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Shared Care Project: Enhancing access for adult ADHD care on the North Shore

Evaluation Report

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PROJECT EVALUATOR

Contents

Background

Attention Deficit Hyperactivity Disorder (ADHD) is a persistent neurodevelopmental disorder that affects 4.4% of adults worldwide. Having ADHD can increase an individual's risk for other psychiatric disorders, addictions, and other health concerns. Although there is no cure for ADHD, there are effective treatments that can help reduce symptoms and other associated impairments.

In the 2016, the Adult ADHD Clinic opened in the HOpe Centre, Vancouver Coastal Health, and is the only clinic of its kind in Canada. Since it's opening, the number of patient referrals have increased substantially, with over 1,200 referrals in 2021. This has resulted in an extensive waitlist, which is not sustainable for the clinic or optimal for patient care. Thus, in 2021, Psychiatrists from the Adult ADHD Clinic at the HOpe Centre approached the North Shore Division of Family Practice with a project idea to help address the lengthy waitlist and enhance patient care. They identified an opportunity to support family physicians to provide care to ADHD patients in a primary care setting. This would help to improve care by preventing increased functional impairment secondary to ADHD, and comorbidity with increased anxiety, depression, and substance use, among other impairments, due to untreated or sub-optimally treated ADHD.

The goal of the "Enhancing access for Adult ADHD care on The North Shore" project was to increase family physicians capacity to identify and manage uncomplicated and/or previously diagnosed ADHD in the primary care setting. This was done through small group education sessions for family physicians and one nurse practitioner, providing them the skills and knowledge to diagnose and treat uncomplicated and/or previously diagnosed ADHD. Being able to manage more ADHD patients in primary care clinics in North and West Vancouver will ideally help to reduce unnecessary referrals to the Adult ADHD Clinic, thus reducing the extensive waitlist.

It is important to note that the content and design of the project's education sessions and evaluation design were informed using data from patient interviews conducted after the launch of the project (see Appendix 1). Interviews focused on the lived experiences of patients with ADHD, and their respective healthcare journeys. Data derived from the patient interviews enabled the project team to design and orient the content of the education sessions around the perceived needs and realities of adults with ADHD.

The overall aim of this document is to report the evaluation findings of the "*Enhancing access for Adult ADHD care on The North Shore*" project (under the auspices of the Adult Mental Health & Substance Use [AMHSU] Spread Network).

Evaluation Design and Methodology

The evaluation was guided by the Quadruple Aim and a logic model that provided the conceptual framework for the project. The project's logic model, collaboratively co-constructed by the project team and evaluation lead, guided the evaluation design and methodology. The content of the logic model was also informed using data and themes from patient interviews conducted at the beginning of the project (see Appendix 1).

The evaluation was comprised of a mixed methods study design, using the following key data collection tools:

- Patient experience survey (post-survey)
- Level 1 Shared Cross-Province Measures Family Physicians (FPs) and Nurse Practitioner (NP) Participant Experience Survey (post-survey)
- Level 3 Local Community Measures FPs and NP Participant Experience Survey (ADHD-care specific; pre/post-survey)
- FPs and NP qualitative interview
- Post-education session FPs and NP surveys, focus groups and interviews (assessing feedback regarding the project's education sessions)
- FPs and NP activity data collection form (fields: assessments, diagnoses, treatments, prescriptions)

The mixed methods approach enabled triangulation of results from multiple sources and stakeholders, which enabled some validation of evaluation findings and their interpretation. Each of these tools and approaches are further described below.

Patient experience survey (post-survey)

Due to the absence of validated adult ADHD-specific primary care patient reported experience measures (PREM) surveys, a customized patient experience survey was developed for the "*Enhancing access for adult ADHD care on the North Shore*" project.

Although existing PREM surveys have interesting and useful content for primary care in various contexts, none were deemed to properly fit the specific needs or context in this case. The main reasons pertained to factors such as the length of surveys, the perceived complexity of wording, a lack of specific focus on experiences of clinical interactions at the interface of care delivery and receipt, and general perceptions of survey design and content not fitting the needs of the particular organizational or regional context.

The project team and evaluation lead worked collaboratively to operationalize the project's logic model into survey questions. The content of the survey was refined by the team using an iterative content

validation approach, whereby the list of drafted questions was reviewed several times for relevance, completeness, and essentiality until consensus was reached. The team members paid special attention to ensure that the survey content and design were simple and concise, considering that adult ADHD patients sometimes present with behavioral and cognitive impairment, differing levels of distress, limited literacy, high burdens of illness and disease, complex psychosocial needs, limited resources and abilities, and weak motivational profiles.

The ensuing "*Enhancing access for adult ADHD care on the North Shore*" patient experience survey was comprised of 8 questions, scored using the following Likert response Scale: *Strongly disagree; Disagree; Neither disagree nor agree; Agree; Strongly agree; Not sure*. A comments section at the end of the survey was included to incorporate any qualitative feedback. The survey was implemented digitally using CheckBox software, and completed by patients, post-project.

It is important to note and clarify that that the respondents of this post-survey were patients of the family physicians and nurse practitioner who were participating in the project. The respondents of the patient interviews conducted at the beginning of the project (see Appendix 1) were completely different individuals, who had already gone through the referral and treatment process with the HOpe Centre.

Level 1 Shared Cross-Province Measures Family Physicians and Nurse Practitioner Participant Experience Survey (post-survey)

To assess participants experiences, the project team and evaluation lead reviewed the Joint Collaborative Committee Shared Measures Reference Manual Level 1 Shared Cross-Province Measures, as well as the Level 2 Shared Cross-Cluster Measures.

Using criteria of relevance (to the project's logic model), appropriateness and feasibility, six Level 1 Shared Care Measures were selected to assess the family physicians' and nurse practitioner's experiences in relation to the *"Enhancing access for adult ADHD care on the North Shore"* project. To ensure alignment, the measures were scored using the following Likert response Scale: *Strongly disagree; Disagree; Neither disagree nor agree; Agree; Strongly agree; Not sure*. The tool was implemented digitally using CheckBox software, as a post-survey.

Level 3 Local Community Measures Family Physicians and Nurse Practitioner Participant experience survey (ADHD-care specific; pre/post-survey)

A Level 3 Local Community Measure participant experience survey was developed to assess experiences specifically related to providing adult ADHD care within the context of the "*Enhancing access for adult ADHD care on the North Shore*" project.

Due to the absence of relevant Level 1 Shared Measures, new Level 3 Local Community Measure were developed leveraging the Joint Collaborative Committee's 17-step Shared Measures Development Approach.

The content of the survey was informed using the domains of the project's logic model. The content of the survey was refined by the team using an iterative content validation approach, whereby the list of drafted questions was reviewed several times for relevance, completeness, and essentiality until consensus was reached. The team members paid special attention to ensure that the survey content and design were simple and concise, considering that adult ADHD patients sometimes present with behavioral and cognitive impairment, differing levels of distress, limited literacy, high burdens of illness and disease, complex psychosocial needs, limited resources and abilities, and weak motivational profiles.

The ensuing Level 3 Local Community Measures participant experience survey is comprised of 10 questions, scored using the following Likert response Scale: *Strongly disagree; Disagree; Neither disagree nor agree; Agree; Strongly agree; Not sure.*

The survey was implemented using CheckBox software, with a pre/post evaluation design.

Pilot Project Participants Interviews (post-project)

A semi-structured qualitative interview guide was developed, using domains from the project's logic model. The family physicians and nurse practitioner participating in the project were invited to participate in interviews. An interview was conducted with a participant to assess their experiences, as well as the perceived value, strengths, limitations, suggestions for the sustainability and further spread of the "*Enhancing access for adult ADHD care on the North Shore*" project.

The interview was recorded, transcribed, and analyzed using thematic content analysis. Upon completion of the analysis, the recording was promptly deleted to protect confidentiality.

Post-education Session Participants Surveys, Focus Groups, and Interviews

To ascertain participants perceptions and feedback regarding the project's four education sessions (particularly in relation to their content, approach, perceived value, limitations, and suggestions for project sustainability and spread), a mixed method approach was leveraged, using:

- A 6-question participant survey (Yes/No response scale)
- Two follow-up session focus groups (conducted after all education sessions were complete) with participants, guided by a 5-question focus group guide. Two additional questions were also incorporated to assess perceptions and suggestions regarding project sustainability and spread.
- Interviews with participants who were unable to attend the follow-up sessions were complete, leveraging questions from the focus group guide.

Family Physicians and Nurse Practitioner Activity Data Collection Form

A survey was conducted to ascertain whether participating family physicians and the nurse practitioner started to provide adult ADHD care during the course of the project, and to assess whether unnecessary referrals are being mitigated. The survey was comprised of the following questions.

- *During this project, how many adult patients did you diagnose and treat for uncomplicated ADHD?*
- *During this project, how many already diagnosed ADHD adult patients did you treat for uncomplicated ADHD?*
- *How many patients with ADHD did you treat who also had comorbid anxiety and/or depression?*
- *If you had not participated in the project, how many patients that you diagnosed and/or treated for uncomplicated ADHD would you have referred to the Adult ADHD Clinic at the HOpe Centre?*

Furthermore, another survey was developed and implemented, to collect data regarding patient demographics and family physician or nurse practitioner care processes pertaining to adult ADHD care. The survey was developed leveraging the CADDRA ADHD Assessment Toolkit (CAAT) forms, as well as the project's education session content. The ensuing survey measured the following domains:

- Clinical assessments
    - Adult ADHD Self-Report Scale (ASRS) scores
    - Weiss Functional Inventory Rating Scale (WFIRS) scores
    - Patient Health Questionnaire (PHQ-9) scores
    - General Anxiety Disorder (GAD-7) scores
- Diagnostic categories
    - Psychiatric
        - ADHD
        - Anxiety
        - Depression
- Treatments
    - Non-pharmacological / Executive Functioning Strategies
    - Pharmacological
- Substance Use assessment

Summary of Findings and Recommendations

The evaluation yielded strong evidence that the "*Enhancing access for Adult ADHD care on the North Shore*" project successfully achieved its intended outcomes. The mixed methods approach enabled triangulation and validation of findings from various sources, including patients and providers. The tables below summarize the key findings, in relation to achievement of short and long-term outcomes, as per the project's underpinning logic model.

Logic model outcome domain (short-term)	Findings
Improved access to ADHD training resources for family physicians	• Level 1 Shared Measures FPs and NP participant experience survey question: "What is your level of agreement that the training and resources supported your learning". Response: 25% agree; 75% strongly agree • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am aware of which tools are required to provide evidence-based care for uncomplicated ADHD, and understand how to use them". Response (post): 62% agree; 38% strongly agree. Change from pre to post: 71% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I have access to the tools and resources required to assess, diagnose and manage uncomplicated ADHD": Response (post): 13% neither disagree nor agree; 50% agree; 37% strongly agree. Change from pre to post: 30% overall improvement. • Post-education session surveys: On all four post-session surveys, 100% of participants reported that they "found the resources and tools shared by the presenters to be useful". • Post-education session qualitative data indicated achievement of this outcome. • Qualitative interview feedback from participants indicated achievement of this outcome.
Family physicians and nurse pracitioner identify patients with childhood/pre-existing diagnosis of ADHD	• Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I have sufficient knowledge to effectively recognize, diagnose and manage uncomplicated ADHD". Response (post): 38% agree; 62% strongly agree. Change from pre to post: 29% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am confident in my ability to effectively recognize, diagnose and manage uncomplicated ADHD". Response: 38% agree; 62% strongly agree. Change from pre to post: 58% overall improvement. • Post-education session #1 participant survey: 100% of participants reported that the session improved their understanding of diagnosing uncomplicated ADHD in adults.

Logic model outcome domain (short-term)	Findings
	• Family physicians and the nurse practitioner activity data collection form: 35 patients were newly diagnosed by those participating in the study. • Post-education session qualitative data indicated achievement of this outcome. • Qualitative interview feedback from family physicians and the nurse practitioner indicated achievement of this outcome. • Qualitative patient feedback indicated achievement of this outcome.
Improve primary care provider (PCP) [1] treatment of uncomplicated ADHD/previously diagnosed ADHD	• Patient experience survey question: "My PCP adjusts my ADHD treatment as needed". Response: 25% agree; 75% strongly agree. • Patient experience survey question: "My PCP adjusts my treatment if there are other mental health conditions present". Response: 50% Not applicable; 25% agree; 25% strongly agree. • Patient experience survey question: "My PCP provided resources to help manage my ADHD". Response: 75% agree; 25% strongly agree. • Patient experience survey question: "I understand the advice I was given regarding my ADHD diagnosis and treatment". Response: 25% agree; 75% strongly agree. • Patient experience survey question: "My PCP is sensitive to the stigma and trauma associated with ADHD". 100% strongly agree. • Qualitative patient feedback indicated achievement of this outcome. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am able to treat ADHD patients who have some comorbidity with confidence, and only refer more complex ADHD cases to specialists". Response (post): 50% agree; 50% strongly agree. Change from pre to post: 71% overall improvement. • Family physicians and nurse practitioner activity data collection form: Results indicate that participants are actively assessing, diagnosing, treating and managing care for adult ADHD patients. A large proportion

[1] For the purposes of the patient survey, primary care provider (PCP) was used as an identifying term for family physicians and the nurse practitioner participating in the project. This was done for readability and to simplify the questions for patients. However, it is recognized that these are two distinct groups of providers with differing scopes of practice.

Logic model outcome domain (short-term)	Findings
	of the patients who were treated had comorbid anxiety and/or depression • Post-education session qualitative data indicated achievement of this outcome. • Qualitative interview feedback from participants indicated achievement of this outcome. • Qualitative patient feedback indicated achievement of this outcome.
Improve primary care provider capacity for ADHD patient care in primary care setting	• Patient experience survey question: "I am happy that ADHD can be treated by my PCP, rather than having to wait several months to be seen by a specialist". Response: 100% strongly agree. • Qualitative patient feedback indicated achievement of this outcome. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I have access to the tools and resources required to assess, diagnose and manage uncomplicated ADHD". Response (post): 12% neither disagree nor agree; 50% agree; 38% strongly agree. Change from pre to post: 30% overall improvement. • Family physicians and nurse practitioner activity data collection form: Results indicate that family physicians and the nurse practitioner are actively assessing, diagnosing, treating and managing care for adult ADHD patients. A large proportion of the patients who were treated had comorbid anxiety and/or depression • Qualitative interview feedback from participants indicated achievement of this outcome. • Qualitative patient feedback indicated achievement of this outcome.
Improve family physicians confidence in managing ADHD patients in their care	• Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your agreement that the project improved your confidence to provide care". Response: 12% agree; 88% strongly agree. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I feel confident in my ability to effectively recognize, diagnose and manage uncomplicated ADHD". Response (post): 38% agree; 62% strongly agree. Change from pre to post: 58% overall improvement.

Logic model outcome domain (short-term)	Findings
	• Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I feel confident prescribing and titrating adult ADHD medication". Response (post): 50% agree; 50% strongly agree. Change from pre to post: 43% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am comfortable with the potential risks associated with diagnosing and managing uncomplicated ADHD". Response (post): 62% agree; 38% strongly agree. Change from pre to post: 29% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am able to treat ADHD patients who have some comorbidity with confidence, and only refer more complex ADHD cases to specialists". Response (post): 50% agree; 50% strongly agree. Change from pre to post: 71% overall improvement. • Qualitative interview feedback from participants indicated achievement of this outcome.
Improve primary care provider knowledge of medication, treatment and resources for ADHD	• Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I have sufficient knowledge to effectively recognize, diagnose and manage uncomplicated ADHD". Response (post): 38% agree; 62% strongly agree. Change from pre to post: 29% overall improvement. • Patient experience survey question: "My PCP provided resources to help manage my ADHD". Response: 75% agree; 25% strongly agree. • Post-education session surveys and qualitative feedback indicated achievement of this outcome. • Qualitative patient feedback indicated achievement of this outcome. • Qualitative interview feedback from participants indicated achievement of this outcome.
Reduce unnecessary referrals	• Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am able to treat ADHD patients who have some comorbidity with confidence, and only refer more complex ADHD cases to specialists". Response (post): 50% agree; 50% strongly agree. Change from pre to post: 71% overall improvement.

Logic model outcome domain (short-term)	Findings
	• Patient experience survey question: "I am happy that ADHD can be treated by my PCP, rather than having to wait several months to be seen by a specialist". Response: 100% strongly agree. • Qualitative patient feedback indicated achievement of this outcome. • Family physicians and the nurse practitioner activity data collection form: Participants indicated that they would have referred 37 patients to the Adult ADHD Clinic at the Hope Centre if they had not participated in the project. • Qualitative interview feedback from participants indicated achievement of this outcome.
Improved communication, coordination and collaboration between family physicians and specialists	• Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your level of agreement that the project increased collaboration between family physicians and specialists". Response: 12% agree; 88% strongly agree. • Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your level of agreement that the project improved relationships between family physicians and specialists". Response: 12% agree; 88% strongly agree.
Improve access to specialists	• Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your level of agreement that the project improved your access to specialist consults". Response: 50% agree; 50% strongly agree. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am able to obtain timely and useful/effective support from ADHD specialists". Response (post): 12% neither agree nor disagree; 12% not sure; 38% agree; 38% strongly agree. Change from pre to post: 74% overall improvement.

Logic model outcome domain (long-term)	Findings
Improve primary care provider awareness of	• Qualitative patient feedback indicated achievement of this outcome. • Qualitative interview feedback from participants indicated achievement of this outcome.

Logic model outcome domain (long-term)	Findings
comorbid ADHD/complex ADHD	• Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I have sufficient knowledge to effectively recognize, diagnose and manage uncomplicated ADHD". Response (post): 38% agree; 62% strongly agree. Change from pre to post: 29% overall improvement. • Post-education session surveys and qualitative feedback indicated achievement of this outcome. • Qualitative patient feedback indicated achievement of this outcome. • Qualitative interview feedback from participants indicated achievement of this outcome.
Improve patient experience with family physicians and the nurse practitioner	• Patient experience survey question: "My PCP adjusts my ADHD treatment as needed". Response: 25% agree; 75% strongly agree. • Patient experience survey question: "My PCP adjusts my treatment if there are other mental health conditions present". Response: 50% Not applicable; 25% agree; 25% strongly agree. • Patient experience survey question: "My PCP provided resources to help manage my ADHD". Response: 75% agree; 25% strongly agree. • Patient experience survey question: "I understand the advice I was given regarding my ADHD diagnosis and treatment". Response: 25% agree; 75% strongly agree. • Patient experience survey question: "My PCP is sensitive to the stigma and trauma associated with ADHD". 100% strongly agree. • Patient experience survey question: "I am satisfied with the care I was provided for ADHD". Response: 100% strongly agree. • Patient experience survey question: "I am happy that ADHD can be treated by my PCP, rather than having to wait for several months to be seen by a specialist". Response: 100% strongly agree. • Qualitative patient feedback indicated achievement of this outcome.
Improve primary care provider	• Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your level of agreement that the

Logic model outcome domain (long-term)	Findings
experience with specialists and vice versa	project improved your access to specialist consults". Response: 50% agree; 50% strongly agree. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am able to obtain timely and useful/effective support from ADHD specialists". Response (post): 12% neither agree nor disagree; 12% not sure; 38% agree; 38% strongly agree. Change from pre to post: 74% overall improvement. • Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your level of agreement that the project improved your access to specialist consults". Response: 50% agree; 50% strongly agree.
Improve primary care provider confidence and overall experience of providing ADHD care	• Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your level of agreement that the project improved your confidence to provide care". Response: 12% agree; 88% strongly agree. • Level 1 Shared Measures family physicians and nurse practitioner experience survey question: "What is your level of agreement that the project improved your overall satisfaction with provision of patient care". Response: 38% agree; 62% strongly agree. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I feel confident in my ability to effectively recognize, diagnose and manage uncomplicated ADHD". Response (post): 38% agree; 62% strongly agree. Change from pre to post: 58% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I feel confident prescribing and titrating adult ADHD medication". Response (post): 50% agree; 50% strongly agree. Change from pre to post: 43% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am comfortable with the potential risks associated with diagnosing and managing uncomplicated ADHD". Response (post): 62% agree; 38% strongly agree. Change from pre to post: 29% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am able to treat ADHD patients who have some comorbidity with confidence, and only refer

Logic model outcome domain (long-term)	Findings
	more complex ADHD cases to specialists". Response (post): 50% agree; 50% strongly agree. Change from pre to post: 71% overall improvement. • Level 3 Local Community Measures family physicians and nurse practitioner experience survey question: "I am satisfied with the care I provide to patients presenting with uncomplicated ADHD". Response (post): 13% neither disagree nor agree; 13% not sure; 50% agree; 24% strongly agree. • Qualitative interview feedback from participants indicated achievement of this outcome.

Overall, the evaluation findings clearly indicate that the "*Enhancing access for Adult ADHD care on The North Shore*" project resulted in:

- Very positive patient experiences with ADHD care from their family physician or nurse practitioner, particularly in relation to:
    - Improved access to care
    - Appropriateness of care
    - Diagnostic process
    - Treatment individualization
    - Communication
    - Medication management
    - Advice regarding available resources
    - Perceptions of family physicians and nurse practitioner knowledge and expertise
    - Empathy and sensitivity to trauma
    - Reducing unnecessary referrals to specialists
    - Patient satisfaction

- Very positive family physicians and the nurse practitioner perceptions regarding the quality, content, and impact of the project, particularly in relation to:
    - Satisfaction with the project's sessions, as well as the materials and resources provided
    - Improved learning
    - Knowledge and awareness regarding recognition, assessment, diagnosis, medication management and treatment
    - Improved quality of care along all dimensions of care delivery and receipt
    - Improved confidence in providing ADHD care
    - Improved relationships and collaboration with specialists
    - Improved awareness of available tools and resources
    - Improved provider satisfaction

Participating family physicians and the nurse practitioner recommended that the project be sustained and spread by:

- Compiling the materials and resources into a repository, accessible via Pathways
- Regularly reconnecting as a group
- Sending regular ADHD updates
- Set up an ADHD-specific RACE line
- Online training
- Sessional payments to incentivize family physicians to participate
- Scaling up the project to enable other family physicians to participate

Logic Model

Inputs/Resources	Processes/Activities	Outputs	Outcomes (short term)	Outcomes (long-term)
• Shared Care funding • Project manager from Division • Evaluation support • ADHD Steering Committee • Patient voices • DoBC Shared measures • DPF support / list of family physicians who refer to ADHD clinic • Time set aside for staff to organize sessions, input videos/flow diagrams to interface online, RACE line	• Develop primary care provider educations sessions on ADHD management • Interview patients to understand their healthcare journey, this will inform physician education sessions • Create/improve patient care pathway • Create videos and/or other tools/resources family physicians and other primary care providers • Create community of practice • Specialists develop (with GP input) diagnostic and treatment diagrams for uncomplicated ADHD diagnosis/treatment • Development of psycho-ed videos and small group sessions • Systematic use of clinical assessment tools (ASRS, PHQ-9, GAD-7)	• 10 family physicians engaged in 3-4 education sessions (3 months) • 3-5 patients engaged in interviews to inform care pathway and education development • Resources/tools uploaded to website for providers – 2 months post education sessions • Providers watch videos (1 month) • Specialist provide RACE line type support to attendees (12 months ongoing)	• Improved access to ADHD training resources for family physicians • Family physicians identify patients with childhood/pre-existing diagnosis of ADHD • Improve primary care provider treatment of uncomplicated ADHD/previously diagnosed ADHD • Improve primary care provider capacity for ADHD patient care in primary care setting • Improve family physicians confidence in managing ADHD patients in their care • Improve primary care provider knowledge of medication, treatment and resources for ADHD • Reduce unnecessary referrals • Improved care pathway for ADHD patients • Improved communication, coordination and collaboration between family physicians and specialists • Improve access to specialists	• Improve primary care provider awareness of comorbid ADHD/complex ADHD • Improve patient experience with family physicians and nurse practitioner • Improve primary care provider experience with specialists and vice versa • Improve primary care provider confidence and overall experience of providing ADHD care

Results

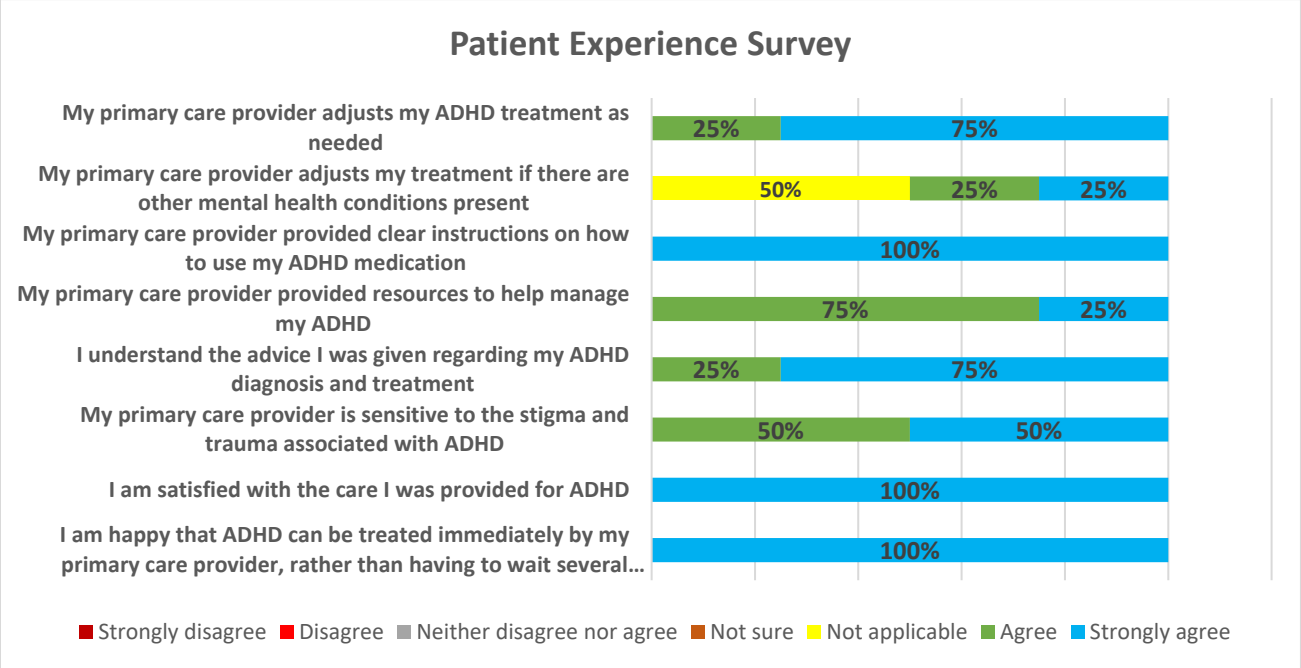
Patient experience survey (post-survey)

The "*Enhancing access for adult ADHD care on the North Shore*" patient experience survey was comprised of 8 questions, scored using the following Likert response Scale: *Strongly disagree; Disagree; Neither disagree nor agree; Agree; Strongly agree; Not sure*.

It is important to once again note and clarify that that the respondents of this post-survey were patients of the family physicians and the nurse practitioners participating in the project. The respondents of the patient interviews conducted at the beginning of the project (see Appendix 1) were completely different individuals, who had already gone through the referral and treatment process with the Hope Centre.

As shown in the segmented bar chart below, patient experiences were overwhelmingly positive in relation to all questions, perceiving high-performing and high-quality of care. Patients were very satisfied with the ADHD-related care their family physician or nurse practitioner provided and were pleased that they were treated in a primary care clinic, rather than having to wait for a lengthy specialist referral.

Patients perceived the provision of high-quality ADHD care, particularly in relation to domains relating to communication, person-centeredness, individualization of care, and empathy/sensitivity to stigma and trauma.



Enhancing access for adult ADHD care on the North Shore project patient experience survey (n=4)

Patients also provided qualitative feedback via the survey, expressing positive experiences and satisfaction in relation to virtually all relevant process and outcome domains of the project's logic model:

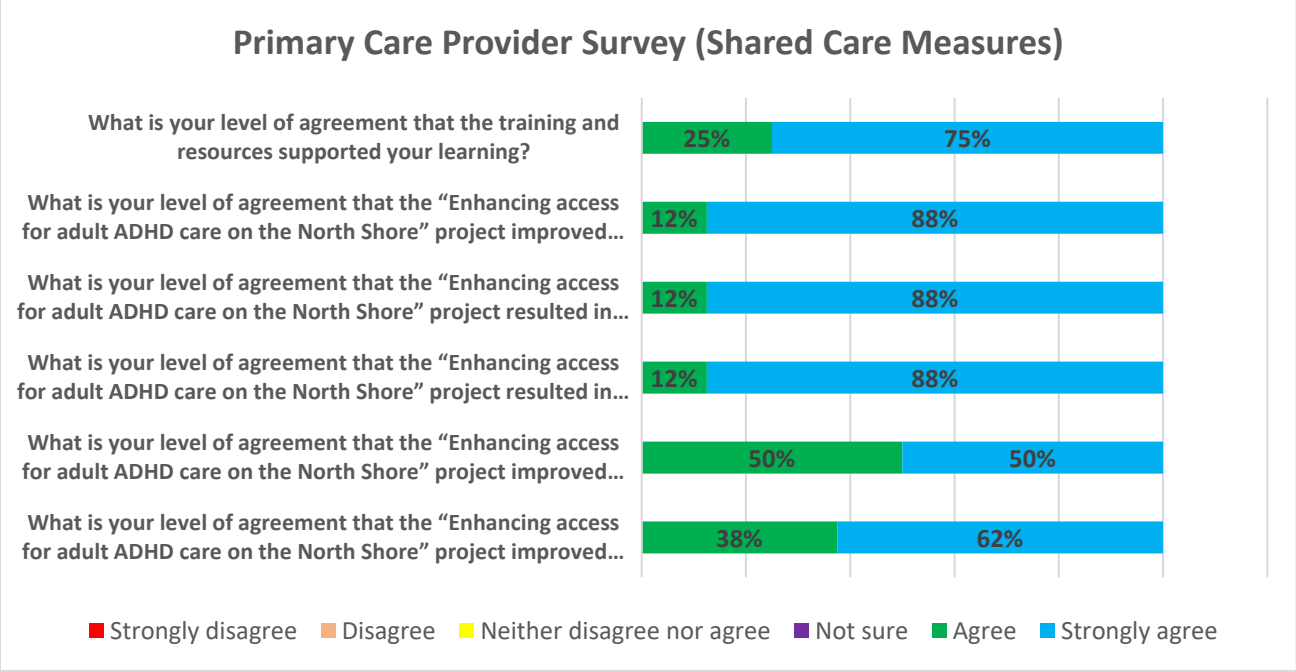
Themes	Select Quotes
• Improved patient satisfaction • Improved timelines and access to care • Improved appropriateness of care • Improved longitudinality and continuity of care • Improved communication and trust • Improved diagnostic and treatment process • Greater medication options • Nuanced medication and treatment adjustments • Enhanced patient access to ADHD-related resources • Improved patient experience • Improved health outcomes and patient self-efficacy • Perceptions of good family physicians and nurse practitioner knowledge and expertise • Improved coordination of care • Good collaboration between family physicians and specialists	*"I am very grateful to my family doctor, my diagnosis was fast and they started my treatment right away. It helped me to get back the control of my life, my studies and work and gain the confidence that I was losing."* *"Working with my GP to help navigate my ADHD diagnosis as a 60 year old adult. I have found my GP to be supportive and knowledgeable about the ADHD process, I find it reassuring that they were 'checking in' with a psychiatrist for clinical supports"* *"My primary care provider was excellent when it came to working on treating ADHD symptoms. They provided information on medication options, provided multiple resource options, and was sure to regularly check in on progress, make adjustments, and actively work to find solutions for any medication issues I was having (how long it was taking to kick in, wearing off too quickly, etc.). It was incredibly beneficial for me to be able to work with my regular health care provider as they are familiar with me, my health history, and my mental health, which allowed me to be more comfortable being open with them about my experiences."*

Level 1 Shared Cross-Province Measures Family Physician and Nurse Practitioner Participant Experience Survey (post-survey)

The Level 1 Shared Cross-Province Measures family physicians and nurse practitioner experience survey was comprised of 6 questions, scored using the following Likert response Scale: *Strongly disagree; Disagree; Neither disagree nor agree; Agree; Strongly agree; Not sure*. The survey was implemented as a post-survey, with a 100% participant response rate.

Results from the segmented bar chart below indicate that participating family physicians and the nurse practitioner overwhelmingly perceive that the project greatly enhanced performance in relation to all 6 of the Shared Measures indicators, with no participants expressing negative views or feedback. All family physicians and the nurse practitioner perceived that the project:

- Supported learning
- Improved confidence to provide care
- Increased collaboration and improved relationships between family physicians and specialists
- Improved overall satisfaction with provision of patient care



Primary Care Provider Experience Shared Care Measures survey (n=8)

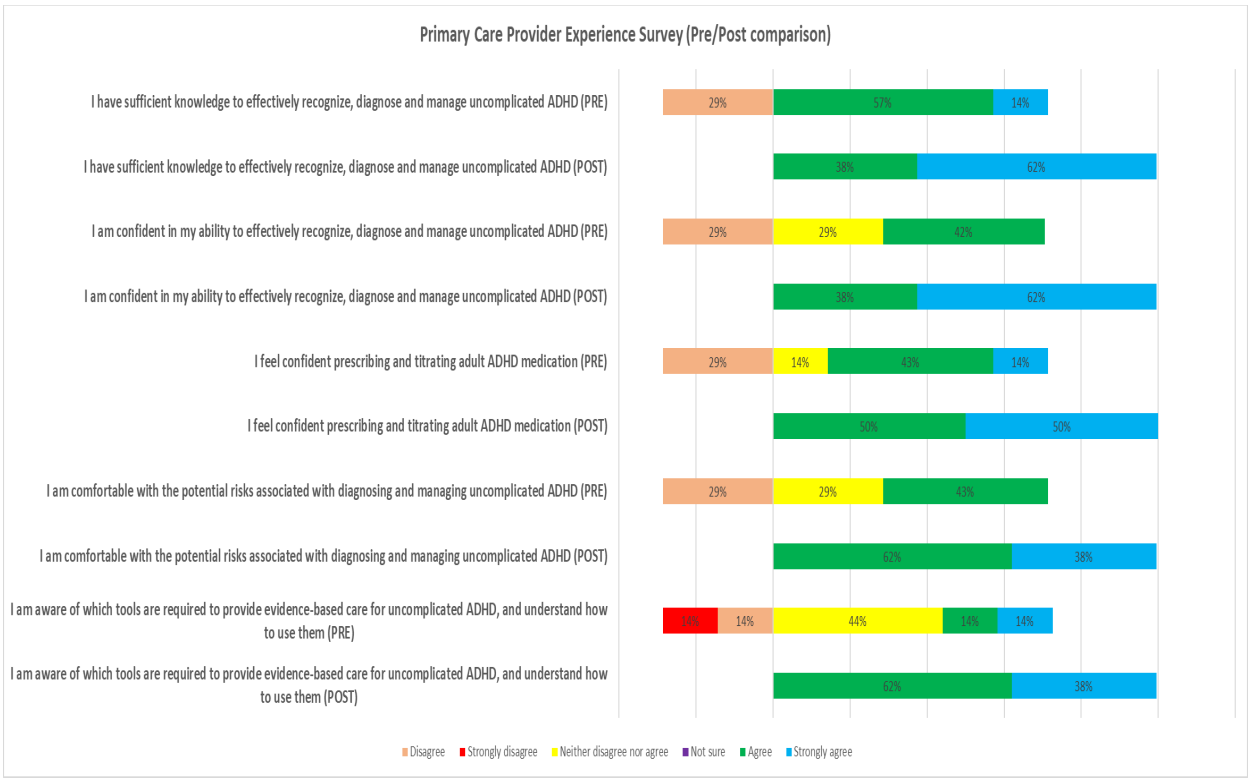
Level 3 Local Community Measures Family Physicians and Nurse Practitioner Participant Experience Survey (ADHD-care specific; pre/post-survey)

The Level 3 Local Community Measures Primary Care Provider experience survey (ADHD-care specific; pre/post-project survey) is comprised of 10 questions, scored using the following Likert response Scale: *Strongly disagree; Disagree; Neither disagree nor agree; Agree; Strongly agree; Not sure.*

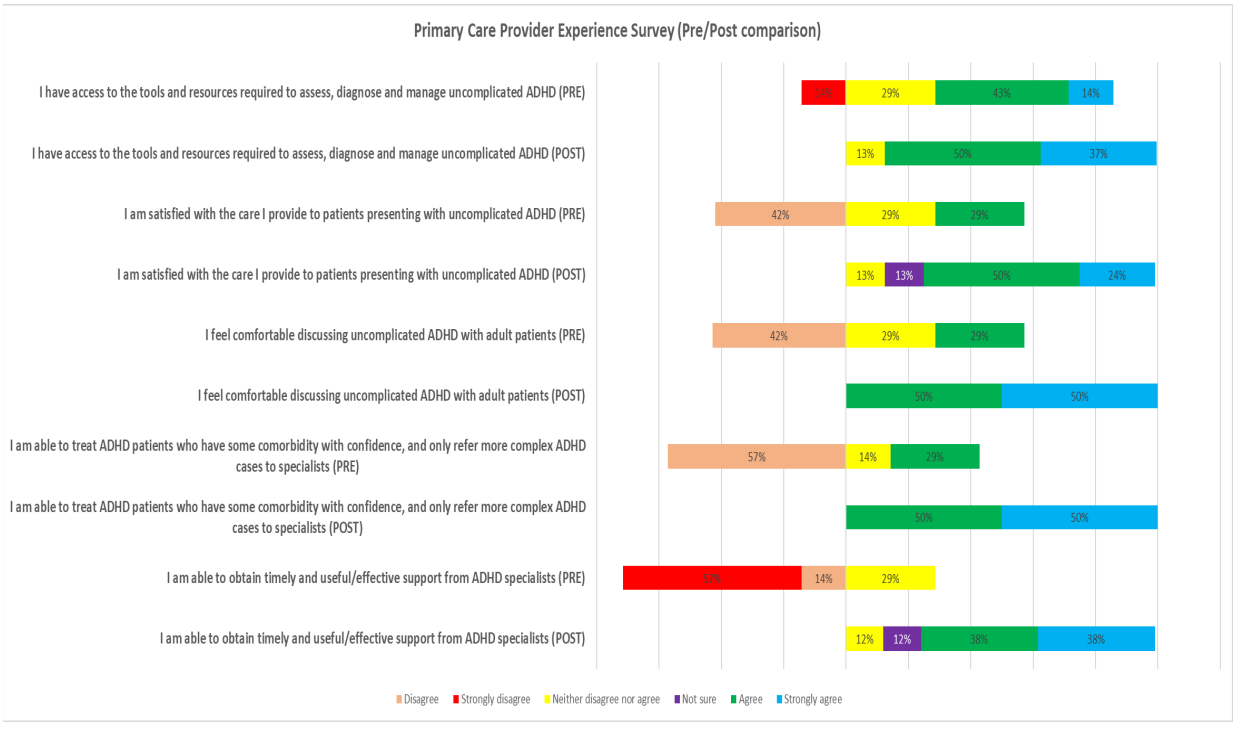
The survey was implemented as a pre/post-project evaluation, to assess whether the project improved various domains related to the provision of adult ADHD care by the family physicians and the nurse practitioner.

The survey results are shown in the two segmented bar charts below (for ease of legibility/reading). Pre/post-project results indicate that performance on all measures dramatically improved over the course of the project, with no negative feedback reported during the post-project survey (i.e. no "disagree" or "strongly disagree" responses on the post-project survey). The following overall improvements were found (note that results are not statistically significant, due to a small sample size):

- Knowledge: 29% overall improvement
- Confidence (in relation to recognition, diagnosis and management of uncomplicated ADHD): 58% overall improvement
- Confidence (in relation to prescribing and titrating ADHD medication): 43% overall improvement
- Comfort with risks (associating with diagnosis and condition management): 29% overall improvement
- Awareness and understanding of tools required for delivery of evidence-based care: 71% overall improvement
- Access to tools and resources: 30% overall improvement
- Satisfaction with provision of care: 46% overall improvement
- Comfort with discussing ADHD care with patients: 72% overall improvement
- Ability to provide uncomplicated ADHD care with confidence, and only to refer complex cases to specialists: 71% overall improvement
- Ability to obtain timely and useful/effective specialist support: 74% overall improvement



Family Physicians (n=7) and Nurse Practitioner (n=1) pre/post experience survey questions #1-5 (n=7 for pre-survey; n=8 for post-survey)



Family Physicians (n=7) and Nurse Practitioner (n= 1) pre/post experience survey questions 6-10 (n=7 for pre-survey; n=8 for post-survey)

Pilot Project Participants Interview findings (post-project)

An interview was conducted with o post-project, to elicit and assess their experiences, as well as the perceived value, strengths, limitations, suggestions for the sustainability and further spread of the "*Enhancing access for adult ADHD care on the North Shore*" project. The following key themes arose from the interview:

- **Education and experience: a general lack of family physician and nurse practitioner education and experience relating to adult ADHD care.**
    - *"For many family physicians, it's a comfort level – experience and education. Its not something that's taught in medical school. It's only an experiential thing, so the course is very helpful."*

- **Family physician funding system: Fee-for-service (FFS) funding system does not enable proper diagnostic process, which requires longer encounters and longitudinal care.**
    - *"When you are FFS, it is not geared for long evaluations, so you have to have a strategy to make a dx over time, because you don't have time during one encounter."*

- **Lack of access to primary care and/or specialty care for adult patients presenting with ADHD symptoms.**
    - *"For people who have a family physician, so many between 18-30 demographic are lost to follow up, as they are not engaged with their family doctor as they are otherwise well. They have not been engaged with their family doctor, at a walk-in clinic they were referred but the wait list at UBC is over a year, and the Hope centre isn't taking patients. It's too incapacitating a diagnosis not to be managed by family doctors, because resources elsewhere – the HOPE centre was a tremendous resource where you can register people for the executive functioning course and it was covered by MSP."*

- **Family physician and patient/caregiver knowledge and awareness is limited regarding adult ADHD.**
    - *"I don't think anyone looks at ADHD in simple terms. There is misinformation out there with family docs, depending on their experiences and interests/skill set. Its mostly a lack of experience and confidence, thinking its more complicated than it needs to be. There's misinformation, on Google Scholar you can find anything. I had an 18 year old that I wanted to start medication, and the mother was upset and worried. I told her that the patient is an adult and its her decision, so we need to be on the same page. We never withhold insulin from a diabetic, but because this bias against mood disorder or neuro atypical, we need to help with educators and institutions to inform and educate that treatment for ADHD doesn't give them an advantage, it doesn't even level the playing field. It helps them not go to jail, not get divorced, not pay taxes."*

- **Delays in care result in poor health outcomes.**
    - *"So what I see is you start with ADHD, and the kids with lots of supports are lucky that they are not so severe and don't have comorbid conditions. They do ok, but a lot of them as they age out, other issues arise. So treating the ADHD becomes treating the tip of the iceberg, and they disengage. So the adult population is far more complicated."*

- **Excellent content and quality of project sessions.**
    - *"The expertise and experience of the course leads was excellent, the information was tremendous, and it would be a real shame not to spread that out to GPs on the whole. I've done some extra training in ADHD, it's a special interest of mine, so I have a fairly good comfort level, but I still learned a ton, and I upgraded my resources. I found it enormously beneficial."*
    - *"The measurable tools are hugely important. The project teased out the ones of most value. The psychiatrists helped facilitate an understanding and normalized the process, similar to what they will do as specialists."*

- **Collaboration and consultation with specialists needs improvement.**
    - *"You still get specialists who refuse to see patients with ADHD. But we are fortunate with this course and effort of specialists facilitating the project."*

- **Improved family physician confidence.**
    - *"It improved my confidence, and forced me to evaluate my approach and ensure it was reproducible. Every GP's confidence increased by the end of the sessions."*

- **Moral and ethical responsibility to provide primary care for patients with symptoms of ADHD.**
    - *"If not us (PCPs), then who? It behooves us to be part of an educational and diagnostic process. These kids have so many comorbidities. By the time they present as an adult concerned with ADHD, they usually have had a tremendous amount of suffering. For someone with ADHD to get it together and come in and to try to seek help, they usually had a lot of suffering that's easy to tease out. In that population, secondary gain or diversion that some physicians on campuses are concerned about, in a family practice it's not a big concern. We might get it wrong, but the harm in a trial of therapy is minimal. For complicated patients like bipolar you can get help eventually, but for the rest it is a moral and ethical responsibility to take it on."*

- **Sustaining the progress made via this project is important.**
    - *"The recorded presentations should be webinars, dine and learns, division could register small groups. Open it up to GPs (sessional time) with DFPs support. How do you take recordings and slide shows and use them in a meaningful way, such as putting them on Pathways. Paid by Divisions to do Q&A. It helps when its paid sessionally. But I think there are people who would be grateful just to have access to this, and have their time paid for follow up questions."*

- **Satisfaction with the project is high.**
    - *"I am grateful to take part. We are lucky to have them advocating for our community and for ADHD. It would be a shame if all that work wasn't dispersed. Because every GP should have access to that material because it was so valuable."*
    - *"The expertise and experience of the course leads was excellent, the information was tremendous, and it would be a real shame not to spread that out to GPs on the whole."*

- **Improvements can be made to the project, particularly in terms of the way the materials are presented, organized and distributed.**
    - *"An hour and half after a long day is hard. The executive sessions with new information was helpful to go over it at the end. But the first time it was done with executive planning was overwhelming. So because we have no expertise in that, it needs to be broken down into two sessions, or shorten the module and choose their favorite. That session was so out of our comfort zone. When they brought it back, you can consolidate it. The distribution – Carissa – emailing the resources. It needs to be sent out again, and put in a central folder. Perhaps leverage Pathways better."*

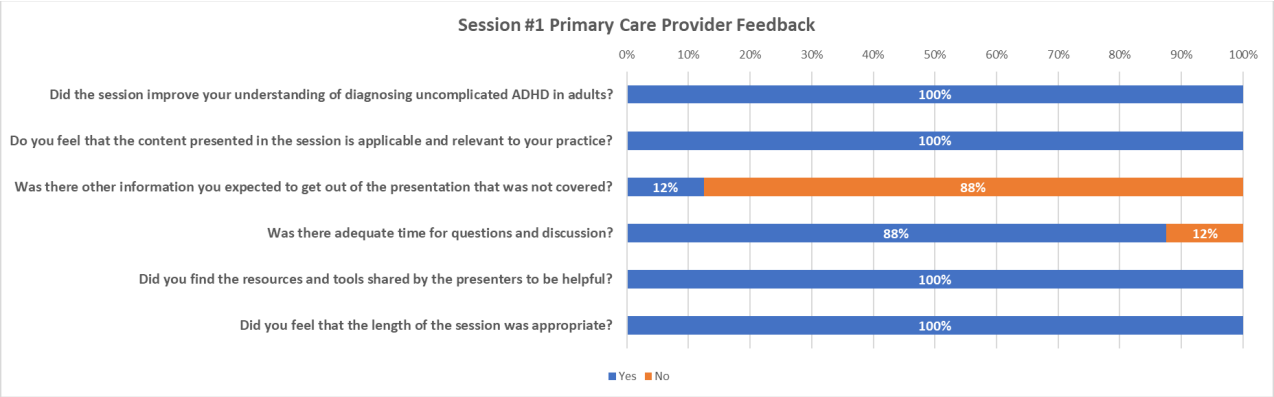
Post-education Session Family Physicians and Nurse Practitioner Participant Surveys, Focus groups and Interviews

To ascertain participants perceptions and feedback regarding the project's four education sessions (particularly in relation to their content, approach, perceived value, limitations and suggestions for project sustainability and spread), a mixed method approach was leveraged, using:

- A 6-question family physicians and nurse practitioner survey (Yes/No response scale)
- Two follow-up session focus groups (conducted after all education sessions were complete) with participants, guided by a 5-question focus group guide. Two additional questions were also incorporated to assess perceptions and suggestions regarding project sustainability and spread.
- Interviews with participants after education sessions were complete, leveraging questions from the focus group guide.

Feedback from session #1 (diagnostic process)

Session #1 focused on the diagnosis of uncomplicated adult ADHD. Quantitative and qualitative feedback from participants are summarized below. Results indicate that the family physicians and one nurse practitioner overwhelmingly had a positive experience with Session #1.



Session #1 survey feedback (n=8)

Qualitative feedback from Session #1:

Question(s)	**Themes**
In your practice, have you used the adult ADHD diagnostic flowsheet?	• Overall, very helpful. • Flowsheet is helpful, starting with ASRS, then Weiss, then Wender Utah – also looking at comorbidities such as anxiety, depression and substance use • Diagnostic flowsheet was straightforward, helpful, and demystified process of diagnosis. Useful visual format of content • Flowsheet increases confidence with diagnosis and in using the ASRS •
Have you found the breakdown of adult ADHD diagnosis process, over several visits, helpful as it was laid out in Session 1?	• Yes, usually takes 2-4 sessions to assess and confirm diagnosis • Breakdown of diagnostic process over several visits is helpful • Less pressure to make diagnosis quickly
What has been problematic for you in the diagnostic process of adult ADHD?	• Transient populations that are challenging / lost to follow-up • Challenges in knowing what to treat first (anxiety or ADHD), approach is individual • Comorbidities with substance use/learning disabilities • Patients expressing urgency in requiring diagnosis (but requires more time) • Assessments from private clinics do not include the standard forms and have shortcomings • Challenges with comorbidities and substance use (knowing what a symptom is attributed to)

Question(s)	Themes
	• Complex patients with comorbidities take more time (i.e. marginalized populations with more significant substance use difficulties) • If patient does not return for a timely follow-up, it can be difficult to make progress
What have you done that has been helpful to your practice in terms of diagnosis of adult ADHD? These can be strategies that were discussed in these sessions, or that you have developed on your own.	• Awareness and empathy for patient struggles • Framework for diagnosis reduces urgency/overwhelming situations/crises • Not a one-size-fits-all approach • Not a sprint • Comfort with diagnostic process and less stigma around ADHD • Referral to a PCN social worker and mental health clinician for support with Executive Functioning and substance use • Referring to CBT skills course • Strategies in the course are very helpful, and are being used. This gives me a better idea on how to address ADHD with my patients • Benefits in taking the time to "step back" and look at the big picture

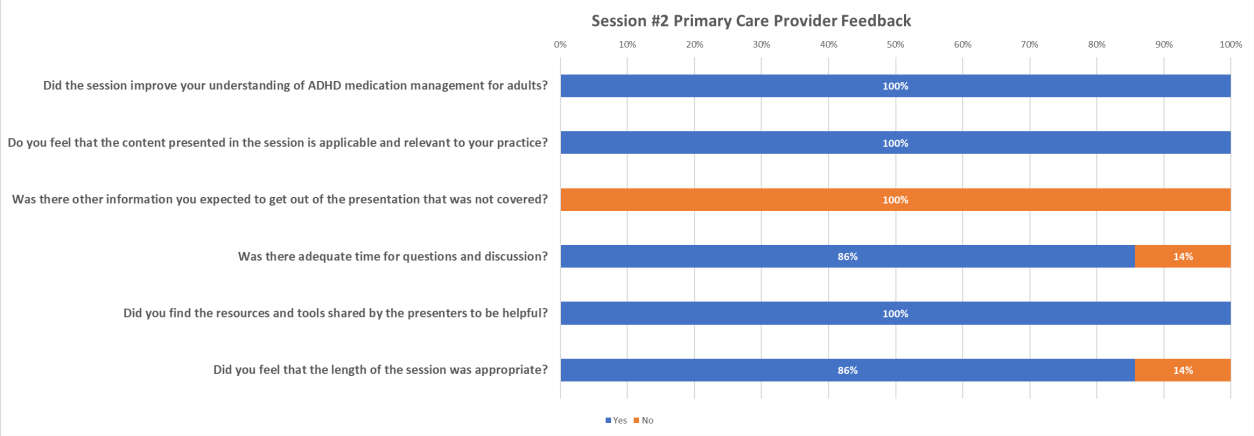
Further interviews yielded additional themes regarding experiences with the Session:

- **Useful session content, to support diagnostic and treatment process.**
    - *"Good to have firm guidelines for steps to diagnosis .Diagnostic tools are always welcome".*
    - *"Case studies helpful to appreciate variability in presentation".*
    - *"I particularly liked the framework presented to breakdown the evaluation and the reinforcement that the process we used is similar to what a specialist would use. Also the reiteration that family docs are comfortable making the diagnosis of depression and anxiety without having psychiatrists to confirm. I feel treatment of uncomplicated ADHD should become just as comfortable for GPs. The need to take our time to make this diagnosis over several visits was also appreciated"*

- **Providing more time for questions is suggested.**
    - *"Evening sessions are more accessible, but time for questions is always somewhat limited."*
    - *"More time for questions."*

Feedback from session #2 (medication management)

Session #2 focused on Medication Treatment of uncomplicated adult ADHD. Quantitative and qualitative feedback from participating family physicians (n= 7) and nurse practitioner (n = 1) are summarized below. Results indicate that participants overwhelmingly had a positive experience with Session #2.



Session #2 survey feedback (n=7)

Qualitative feedback themes from Session #2:

Question(s)	**Themes**
In your practice, have you used the adult ADHD treatment guidelines as discussed in session 2?	• Using ADHD CAADRA treatment guidelines and pharmacological guide, as well as following the titration process has been helpful
Have you found the medication titration of adult ADHD treatment process, over several visits, helpful as it was laid out in Session 2?	• Titration is not a race • Usually wait for 10 days at a time with new medication and stay in touch before titrating, starting low and evaluate target symptoms/side effects • Confidence and comfort level with titration has increased. Usually start with low dose and see patients every 2 weeks until they are on the right dosage
What has been problematic for you in the medication treatment process of adult ADHD?	• Finding coverage is problematic (e.g. long-acting stimulants not covered) • Concerns with diversion and requirement of patients to provide urine samples • Further familiarity with other medications, especially for patients with substance use issues

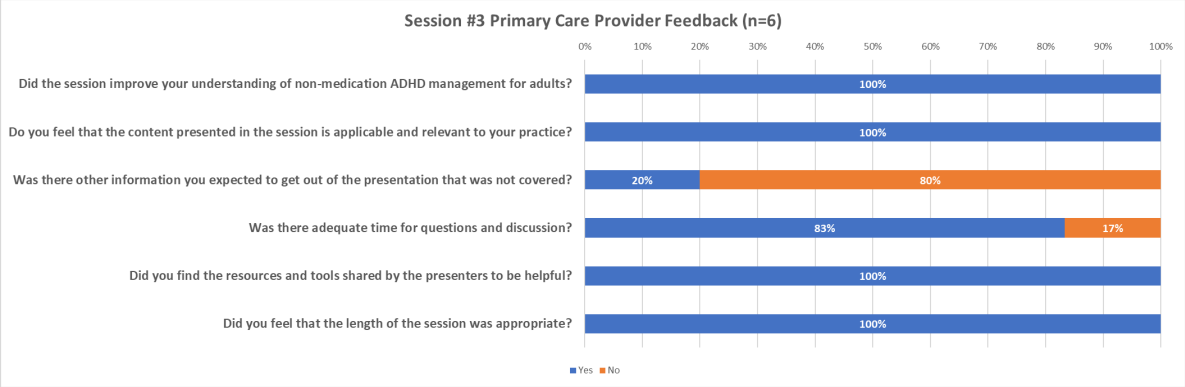
Question(s)	Themes
	• Challenging to convince patients to stop cannabis, neurocognitive effects of cannabis • Patients do not do bloodwork • Obtaining financial coverage can take > month, and patients can't afford this (Main issue is working through the BC financial coverage for ADHD medications; Onerous and circuitous, also extended health benefits not consistent) • Appetite suppression can be difficult. Options reviewed including: structuring meals, switching stimulant, engaging a dietician.
What have you done that has been helpful to your practice in terms of medication treatment of adult ADHD? These can be strategies that were discussed in these sessions, or that you have developed on your own.	• Patience • Trying different classes of medication • Promoting lifestyle changes • Require a mechanism for referral out for Executive Functioning skills training, as family physicians don't have the time for this • Identifying target symptoms, to follow/monitor • Side effects list and strategies for these are useful • Instructions for more frequent meals • Communication has improved with ADHD patients, and have gained more trust and built more rapport • Slow titration and frequent visits • Managing patient expectations has been beneficial (i.e. setting 2 or 3 goals rather than "pills will fix all"; explaining what medications can and cannot do; "pills don't build skills"; Learning that if medications "stop working" this isn't necessarily because of "tolerance"; could be a result of increased life demands) • Collateral feedback from partner has been helpful, especially if patient does not see changes, but partner sees absolute benefit in functioning

Interviews yielded additional themes regarding the experience with the Session:

- **Providing more time for questions is suggested.**
    - *"A little more time for questions etc would have been great maybe 5-10 min more."*
    - *"I have many more specific questions that I hope I may be able to address in the future when offered review of cases with the psychiatrists individually."*

Feedback from session #3 (non-medication management)

Quantitative and qualitative feedback from participating family physicians and one nurse practitioner for session #4 are summarized below. Results indicate that participants overwhelmingly had a positive experience with Session #3.



Session #3 survey feedback (n=6)

Qualitative feedback themes from Session #3 indicate that the material was valuable. However, the content is unfamiliar and complex, and requires more time and breakdown:

Question(s)	**Themes**
In your practice, have you used any of the Executive Functioning Strategies as discussed in session 3?	No responses.
Have you found the Executive Functioning Strategies in the adult ADHD treatment process helpful, as it was laid out in Session 3?	• Helpful to go over executive functioning fundamentals again • Suggestion to split the EF topic be split into two sessions (First session could be "understanding" executive functioning; Second session could be "solutions" focused)

What has been problematic for you in the implementation of executive functioning treatment of adult ADHD? What have you done that has been helpful to your practice in terms of implementing executive functioning treatment of adult ADHD?	• Executive functioning training doesn't resonate in the current family practice setting
	  ○ Difficult to take the time needed
	  ○ Executive functioning content a bit overwhelming
	  ○ Difficult to know all these resources
	  ○ Instead focus on knowing a few resources well

Question(s)	Themes
These can be strategies that were discussed in these sessions, or that you have developed on your own.	

Further qualitative feedback regarding Session #3:

- **Satisfaction with course content and resources:**
  - *"I really appreciated the new resources suggested*
  - *"Felt really practical. In some respects the medications are the easy part"*
  - *"I do feel both of our speakers are excellent and provide great information. Thank you."*
  - *"Lots of information provided and grateful for the handouts.*
  - *"Very applicable to the 10 minute GP consult"*
  - *"Great presentation and overview of a very broad topic."*
  - *"I felt the session reminded me that keeping it very simple and providing a limited amount of information and strategies to skill build using any 4 of the symptoms from the ASRS a really nice place to start. also providing patients with the list of resources another good place to start and the patient could build then spend time out of office doing their own research. Too much information can be as paralyzing as too little."*

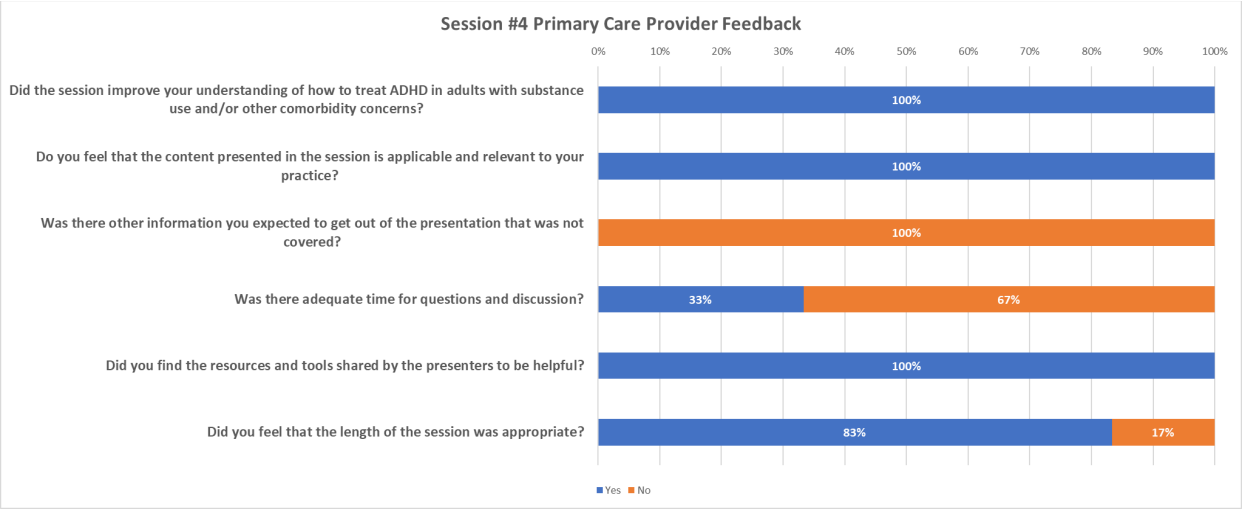
- **Further interaction during the session would be helpful:**
  - *"I think a bit more interaction would have helpful. Also it might have been good to pick one tool, get us familiar with it and actually practice it with each other. The procrastination tool presentation with some interaction was good, but if we then had a chance to actually practice it there would be a greater chance of remembering it."*

- **Materials presented can be overwhelming:**
  - *"Breaking executive functioning skills into bite-sized pieces would be very helpful"*

- **Further supports needed:**
  - Reconvening at 3 or 6 months to refresh knowledge
  - Ongoing feedback/contact with the psychiatrists would be helpful
  - Referrals to appropriate disciplines would be helpful (e.g. social workers, OT, or counsellor to help provide EF support; connect patients to CBT Skills group)

Feedback from session #4 (treatment of adult ADHD with substance use and/or comorbidity)

Quantitative and qualitative feedback from participating family physicians and one nurse practitioner for session #4 are summarized below. Results indicate that participants had a generally positive experience with Session #4; however, more time was required for discussion and questions to be asked/answered.



Session #4 survey feedback (n=6)

Qualitative feedback themes from Session #4:

- **Improved participant knowledge and understanding**
  - *"Increased my understanding of how to support clients with ADHD and substance use challenges"*
  - *"Very relevant to my practice with Indigenous clients"*
  - *"Switching medications guide was very helpful in practice"*
  - *"Helpful to go through neurocognitive effects of cannabis with patients"*

- **Session could benefit from more time.**
  - *"It think ideally this session should have perhaps been a bit longer and had some time for the group members to share a bit about cases and hear commentary. The few that happened in the discussion were very useful and helpful to the docs as well as probably helped out several patients."*
  - *"I expected more time for questions and answers as it was the last session and the last chance to ask direct questions"*
  - *"The Q&A period generated rich discussion and applicable learning. I learn well from case based scenarios and more time for these conversations would be of good benefit."*
  - *"Would have liked just a bit more time for case discussion even 15 minutes more"*
  - *"It would have been great to hear the psychiatrists comment about more cases and their approaches. After a full day of work difficult to attend to another Zoom meeting for more than an hour so difficult to address these challenges without another session."*

- **Further interaction during the session is required.**
  - *"Having a bit more interaction with the group/ case discussion"*

- **Satisfaction with session content and resources**
    - *"Once again so much useful information, very helpful. Thank you."*
    - *"Excellent presentation, great resources, very approachable knowledge experts."*

- **Enhanced confidence**
    - *"I am so grateful to have been included in this educational program, it has been significantly 'practice changing' for me! I now feel competent and equipped to diagnose and treat ADHD in adult patients. Thank you for the opportunity."*

- **System supports required**
    - *Referring to mental health clinician for support has been helpful*
    - *MSP not structured to support these longer conversations with patients*

Participant feedback regarding project sustainability and project spread

Project Sustainability: What do Pilot Project participants need to maintain their knowledge and skills learned after the project is completed?	***Project Spread: How do we train more family physicians on how to diagnose and treat uncomplicated or previously diagnosed adult ADHD?***
Resource compilation • Request to compile all emails with resources – send them together in one email (including EF worksheets) • Pathways would be a good location for resources – easily accessible by all family physicians **Reconnecting as a group** • Would need to be incentivized in some way • Continue to have the experts (psychiatrists) share info at conferences or education sessions • Keep these connections brief (20 mins) ○ Could have various topics and people could attend what is pertinent to them **Sustainability suggestions:** • Send out ADHD updates monthly or quarterly via email to the group • Keep the sessions with Betty (powerful and liberating for participants)	**Online training** • Videos would need to be accredited (CME) • Approx. 4 modules (max 30 minutes each) • Access to course instructors as needed (access after watching videos) • Online asynchronous format likely more accessible • Consider podcast format instead (videos can be difficult to find the time) • Online format works for family physicians, as then they can work at their own pace **Psychiatrist consults** • Course instructor will allow case consults past early June for the 8 pilot project participants • Would be valuable to have group sessions. Could consider an interdisciplinary approach and bring on social work, OT, and pharmacist.

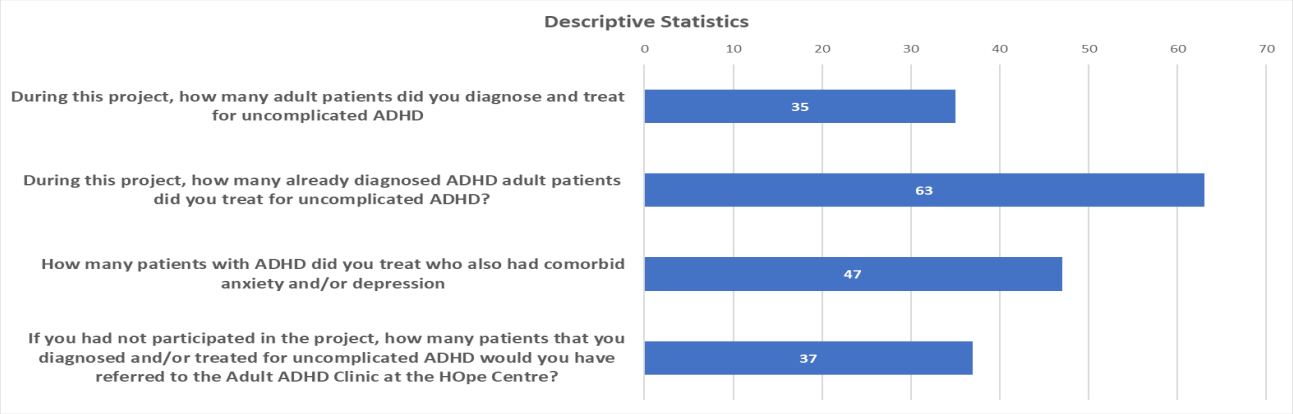
• Consider an ADHD-specific RACE line
  ○ Guidance from general psychiatrists on the RACE line can differ
  ○ ADHD-specific line could be offered once per week or month
• Existing resource: "The Rounds" – free registration
• Additional suggestions to stay connected:
  ○ Google Doc to help share/keep track of this info
  ○ Online forum
  ○ WhatsApp or Slack groups that's monitored by someone who is experienced
  ○ Create a listserv to share info and allow for ongoing dialogue
  ○ Have an annual updated list of medications that can be shared with providers	

Family Physicians and Nurse Practitioner Activity Data Collection Form (assessments, diagnoses, treatments, prescriptions, and referrals)

A post-survey was conducted to ascertain whether participating family physicians and the nurse practitioner started to provide adult ADHD care during the course of the project, and to assess whether unnecessary referrals are being mitigated. The survey was comprised of the following questions.

- *During this project, how many adult patients did you diagnose and treat for uncomplicated ADHD?*
- *During this project, how many already diagnosed ADHD adult patients did you treat for uncomplicated ADHD?*
- *How many patients with ADHD did you treat who also had comorbid anxiety and/or depression?*
- *If you had not participated in the project, how many patients that you diagnosed and/or treated for uncomplicated ADHD would you have referred to the Adult ADHD Clinic at the HOpe Centre?*

Results indicate that participants are now assessing, diagnosing, treating, and managing care for adult ADHD patients. A large proportion of the patients who were treated had comorbid anxiety and/or depression. Participants also indicate a significant number of patients are being treated in primary care, rather than being referred to specialists with long wait times.



Descriptive statistics of participants' diagnoses, treatments, and referrals (n=8)

Pilot project participants data collection forms

During the course of the project, 7 family physicians and 1 nurse practitioner submitted data regarding the types of assessments completed, diagnoses, treatments and medications that performed during the project. Due to inconsistent reporting, data gaps and data quality issues, it was not possible to perform meaningful descriptive statistics. However, the general types of assessments, diagnoses, treatments and prescriptions that were reported include the following, indicating successful uptake and implementation:

- Assessments:
  - Adult ADHD Self-Report Scale (ASRS) Symptom Checklist
  - Patient Health Questionnaire (PHQ-9)
  - Generalized Anxiety Disorder (GAD-7) Scale

- Clinical diagnoses:
  - ADHD
  - Anxiety
  - Depression

- Treatments:
  - Education about ADHD
  - Sleep hygiene
  - Scheduling exercise
  - SMART Goals

- Prescriptions:
  - Adderall XR
  - Concerta ER
  - Dexedrine IR
  - Ritalin SR
  - Vyvanse

Project Limitations

In reviewing the results of the project, it is important to note the limitations associated with the findings. One of the main limitations is that the pilot project participants consisted of two different health disciplines – family physicians and one nurse practitioner. As the scope of practice varies between these groups, this can impact learnings and how questions were answered in the evaluation process.

Another limitation is the sample size (family physicians n = 7 and nurse practitioner n = 1) for the project, which makes it difficult to determine if a particular outcome is a true finding. Due to the small sample size and varying clinician groups, all evaluation questions were standardized to ensure anonymity in the group.

Appendix 1: Adult ADHD patient interviews

The content of the project's education sessions and evaluation design were informed using data from three patient interviews conducted after the launch of the project. Interviews focused on the lived experiences of patients with ADHD, and their respective healthcare journeys. Data derived from the patient interviews enabled the project team to orient the content of the education sessions around the perceived needs and realities of adults with ADHD. The project's patient experience post-project survey indicates that participating family physicians and the nurse practitioner have addressed most of the concerns and issues highlighted by the findings of the patient interviews.

The following key themes arose:

Themes	Quotes
Patient awareness relating to ADHD symptoms arose through online materials, lay conversations with life partners, having a family history, and self-reflection – rather than from encounters with healthcare providers	• "Many (many!) people have suggested throughout the years that I did have it and upon looking on online sources and comparing them (as objectively as I could) to my brain patterns. I realized that having ADD or ADHD was a consideration that I should be taking seriously."
Patients with ADHD symptoms do not routinely seek healthcare assistance.	• *"Just grind it out for whatever I have to do."*
Financial constraints negatively impact access to care and treatment.	• *"But then I did go see my GP who wasn't very well versed in ADD or ADHD, and subsequently did not provide medication. He did suggest that I go take a test to see whether or not I had it however the test was priced well out of my financial reach. Also saw a psychologist and he also pointed me to these tests. So it was a bit annoying."* • *"As for diagnostics…. Having to pay a thousand dollars or upwards for a survey is insane. I think if I had access to the diagnostic I would have been treated a long, long time ago."*

Healthcare providers can be dismissive, lack empathy and exhibit stigma.	• *"That psychiatrist was very dismissive of me and my experience. He said that I was too smart to have ADHD and that adult ADHD doesn't really exist. Oh and he labelled me as a drug addict."*
Access to timely and appropriate care is problematic.	• *"Having to wait 9 months to get an appointment to be seen. Knowing how much I was struggling it was incredibly upsetting. Also having the other psychiatrist dismiss me made me doubt myself even more. My family doctor also refused to help me unless I had a psychiatrist prescription and diagnosis. The people I thought that were my primary care team were not listening to me."* • *"Having to wait 9 months to get help is unacceptable. I know this isn't the fault of the clinic, but the fact that so many GPs and other psychiatrists are not well versed in diagnosing and treating ADHD in adults (and frankly, refuse to learn) is causing a bottleneck effect in clinics like the adult ADHD clinic. There is actually an entire subreddit dedicated to helping people get help for getting an assessment, diagnosis and medication treatment from other practitioners since the waitlists for the ADHD clinic is so long now. Having more psychiatrists and funding at the ADHD clinic would help as well, so the waitlist would be shorter."* • *"Understanding the crunch that this program is under, I'm not sure what you guys could have done differently. Because anything I say here will require more funding and manpower. Yes a shorter waitlist would have been better; additional session time with the doctor would have been better because sometimes 30mins seems a racy, especially for the first couple of sessions; perhaps a longer duration for these sessions would be nice as well, the 5 or 6 meetings we had was good, but I feel I was lucky finding a drug type and dosage level that*

	worked for me so quickly, other people might not be so lucky."
Quality of care at the Adult ADHD Clinic is excellent, with empathetic providers who listen and understand.	
Executive Function training is valuable.	• *"The training was invaluable. It was the missing piece to my treatment plan. Yes, medication helps immensely, but knowing how to work with my brain instead of against it is making my life and my relationship with myself a lot easier. It was also incredibly healing to be in a group of others with similar experiences as me (being diagnosed late)."*
Improvements to the healthcare system are required, including increasing access, reducing stigma, and having more family physicians and other primary care providers educated and trained appropriately.	• *"Being seen by someone immediately, not being dismissed by my GP and psychiatrists. Having more health care providers be well versed in ADHD. Not having ADHD medication so stigmatized and heavily regulated - ADHDers do not get addicted to this medication. In fact a lot of the time we forget to take it. It felt so awful to have to advocate for myself for so long to get the help I needed and deserved."* • *"Better education for family physicians and a public access ADD/ADHD diagnostics. I don't blame my GP for not knowing and not prescribing the medication. As a GP I don't know if they are required to back to school for additional training or updates to existing procedures."* • *"Just learn. Train up. Get with the times. He was an old bugger and I liked him. For any physical ailments he was great, however when it came to mental illnesses, I feel he was professionally limited in what he could tell me with certainty."*
Stigma and misinformation are problematic.	• *"Educated himself on adult ADHD and get rid of his judgements and biases against ADHD medication. He told me that I would have to provide a urine sample every time I would go in to get a renewal. I guess this is to see I'm*

	actually taking my medication. I can't believe the discrimination, judgement and assumptions placed on me and fellow ADHDers when we just need medication to function adequately in life."