Getting Family Buy-In, Part 1: Barriers to Adherence

COMMON CONCERNS AFFECTING ADHD TREATMENT

Clinicians need to be aware of the following common problems and to decide in advance on their own strategy to deal with each of them as they arise:

- Parental concerns about the use of medication
  - Fear of potential side effects.
  - "They gave me ADHD med when I was younger, and I hated what it did to me...."
  - Loss of appetite and potential weight loss.
  - Sleep problems.
  - Dependence and addiction.
  - Personality changes.
  - Tics.
- Medication administration issues
  - Child cannot or will not swallow medication.
  - Parent wants medication holidays on weekends, holidays, and family vacations.
  - Possible intentional or unintentional diversion of medication by patient or parent.
  - Extended out-of-area trips.
  - Out-of-area college, boarding school, or all-summer sleepaway camps.
  - Parents who themselves have untreated ADHD—and may either forget to give medication regularly or continually forget follow-up and/or refills.
- Working or single parents, who may have limited supervision, dosing control, or ability to miss work to get refills and keep follow-up appointments
- Child concerns about the use of medication
  - Refusal to take any medication
  - Pretending to take medication but is not doing so
  - Child reinforcing parental anxiety about side effects (eg, "...always talking of stomachaches..." and "...makes me feel terrible...")
  - Blaming ADHD for all problems (eg, "It's not my fault...it's the medication...." or "It's not my fault...it's my ADHD!")
  - Active diversion of the medication by the child
- Systemic barriers (See "The Barrier Statement," based on the American Academy of Pediatrics clinical practice guideline and included in the first step of this toolkit, for more detail.)
  - Lack of confidence/training of clinician in dealing with ADHD.
  - Lack of appropriate and effective referral options for the clinician.

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COMMON CONCERNS AFFECTING ADHD TREATMENT (*continued*)

- Lack of appropriate and effective payment/resourcing for clinician services and materials.
- Lack of appropriate and effective payment/resources for staff time and effort.
- Poor organization of the practice's process management of dealing with ADHD.
- Payer-based denial of medication coverage, limited coverage, and high co-pays, coinsurances, and patient cost sharing.
- Payer-based requirements for new/repeat step therapy when insurance plan changes...even though the patient has been improved and stable previously on the same medication.
- Payer-mandated substitution of generic medications that may not be equivalent to the branded medication that the patient is currently taking. This is more of a problem with complex delivery systems such as an osmotic release oral system (eg, Concerta) than the older bead technology.
- Frequent and arbitrary payer formulary changes, forcing a change in medication, even though child has previously been improved and stable on a medication before the formulary change. These changes are forced through the use of financial coercion on the part of the payer through significantly increasing the patient cost of the medication through increased co-pays, coinsurances, patient cost shares, and application of deductibles.
- State and federal restrictions and potential obstacles, such as requirements and restrictions imposed on prescribing and e-prescribing of Schedule II controlled substances.
- Technical, platform, and compatibility issues for e-prescribing.
- Parental issues caused by transportation, work, child care, and general availability to adhere to a monitoring/follow-up program.

Some of the solutions to these potential barriers should be addressed as you develop your strategic plan—for yourself, for other clinicians in the practice, and for your staff as part of the action plan. Another part of the solutions is best addressed in an anticipatory fashion during the discussion at the time of diagnosis and institution of treatment, and we suggest covering them both in discussion and in the form of a handout given to the parent. Other points should be covered when they occur. It is helpful to develop written handouts that reinforce your solutions to each item. The list also serves as a resource for planning advocacy for change, to improve the health care delivery in your community.

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