

## IMPROVEMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER MANAGEMENT IN THE PRIMARY MEDICAL HOME THROUGH PSYCHIATRIST-TAUGHT PSYCHOPHARMACOLOGY

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**Introduction:** US primary care clinicians (PCCs) are increasingly assuming the medical management for psychiatric disorders. Clinical practice guidelines (PCGs) remain gold standard for professional care, yet physician adoption is not universal. We sought identification of methods to increase evidence-based mental health practices for the most commonly diagnosed pediatric behavioral condition, attention deficit hyperactivity disorder (ADHD).

**Objective:** Test two psychiatric interventions of different intensity levels, both designed to increase primary care clinicians' use of PCGs for managing ADHD.

**Aims:** Increase PCCs' use of PCGs for managing ADHD.

**Methods:**

**Participants:** 70 North Carolina (NC) PCCs ; 70 case managers; 35 to 40 pediatric resident physicians; 420 pediatric government-insured patients ages 6-18 years (chart abstraction only).

**Procedures:** PCCs were randomized to:

- (1) PCC training and follow-up support only; or
- (2) PCC, case manager, and office staff training (collaborative) and follow-up support interventions.

Differences in knowledge, skills, attitudes, and ADHD assessment and treatment practices assessed by participant self-completed surveys at baseline, 6, and 12 months. Six of their patient charts were abstracted to determine the extent they followed American Academy of Pediatrics (AAP) treatment guidelines. NC Medicaid (government insurance) claims for children and adolescents of participating practices and a group of control practices were reviewed for diagnostic documentation.

**Results:** For collaborative trained PCCs:

- (1) increased use of ADHD symptom screeners and greater frequency of F/U visits;
- (2) greater identification of children with ADHD, but decrease in the probability of receiving an ADHD medication
- (3) lower rate of prescribing above dosing guidelines.