

# Communication Strategies to Improve Care Coordination for Children with ADHD

## Statement of Problem

Health care for children with attention-deficit/hyperactivity disorder (ADHD) is fragmented among families, teachers and clinicians. This fragmentation can lead to poorly-coordinated services, lack of communication across systems of care and, ultimately, suboptimal outcomes for children with this common mental health disorder. Despite calls from the federal government for better integration, there have been few policy initiatives to coordinate mental health care across education, mental health and primary care systems, which could help families better communicate their preferences and goals for treatment with teachers and clinicians.

This study will compare two common communication strategies to better integrate care. First, patient portals embedded in electronic health records are now a standard communication tool for practices to communicate with patients who have chronic health conditions. Second, children with chronic diseases and their families increasingly rely on care managers (patient navigators) to provide communication and care coordination. The PolicyLab ADHD-Link study seeks to understand how helping a family communicate their ADHD treatment goals and preferences to teachers and clinicians affects a child's care and how this differs if the family is using only an electronic patient portal or has access to the portal and a care manager.

## Description

The ADHD-Link study is currently conducted at 11 pediatric primary care clinics in Children's Hospital of Philadelphia (CHOP)'s Care Network, each of which currently use an ADHD patient portal to help communicate with a child's ADHD care team. The ADHD patient portal sends rating scales to both the parent and teacher, the results of which are viewable by the child's doctor at CHOP.

The ADHD-Link study is enrolling 300 parent-child dyads in which the child has ADHD and is 5 to 12 years old. Once enrolled, each pair is randomized so that they are assigned to either use the ADHD patient portal alone (control group) or to use the ADHD patient portal combined with a care manager (intervention group) for nine months.

Families enrolled in the control arm will receive care as usual from their primary care provider and will have access to the ADHD portal to complete rating scales, view teacher rating scales and download educational handouts.

Families enrolled in the intervention will have access to the ADHD portal and a care manager. Care managers will contact participants at least once every three months to discuss their treatment preferences and goals, provide education on common ADHD problems, assess treatment use and identify new concerns. The care manager will also communicate with the patient's pediatrician, mental health provider and teachers to clarify family treatment preferences and goals, coordinate care and address emerging treatment issues.

Families who enroll in the study will complete a total of four surveys during their nine-month participation in this study. These surveys will ask parents to report on ADHD symptoms, treatment and goals. Surveys will also ask parents and children to report on student engagement, school performance, peer relations, family belonging and teacher connectedness.

## **Next Steps**

Findings from this study will inform the use of communication strategies to share family preferences and goals among parents, teachers and clinicians of children with ADHD. The research team plans to work closely with key stakeholders to disseminate and implement the findings of the research study into accessible formats in research, clinical and community-based settings, including schools and pediatric practices. This includes the implementation of an electronic ADHD portal that can be adapted for other EHRs, a care manager intervention that is manualized and therefore easy to transfer to other health care settings and the use of patient-centered outcome measures written in a user-friendly format that health care institutions can adopt to assess ADHD treatment.

*This project page was last updated in September 2019.*

## **Suggested Citation**

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## **PolicyLab Leads**

### **James Guevara MD, MPH**

#### **Faculty Member**

Dr. Guevara was elected to the executive committee of the Council on Early Childhood for the American Academy of Pediatrics for a three-year term beginning in 2019. He has interests in the organization, financing, and delivery of health care services to children with developmental and behavioral disabilities. He has previously published on the medical expenditures and health disparities among children with chronic health conditions. Dr. Guevara is the principal investigator on three current awards. In the first (R01MD011598), he is studying the effectiveness of patient navigation on completion of early intervention referrals and child development among children with developmental delays. In the second (R61MH118405), he is testing the effects of a novel social media-based parenting program for women with postpartum

depressive symptoms. In the third award funded by the Leonard Davis Institute of Health Economics, he is piloting three behavioral economic approaches to parent-child shared reading behaviors. Through these diverse research initiatives, Dr. Guevara has focused on improving the delivery of health care in primary care settings, reducing health disparities, and translating research findings into practice and policy.

Dr. Guevara received his MD from Northwestern University and also holds an MPH from the University of Washington.



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## Team

### **Caroline Broomfield** **MPH**

#### **Senior Grants Writer**

Caroline Broomfield (she/her) is a senior grants writer at PolicyLab and Clinical Futures at Children's Hospital of Philadelphia (CHOP). In this role, she provides support to the interdisciplinary PolicyLab and Clinical Futures faculty and manages grant writing and submission functions to maximize essential support from external sponsors. Ms. Broomfield facilitates communication among team members and with the Sponsored Projects Office, organizing the submission process and providing writing, editing, project planning and budgeting services.

Ms. Broomfield previously worked with Dr. Jim Guevara on a comparative effectiveness study of different patient-centered communication strategies to improve care for children with ADHD and on the Opening Doors to Early Intervention Study, which is also a comparative effectiveness study of how to help families navigate the Early Intervention system.

Prior to working at CHOP, Ms. Broomfield worked at the Global Institute of Public Health at New York University and the Icahn School of Medicine at Mount Sinai on public health research projects centered on social epidemiology, which explored issues of social relationships, socio-economic factors and cerebrovascular health. She received her bachelor's degree in psychology from Haverford College and her Master of Public Health from the University of Pennsylvania.



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## Funders of Project

Patient-Centered Outcomes Research Institute

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## Related Tools & Publications

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[Improving Care Management in Attention-Deficit/Hyperactivity Disorder: An RCT Article](#)  
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