**Practice Key Driver Diagram - ADHD**

**GLOBAL CON AIMS**
We will build a sustainable quality improvement infrastructure within our practice to achieve measurable improvements in ADHD care processes.

**Specific Aim**
From January 2016 to November 2016, we will achieve measurable improvements in ADHD care processes by implementing key strategies from the AAP guidelines and making key practice changes.

**Measures/Goals**
- 90% of patients assessed for ADHD will receive Vanderbilt assessments from the parent and teacher within 30 days of assessment initiation.
- Physicians have a thorough, documented, initial conversation with the parent about ADHD and give an ADHD Resource Kit to 90% of parents/patients diagnosed with ADHD.
- 60% of patients who are prescribed medication will receive follow-up Vanderbilt assessments from the parent and teacher within 30 days of medication initiation.
- 80% of patients diagnosed with ADHD are prescribed behavior therapy (where behavior therapy is available).

**Key Drivers**
1. Improved diagnostic accuracy using evidence-based guidelines
2. Reliable systems that ensure effective titration of medications and monitoring of side effects based on parent and teacher feedback
3. Effective follow-up and surveillance for co-morbidities
4. Partnerships with parents and teachers for effective behavior management
5. Use of population health strategies to manage children with ADHD and associated co-morbidities
6. Active participation in a peer to peer learning network (or learning collaborative) with transparent data

**Interventions**
- Complete the four registry training modules
- Determine office flow for ADHD care by establishing roles and responsibilities of the care team
- Collect parent and teacher rating scales as part of the ADHD diagnostic process
- Use a registry to improve reliability in obtaining ADHD rating scales for assessment
- Screen for co-morbidities and consider them in the differential diagnoses
- Deploy tools that enable collaborative clinical, parent and school interactions, such as an online message center and school-home report card
- Educate parents about the use of registries, including data privacy
- Collect parent and teacher rating scales to assess efficacy and side effects of medication after initial prescription and with subsequent medication titration
- Establish and follow practice protocol according to published AAP guidelines
- Use a registry to document follow-up care
- Use parent and teacher rating scales to assess medication efficacy and side effects
- Adjust medication if not effective or side effects are excessive
- Assess whether co-morbidities are present if medication is not effective or side effects persist, worsen
- Refer patient to a mental health professional if complex co-morbidities or non-responder to repeated treatment attempts
- Set expectations and therapeutic goals for medication and behavior therapy
- Provide resources to parents (ADHD Resource Kit) that address parent support, teacher/school communication and behavioral health
- Introduce daily school-home report card
- Use a registry to collect data for individual patient care and to track ADHD care quality
- Run billing query to ensure patients identified are entered into the registry
- Document workflows, protocols and job descriptions
- Assign roles and responsibilities for staff/clinicians to manage ADHD population
- Use data to identify areas for improvement in clinical and operational processes
- Attend monthly webinars and 2 face-to-face learning sessions
- Conduct tests of change to address implementation of evidence-based ADHD care
- Share best practices, tools, methods and approaches across the learning network
- Review data regularly amongst practice improvement team and staff to drive improvement

*the registry for CON ADHD Phase 1 (2015-16) is the mhealth ADHD portal*