2019 AMERICAN ACADEMY OF PEDIATRICS ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) CLINICAL PRACTICE GUIDELINE:

INTRODUCTION TO THE QUALITY IMPROVEMENT TOOLS

The Subcommittee on ADHD is committed to practice improvement and has developed these quality improvement tools to facilitate implementation of the 2019 ADHD guidelines.

- **The intent of the driver diagram and metrics is to facilitate practice improvement and guideline implementation.**
    - Key stakeholders should use a dynamic and iterative process to select goals, specific aims, measures, and targets consistent with their office practice's improvement projects.
    - Practices should not expect to be able to achieve all of the goals and/or demonstrate improvement in all measures within a specific timeframe.
    - Some goals may require many iterative improvement cycles and take *years* to achieve, due to complex systems barriers (as outlined in the supplementary Barriers statement accompanying the guidelines).

- **These should not be considered complete or static tools.**
    - These tools are examples of the critical concepts, actions/interventions, and/or tools that are likely important in driving practice change.
    - Practices should feel free to modify or adapt as needed based on their clinical population, practice environment, and local system resources and constraints.
    - Practices should select high-value areas (goals) for improvement and select/adapt the measures deemed most relevant to their projects.
    - Some measures may appear to address the same underlying process or outcome but allow practices to drill down to specific areas of improvement or offer a more feasible way to collect data and/or calculate the measure.
    - Although some measures have suggested numeric targets based on the published literature or are from previous ADHD QI collaboratives, *these targets are not meant to be standards independent of local context*. Practices should set their own initial, achievable targets based on current performance, taking into account local resources and barriers. For example, an initial target may be "10% improvement from baseline" for some measures that require coordination with systems (educational, mental health) not within a practice's direct control, and "50% improvement from baseline" for other measures that entirely within a clinician's control.
    - As performance improves over time, practices may wish to move towards more "aspirational" targets as appropriate.

AMERICAN ACADEMY OF PEDIATRICS' (AAP) ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD) CLINICAL PRACTICE GUIDELINE (CPG) IMPLEMENTATION DRIVER DIAGRAM

GLOBAL AIM

Pediatric primary care clinicians (PCCs) will confidently evaluate, diagnose, treat, and monitor children and adolescents with ADHD using an evidence-based approach.

Goals/Aims:*

- Patients will receive an appropriate diagnostic assessment.
- Patients and families will receive age-appropriate education about ADHD.
- Patients will receive treatment recommendations appropriate for age.
- Patients will have a written ADHD care plan.
- Patients will be monitored regularly and their treatment adjusted over time.
- Patients will have improved ADHD symptom scores.

* Individual practices should create SMART aims and select measures according to their improvement projects

KEY DRIVERS	SECONDARY DRIVERS
PCCs are knowledgeable about ADHD and up-to-date on current CPG recommendations	• Understand the updated ADHD CPG recommendations • Educate office staff about ADHD
PCCs have access to the tools and resources needed for diagnosis, treatment, and monitoring	• Use validated tools to assess ADHD symptoms and impairment • Use validated tools to screen for comorbid conditions • Provide age-appropriate educational materials/resources for patients and families • Develop a resource and referral network for psychosocial interventions • Develop a resource and referral network to help identify and manage patients with suspected or identified comorbid conditions
PCCs use the chronic care model within the medical home for patients with ADHD	• Create a collaborative care team consisting of parents, teachers, clinicians, and other involved adults to support the child • Engage families in the diagnostic and treatment process • Use a lifecourse approach to ADHD
Practices have reliable systems and effective office workflows to support ADHD care	• Facilitate continuous, bidirectional communication among care team members • Define clear roles for office staff in managing ADHD patients • Adopt EHR tools to support ADHD treatment and population health management • Develop tracking mechanism for collecting assessments • Develop tracking mechanism to ensure that referrals are completed • Ensure that prescription refills and prior authorizations are completed in a timely manner
Areas for improved clinical practice are continuously identified and addressed	• Identify a practice champion to lead a QI team • Determine regular QI team meeting schedule • Create measurement tools • Monitor performance measures • Use MOC to increase engagement with project