

ADHD – Actively Decreasing Hospital Dependence

Building capacity in primary care to manage kids on stimulant medication

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18 March 2016



The problem – kids with ADHD

- A developmental disorder of self-regulation
- Symptoms consist of impaired concentration and poor impulse control
- Extremely common, 5-7% prevalence
- Accounts for 20% of all paediatric outpatient attendances nationally
- Unmanageable waiting lists, increasing demand
- Care typically provided by paediatricians, with significant burden on OPD **and families**
- Many kids on stimulants are medically stable, and could be safely managed by their GP



A solution – shared care

- Design a shared care clinical pathway
- Identify stable patients meeting criteria to decant to GP care
- Educate and support GPs through use of the ECHO model™
- Design a pathway of rapid re-entry to specialist care if clinically necessary



The ECHO model™

- Linking specialist team at hub to primary care providers
- Move the *knowledge*, not the *children*
- Video conferencing technology, case-based teaching
- GPs receive mentoring and education they require to manage kids on stimulants
- Video Demonstration
- Sustainable:
 - then pool of GPs to manage ADHD
- Scalable
 - to other general practices
 - other complex chronic conditions e.g. allergy



Shared care - what's in it for families?

- Less fragmentation of care
- Family-centred care (less travel, expense, and time lost from school and/or work)
- Flexibility in appointment scheduling and availability
- Greater anonymity (less stigma)
- Care by ECHO-trained GPs equivalent (or better!) to specialist care
- Patients have greater trust in GPs, who tend to be more culturally competent with respect to their local communities
- Enhanced patient outcomes through greater direct contact with the treating clinician:
 - more frequent visits
 - better treatment adherence
 - more timely management of side-effects
 - earlier de-prescribing
- Attendance at GP for other reasons (e.g. immunisation) allows opportunistic monitoring



And for GPs?

- Professional satisfaction
 - Engaged in greater diversity of care
 - Part of virtual medical community solving a big problem
- Enhanced roles for GP practice nurses
 - increased ability to attract and retain staff
- Guidance on linkages in local community
 - ‘social prescribing’ made easier
- CPD points
- Remuneration
 - Case conference at time patient decanted to primary care
 - Participation payment for ECHO sessions



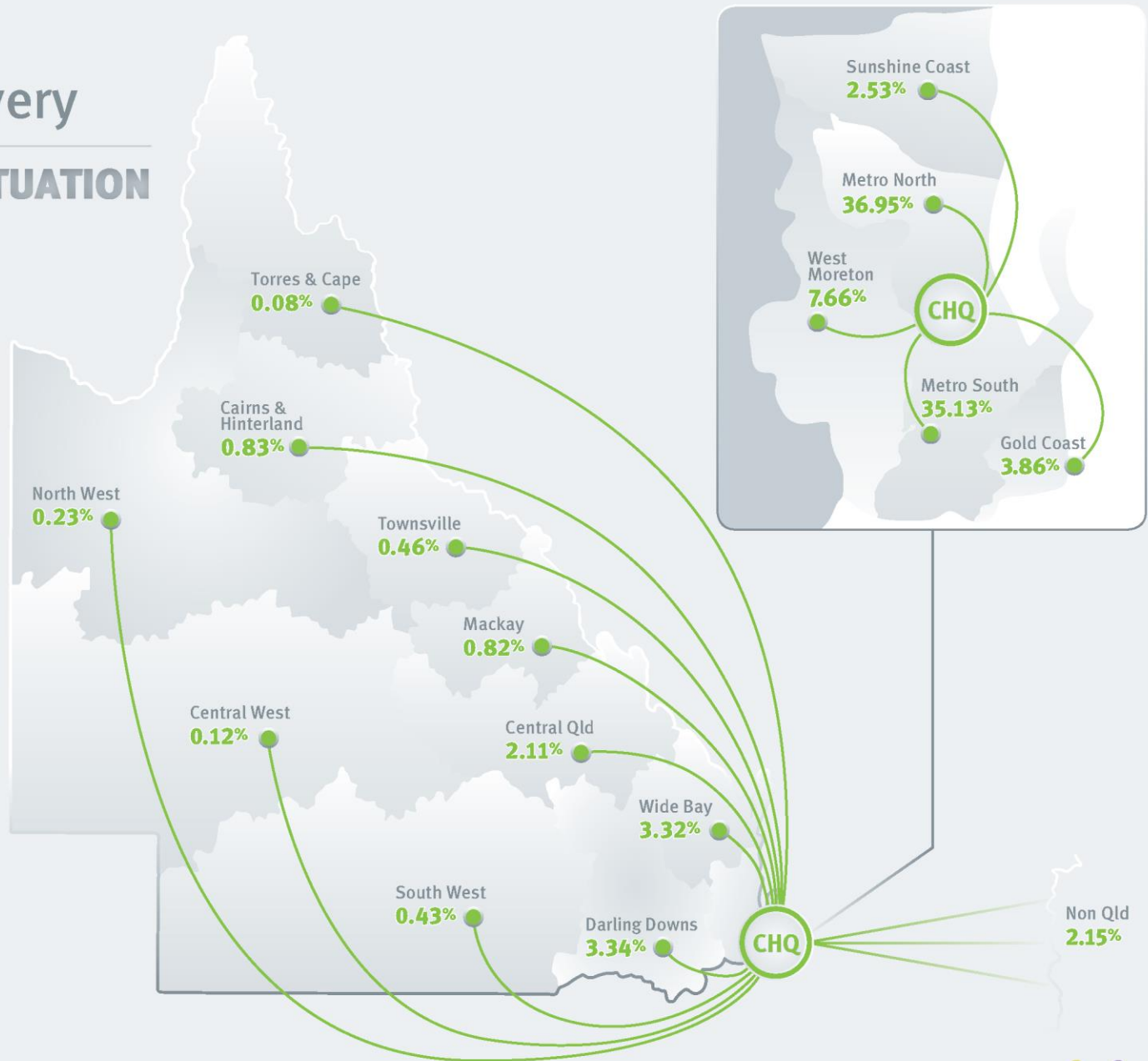
For Qld Health?

- Stronger relationships with primary care
- Establishing a continuum of care rather than silos
- Further integration and innovation due to relationships formed
- Improved new to review ratios, better access for new patients
- Ability to redirect resources and specialist time
- Ideal model for many other chronic conditions
- Population level benefits:
 - Improved educational attainment and adult literacy
 - Reduced social problems including crime
 - Increased employment
 - Reduced teenage pregnancy



Statewide Service Delivery

OUR UNIQUE SITUATION



Note: Based on LCCH Outpatient Waitlist March 2016



Major barrier - paediatrician reluctance to change!!

