ADHD as a Chronic Condition: Using the Chronic Care Model for Child Health for Improved Patient Outcomes for Adolescents and Transitioning Young Adults

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ADHD as a Chronic Condition: Using the Chronic Care Model for Child Health for Improved Patient Outcomes for Adolescents and Transitioning Young Adults

Keywords
ADHD, chronic care model, adolescent

Disciplines
Family Practice Nursing

Comments
Poster presented at Faculty Scholarship Celebration, St. John Fisher College, October 25, 2012.

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Purpose: To encourage nurse practitioners to consider use of the Chronic Care Model for Child Health in children with ADHD to better anticipate the difficulties of transitioning through adolescence.

Background and Significance
- ADHD is the most common psychiatric disorder with a neurobiological basis of childhood.
- ADHD among US youth ranges from 3-16% (most estimate 10%).
- ADHD increased 22% from 2003-2008 from data on insurance coding and pharmacy data.
- Estimates are that 5.4 million children have been diagnosed with ADHD.
- In most cases (72-85%), ADHD continues into adulthood.
- Prevalence of adult ADHD is 4-5%.
- Most estimate 10%.
- About 75% of adults presenting to primary care practices are self-referred, many were not diagnosed as children.

Common Characteristics in Pediatric and Adult ADHD
- Hyperactivity
  - Fidgeting
  - Constant Motion
  - Inability to Relax

Hyperactivity characteristics are less commonly seen in adolescent and young adults with ADHD.

Common Characteristics in Late Pediatric, Adolescent and Adult ADHD
- Inattention
  - Difficulty completing tasks they do not find interesting
  - Difficulty in maintaining relationships
  - Difficulty maintaining concentration on reading material or conversations
  - Forgetful, misuse of or loses things
  - Distractibility
  - Impulsivity

How ADHD Impacts the Lives of Adolescents and Adults
- Job performance
  - May be inconsistent, frequent job hopping
  - Difficulty concentrating on assignments
  - May be forgetful: missing meetings, not aware of schedules, loses important materials
  - May quit jobs out of boredom (impulsivity)
- Personal Relationships
  - Problems focusing on conversations
  - Difficulty “reading” the behavior and moods of others
  - Difficulty expressing their own feelings

10% of adolescents and adults with ADHD report difficulties in maintaining relationships and inattention. The Chronic Care Model for Child Health (CCM) is a framework that can be used to improve management of the impact of ADHD on life outcomes.

Application of the Six “Pillars” of Chronic Care Model for Child Health to ADHD

<table>
<thead>
<tr>
<th>Pillar of Care</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision support</td>
<td>AAP/NICHQ ADHD children and adults Toolkit, ADHD primary care visit templates, EMR prescribing tools, access to psychiatrists for phone/online consultations, individual decision support systems from health care organizations</td>
</tr>
<tr>
<td>Delivery system design</td>
<td>Developing collaborative relationships with primary care practice that streamline the referral and follow up process. Deliberate choice of effective roles of providers for most efficient and consistent management.</td>
</tr>
<tr>
<td>Clinical information systems</td>
<td>Use of consistent EMR systems between primary care provider and consulting providers</td>
</tr>
<tr>
<td>Family and self-management support</td>
<td>Nurse educators, Nurse practitioners, Mental health counselors, encouragement and monitoring of frequent follow up visits and “phone checks”</td>
</tr>
<tr>
<td>Community Resources and Policies</td>
<td>Special education programs/individualized educational plans in schools, use of 504 plans in the workplace, support groups (CHADD, <a href="http://www.add.org">www.add.org</a>)</td>
</tr>
<tr>
<td>Health care organizations</td>
<td>Insurance providers, Foundations for public funding</td>
</tr>
</tbody>
</table>

Example of a ADHD diagnoses and assessment template

Pillars of the Chronic Care Model for Child Health
- Delivery System Design: Design division of labor within a practice to match the best provider (diverse roles within the practice) with the responsibility of visit management, medication monitoring, referral management and school liaison for IEP and 504 if necessary.
- Clinical Information Systems: Organized to help with care management. Tracks evaluations and medication monitoring.
- Family and Self-Management Support: Collaborating with families and support persons to help them acquire the skills, confidence and motivation necessary to manage the condition.
- Community Resources and Policies: Providing information on community resources—schools, parent/child support groups, adult support groups, and community resources.
- Health Care Organizations: Knowledge and involvement of provider organizations, insurers, referral providers and policy makers.

Purpose: To move towards improved patient outcomes and transitioning young adults with ADHD increased 22% from 2003-2008 from data on insurance coding and pharmacy data. Therefore, it becomes critically important for primary care providers to better anticipate the difficulties of transitioning through adolescence.

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Improved Patient Outcomes for Adolescents and Transitioning Young Adults

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About the Chronic Care Model for Child Health
- Developed at Group Health Cooperative in the Pacific Northwest
- Established to improve primary care for several diseases (including depression, diabetes and asthma)
- Purpose of the Chronic Care Model is to develop informed, active patients who will interact with a prepared, proactive health care team.
- Together patient and health care teams work toward common goals and improved health outcomes.

The Chronic Care Model for Child Health
- Community
- Family
- Health System

Delivery System Design
- Organized to help with care management. Tracks evaluations and medication monitoring.
- Referral management and school liaison for IEP and 504 (if necessary).

Decision Support
- Tools available for clinical decision support to assist with evidence-based diagnosis and treatment.

Delivery System Design
- Design division of labor within a practice to match the best provider (diverse roles within the practice) with the responsibility of visit management, medication monitoring, referral management and school liaison for IEP and 504 (if necessary).
- Example of a ADHD diagnoses and assessment template

Clinical Information Systems
- Developed collaborative relationships with primary care practice that streamline the referral and follow up process. Deliberate choice of effective roles of providers for most efficient and consistent management.

Family and Self-Management Support
- Nurse educators, Nurse practitioners, Mental health counselors, encouragement and monitoring of frequent follow up visits and “phone checks”

Community Resources and Policies
- Special education programs/individualized educational plans in schools, use of 504 plans in the workplace, support groups (CHADD, www.add.org)

Health care organizations
- Insurance providers, Foundations for public funding

Example of a ADHD diagnoses and assessment template

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References

Additional references available on request.

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