American Academy of Pediatrics
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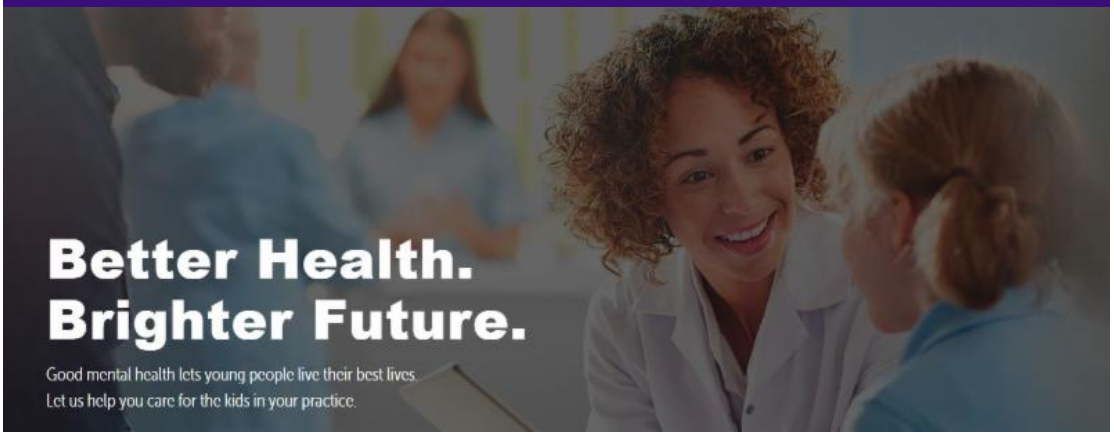
ProjectTEACH
TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH

**March 2019**

# Project TEACH E-Newsletter




## Assessing, Diagnosing & Treating ADHD in the Pediatric Primary Care Practice

Project TEACH was established in 2010, and is fully funded statewide by the New York State Office of Mental Health. Although it has grown and transformed over the last several years, the goal was and is to support and strengthen the critical role that New York State pediatric primary care providers (PCP's) can play in the early identification and treatment of mild-to-moderate mental health concerns for children ranging in age from 0 to 21.

During this period of Practice Transformation, the move toward Value Based Payment contracts in both Medicaid and Commercial insurance and the NYS PCMH initiative, integrating a level of children's behavioral health into pediatric primary care enhances the value proposition for most practices. Project TEACH can and will help your practice meet the new recognition requirements affording access to higher payments, while also supporting you and your team in providing more comprehensive higher quality care to your patients with mild-to-moderate mental health concerns.

Project TEACH services are available statewide to all pediatricians and family physicians treating children and adolescents. Services include:

- telephone consultations with Project TEACH child and adolescent psychiatrists ("Regional Providers")
- face-to-face evaluations provided by the Regional Providers as needed following phone consultations
- linkages and referrals to key community mental health resources for children and families
- and a selection of CME accredited educational opportunities

To further support and strengthen the relationship between Project TEACH and pediatric practices across New York, the New York State Academy of American Pediatrics (NYS AAP) has embarked on several initiatives to create and nurture more active relationships focused on better serving children with mild-to-moderate mental

health challenges in the pediatric primary care setting. Topic focused monthly newsletters is one component of this new effort.

## And now to our topic of this first Project TEACH Pediatric Newsletter: ADHD

**We know from several QI projects in the Chapters that with the right help and support pediatricians can do assessment, diagnosis and treatment for ADHD in the pediatric office. And they can get paid for the services they perform.**

The following details on ADHD will provide you with the basics if you have never engaged in this work, or will provide additional information if you have only done it a few times. It is hoped that for those of you fully engaged in offering comprehensive ADHD services in your practices it will strengthen and further support your work. ADHD affects 5-7% of the school age population. It is considered a neurodevelopmental disorder with a strong genetic influence. The symptom picture encompasses the trifecta of inattention, impulsivity and hyperactivity. Treatment has its own trifecta of stimulant medication, parent behavioral management training, and where necessary, school accommodations.

Diagnosis is based on clinical history aided by the use of Rating Scales such as the Vanderbilt, typically completed by both classroom teacher and parent, and of course the physician's own clinical assessment. EEG, MRI or psychological testing are not necessary for diagnosis. However, ADHD frequently co-occurs with Oppositional Defiant Disorder, Learning Disabilities, Anxiety and Depression. Psychological testing is necessary where there is suspicion for a co-occurring learning disability.

Pre-prescribing warrants a thorough physical examination, but does not require any blood work unless specifically indicated. An EKG is not necessary unless the patient or 1$^{st}$ degree relatives have a history of structural cardiac disease. Medicine can be titrated rapidly to the place of optimal clinical response using rating scale data from home and school for monitoring purposes. The clinician must determine effectiveness at any given dose as well as duration of action (morning dosing may not last long enough).

The condition may present in the pre-school years. Current AAP guidelines emphasize the primacy of psychosocial interventions first in this age group. Implied in this stance is acknowledgement of the neurodevelopmental trajectory towards increasing maturity in these early years.

Stimulant medication and its positive impact on ADHD is one of the most robust findings in all of medicine. The stimulants belong to 2 families: methylphenidate derivatives and amphetamine derivatives. Existing preparations vary only in their delivery systems and duration of action. Failure to respond to one class warrants switching to the other.

Second line medicines include the alpha 2 agonists, short acting Guanfacine (Tenex) or Clonidine (Catapres), or their longer acting versions Guanfacine (Intuniv) and Clonidine (Kapvay). Strattera is another option for those who cannot tolerate stimulants or where stimulants exacerbate tics. Lastly, Wellbutrin (Bupropion) has moderate effects on ADHD symptoms. It is not FDA approved for this indication.

A child with ADHD is invariably embedded in a family, school and larger community all of which may be helpful or hurtful in a given circumstance. Referral to the C.H.A.D.D organization is helpful for parents to learn more about the condition. Some parents will do well in studying for themselves an extensive literature on managing the ADHD child. Others will benefit from more formal parent behavioral management training groups, others will require one-on-one family work. Accommodations may be necessary in the school setting. The primary care physician has a strong advocacy role to play in requesting such accommodations, most commonly extra time on tests in a quiet location, preferential classroom seating, assistance with note taking, etc. Treating ADHD in the primary care practice is often very rewarding to the

clinician and most certainly contributes significantly to the well-being of affected children and families.

All New York pediatricians have access to Project TEACH services at no cost. For more details on Project TEACH, visit the website at www.projectteachny.org.

A visit to the website will also provide you with the call-in numbers for psychiatric consultations, and access to staff with knowledge of regional and local mental health resources for children and families in your community. This service can help you find the right services for the children and families in your practice beyond what you can provide. It can also help you develop strong referral relationships and establish feedback loops to assure continuous information sharing about your patient's progress.

We look forward to hearing from you about the usefulness of these newsletters, and whatever other help and support you think would help you better serve your patients with mild-to-moderate mental health challenges.

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New York State American Academy of Pediatrics (NYS AAP)
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Elie Ward, MSW | Dir. of Policy, Advocacy & External Relations | eward@aap.net