

Getting to Goal: Managed Care Strategies for Children, Adolescents, and Adults With ADHD

Instructions

There are no fees for participating in and receiving CME credit for this activity. During the period May 15, 2009, through November 30, 2010, participants must (1) read the learning objectives and faculty disclosures; (2) study the educational activity; (3) complete the posttest by recording the best answer to each question in the answer key on the evaluation form; (4) complete the evaluation form; and (5) mail or fax the evaluation form with answer key to:

Postgraduate Institute for Medicine
367 Inverness Parkway
Suite 215
Englewood, CO 80112
Fax: 303-790-4876

A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed posttest with a score of 70% or better. Your statement of credit will be mailed to you within 3 weeks.

Release date: **May 15, 2009**

Expiration date: **November 30, 2010**

PHYSICIAN CONTINUING MEDICAL EDUCATION

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Postgraduate Institute for Medicine (PIM) and Impact Education, LLC. PIM is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Postgraduate Institute for Medicine designates this educational activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

PHARMACIST CONTINUING EDUCATION

Accreditation Statement



Postgraduate Institute for Medicine is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Credit Designation

Postgraduate Institute for Medicine designates this continuing education activity for 1.5 contact hours (0.15 CEUs) of the Accreditation Council for Pharmacy Education. (Universal Activity Number-809-999-08-254-H01-P)

Estimated time to complete activity: 1.5 hours.

After reading “Getting to Goal: Managed Care Strategies for Children, Adolescents, and Adults With ADHD” complete the program evaluation and select the 1 best answer to each of the following questions.

1. Childhood ADHD persists into adulthood in _____ of individuals.

- a. ~10%
- b. ~25%
- c. ≥50%
- d. ≥75%

2. Which type of ADHD constitutes less than 15% of all cases and predominates in childhood?

- a. Hyperactive-impulsive
- b. Hyperactive
- c. Impulsive
- d. Inattentive

3. Vocational or academic underachievement/failure, “risky” behavior, substance abuse disorders, and criminal activity are examples of the presentation of ADHD in:
- Adolescents
 - Adolescents and adults
 - Children
 - Children and adolescents
4. Which of the following serve as the informants in most childhood ADHD rating scales?
- Patients
 - Parents
 - Teachers
 - Both b and c
5. As high as 90% of children respond to which type of pharmacotherapy with minimal side effects?
- Stimulants
 - Nonstimulants
 - Antidepressants
 - Antipsychotics
6. Which of the following is a safeguard built into the Schedule II designation assigned to most stimulant medications prescribed for ADHD?
- 30-day supply limit
 - No refills
 - Hard-copy prescriptions
 - All of the above
7. The behavioral interventions employed in the treatment of adult ADHD typically centered on a(n) _____ component.
- Educational
 - Chemical
 - Creative
 - Pragmatic
8. According to the National Committee for Quality Assurance’s (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measure for Follow-Up Care for Children Prescribed ADHD Medications, what is the goal for follow-up visits during the 9-month continuation and maintenance phase?
- ≥ 1
 - ≥ 2
 - ≥ 3
 - ≥ 4
9. Approximately what percentage of individuals with ADHD indicated that they have lost or changed jobs due to their disorder?
- 30
 - 40
 - 50
 - 60
10. Compared to treatment with immediate-release methylphenidate, which of the following agents was associated with longer treatment periods, fewer switches in therapy, increased patient adherence, and a lower usage rate of emergency department services in a retrospective analysis?
- Atomoxetine
 - Dextroamphetamine
 - Bupropion
 - Extended-release methylphenidate

OUTCOMES SURVEY

To what extent do you agree with the following statements?

(Please circle the appropriate number on the scale.)

1. When prescribing ADHD medications, current ADHD treatment guidelines recommend extended-release formulations of stimulants over immediate-release preparations.

Strongly disagree 1 2 3 4 5 6 Strongly agree

2. There are validated assessment tools to aid in the diagnosis of ADHD for adults presenting with symptoms in accordance with *DSM-IV* criteria.

Strongly disagree 1 2 3 4 5 6 Strongly agree

3. For patients with ADHD and no predominant psychiatric comorbidities, stimulant pharmacotherapy is the most clinically desirable and cost-effective approach to care.

Strongly disagree 1 2 3 4 5 6 Strongly agree

4. Appropriate pharmacotherapy in children with ADHD is associated with reduced emergency department use and medical costs.

Strongly disagree 1 2 3 4 5 6 Strongly agree

5. During the titration phase of medication initiation in children and adolescents with ADHD, observations of the patient's behavior should be sought from multiple sources in evaluating the effect of the medication.

Strongly disagree 1 2 3 4 5 6 Strongly agree

6. The use of pharmacy database monitoring assists in improving patient outcomes by tracking medication adherence in adult ADHD patients.

Strongly disagree 1 2 3 4 5 6 Strongly agree

EVALUATION FORM

Getting to Goal: Managed Care Strategies for Children, Adolescents, and Adults With ADHD
Project ID: 6066-ES-37

To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. You must complete this evaluation form to receive acknowledgment for completing this activity.

Please answer the following questions by circling the appropriate rating:

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Extent to Which Program Activities Met the Identified Objectives

After completing this activity, I am now better able to:

- Describe the overall costs associated with ADHD and related comorbidities. 1 2 3 4 5
Specify the clinical and financial impact of various ADHD treatment options. 1 2 3 4 5
Describe a managed care road map for improving clinical and economic outcomes for ADHD. 1 2 3 4 5
Cite recommendations for health plans to assist their providers with strategies to improve HEDIS performance scores for ADHD. 1 2 3 4 5
Identify a step therapy model to provide appropriate drug therapy for ADHD treatment by managed care. 1 2 3 4 5

Overall Effectiveness of the Activity

The content presented:

- Was timely and will influence how I practice 1 2 3 4 5
Enhanced my current knowledge base 1 2 3 4 5
Addressed my most pressing questions 1 2 3 4 5
Provided new ideas or information I expect to use 1 2 3 4 5
Addressed competencies identified by my specialty 1 2 3 4 5
Avoided commercial bias or influence 1 2 3 4 5

Impact of the Activity

Name 1 thing you intend to change in your practice as a result of completing this activity:

Two horizontal lines for writing the answer to the impact question.

Posttest

Please list any topics you would like to see addressed in future educational activities:

Additional comments about this activity:

Follow-up

As part of our continuous quality improvement effort, we conduct postactivity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate if you would be willing to participate in such a survey:

- Yes, I would be interested in participating in a follow-up survey.
- No, I'm not interested in participating in a follow-up survey.

If you wish to receive acknowledgment for completing this activity, please complete the posttest by selecting the best answer to each question, complete the evaluation for verification of participation, and fax to 303-790-4876.

Posttest Answer Key

1	2	3	4	5	6	7	8	9	10

Request for Credit

Name _____ Degree _____

Organization _____ Specialty _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Signature _____ Date _____

For Physicians Only

I certify my actual time spent to complete this educational activity to be:

- I participated in the entire activity and claim 1.5 credits.
- I participated in only part of the activity and claim _____ credits.