



The Critical Role of Pediatric Primary Care in Addressing Attention-Deficit/Hyperactivity Disorder



Attention-Deficit/Hyperactivity Disorder (ADHD) is one of the most common and treatable pediatric neurodevelopmental disorders. Pediatric primary care practices play an important role in identifying and treating children with this condition. One in ten parents of children ages 4-17 in Connecticut and nationally report that their child has been diagnosed with ADHD. Early identification and age-appropriate treatment of pediatric ADHD is critical to a child's lifelong health, academic success, social competency, and mental health.

National Guideline Supports Pediatric Primary Care in Early Identification and Treatment

In 2011, the American Academy of Pediatrics (AAP) issued a national guideline emphasizing the importance of early identification and treatment through pediatric primary care and providing support for pediatric primary care providers in addressing ADHD. The 2011 [AAP Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of ADHD in Children and Adolescents](#) outlines best practices for proper evaluation and diagnosis of ADHD, assessment for co-existing conditions, management of ADHD according to the principals of the chronic care model and

medical home, and age-appropriate treatment (e.g., behavior therapy and proper titration of medication to achieve maximum benefit with minimum adverse effects).

Pediatric primary care providers are well positioned to screen for ADHD and other mental health concerns due to their regular contact with children and families. In addition, the long-term relationship that providers have with families ensures opportunities for on-going support, monitoring of treatment progress, and identification of further needs in children diagnosed with ADHD. Providers can also help connect children to treatment for ADHD, which may include family support services, behavioral health counseling, parent training in behavioral interventions for younger children, and medication for older children. Pediatric primary care practices can also play an important role in coordinating care across home, school, and community settings.

The identification and treatment of ADHD in children as articulated in the AAP Guideline is one example of the medical home model of pediatric primary care, which promotes family-centered, accessible, continuous, comprehensive,

compassionate and culturally appropriate care. In addition to health providers, behavioral health, education, and social service systems also benefit when children diagnosed with ADHD receive evidence-informed, coordinated care that is initiated within the medical home.

Adhering to National Guidelines is Critical to Successfully Addressing ADHD in Children

Pediatric primary care providers can help patients achieve improved health, educational, and social outcomes by implementing the AAP Guideline. However, the AAP has learned that providers need support in putting the Guideline into practice. CHDI is helping providers implement the Guideline through a one year pilot project. CHDI's project is one of five selected nationally by the AAP to develop and test innovative ways to increase the use of the AAP Guideline in pediatric primary care. The project, which began in August 2017, is funded by a grant from Pfizer Independent Grants for Learning and Change.

Eleven pediatric primary care practices in Connecticut have enrolled in the pilot project. CHDI is supporting these practices in collaboration with the Connecticut Family Support Network, the Practice Quality Improvement program in the Office for Community Child Health at Connecticut Children's Medical Center, and clinical experts. CHDI's support is focused on three components of the AAP Guideline:

- Initiating an evaluation for children with signs and symptoms consistent with ADHD;
- Ensuring that the diagnosis of ADHD includes assessment for co-existing conditions;
- Applying principles of family-centered care and care coordination consistent with the medical home model to ensure that children diagnosed with ADHD and their families receive care that is coordinated with schools and that they have access to family support resources.

The practices participate in education developed and delivered through CHDI's [Educating Practices in Communities](#) (EPIC) training program, which supports pediatric practices with timely, evidence-

based information and materials about a variety of pediatric health topics. EPIC trainings also connect practices to existing state and community resources. The ADHD EPIC training includes:

- The recommended primary care actions articulated in the AAP Guideline for early identification, treatment and management of ADHD
- Opportunities for behavioral health counseling for children and their families
- Support and resources for families of children diagnosed with ADHD

The practices also conduct monthly assessments of their progress towards improving care for children with ADHD using a data-driven, quality improvement approach to explore and evaluate practice changes that can bring about improvements in care. CHDI and the Practice Quality Improvement program provide on-going technical assistance to support the implementation of the guidelines and assessments.

To date, 129 providers from pediatric primary care practices have participated in the ADHD EPIC training. After each training providers complete a feedback survey. The results of 65 completed surveys indicate that 89.1% of providers found the information presented to be valuable, and 87.5% of providers intend to use the information presented in the training. About half of the practices reported that they are screening for ADHD and co-existing conditions using a validated instrument, and nearly all of the practices are further assessing for ADHD among children who screen positive for attention concerns. Following the pilot project, CHDI will offer the ADHD EPIC training module and monthly assessments for widespread distribution to other practices in Connecticut. The training is expected to become available to all pediatric sites in Connecticut in September 2018.

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