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Standardization of Attention Deficit Hyperactivity Disorder (ADHD) Diagnosis in a Primary Care Setting

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Introduction

Background:

Attention Deficit Hyperactive Disorder (ADHD)
Common problem in primary care
Primary care providers lack confidence in diagnosing and treating ADHD
Shortage of specialists to diagnosis & treat ADHD

Primary care practices typically don't have standardized process for diagnosing ADHD. ADHD is a lifelong condition characterized by symptoms of inattention and/or impulsivity and hyperactivity.

Negative impact: social, academic and/or occupational

Diagnosis is based on DSM5 criteria

Rationale:

Primary care providers with low confidence to diagnose & treat ADHD
Lack of psychiatric providers available to receive referrals from PCPs
Given lack of mental health providers to diagnose & treat ADHD, the role of diagnosing & treating is left to PCPs
PCPs need education in use of standardized tools to diagnose ADHD

Aims:

1. Assess provider knowledge related to ADHD diagnosis
2. Standardize the diagnostic process for ADHD in a family practice in Vermont
3. Implement ADHD educational intervention for PCPs

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Methods

Site:

- Family practice setting
 - 257 patients out of 6387 patients with a diagnosis of ADHD, with ages ranging from 7 to 82.
 - 4% prevalence rate in this practice setting; 9.1% state-wide (CDC)
- PCP desired standardization in diagnosing ADHD
- PCPs – 3 physicians, 2 nurse practitioners

Interventions:

- Aim 1 Knowledge Assessment
 - Informal interviews with PCPs
- Aim 2 Standardized diagnostic process
 - Two scales to aid in diagnosis embedded into electronic health record (EHR)
 - Vanderbilt Rating Scale
 - Wender Utah Scale embedded into the electronic health record
- Aim 3 Educational Intervention for PCPs
 - Diagnostic & Statistical Manual 5 (DSM5) criteria reviewed
 - PCPs instructed on the use of those instruments.

Study of the Interventions:

- Theoretical framework
 - Plan, Do, Study, Act (PDSA) quality assurance framework
 - Used to study and refine intervention
- Pre and post educational intervention surveys completed
- Didactic/discussion regarding the challenges of diagnosing and treating ADHD

Performance Measurements:

- Pre-test and post-test intervention surveys to measure clinician knowledge & confidence
- Individual discussions post intervention
- Incorporation of ADHD scales into EHR
- Scales usage by PCPs
 - Measured through EHR documentation
 - To be initiated by practice in next PDSA

Analysis:

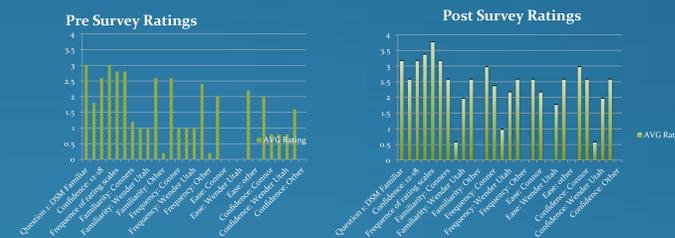
- Aim 1 – Pre & post intervention surveys
- Aim 2 – Literature review of best evidence practices to diagnosis ADHD
- Aim 3 – Attendance, survey completion, verbal feedback regarding educational intervention

Results

Results – Aim 1

PCP Knowledge & Confidence Assessment

Increased knowledge in the use of rating scales
Increased confidence in diagnosing ADHD



Results-Aim 2

Standardized Diagnostic Process

- Based on cost-benefit ratio with PCP providers & administrators, 2 scales chosen to embed in EHR
- Both Vanderbilt & Wender Utah scales in public domain
- Successful integration of scales into EHR

Results - Aim 3

Educational Intervention for PCPs

- Educational intervention - up-to-date evidence-based content
- 100% participation of PCPs (5/5)
- Positive verbal feedback
- 100% completion of pre and post intervention surveys
- Increased PCP usage of rating scales
 - Measurement of uptake in use to follow this project

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Discussion

Discussion of Findings

Aim 1 – PCP with increased knowledge & confidence in diagnosing ADHD
Aim 2 - standardized process for diagnosis of ADHD developed and implemented
Aim 3 – Educational intervention well received that led to behavioral change based on the best evidence in diagnosing ADHD

Interpretation:

Post-intervention surveys demonstrated increased knowledge & confidence
Incorporation of rating scales to diagnosis ADHD follows best practices
Positive association between educational intervention and use of scales

Limitations

Pre & post survey were developed specifically for this DNP project – No proven psychometric
Limitation of rating scales – no scales found to assess ADHD in 12-18 age group in public domain
Evaluation limited to subjective reporting by PCPs regarding knowledge & confidence.
Due to limited time frame, unable to gather data from EHR regarding uptake in usage of scales by PCPs

Subjectively, increased use reported in surveys

Conclusions

Provider education increased confidence and use
Rating scales embedded in to the EHR
Framework established to measure efficacy of intervention to incorporate ratings scales into ADHD diagnostic process.
Have understanding of how to incorporate ADHD ratings scales in a private family practice.
Important knowledge to share with other primary care practices
Dissemination through presentation & publication