

Enhancing Primary Care Providers' Confidence and Knowledge in Managing Adult

ADHD

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Context

- Improved providers' confidence and knowledge in managing adult ADHD.
- Improved screening rates.
- Enhanced knowledge of comorbidities like depression, anxiety, and insomnia that co-occur with or mimic adult ADHD.
- Increased interest in utilizing a comprehensive adult ADHD toolkit.
- Improved follow-up and medication adherence rates.
- Improved providers' confidence in recognizing the signs and symptoms of adult ADHD.

Introduction

Adult Attention Deficit Hyperactivity Disorder (ADHD) continues into adulthood and is often mistaken for a condition affecting only children. The National Academies (2025) ranks it as the second most common psychiatric disorder among adults. This neurodevelopmental condition affects daily life at work, school, and in relationships, frequently co-occurring with depression, anxiety, substance use disorder, and insomnia, which can worsen mental health issues (Centers for Disease Control and Prevention [CDC], 2026). It also places a strain on economic and healthcare systems, with patients facing long waits for specialist care like psychiatrists, and neuropsychiatric evaluations costing between \$300 and \$500, leading many to seek emergency services (Schein et al., 2024). Primary care providers are well-positioned to reduce the care burden, as they often serve as the first contact point. However, a significant knowledge gap persists due to limited clinical guidelines for recognizing and managing ADHD. Without a nationally standardized guideline, the American Academy of Family Physicians (AAFP) suggests creating an adult ADHD toolkit that includes educational resources for patients

and providers, a treatment algorithm, diagnostic tools, and other resources (Biederman et al., 2021).

Purpose

This quality improvement initiative aimed to enhance primary care providers' knowledge and confidence in managing adults with ADHD by integrating a treatment algorithm toolkit into electronic health records. The toolkit provides guidance on medication and non-medication options, contraindications, screening tools such as the Adult ADHD Self-Report Scale (ASRS), management of co-occurring conditions, and resources for multidisciplinary collaboration to better support providers (Casey et al., 2020).

Methodology

A thorough literature review using PubMed, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycInfo focused on keywords like 'lack of adult ADHD clinical guidelines,' 'adult ADHD toolkit,' and 'primary care providers' knowledge in managing adult ADHD.' It targeted primary care providers who treat patients aged 18 and over in the United States of America. Only peer-reviewed studies from January 2021 to January 2026 were included. The findings emphasized the project's importance and highlighted the need to use the American Academy of Family Physicians' recommended adult ADHD toolkit. This toolkit aims to assist primary care providers who lack knowledge and confidence in managing adult ADHD. It also helps guide the development of other treatment algorithms, forming part of a comprehensive adult ADHD toolkit. Data from Slicer Dicer showed patient referrals to psychiatry or behavioral health, and those managed by primary care from October to December 2025. The search was refined to identify providers managing at least five patients in primary

care, resulting in 55 contacted. Of these, 14 showed interest and completed a pre-implementation survey (see Appendix C). A chart audit gathered data on current practices. Insights from the literature, baseline data, and feedback led to a treatment algorithm toolkit, including a smart phrase in the EHR system (see Appendix E).

Over 14 weeks, six cycles of the Plan-Do-Study-Act process were carried out, integrating feedback from providers, liaisons, and consultants. This iterative approach shaped the intervention, which included joint education sessions and shared resources enabling providers to maintain oversight. After launching the treatment algorithm toolkit, a post-implementation survey and chart audit were conducted to assess providers' confidence and knowledge in managing adult ADHD (see Appendix D). A mixed-method approach, combining quantitative and qualitative analysis, was employed effectively, with descriptive statistics summarizing the results.

Results

This quality improvement initiative demonstrated that primary care providers enhanced their knowledge and confidence in managing adult attention-deficit/hyperactivity disorder (ADHD). Survey results collected prior to and following the implementation of the treatment algorithm indicate that an increased proportion of providers now feel at ease treating adult ADHD, with 60% reporting they feel extremely comfortable and 80% inclined to utilize an ADHD toolkit (see tables 1 and 2). Additional data from feedback, chart audits, and provider surveys also suggest that 55.6% employed screening tools such as the Adult Self-Report Scale (ASRS) and the Wender Utah Rating Scale (WURS), which facilitated the monitoring of medication effects and guided follow-up assessments for adherence, with adherence reaching 88.9% (see tables 3 and 4 and Appendices A and B). Furthermore, the proportion of providers

initiating medication tapering to optimize treatment increased to 77.8%, leading to improved patient outcomes in 55.6% of cases (see tables 5 and 6).

Strengths and Limitations

This initiative boosted screening rates, increased providers' familiarity with screening tools, and used collaborative education and feedback to enhance their confidence in pharmacological and non-pharmacological options. It highlighted the need for ongoing education and showed potential for further improvements, supporting primary care providers. A smart phrase streamlined the process, while PDSA cycles and combined analyses ensured its success. Continuous input from providers and liaisons improved effectiveness.

Despite improvements, limitations included a small sample size, longer implementation for extended access, and the need to assess providers' knowledge and confidence. The study also emphasized follow-up periods of three months or more, as medication adherence and outcomes need at least six weeks. Incorporating a smart phrase into the EHR enabled quick access but lacked interactivity, which could support better documentation and collaboration.

Implications

The quality improvement initiative emphasizes the significance of implementing a standardized screening protocol and clinical guidelines. These should provide healthcare professionals with support and education regarding disorder and comorbidity evaluation, initiation of treatment, ongoing monitoring including follow-up assessments, employment of initial screening tools, and evaluation of treatment effectiveness. Additionally, interdisciplinary collaboration supporting multimodal strategies is essential to assist providers and to develop integrated treatment approaches aimed at improving patient outcomes.

Conclusions

This quality improvement initiative emphasizes the significance of supporting and educating primary care providers in the management of adult ADHD. According to the CDC (2026), 15.5% of adults are affected by ADHD; however, there remains a lack of standardized clinical guidelines. Healthcare institutions must implement a multimodal strategy to enhance support and education for primary care practitioners. This need is reinforced by ongoing shortages of specialized care providers, an increasing number of children transitioning from pediatric care requiring ADHD management, and the rising demand for treatment. Strengthening support for primary care providers can alleviate the bottleneck effect caused by emergency care utilization and the widening gap in access to specialized services, thereby ultimately improving patient health outcomes. This situation further underscores the necessity for additional research to determine the most effective ways to support both providers and patients, whether through a collaborative care model, the utilization of a comprehensive adult toolkit, or most importantly, by addressing the absence of standardized clinical guidance.

References

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<https://doi.org/10.18553/jmcp.2024.30.6.588>

TABLES

Table 1: Pre- and Post-Implementation Confidence Level Survey Analysis

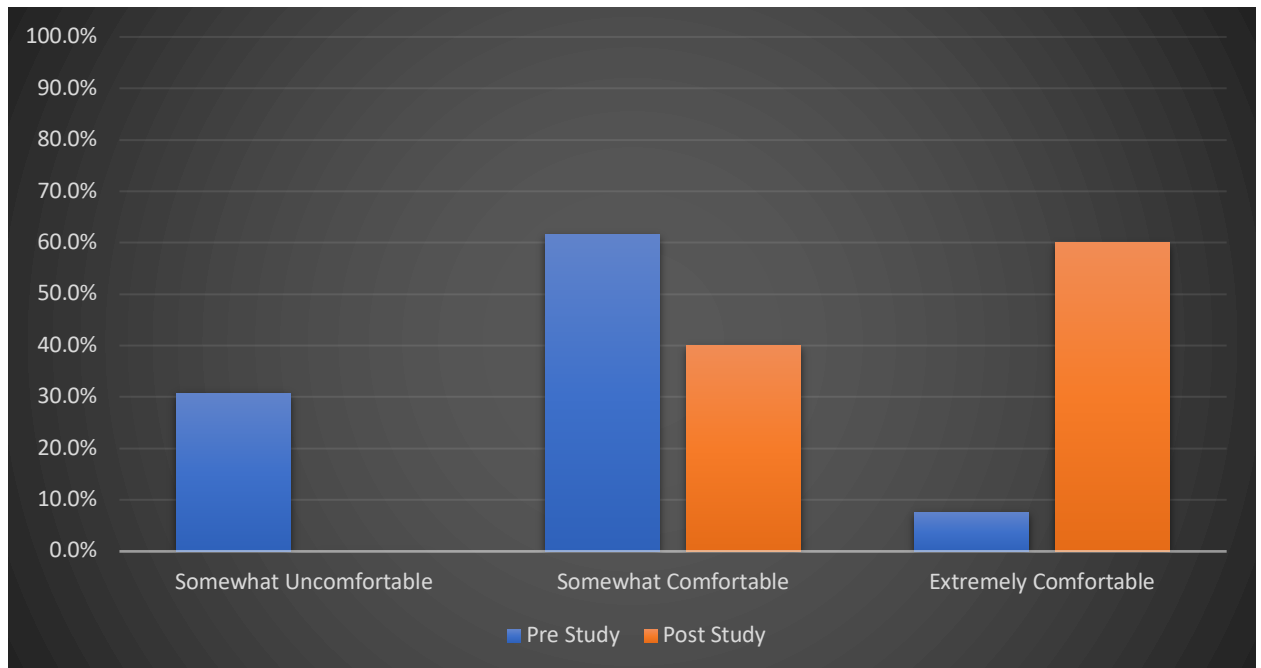


Table 2: Interest in adopting a comprehensive toolkit for adult ADHD.

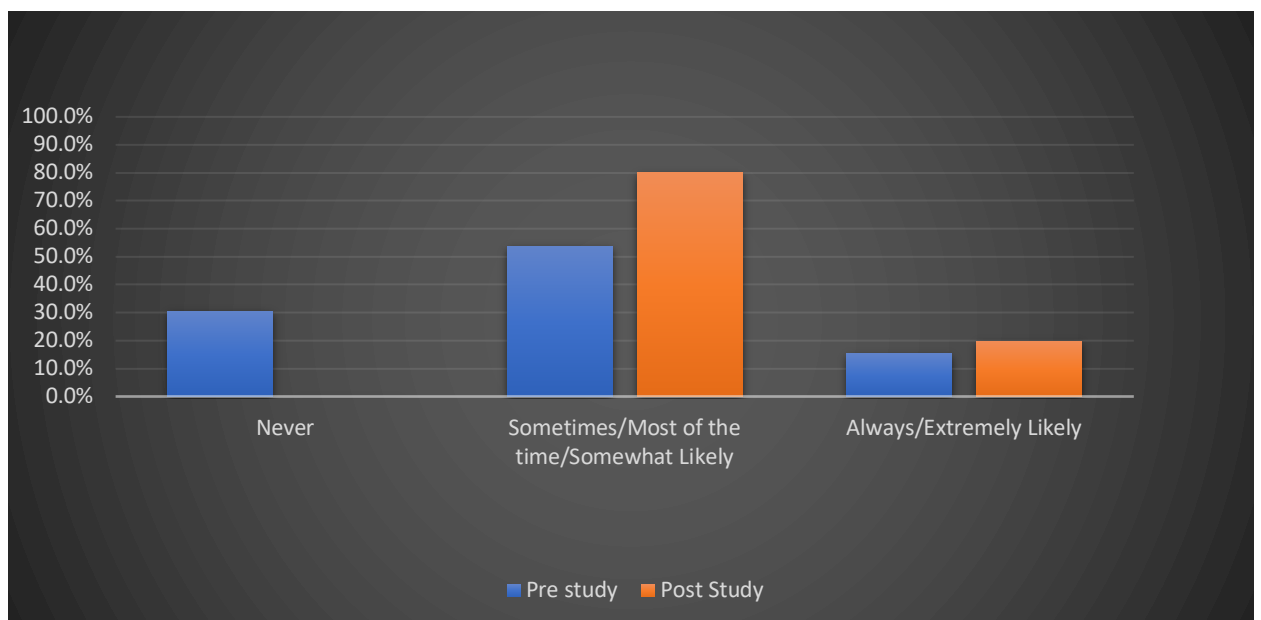


Table 3: Analysis of Patient Screening

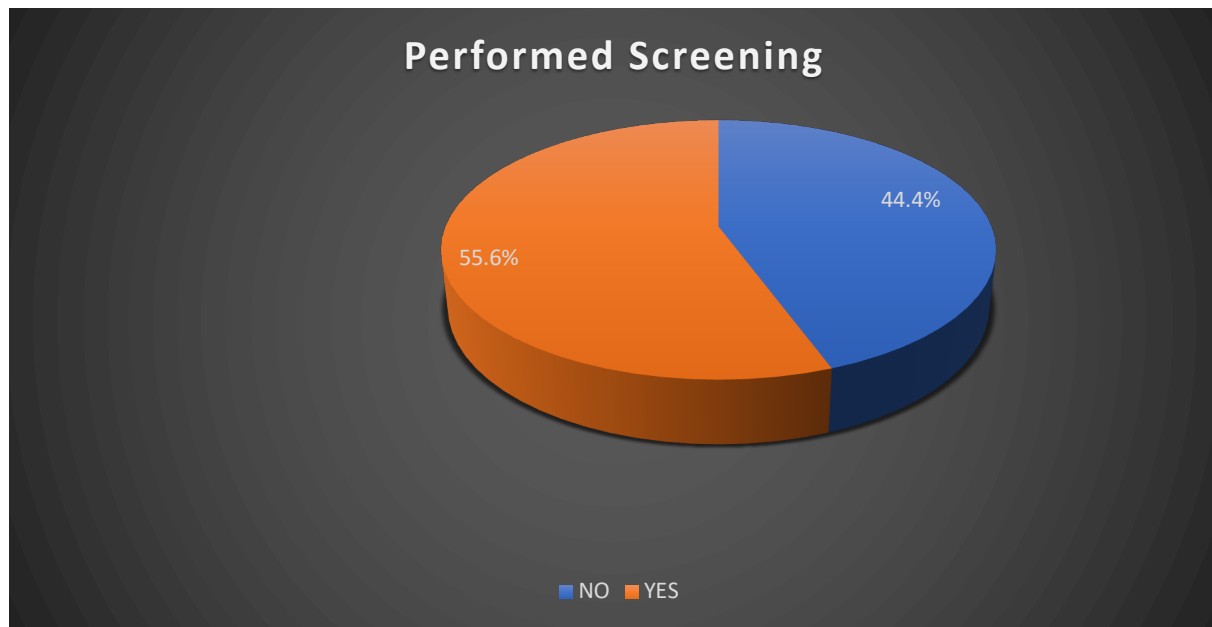


Table 4: Analysis of Patient Monitoring

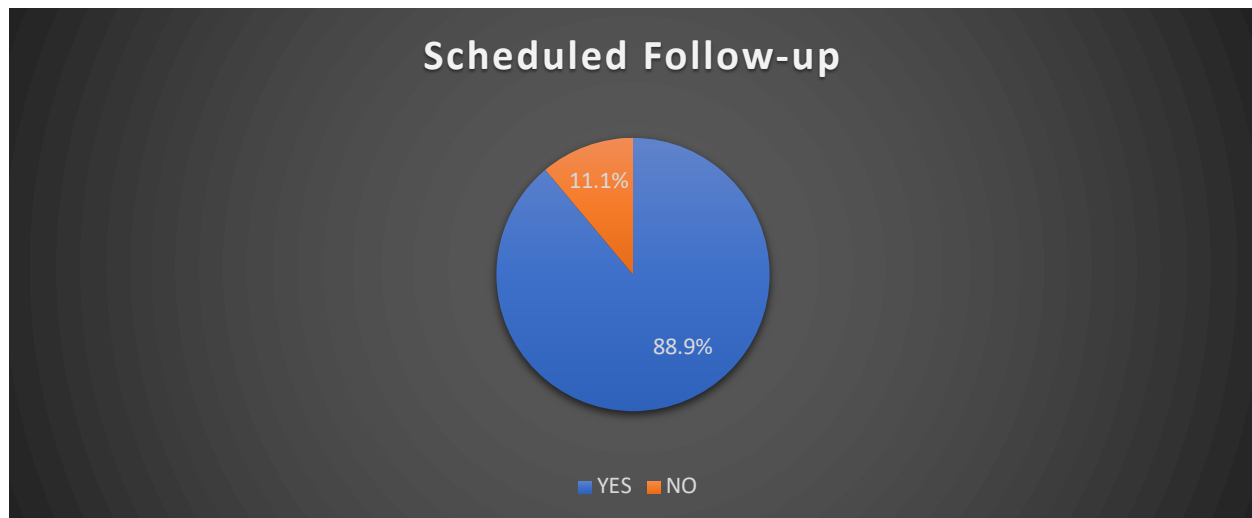


Table 5: Analysis of Medication Titration

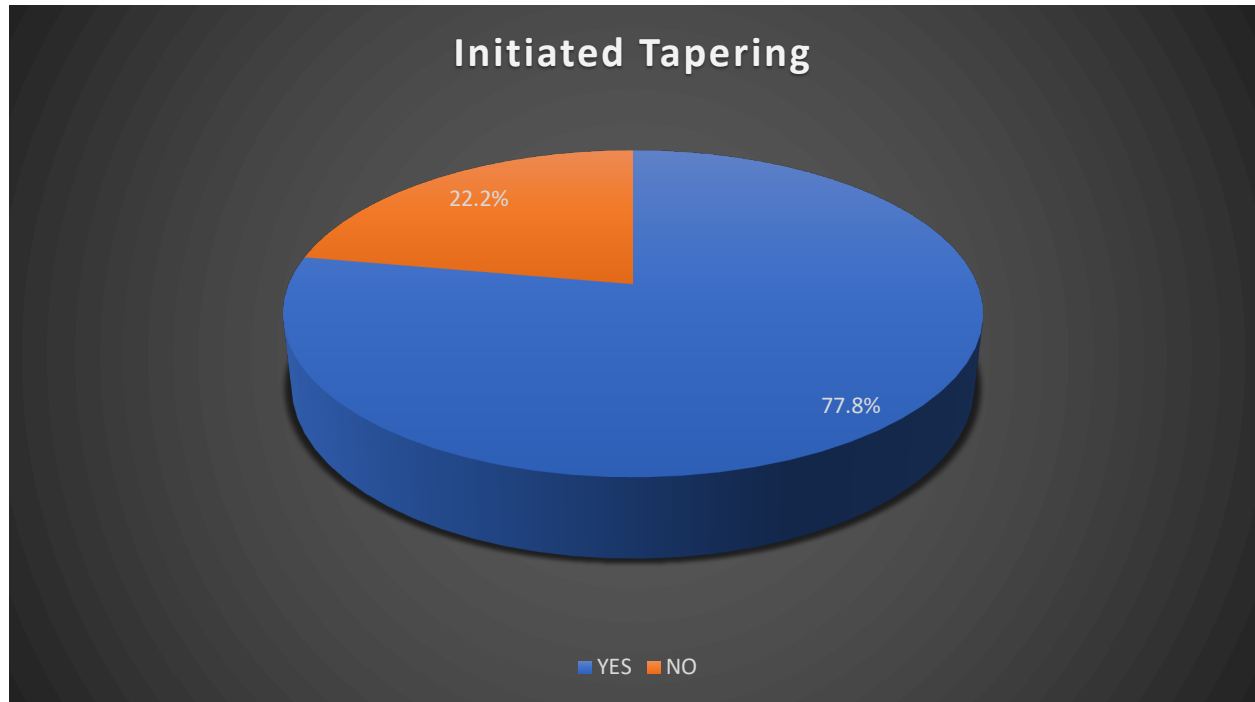
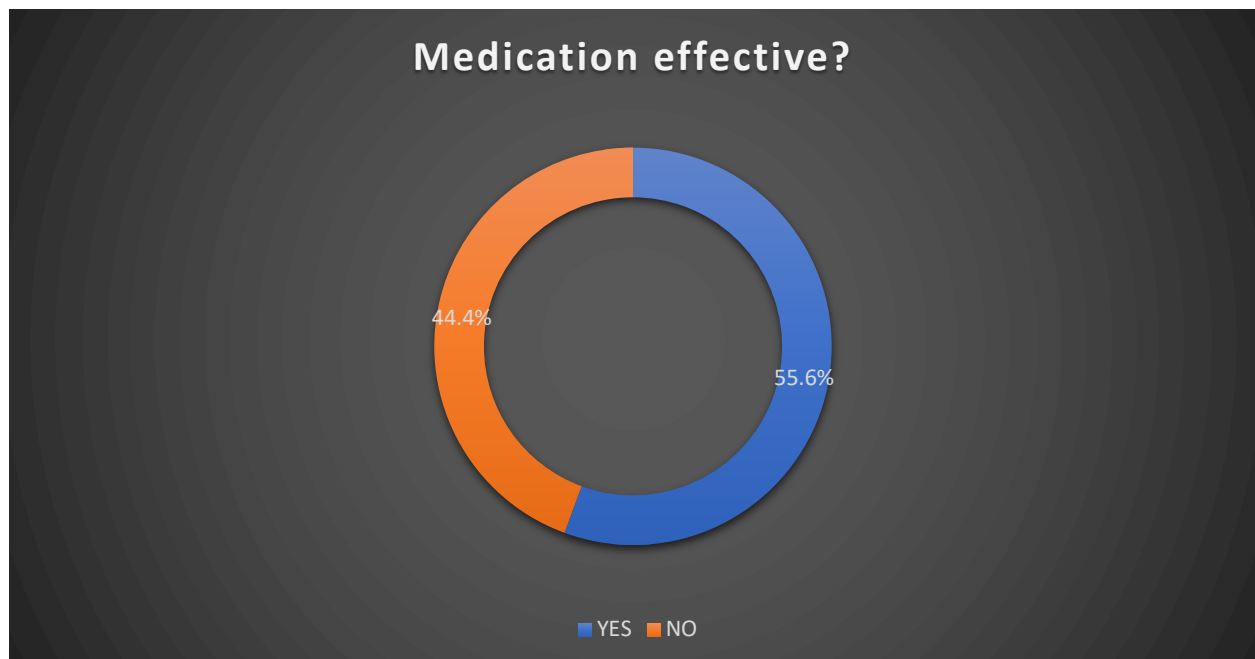


Table 6: Analysis of Medication Outcome



Appendix

Appendix A

[Adult ADHD Self-Report Scale \(ASRSv1.1\) - Psychology Tools.pdf](#)

Appendix B

[wender.pdf](#)

APPENDIX C

[Pre-Adult ADHD treatment algorithm.docx](#)

APPENDIX D

[Post-Adult ADHD treatment algorithm.docx](#)

APPENDIX E

[Treatment Algorithm.pdf](#)