Incorporation into your practice: ADHD

Speaker:

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Disclosures

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

Amherst Pediatrics

- primary care office (PCMH) suburbs of Buffalo
- affiliated teaching site for SUNY School of Medicine
- 6 FTE pediatricians, 2 PNP, 1LMHC
- 2019 - 9636 patients, 26,880 total visits
- 2019 - insurance distribution: 81% commercial,19% public
- 2019 - 677 identified ADHD patients in 17 different school districts

10 Years ago….

- AAP published Clinical Practice Guidelines for the diagnosis, evaluation and treatment of ADHD in children and adolescents (2011)
- concept of “medical home” in primary care expands (federal ACA Act)
- Behavioral health problem visits to our office continue to increase
- First Intensive training course in mental/behavioral health in Buffalo, 3 APA pediatricians enroll (precursor of Project Teach!)

ADHD care

- no standardized system
- no regular contact with schools
- no conformity among providers regarding assessment and diagnosis
- medication management - poor follow up and monitoring
- use of standardized screens erratic

Goals

- To develop a clear and organized process for assessment, diagnosis and treatment of ADHD
- To develop a directory of evidence-based treatments available in the community
- To develop a data management system for ADHD patients
- To develop a system for office workflow
- To avoid staff and physician burn-out!

ADHD team

- provider
- mental health clinician - team leader
- mid-level staff (RN, LPN)
- front desk/scheduling staff
- billing and coding staff
- IT staff
- parents

Team leader - LMHC

- initial ADHD assessment visit
- supervises, trains, supports midlevel staff
- ‘point person’ to schools and community providers
- facilitates referral and maintains UTD database of community agencies who provide E-B treatments
- may provide “bridging” therapy prior to linkage
- works with IT

Medical provider

- initial diagnosis and treatment visit
- completes full neurologic and physical exam
- responsible for all aspects of treatment plan (med mgmt, school accommodations, additional eval or testing, behavioral interventions)
- provides ongoing psycho-education, monitoring of core symptoms and functioning, assessing for co-morbidities
- engages the family in partnership for ongoing collaboration

Mid-level Staff (RN,LPN)

- present at each ADHD visit
- obtains VS, update interval hx, current meds, new concerns, school releases
- pre-plans office visits (week in advance)
- tracks, follows up and enters into EMR all documents, reports - ongoing contact with schools and community providers
- monitors patient portal for family concerns

Scheduler/front desk staff

- Crucial member of the team!
- Schedule appointments, is flexible and calm, even when surprises happen!
- Works with provider to manage missed appointments, late arrivals, ‘pop-ins’ in a timely manner
- Facilitates enrollment into patient portal
- Distributes forms
- Updates family address, phone numbers, insurance, school

Coders/billers

- expertise (ongoing coding updates)
- review and verify documentation to support diagnoses
- identify documentation deficiencies
- work closely with providers to maximize reimbursement
- monitor insurance payments

Office time/workflow

- Initial visit (assessment) - LHMC, 60 minutes
- Follow up visit (diagnoses and treatment) - medical provider, 45 minutes (variable)
- Routine follow up for med mgmt - q 3 months (stable pts)
- Follow up when starting a new medication or changing dose - q3 weeks
- Routine f/u visits - 30 minutes

Office workflow cont.

- teacher vanderbilts sent routinely in October and March
- parent vanderbilts sent in August

- Scheduled ADHD appointments options: full session (1/2 day) all ADHD patients or scattered throughout the session - provider's choice

EMR

- Templates (initial ADHD intake form, ADHD visit)
- Links to documents at scheduled visits
- Medication monitoring
- Automatic scoring of screening tools
- ADHD-specific patient portal (coming soon?)

Intake Form

- Early risk factors
- Medical history
- Educational history
- Peer relationships
- Family history
- Review of teacher/parent vanderbilt
- Clinical observations of child
- Co-existing problems and disorders

Community services

- Evidence-based therapies (PCIT, Incredible Years, PPP) for younger kids, aggressive/oppositional behaviors
- School accommodations
- Individual psychotherapy, social skills groups, planning and organization coaching (EF skills)
- Parent support and advocacy organizations (CHADD)
- Educational resources for families (on-line, handouts, books)

Challenging situations/solutions

- a frantic parent calls the office in october with urgent concerns that her child is struggling in school, teacher is concerned he has ADHD, your next available appointment is 8 weeks away

- you have a totally full schedule and have just finished a routine well child visit with a 6 year old girl and her mom. As you reach for the door, mom says “oh by the way, I’m worried about my 10 year old son. He’s having real trouble following rules and making friends this year.”

Resources

- ADHD: Clinical Practice Guidelines for the Diagnosis, Evaluation, and Treatment of ADHD in children and adolescents and process of care Supplemental appendix Pediatrics Nov 2011, 128(5) 1007-1022
- ADHD: Clinical Practice Guidelines for the Diagnosis, Evaluation and Treatment of ADHD in children and adolescents Pediatrics 2019, Vol 144 number 4
- ADHD Toolkit, 3rd edition, AAP

Parent Resources

- CHADD.org
- ADDitude magazine (www.additude.com)
- ADHD: What every parent needs to know (Mark Wolraich MD and Joseph Hagan Jr MD)
- Taking charge of ADHD Russell Barkley PhD
- Your defiant child Russell Barkley PhD
- The explosive child Ross Greene PhD