Key Components of the ADHD Change Package

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CALM

11:30-12 noon

Objectives

- Understand what the change package is
- Review key elements of the change package
- Look at office system survey results in relationship to the change package to prepare for identifying early improvement opportunities

Change Package

- Provide teams with the elements of a great system of care (best practice) and what improvements are key to the best care.
- A list of changes with a "pedigree".
- Usually includes some overview and summary and index of major elements like a Driver Diagram

Chapter Quality Network (AAP)

A systematic approach to ADHD management can improve ADHD care processes and outcomes.[1,2,3,4] The purpose of the ADHD Change Package ("the change package") is to help your practice create reliable processes and systems that enable your team to provide higher quality care for children with ADHD.

The change package is a directory of evidence- or practice-based tools and resources that pediatric and family medicine practices can use as they work to improve ADHD care for children and adolescents. The change package is organized by key drivers and interventions. Key drivers are broad, evidence-based actions that can be useful in the development of more specific ideas for changes that lead to improvement. Six evidence-based key drivers are the foundation of the change package (Figure 1). Interventions are specific ideas for changing a process; they can be rapidly tested on a small scale to determine whether they result in improvements in a particular context or environment. Each key driver has several associated interventions. The evidence- or practice-based tools and resources are paired with the intervention(s) to which they relate (tables 1-6).[5]

Figure 1. ADHD Change Package Key Drivers

1. Use Evidence-Based Guidelines

2. Improve Diagnostic Accuracy

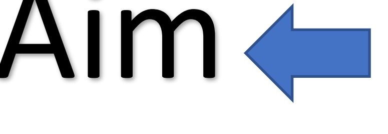
3. Titrate Medications & Monitor Side Effects

4. Ensure Effective Follow-Up & Surveillance of Co-Morbidities

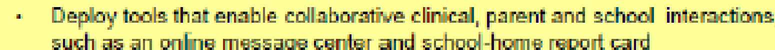
5. Partner with Parents & Teachers for Effective ADHD Management

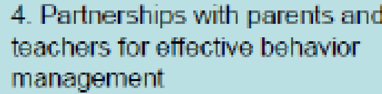
6. Utilize Population Health Strategies & Optimizing Health Care Financing

- Use Evidence-Based Guidelines:
    - Office systems for providing ADHD care should be based on the most up-to-date guidelines (2011). Ensuring clinicians and staff are educated on the guidelines is a critical step in improving care. Table 1 provides resources and a template presentation for educating your staff.
- Improve Diagnostic Accuracy:
    - Effective treatment begins with an accurate diagnosis. Table 2 provides tools and resources to help you effectively diagnose ADHD and co-morbidities using evidence-based approaches, including Vanderbilt Rating Scales.
- Titrate Medications and Monitor Side Effects:
    - It takes time to determine the right dosage of medication that will lead to a positive change in symptoms. Table 3 presents tools and resources to help you appropriately titrate medications.
- Ensure Effective Follow-up and Surveillance of Co-Morbidities:
    - ADHD is a chronic condition and co-morbidities may emerge over time. Table 4 includes tools and resources to help clinicians manage ADHD medications effectively over time and survey for co-morbidities in the long-term.
- Partner with Parents and Teachers for Effective ADHD Management:
    - Clinicians should work with parents and families to develop an appropriate treatment plan, which may require medical, educational, behavioral, and psychological interventions. In most cases, successful treatment should include a combination of medication and behavior therapy. Table 5 includes tools and resources that enable collaborative clinical, parent and school interactions, as well as information on behavior therapy.
- Utilize Population Health Strategies and Optimize Health Care Financing:
    - A systematic approach to ADHD care can improve care processes and outcomes. Table 6 provides tools and resources regarding office algorithms, protocols, standing orders, use of patient registries and strategies for effective coding.



Key Drivers	Interventions
1. Improved diagnostic accuracy using evidence-based guidelines	• Complete the four registry* training modules • Determine office flow for ADHD care by establishing roles and responsibilities of the care team • Collect parent and teacher rating scales as part of the ADHD diagnostic process • Use a registry to improve reliability in obtaining ADHD rating scales for assessment • Screen for co-morbidities and consider them in the differential diagnoses
2. Reliable systems that ensure effective titration of medications and monitoring of side effects based on parent and teacher feedback	• Deploy tools that enable collaborative clinical, parent and school interactions, such as an online message center and school-home report card • Educate parents about the use of registries, including data privacy • Collect parent and teacher rating scales to assess efficacy and side effects of medication after initial prescription and with subsequent medication titration
3. Effective follow-up and surveillance for co-morbidities	• Establish and follow practice protocol according to published AAP guidelines • Use a registry to document follow-up care • Use parent and teacher rating scales to assess medication efficacy and side effects • Adjust medication if not effective or side effects are excessive • Assess whether co-morbidities are present if medication is not effective or side effects persist, worsen • Refer patient to a mental health professional if complex co-morbidities or non-responder to repeated treatment attempts
4. Partnerships with parents and teachers for effective behavior management	• Set expectations and therapeutic goals for medication and behavior therapy • Provide resources to parents (ADHD Resource Kit) that address parent support, teacher/school communication and behavioral health • Introduce daily school-home report card
5. Use of population health strategies to manage children with ADHD and associated co-morbidities	• Use a registry to collect data for individual patient care and to track ADHD care quality • Run billing query to ensure patients identified are entered into the registry • Document workflows, protocols and job descriptions • Assign roles and responsibilities for staff/clinicians to manage ADHD population • Use data to identify areas for improvement in clinical and operational processes
6. Active participation in a peer to peer learning network (or learning collaborative) with transparent data	• Attend monthly webinars and 2 face-to-face learning sessions • Conduct tests of change to address implementation of evidence-based ADHD care • Share best practices, tools, methods and approaches across the learning network • Review data regularly amongst practice improvement team and staff to drive improvement





*the registry for CQN ADHD Phase 1 (2015-16) is the mehealth ADHD portal

Dash through the aggregate baseline data (n=8) Note: Refer to your data

- 87.5% report
  - Comfortable or very comfortable with ADHD guidelines
  - No documented workflow for ADHD along the continuum of care
  - No parent on an advisory group or assisting with improving care for children with ADHD
- 75% report
  - Using data to inform improvement in clinical and operational processes
  - Normally conduct tests of change (using PDSA cycles) on a small scale with a goal of full implementation. We start small and "learn our way to implementation"?

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Add in the additional data findings

- 62.5% report
  - No reliable process in place for revisiting practice protocols and policies based on the AAP ADHD guidelines and DSM-5 criteria
  - No reliable system in place for billing and coding
  - Working closely with the school nurse or representative from our local school to improve care for children diagnosed with ADHD
- 50% report
  - No reliable process in place for providing clinicians with face to face educational training to review the AAP ADHD guidelines and associated DSM-5
- 0% report
  - using a population-based ADHD registry to track and monitor patients along the continuum of care
  - Having documented ADHD protocols, standing orders and job descriptions to distribute work across the care team

	RELIABLY (90-100%)	VERY OFTEN (60-89%)	SOMETIMES (30-59%)	RARELY (0-29%)	NEVER
Our practice uses a validated ADHD assessment tool based on the AAP guidelines and DSM-5 criteria.	37.50% 3	50.00% 4	12.50% 1	0.00% 0	0.00% 0
Our practice bases the initial ADHD diagnosis on data from validated ADHD parent AND teacher rating scales.	50.00% 4	37.50% 3	12.50% 1	0.00% 0	0.00% 0
Our practice screens for existing co-morbidities and considers them in differential diagnosis.	62.50% 5	37.50% 3	0.00% 0	0.00% 0	0.00% 0
Our practice educates parents/caregivers to better understand ADHD and how to proceed after diagnosis.	37.50% 3	50.00% 4	12.50% 1	0.00% 0	0.00% 0

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	RELIABLY (90-100%)	VERY OFTEN (60-89%)	SOMETIMES (30-59%)	RARELY (0-29%)	NEVER
When a child is taking medication, our practice creates a written medication management plan for children diagnosed with ADHD.	25.00% 2	12.50% 1	25.00% 2	25.00% 2	12.50% 1
When a child is taking medication, our practice titrates or adjusts in the first 45 days after medication is started.	37.50% 3	50.00% 4	12.50% 1	0.00% 0	0.00% 0
Our practice uses parent AND teacher rating scales to inform titration of medication.	0.00% 0	62.50% 5	37.50% 3	0.00% 0	0.00% 0

	RELIABLY (90-100%)	VERY OFTEN (60-89%)	SOMETIMES (30-59%)	RARELY (0-29%)	NEVER
Our practice uses data from a validated ADHD parent rating scale to monitor response to management as part of follow	12.50% 1	12.50% 1	62.50% 5	12.50% 1	0.00% 0
Our practice uses data from a validated ADHD teacher rating scale to monitor response to management as part of follow up care.	12.50% 1	25.00% 2	50.00% 4	12.50% 1	0.00% 0
Our practice uses the AAP's Parent ADHD Visit Form at all ADHD follow-up visits.	0.00% 0	0.00% 0	12.50% 1	37.50% 3	50.00% 4
Our practice uses the AAP's Physician ADHD Visit Form at all ADHD follow-up visits.	0.00% 0	0.00% 0	0.00% 0	37.50% 3	62.50% 5
If there are complex co-morbidities or lack of response to repeated treatment attempts, our practice refers patients to a mental health professional.	62.50% 5	37.50% 3	0.00% 0	0.00% 0	0.00% 0
If a child diagnosed with ADHD is between 4-5 years of age, we investigate an evidence-based behavior therapy program as the first line of treatment.	25.00% 2	25.00% 2	50.00% 4	0.00% 0	0.00% 0

Perhaps all?

	RELIABLY (90-100%)	VERY OFTEN (60-89%)	SOMETIMES (30-59%)	RARELY (0-29%)	NEVER
Our practice deploys tools that enable collaborative clinical, parent and school interactions.	12.50% 1	25.00% 2	37.50% 3	0.00% 0	25.00% 2
Our practice co-creates plans for therapeutic goals for medication and behavior therapy with parents/caregivers.	12.50% 1	37.50% 3	25.00% 2	25.00% 2	0.00% 0
Our practice provides resources including an ADHD booklet to parents/caregivers that address parent support, teacher/school communication and behavioral health.	0.00% 0	0.00% 0	25.00% 2	62.50% 5	12.50% 1
Our practice educates parents/caregivers about the use of patient portals and registries, including data privacy.	12.50% 1	12.50% 1	0.00% 0	37.50% 3	37.50% 3
Our practice accesses the Positive Parenting Program (Triple P) parenting model at the Edmund Ervin Center	0.00% 0	0.00% 0	0.00% 0	12.50% 1	87.50% 7
Our practice accesses the Lives in Balance tools developed by Dr. Ross Green.	0.00% 0	0.00% 0	0.00% 0	25.00% 2	75.00% 6

Your data?

- What does your data tell you that will help inform early improvement opportunities?
- Low hanging fruit?
- Other observations?