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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

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Keywords

ADHD, chronic care model, adolescent

Disciplines

Family Practice Nursing

Comments

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

Purpose

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 adolescent young adulthood for these patients and families.

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%), ADHA continues into adulthood.
- Prevalence of adult ADHD is 4-5%.
- 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, misplacement 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

The Chronic Care Model for Child Health

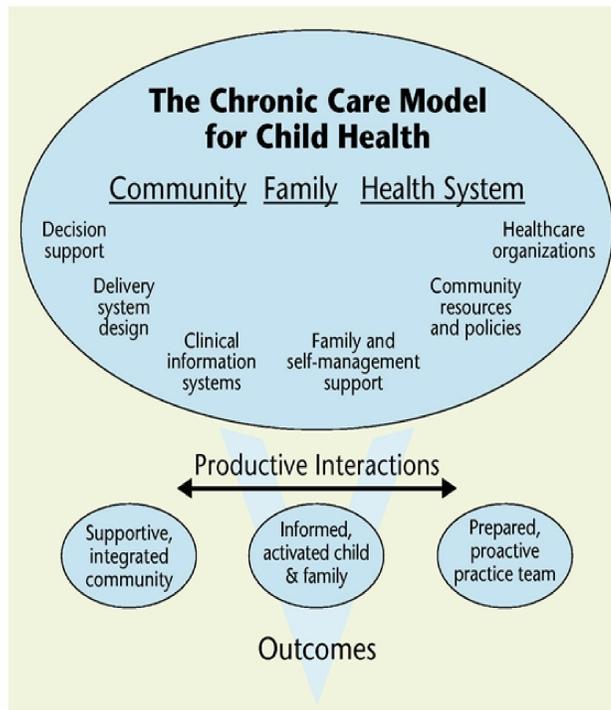


Figure. The Chronic Care Model for Child Health. The Chronic Care Model was originally developed by Bodenheimer, Wagner, and Grumbach (2002a, 2002b).

About the Chronic Care Model for Child Health

- Developed at Group Health Cooperative in the Pacific Northwest
- Adopted 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.

Pillars of the Chronic Care Model for Child Health

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).

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.

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

Pillar of Care	Example
Decision support	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
Delivery system design	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.
Clinical information systems	Use of consistent EMR systems between primary care provider and consulting providers
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

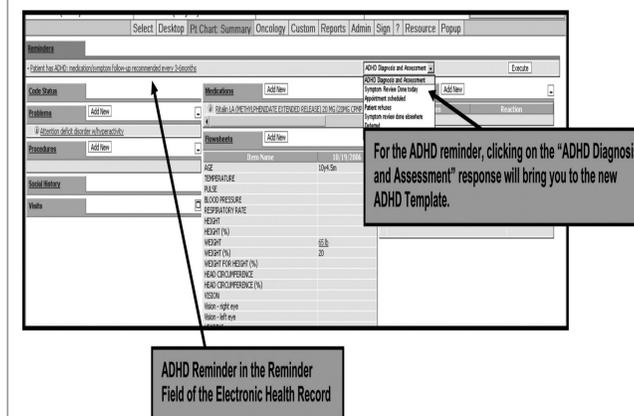


Figure acknowledgement:
Co, JP., et al. (2010). Electronic Health Decision Support and Quality of Care for Children with ADHD. *Pediatrics*, 126, 239-246.

Implications for Care

- Can provide thorough assessment and diagnosis documentation useful for school and workplace support (IEP, 504).
- Can alert staff to monitor height, weight and blood pressure at each clinical visit.
- Allows for careful monitoring of medication adherence, side effects and ongoing symptoms.
- Helps clinicians provide evidence-based supportive resources for ongoing management of the impact of ADHD on life activities.
- Maintains close collaboration with insurance providers to ensure coverage of treatment modalities.
- Better patient support leads to increased adherence and better outcomes.
- Holistic, comprehensive management in childhood can promote better management of this chronic condition through adulthood by encouraging patients to be knowledgeable and involved in their health management.



References

- Primary Reference:**
Van Cleave, J. & Leslie, L. (2008). Approaching ADHD as a Chronic Condition. *JPNonline.com*, 46(8), 28-37.
Additional references available on request.

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