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CONFERENCE ABSTRACT

An integrated community care approach to improve management of pediatric ADHD concerns

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Introduction

Although 1 in 10 children in the United States have an ADHD diagnosis, identification and treatment of the condition fails to meet best practice standards [1]. Most children are diagnosed without proper assessment and prescribed medication as the sole treatment, whereas few receive behavior therapy, especially in rural settings [2, 3]. Community-based medical providers and school personnel are overwhelmingly responsible for managing pediatric ADHD, but these professionals typically have insufficient mental health training and do not work collaboratively [4].

Practice change

An interdisciplinary behavioral team from Michigan Medicine worked collaboratively with community medical providers, mental health clinicians and school staff from a rural area of Central Michigan to develop an integrated care approach for managing pediatric ADHD. Efforts involved determining community needs, provider/teacher education and training, coordinating screening/assessment methods, developing resources, and facilitating collaborative communication. Implementation was facilitated via three community-based training workshops.

Aim and theory of change

The primary goal is to improve outcomes for children in Michigan with ADHD concerns by enhancing access to evidence-based assessment and behavioral health treatment. This necessitates an integrated approach to care utilizing all relevant community-based systems, particularly in underserved areas.

Targeted population and stakeholders

The State-funded initiative was designed primarily for community-based medical providers and elementary school staff who regularly work with children with ADHD.

Timeline

Planning and collaborative efforts began in January 2018 and workshops were conducted between May and August 2019. Follow-up and program evaluation efforts are ongoing.

Highlights

The workshops were attended by 32 medical providers and 136 school staff.

Knowledge of ADHD was assessed pre- and post-workshop via multiple-choice questionnaire. Medical providers scored significantly higher after the workshop (M= 77.0%) than before (M= 41.9%), p< .001, d= 1.40. School staff also improved significantly pre-workshop (M= 38.2%) to post-workshop (M= 67.9%), p <.001, d= 1.37.

Comfort with and feasibility of meeting best practice standards for ADHD care were obtained pre/post workshop using 6-point Likert scale ratings (range: 1= very uncomfortable/unfeasible to 6= very comfortable/feasible). Ratings were significantly more favorable post-workshop for both medical providers (Mpre= 3.41 vs. Mpost= 4.60, p <.001, d= 1.24) and school personnel (Mpre= 3.72 vs. Mpost= 4.26, p <.001, d= 0.98).

Acceptability ratings (range: 1= very unacceptable to 6= very acceptable) of the training workshops and resources were obtained post-workshop and were positive for both medical providers (M= 5.17) and school staff (M= 4.35).

Qualitative feedback from workshop attendees will be discussed.

Sustainability

The training workshop and resources are currently being converted to an online-accessible format for cost-effective dissemination throughout the state.

Transferability

The workshop content is relevant to anyone who interacts with children with ADHD concerns. The approach to integrating care is applicable to various behavioral health conditions.

Conclusions and Discussions

Medical providers and school staff exhibited improved knowledge and perceived ability to effectively manage ADHD concerns via an integrated care initiative.

Lessons learned

Medical providers were more actively involved than school staff which may account for larger effect sizes. Neither group was interested in evaluating outcomes on patients.