Benefits and Barriers to Evidence-Based Behavioral Health Services for Children with ADHD: Provider Perspective

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Specific Aims
To identify and describe:
• Key barriers associated with low utilization of behavioral therapy among young children (2-7 years of age) with ADHD
• State and community programs that result in higher rates of behavioral therapy among young children with ADHD

Approach
• Parent focus groups
• Key informant interviews with providers
• Key informant interviews with model programs across the country
Specific Aims

• The American Academy of Pediatrics (AAP) recommends behavioral therapy as first-line treatment for young children with ADHD

• Findings in Georgia and nationally suggest a misalignment between current practice and best practice for ADHD treatment

• To identify and describe the key barriers for providers associated with low utilization of behavioral therapy among young children (2-7 years of age) diagnosed with ADHD
Parent Focus Group Themes

• Parents identified the following areas of key concern:
  – Lack of coordinated care for children
  – Cost and availability of quality treatment
  – The need to work with both the healthcare and education systems to increase their understanding of ADHD and the value of behavioral treatment
### Types of Healthcare Providers Interviewed

<table>
<thead>
<tr>
<th>Providers</th>
<th>Number interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Pediatrician</td>
<td>3</td>
</tr>
<tr>
<td>Developmental/Behavioral Pediatrician</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>1</td>
</tr>
<tr>
<td>Psychologist</td>
<td>5</td>
</tr>
<tr>
<td>Licensed Therapist/Counselor/Social Worker/Behavioral Analyst</td>
<td>6</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>
Interview Questions

• Questions related to Awareness, Access, Barriers and Benefits of treatment for ADHD.
  – Behavioral treatments
  – Medications
  – Services available through schools
  – Referrals
  – Financial Barriers
  – Perceived parental barriers to treatment
Key Themes

• Provider Barriers
  – Integrative Care
  – Lack of knowledge/awareness of referral services
  – Financial/low reimbursement rates
  – Differing levels of parent engagement with school systems
  – Parental engagement with training/time commitment to therapy

• Perceived parental barriers
  – Stigma
  – Lack of knowledge/awareness of services
  – Parent preferences for medication/dedication to behavioral therapy
  – Lack of insurance coverage
Behavioral Therapy

• Behavioral therapy helps the symptoms fade away gradually and teaches coping/management skills.

• After-school programs, play therapy, etc., were reported as helpful, although EBPs were not reported by name.

• Specialists say group or parent-involved therapy is most beneficial, but they need caretakers’ commitment.

• There are limited referral pathways to behavioral therapy providers in many geographic areas.
School Services

• Some parents do not want the school to know about their child’s medication to avoid labelling.

• Some parents have to push the school to recognize their child’s behavioral challenges.

• Parents are unaware of the range of services provided in the school setting and do not know they have a right to request services.

• School therapists experience different levels of engagement from parents.
Medications

• Medications have immediate benefits.

• Some parents who prefer medications struggle with short-acting medications.

• Some parents struggle with commitment to therapy and would prefer medications; others rush to medication even before trying a behavioral approach.

• Some specialty providers question correctness of ADHD medication dosing by non-specialists.
Insurance and Reimbursement

• Having insurance companies cover a larger array of behavioral services for children would be beneficial to families.

• Providers are challenged to figure out the most effective and most realistic treatment based on the family’s financial/insurance status.

• Some providers (especially behavioral health providers) do not accept certain types of insurance, including Medicaid.

• Behavioral health providers and physical health care providers are reimbursed differently.
  – These financial incentives make it difficult for developmental pediatricians and other primary care providers to be reimbursed adequately for treating/addressing behavioral health concerns.
Stigma

• Providers were mixed on whether or not families still experience stigma because of ADHD.

• Providers said diagnosis could happen earlier if parents could overcome stigma.

• Providers believe more stigma is attached to learning disabilities.

• Some providers report that families in rural areas prefer to go out of town for behavioral health care.
IDT Provider ADHD Work-2017

- The CDC, DBHDD, and DCH partnered to explore the ability of Georgia providers to meet the treatment needs of young children with ADHD
- Created *The Child and Family Treatment Survey*
  - Asks about the EBPs for young children with ADHD
  - Asks about components of these EBPs
- Will be distributed state-wide to behavioral health providers
- As an incentive, a webinar will be offered with CEUs
  - Brief overview of the EBPs
  - Information about billing for services
  - Information about parent engagement
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