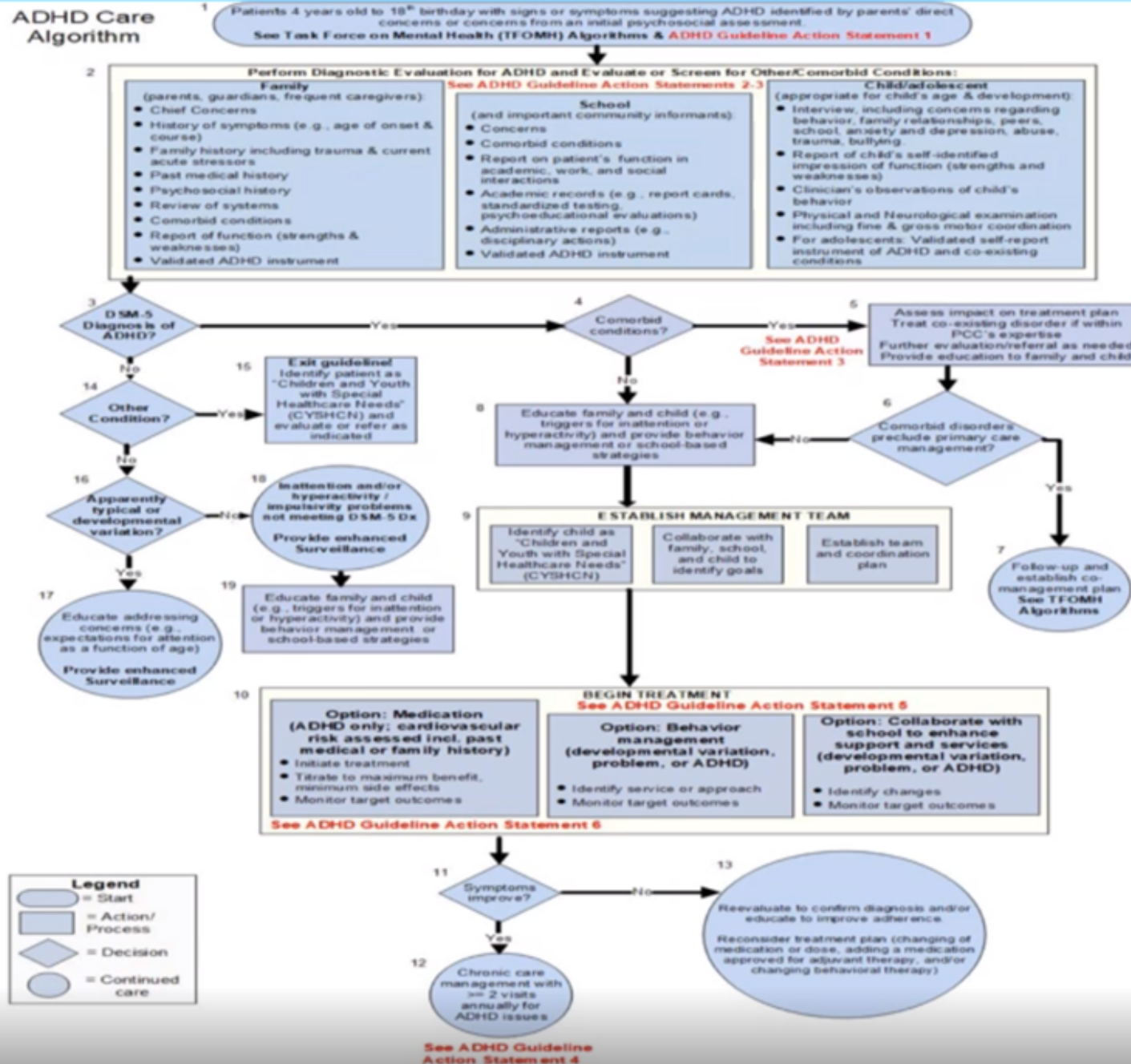
- Assessment takes time - often is done over several visits
- Co-morbidities are common
- Effective treatment and management requires developing a partnership with caregivers
- Successful treatment will require collaboration with community partners (school, mental health providers, insurers, etc) and a fully engaged office team
- Not every child or adolescent being assessed will have ADHD!





EFFECTIVELY

- Use AAP guidelines for assessment, diagnosis and treatment
- Consider co-morbidities - use process of care algorithms
- Develop expertise with medications
- Develop relationships with community-based MH providers
- ADHD Toolkit 3rd edition (AAP)





First steps in preparing your practice

- Communicating with and educating office staff about the plan
- Identify staff members for your “ADHD team”
- Identify potential barriers
- Identify community resources





Needs assessment

- Data collection (family, school, therapists, etc)
- Data management (comprehensive list of necessary documents, collecting and tracking, follow up to ensure receipt of requested screening tools, reports, etc, and entry into EMR)
- System for med management (refills, prior authorizations, ?diversion)
- Role of IT (EMR templates? patient portal, “flagging” charts)
- Development of office visit structure to ensure smooth workflow



EFFICIENTLY

- Develop an office plan (build an ADHD team, assign tasks and create a workflow structure)
- Address and manage barriers
- Use EMR, patient portal, tele-health opportunities
- Follow the principles of the chronic care model and medical home



Components of ADHD team

- Identify team members (front desk/scheduler, nurse/medical assistant, medical provider, mental health provider, biller/coder)
- Assign tasks and identify team leader
- Pre-planning visits is the key
- Ongoing team meetings, collaboration, problem solving and staff support go a long way!
- Work with IT to optimize data storage and organization, patient portal, EMR templates, etc



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Office visit structure

- Identify needed specific types of visits (initial/intake, psychoeducational/diagnosis and treatment planning, follow up), in-office vs tele-health?
- Establish time requirements for each type of visit (eg initial visit 45-60 minutes, psycho-education/treatment planning visit 60 minutes, routine f/u visits 30 minutes)
- Establish a schedule and agenda for frequency of regular follow up visits
- Fit this structure into the workflow of the office (end of day visits? first am appointments? having a full or 1/2 day session which is exclusively for adhd visits?)
- Be mindful of CoC model for PCMH





Amherst Pediatrics Protocol

- Caregiver or PCC referral to LMHC
- Rating scales and questionnaires sent out by office staff
- MHC sees caregiver(s) and child, conducts a structured interview (in EMR), obtains signed releases for school, other providers, etc. May discuss linkages to community support services. May administer additional screens (PSC-17, Scared)
- Time for visit: 60 min
- MHC has 15 minute phone appointment to review findings and recommendations, and schedule an appointment with PCP



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structured interview components

- early risk factors (pregnancy and birth hx, parental MH history, head injury, trauma, ACE's, SDoH)
- medical history (dx ,medications)
- developmental history
- Educational history (current grade, school, educ needs/supports, hx of failure, suspension, current grades)
- Relationships - friends, family, peers (teams, school, church)
- Fam history -learning problems, adhd, grade level completed, occupation
- child symptoms - review P. vanderbilt and consider additional screens if indicated while awaiting school records (PSC-17, Scared, PHQ-9)





children 5-8 years old

- caregiver signs release for school: fax release/ADHD letter to school with request for IEP, past/current grades, evaluations
- Connors Early Childhood Comprehensive Behavioral Rating scale from parent and teacher
- Link to community based Behavioral Parent Training program
- MHC reviews all and schedules an appointment with PCP





1st to 8th grade

- caregiver signs release for school: fax release/ADHD letter to school with teacher Vanderbilt and request for IEP, grades, school psychologist evaluation
- parent Vanderbilt completed
- linkage with community psychologist if behavioral symptoms
- MHC reviews all and appointment is scheduled with PCP for psychoeducation and treatment planning, discussion of medical management options





High School

- Connor's Self, parent and teacher Vanderbilt completed
- Parent provides middle school/high school report cards (with teacher comments)
- LMC reviews and if suggestive of ADHD, schedules a medical visit with PCP





Amherst Peds Protocol cont.

- PCP visit: psycho-education, (additional reports have been received and reviewed, eg report cards, IEP, teacher vanderbilts).PCP discusses diagnosis, +/- co-morbidities, treatment planning, and medications, and elicits family goals and expectations. Goal: development of a partnership with family. Outline of plan for measuring and monitoring progress, including regular follow up visits.
- Time: 60 minutes
- First f/u visit: if meds are started within 30 days. Every change of dose or medication requires another f/u visit within 30 days. Time: 30 minutes
- Routine f/u visits are scheduled q 3 months Time: 30 minutes
- Teacher Vanderbilts are sent routinely in October and March and more frequently prn. Parent Vanderbilts are sent in the summer.





Economically: coding tips

- Work closely with your office coders/billers to maximize reimbursement
- If you use EMR templates for office notes, be aware that a narrative is required to code for medical complexity and/or time. This allows for billing higher level codes (levels 4 and 5). Cannot simply ‘check boxes’
- Remember to bill for validated screening tools (Vanderbilts,etc)
- Starting in 2021 all new codes will be coming which will include time spent for pre-planning, care coordination, review of records, consultation and communication with other providers and care team members. This should result in higher compensation for primary care of this complex and chronic condition in a certified PCMH.





- Communication and coordination of care among all of the professionals involved in the treatment of children and adolescents with ADHD is essential for a successful outcome
- A team approach is essential for managing patients with ADHD in primary care practice
- The family is our most essential partner in achieving this success

