P01-260 - **POPULATION-BASED COMPARISON OF SPECIALIZED AND COMMUNITY BASED ADHD SERVICE RATES: EVIDENCE FOR A NEW DELIVERY MODEL**

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Introduction: Population-based analysis of regional and provincial data has permitted identification of areas for modeling innovative service delivery paradigms. Attention Deficit and Hyperactivity Disorder (ADHD) serves as an example. Within the same catchment region, comparing tertiary service utilization with provincial ADHD rates, we have identified a potential service gap. Potential to improve capacity based on a fiscally neutral model is discussed.

Method: Annual data collected in the regional child and adolescent mental health program information system from 2002-2009 was used to describe characteristics of those referred with a provisional diagnosis of ADHD. Regional population-based utilization rates were compared to the region-adjusted provincial rates of ADHD.

Results: As is typical, receiving a provisionally diagnosis of ADHD was significantly associated with longer wait for service and length of stay, being male and younger, greater comorbidity (e.g., conduct disorder), more behavioral problems and more problems at school. About half of the referrals came from community-based primary care physicians. Many children are diagnosed with ADHD by community physicians and relatively few receive specialized treatment.

Conclusions: Analysis of population-based service rates identify potentially large knowledge gap. Within this gap, the quality of service and fidelity to evidence-based practice in community-based treatment of ADHD are unknown. Community-based primary care practitioners have little specialized mental health training and may require support in delivering evidence-based care. To this end, we describe a model to address the identified service gap for ADHD.

Keywords: Attention deficit hyperactivity disorder, Epidemiology, Service delivery model, Primary care