Improving Engagement in ADHD Care

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Optimal treatment of a child or adolescent with attention-deficit/hyperactivity disorder (ADHD) begins by establishing a collaborative care team consisting of the family, school personnel, primary care clinician (PCC), mental health and subspecialty clinicians, and other adults, such as tutors and coaches. To facilitate communication among care team members, a standardized, reliable system should be established to securely collect and share information about the child’s ADHD symptoms and functioning, medication side effects, receipt of ADHD treatments, family treatment preferences and goals, and educational resources.

Unfortunately, the fragmentation of ADHD care across health care, mental health, and education sectors is a substantial barrier to communication and collaboration among care team members. Each sector has its own rules and policies regarding confidentiality and privacy, and individual daily schedules are typically incompatible, making a meaningful, timely, and efficient exchange of information, whether synchronous (eg, phone call) or asynchronous (eg, e-mail), extremely challenging.

In many quality improvement efforts to implement the ADHD guidelines, team communication and collaboration have been addressed, most commonly by focusing on improving the receipt of parent- and teacher-completed ADHD rating scales to inform clinician medical decision-making. These efforts have included developing extensive tool kits and online educational resources for PCCs; redesigning office workflows (eg, designating a staff member to manage rating scale collection); using care managers to serve as the conduit of information across PCCs, parents, teachers, and other clinicians; and developing or adopting ADHD-specific electronic systems or portals that may stand alone and/or be integrated with the electronic health record to varying degrees. Over time, these ADHD portals have become increasingly robust in their functionality and usability and have been shown to improve clinician adherence to ADHD guidelines as well as reduce ADHD symptoms in children. In some practices, ADHD portals have become the standard of care for children with ADHD.

In this issue of Pediatrics, Guevara et al compare the effectiveness of a patient portal combined with care management with that of a patient portal alone on ADHD symptoms, treatment goal attainment, and other patient-reported outcome measures. Embedded in the electronic health record, the ADHD patient portal was designed to facilitate the collection and communication of ADHD symptoms and impairment, family treatment preferences and goals, and medication side effects among parents, teachers, and PCCs. ADHD-care managers contacted families and teachers by phone, text message, or e-mail at least once every 3 months to provide education on ADHD treatment, monitor the attainment of treatment goals, and address the challenges of care.

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shared decision-making, such as completing ADHD rating scales regularly, scheduling and keeping ADHD follow-up appointments, and discussing treatment options, preferences, and goals with other care team members. Similarly, engaged teachers are more likely to complete rating scales and implement appropriate classroom-based interventions.

Ultimately, the specific method by which to engage parents and teachers in ADHD collaborative care and treatment adherence matters less than the fact that there are a variety of effective methods that can be tailored for best fit with different families. Some will require the “high touch” of a human being; some will do well with a patient portal; others may need both. The overall goal remains the same: to reduce functional impairment and maximize the well-being of children with ADHD.

**ABBREVIATIONS**
ADHD: attention-deficit/hyperactivity disorder
PCC: primary care clinician

**REFERENCES**


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