



CONVERSATIONS IN PRIMARY CARE

2017



Live Virtual Conferences

Adult ADHD in Primary Care: Addressing the Unmet Need

Grant # IME-USA-14091

Final Outcome Report

3 Live Virtual Conferences

Report Date: April 28, 2017

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Course Accreditation

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of *4.0 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 4 contact hours of continuing education.*

* This applies to the entire CME activity entitled Conversations in Primary Care



Commercial Support

Conversations in Primary Care: 2017 series of CME activities were supported through educational grants or donations from the following companies:

Arbor Pharmaceuticals
Bayer HealthCare
Boehringer Ingelheim Pharmaceuticals, Inc.
Lilly USA, LLC
Shire



Dates and Times

Conversations in Primary Care: Update 2017
Live Virtual Conference Schedule

February 11, 2017
10:00am – 2:30pm

March 4, 2017
10:00am – 2:30pm

March 25, 2017
10:00am – 2:30pm

* **Bolded** cities are where the lecture was given

Titles of Presentations

- **Adult ADHD in Primary Care: Addressing Unmet Needs**
- Recognition and Management of Idiopathic Pulmonary Fibrosis: The Role of Primary Care
- Atrial Fibrillation: Reducing Risk and Individualizing Therapeutic Choices
- Legalize it? A Clinician's Guide to Medical Marijuana
- Getting Comfortable with SGLT-2 Therapy: New Insights
- Challenges in Hypertension: Incorporating Evolving Clinical Data into Practice
- Leaning in to LARCs; Long Acting Reversible Contraception Options


Levels of Evaluation

Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on Moore's model. This outcome study reaches Level 5.

- Level 1: Participation
- Level 2: Satisfaction
- Level 3: Declarative and Procedural Knowledge
- Level 4: Competence
- Level 5: Performance
- Level 6: Patient Health
- Level 7: Community Health

Executive Summary

Adult ADHD in Primary Care: Addressing the Unmet Need New Insights

Knowledge/Competence	1323 learners demonstrated improvement from pre to post-testing in their answers to <i>all four</i> of the case-based questions regarding the approach to recognition and diagnosis of ADHD in adult patients, three of which achieved statistical significance.
Confidence	Whereas the majority of learners rated themselves as having low to moderate confidence in their understanding of treating adult patients with ADHD before the education, most of the learners showed significant gains in confidence after the program.
Intent to Perform	As a result of this program, 90% of learners now state that they will, often or always, consider a diagnosis of ADHD in adult patients presenting with symptoms of depression, anxiety or substance abuse, compared to 66% prior to the program.
Change of Practice Behavior 4 Weeks Post N= 373	91% of learners who responded to our four week survey indicated that they had changed their practice behavior to implement the learning objectives of this program within four weeks after attending the  activity.

Adult ADHD in Primary Care: Addressing the Unmet Need

New Insights

Data Interpretation: 1323 clinicians at 3 live virtual meeting

96% said they would implement new strategies that they learned in their practice

240% improvement in confidence levels in the ability to recognize and diagnose ADHD in Adult patients

KEY TAKE HOME POINTS

36% improvement in intention to screen for ADHD in adults when presenting with psychiatric co-morbidities

76% of attendees report seeing at least 1 adult patient weekly with ADHD and 31% are seeing more than 6, suggesting a significant number of patients impacted

Level 1: Participation

- 1323 attendees on for all three activities
- 22% Physicians; 72% NPs or PAs; 4% RNs; 2% Other
- 44% in community-based practice
- 80% PCPs, 5% Cardiologist; 3% Hospitalist; 12% Other or did not respond
- 95% provide direct patient care

Level 2: Satisfaction

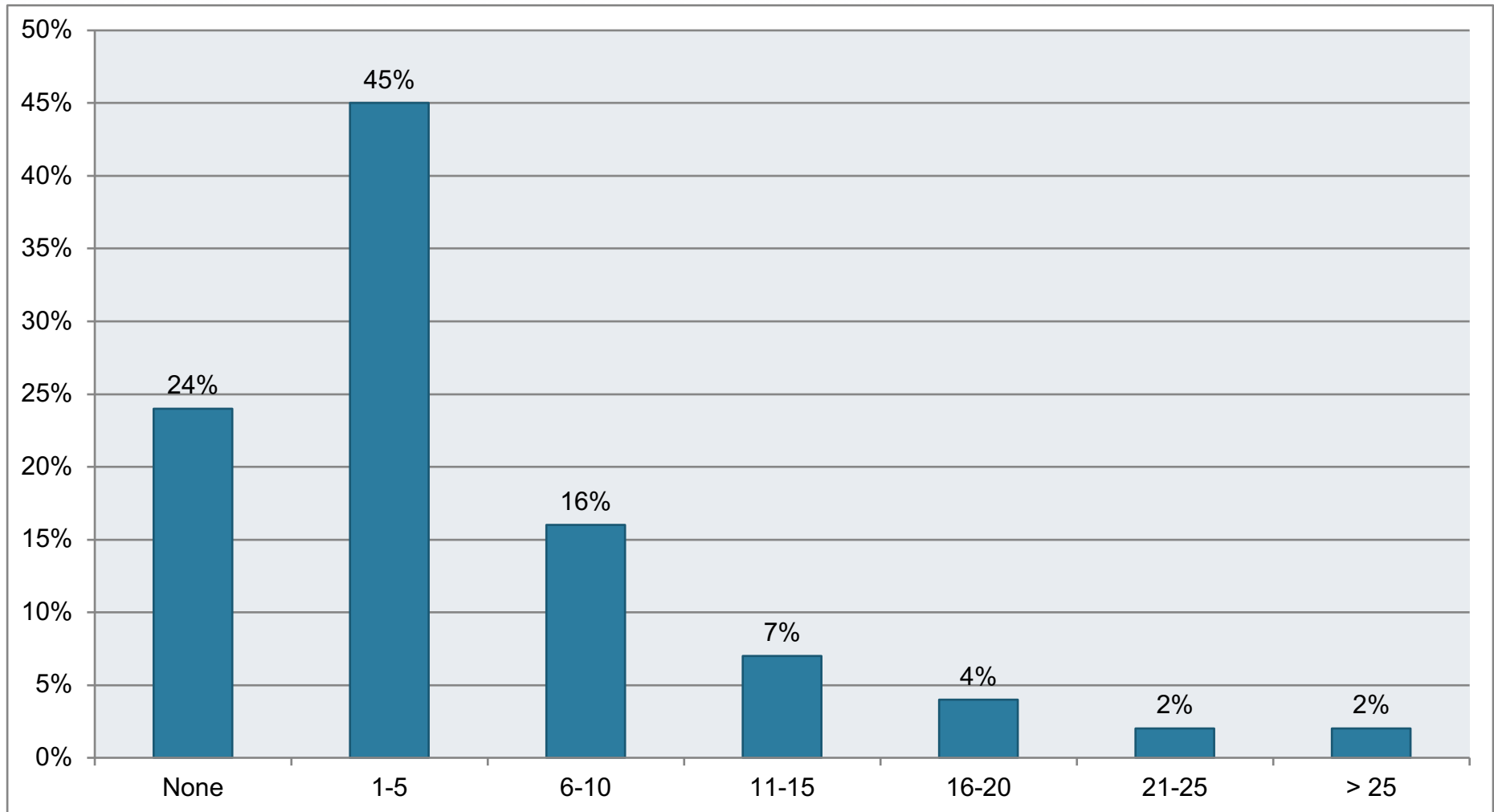
- 99% rated the activity as excellent
- 100% indicated the activity improved their knowledge
- 96% stated that they learned new and useful strategies for patient care
- 96% said they would implement new strategies that they learned in their practice
- 100% said the program was fair-balanced and unbiased

Sample Size: N = approximately 1323

Were our learners satisfied? **Yes!**

Adult ADHD in Primary Care: Addressing the Unmet Need

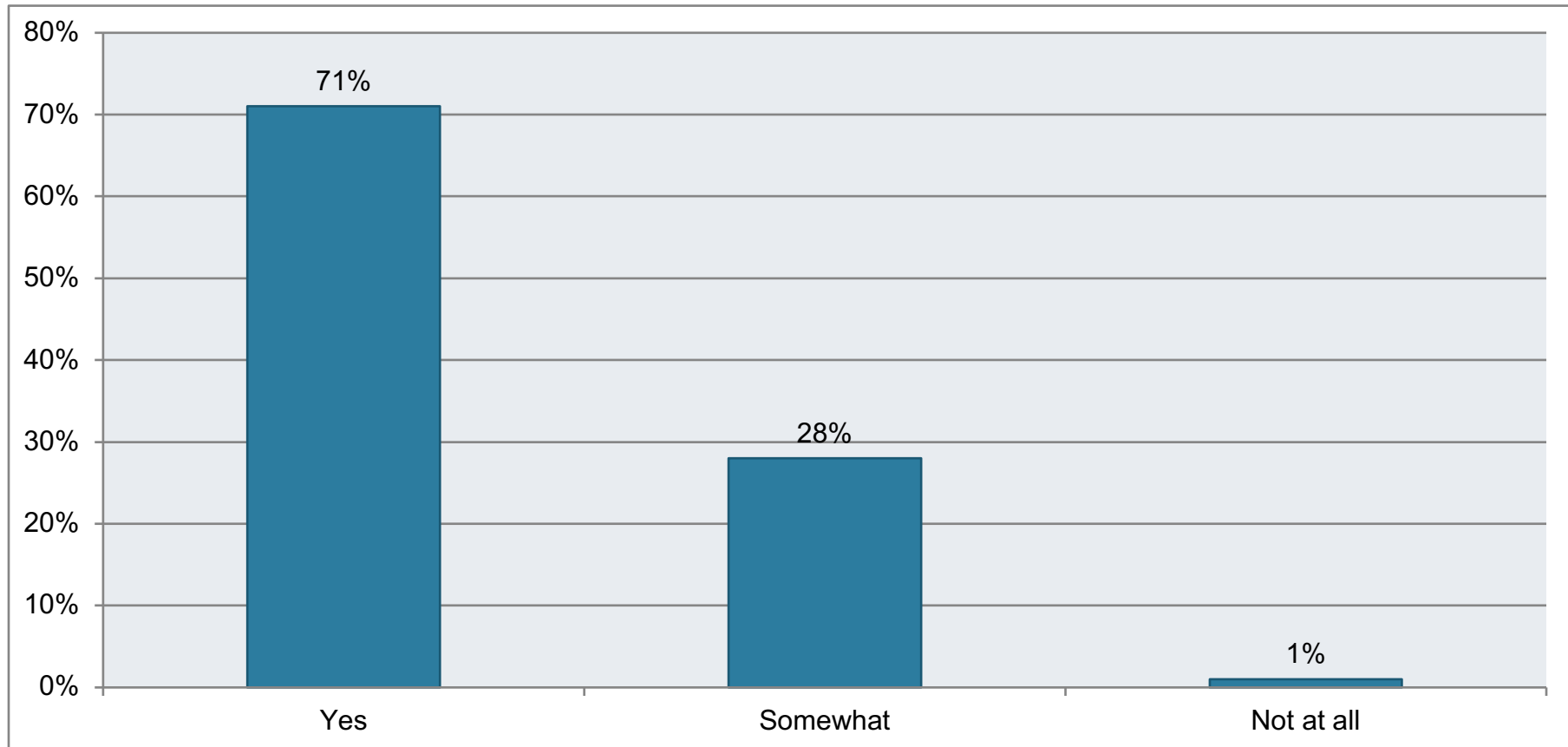
Patients seen each week in a clinical setting with adult ADHD:



Sample Size: N = approximately 1323

Did Learners Say They Achieved Learning Objective?

Upon completion of this activity, I can now – Discuss ADHD symptom profiles and common presentations in a primary care setting; identify risks for coexisting disorders in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disorders; implement appropriate pharmacologic treatment for adults diagnosed with ADHD designed to improve compliance, minimize side effects and maximize outcomes in a busy primary care setting; use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring.



Yes! 99% believed they did.

Outcome Study Methodology

Goal

To determine the effect this CME activity had on learners with respect to competence to apply critical knowledge, confidence in treating patients with diseases or conditions discussed, and change in practice behavior.

Dependent Variables

1. Level 3-5: Knowledge, Competence, and Performance

Case-based vignettes and pre- and post-test knowledge questions were asked with each session in the CME activity. Identical questions were also asked to a sample of attendees 4 weeks after the program to assess retention of knowledge. Responses can demonstrate learning and competence in applying critical knowledge. The use of case vignettes for this purpose has considerable predictive value. Vignettes, or written case simulations, have been widely used as indicators of actual practice behavior.¹

2. Practitioner Confidence

Confidence with the information relates directly to the likeliness of actively using knowledge. Practitioner confidence in his/her ability to diagnose and treat a disease or condition can affect practice behavior patterns.

3. Level 5: Self-Reported Change in Practice Behavior

Four weeks after CME activity, practitioners are asked if they changed practice behavior.

1. Peabody, J.W., J. Luck, P. Glassman, S. Jain, J. Hansen, M. Spell and M. Lee (2004). Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. *Ann Intern Med* 14(10): 771-80.

Adult ADHD in Primary Care: Addressing the Unmet Need

Faculty

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Child, Adolescent, and Adult Psychiatrist
Clinical Instructor
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Learning Objectives

1. Discuss ADHD symptom profiles and common presentations in a primary care setting.
2. Identify risks for coexisting disorders in adult patients with ADHD with emphasis on anxiety disorders, mood disorders, and substance use/abuse disorders.
3. Implement appropriate pharmacologic treatment for adults diagnosed with ADHD designed to improve compliance, minimize side effects and maximize outcomes in a busy primary care setting.
4. Use adult ADHD assessment and treatment tools for assessment, treatment and follow-up monitoring.



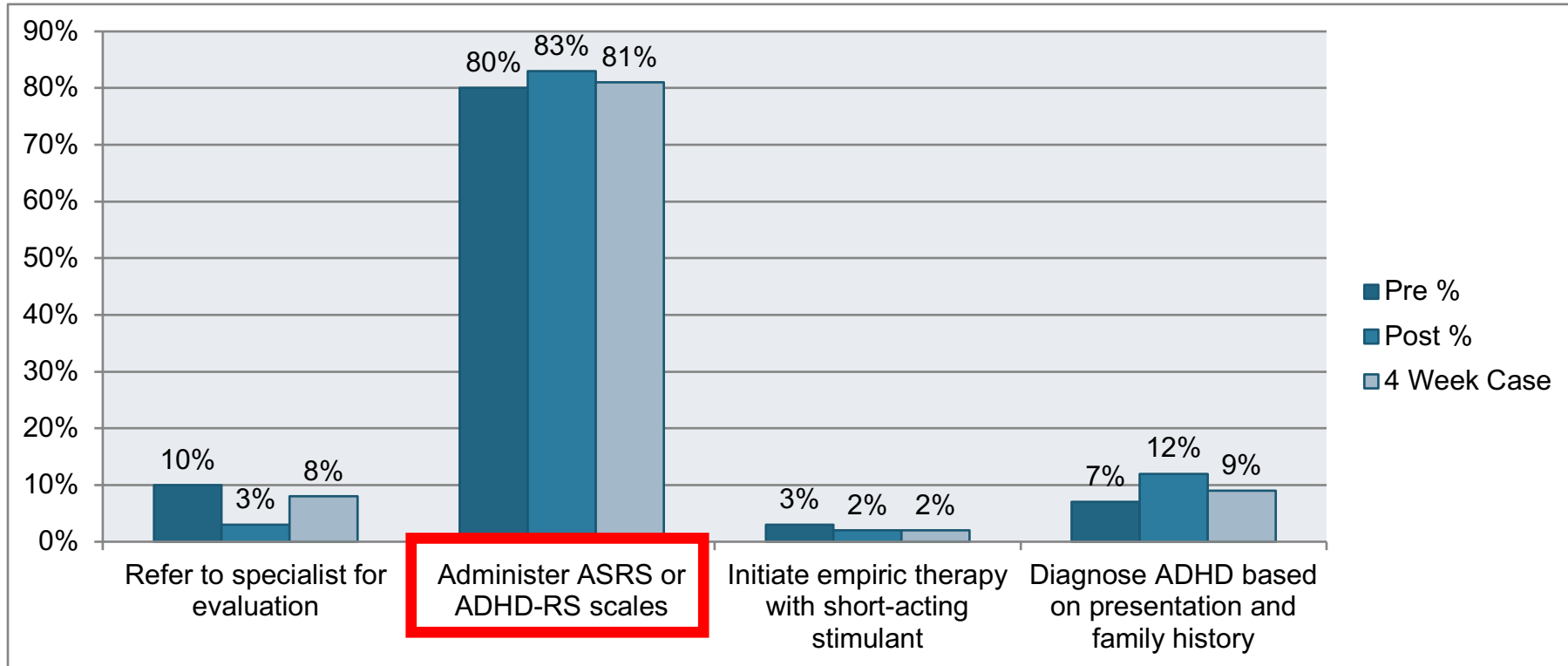
Case Vignette Knowledge and Competence Assessment Questions

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

A 37-year-old woman presents complaining of distractibility and inability to focus. She has a new job and often can't focus on or complete assigned tasks. She asks if there is something that can help improve her concentration. She has a 14-year-old daughter who was recently diagnosed with ADHD.

Which of the following would be appropriate at this time? (Learning Objective 1,2 and 4)

Pre-Post P Value: 0.014 – Not Significant



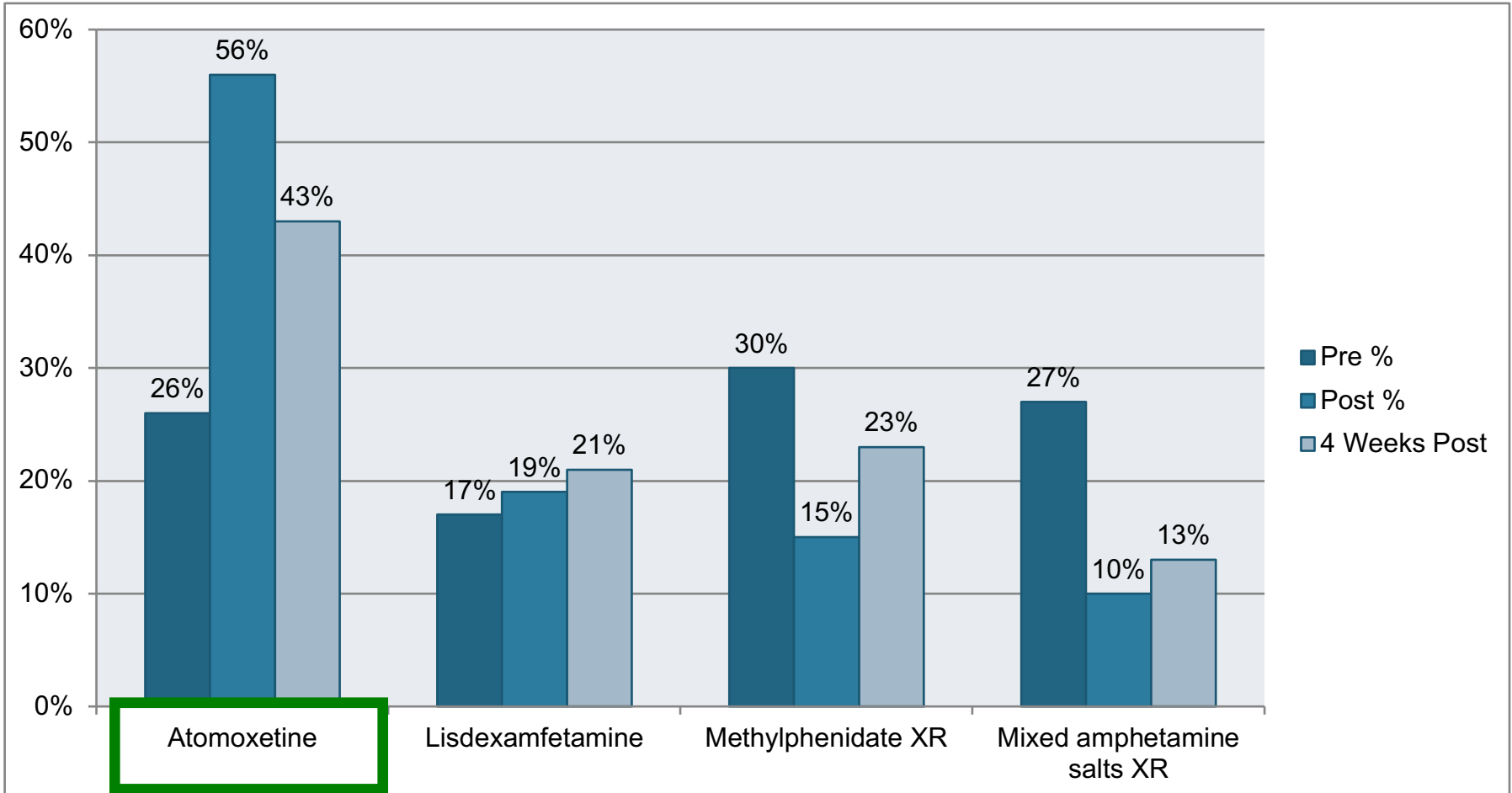
Case Vignette Knowledge and Competence Assessment Questions

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

Based on meta-analysis of treatment effect sizes, which of the following agents is generally reserved for second-line use in adults with ADHD?

(Learning Objective 3)

Pre-Post P Value: <0.001 – Significant



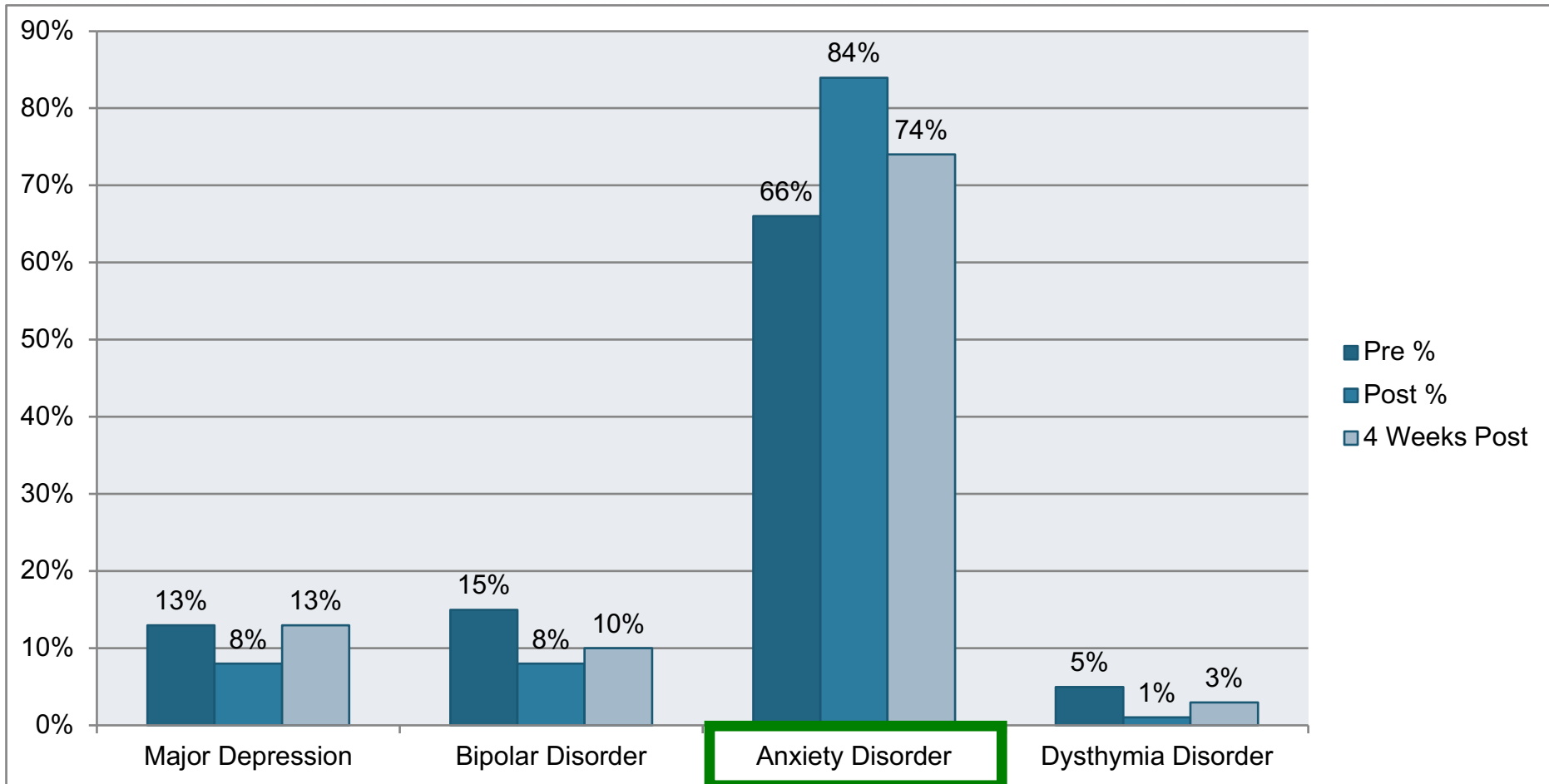
Case Vignette Knowledge and Competence Assessment Questions

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

Which of the following is the most common psychiatric comorbidity in adults with ADHD?

(Learning Objective 2)

Pre-Post P Value: <0.001 – Significant



Pre N = 590 Post N = 640 4 Weeks Post N = 373

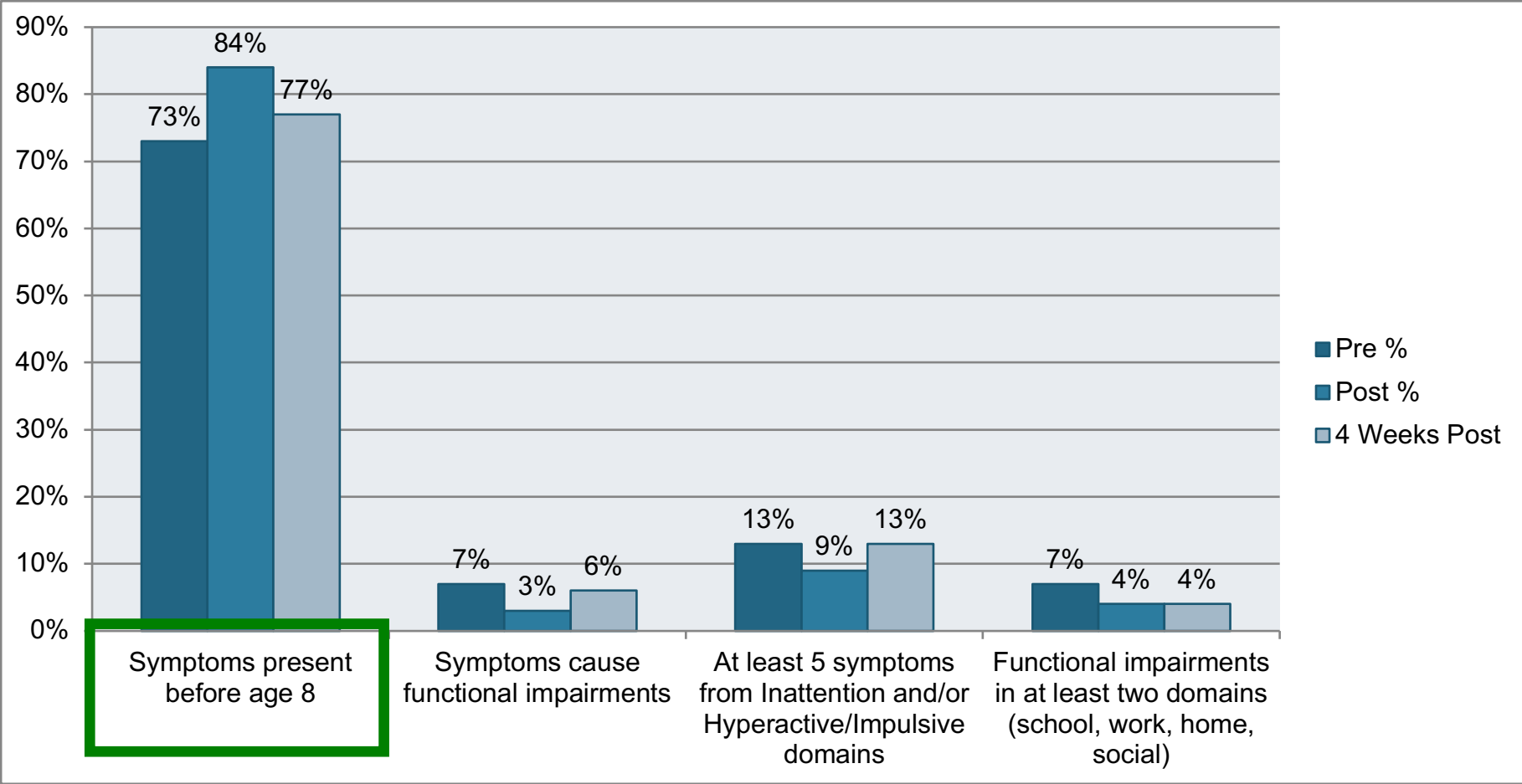
Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

(presented pre-post lecture, and after 4 weeks —boxed answer is correct)

According to the DSM-5, all of the following are required criteria for a diagnosis of adult ADHD, EXCEPT: (Learning Objective 1)

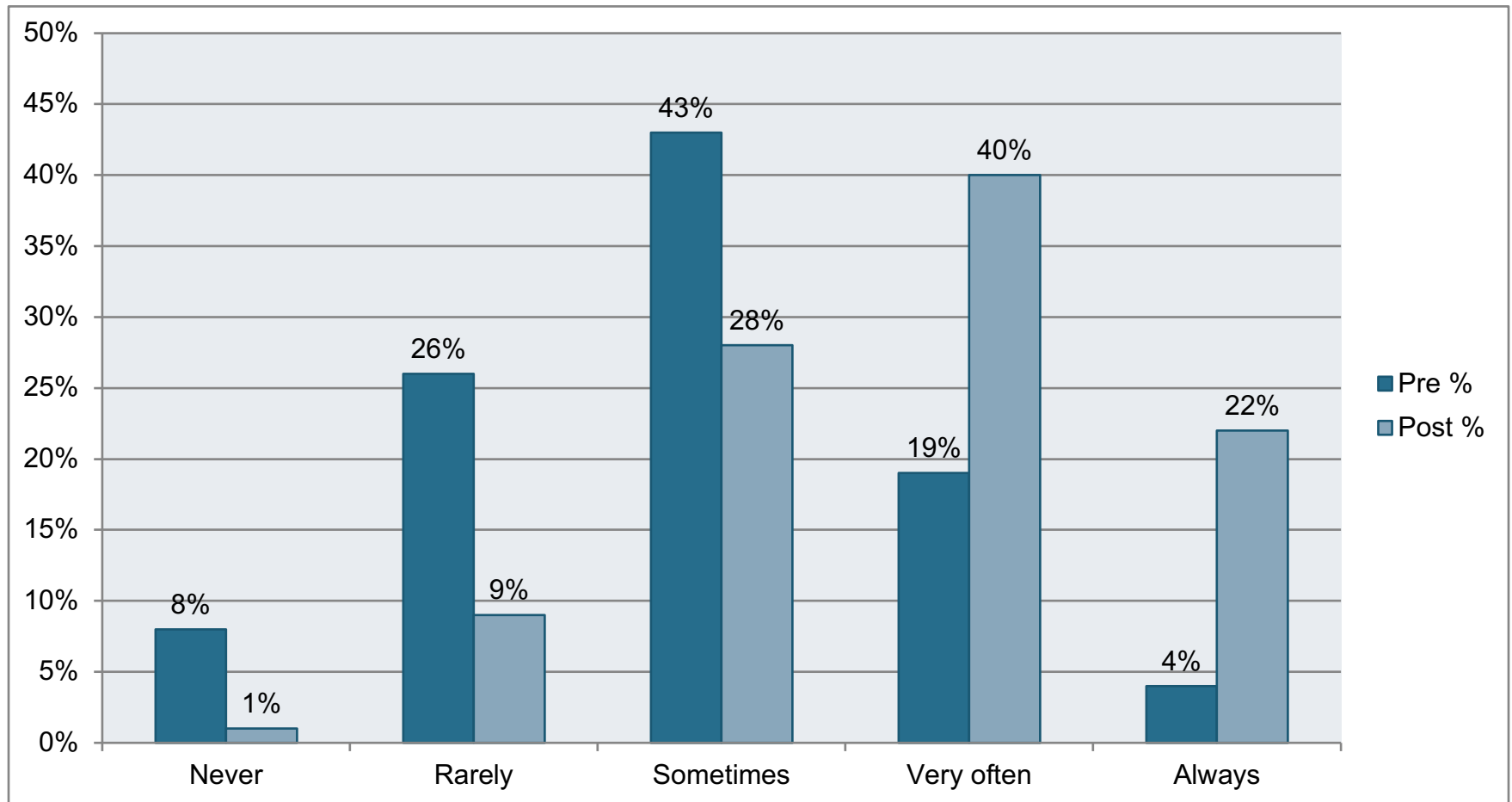
Pre-Post P Value: <0.001 – Significant



Change in Practice Behavior Question (presented pre-post lecture)

How often do/will you consider a diagnosis of ADHD in adult patients presenting with symptoms of depression, anxiety or substance abuse?

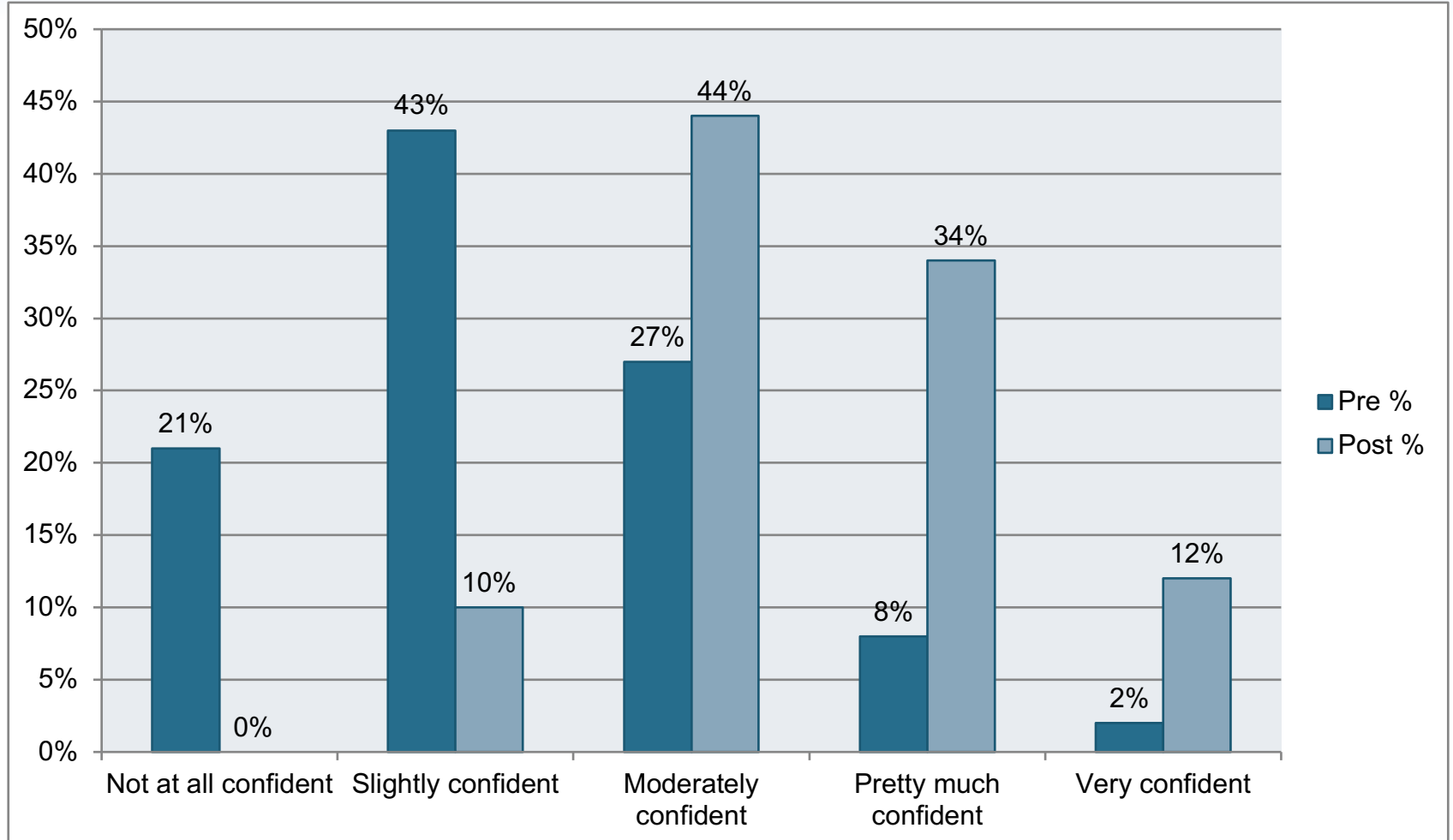
(Learning Objectives 1,4)



Confidence Question

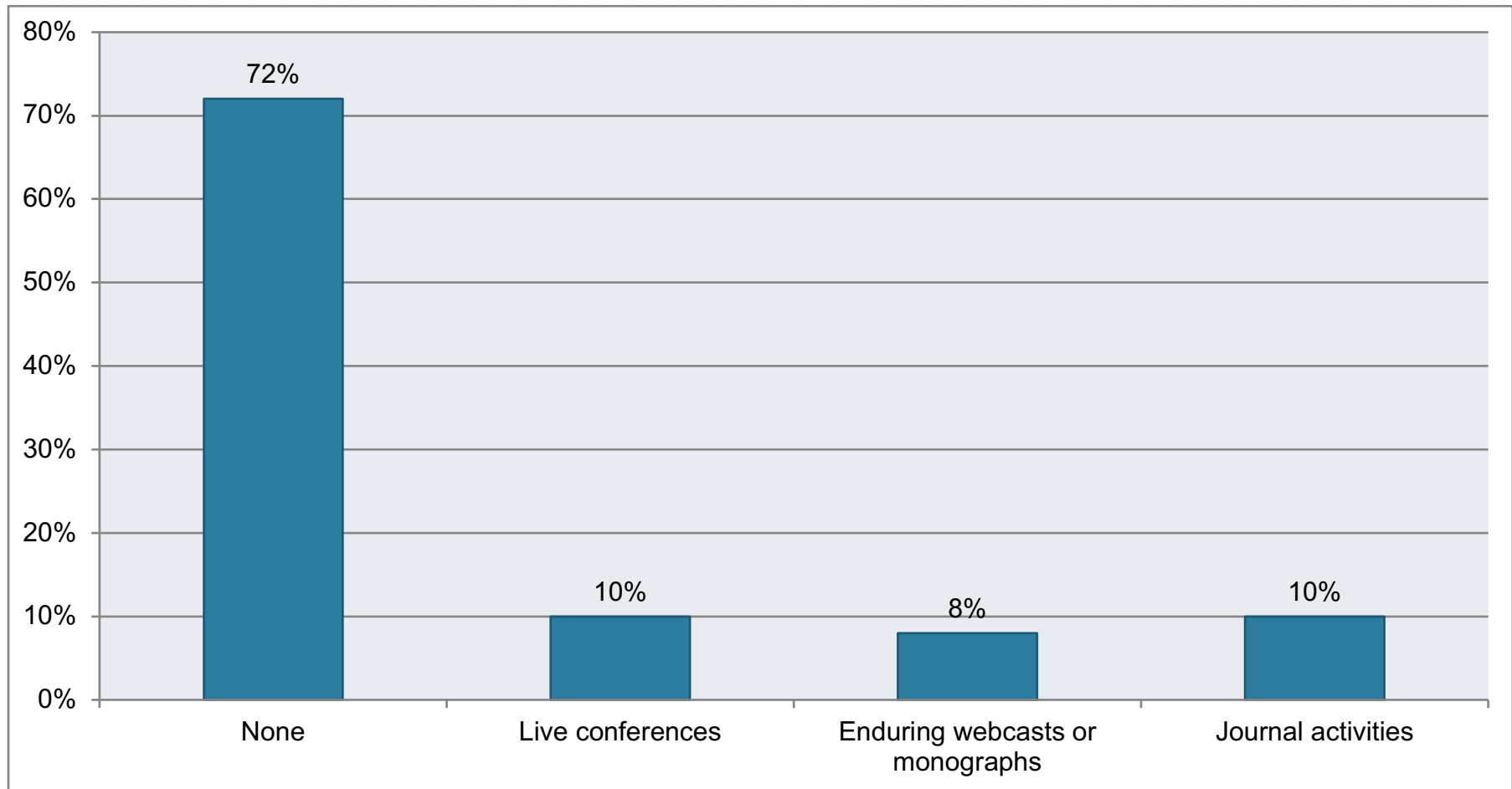
(Presented pre-post lecture)

Please rate your confidence in your ability to recognize and diagnose ADHD in adult patients:



Adult ADHD in Primary Care: Addressing the Unmet Need New Insights

Describe/list any other educational activities that you attended in the last month concerning the treatment of ADHD in adults?



Adult ADHD in Primary Care: Addressing the Unmet Need New Insights

What specific skills or practice behaviors have you implemented for adult patients with ADHD since this CME activity?

(Sample comments received from attendees at 4 week follow up)

- “I am using standardized forms/rating scales/screening tools” N=7
- “I am more acutely aware of possible ADHD in patients with depression, bipolar and anxiety” N=2
- “I look for what is the driving crisis and comorbidities”
- “I know that accurately assessing adults for ADHD requires using different criteria”
- “I know that co-morbid psychiatric disorders may complicate the clinical presentation of ADHD.”
- “I am using long acting stimulants with patients”
- “I am screening for ADHD more in adults”
- “I am spending more time with patients getting a history”
- “I know understanding the physiology behind ADHD which has helped”

Adult ADHD in Primary Care: Addressing the Unmet Need New Insights

What specific barriers have you encountered that may have prevented you from successfully implementing strategies for adult patients with ADHD since this CME activity?

(Sample comments received from attendees at 4 week follow up)

- Insurance not covering medication
- Cost of extended release medications
- Time constraints
- Concerns with misuse of treatments, expense of less divertible treatments
- Since stimulants are Scheduled II, I am worried about abuse
- Patient denial or concern regarding medication
- Patient finances for meds
- Patient adherence to treatment regimen
- Patient unwilling to complete forms when they find out what it is for
- Lack of knowledge
- Patients desire for short acting stimulants
- Lack of resources
- Office staff not able to implement changes

Adult ADHD in Primary Care: Addressing the Unmet Need

New Insights

Data Interpretation: 1323 clinicians at 3 live virtual meeting

Are more aware that Atomoxetine is reserved for second line therapy for ADHD in Adults and that long acting stimulants are first line therapy

Are more aware that Anxiety is the most common psychiatric comorbidity in adults with ADHD

Participant Educational Gains

Understand that one of the diagnostic criteria for ADHD is that symptoms must be present before age 12, not age 8

Improvement in awareness of the need to administer screening scales before diagnosing a patient with ADHD, based on presentation and family history

Adult ADHD in Primary Care: Addressing the Unmet Need New Insights

Data Interpretation: 1323 clinicians at 3 live virtual meeting

Persistent Educational Gaps at 4 Weeks:

First vs. second line treatments for ADHD in adults

The relationship of psychiatric co-morbidities with ADHD

Diagnostic criteria for ADHD in adults

Adult ADHD in Primary Care: Addressing the Unmet Need

New Insights

New Specific Behaviors Reported at 4 weeks

Greater use of
standardized rating
scales

Greater awareness of
possible ADHD in patients
with depression, bipolar and
anxiety

Greater use of long acting
stimulants in adults with ADHD

Screening more adult
patients for ADHD

Greater understanding of
ADHD physiology

Adult ADHD in Primary Care: Addressing the Unmet Need

New Insights

Reported Barriers to Care at 4 weeks

Medication cost

Insurance coverage
and formulary
restrictions

Time constraints

Patient adherence

Concern about abuse
potential

Discussion and Implications

Adult ADHD in Primary Care: Addressing the Unmet Need

New Insights

The need for continued education in the area of ADHD, was demonstrated based on literature reviews and surveys completed prior to the conference series. Attendee knowledge was assessed at 3 points for this program: prior to the lecture, immediately following the lecture and again at 4 weeks after the conference using the case vignettes listed above.

Data Interpretation:

Data collected from 1323 clinicians after 3 meetings, indicated improvement in knowledge and intent to change behavior in all 4 of the questions presented. Three of the responses on the knowledge questions achieved statistical significance. Specifically, as a result of this lecture, participants:

1. Are more aware that Atomoxetine is reserved for second line therapy for ADHD in Adults and that long acting stimulants are first line therapy;
2. Are more aware that Anxiety is the most common psychiatric comorbidity in adults with ADHD;
3. Understand that one of the diagnostic criteria for ADHD is that symptoms must be present before age 12, not age 8.

Learners demonstrated slight improvement in awareness of the need to administer screening scales before diagnosing a patient with ADHD, based on presentation and family history, but this did not achieve statistical significance due to high baseline knowledge. Despite this level of knowledge, only 66% of learners reported they would sometimes to always, consider screening for ADHD when seeing an adult patient presenting with symptoms of depression, anxiety or substance abuse before the program. This improved by 36%, to 90%, as a result of this program, indicating a significant intention to change practice.

Moderate to very confident levels in the ability to recognize and diagnose ADHD in Adult patients rose over 240% from 37% to 90%. 96% of participants are likely to utilize information learned from this presentation in their practice. 76% of attendees report seeing at least 1 adult patient weekly with ADHD and 31% are seeing more than 6, suggesting a significant number of patients will be impacted by this program.



Discussion and Implications

Adult ADHD in Primary Care: Addressing the Unmet Need

New Insights

The program content was reinforced to participants with a “Clinical Highlights” document containing key teaching points from the program. This was distributed 1 week after the meeting.

4 Week Follow Up Data

Data obtained from participants 4 weeks after the program demonstrated some decline from post test scores but overall better than pre-test results indicating that participants had retained much of what they learned in this program.

Persistent gaps in knowledge were evident with additional education needed in the following areas:

1. First vs. second line treatments for ADHD in adults
2. The relationship of psychiatric co-morbidities with ADHD
3. Diagnostic criteria for ADHD in adults

New Practice Behaviors

Attendees indicated multiple new, specific, practice behaviors they implemented as a result of this program that included:

1. Greater use of standardized rating scales
2. Greater awareness of possible ADHD in patients with depression, bipolar and anxiety
3. Greater use of long acting stimulants in adults with ADHD
4. Screening more adult patients for ADHD
5. Spending more time getting a history from patients
6. Greater understanding of ADHD physiology

1 month after this conference, 72% of attendees had no other exposure to a CME program on this topic, indicating that much of their behavior change was likely a result of this program.



Discussion and Implications

Adult ADHD in Primary Care: Addressing the Unmet Need

New Insights

Barriers to Care

Barriers to care reported by clinicians at 4 weeks included:

1. Medication cost
2. Insurance coverage and formulary restrictions
3. Patient adherence
4. Time constraints
5. Patients desire for short acting stimulants
6. Concern about abuse potential

What Can We Learn:

After the program, there were knowledge gains in all areas addressing the diagnosis and management of ADHD in Adults, and a significant increase in the intent to consider ADHD in an adult patient presenting with psychiatric co-morbidities. There was some decline in knowledge after 4 weeks suggesting persistent educational gaps. The notable changes in post test scores, practice pattern and confidence levels signify a clear gap in knowledge and an unmet need among primary care clinicians. It continues to be an important area for future educational programs.