Standardizing the Process for Diagnosing Attention Deficit Hyperactivity Disorder (ADHD) in the Primary Care Setting

Louise Rosales
The University of Vermont

Follow this and additional works at: https://scholarworks.uvm.edu/cnhsdnp
Part of the Family Practice Nursing Commons, and the Psychiatric and Mental Health Nursing Commons

Recommended Citation
Rosales, Louise, "Standardizing the Process for Diagnosing Attention Deficit Hyperactivity Disorder (ADHD) in the Primary Care Setting" (2017). College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications. 8.
https://scholarworks.uvm.edu/cnhsdnp/8

This Project is brought to you for free and open access by the College of Nursing and Health Sciences at ScholarWorks @ UVM. It has been accepted for inclusion in College of Nursing and Health Sciences Doctor of Nursing Practice (DNP) Project Publications by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.
Standardization of Attention Deficit Hyperactivity Disorder (ADHD) Diagnosis in a Primary Care Setting

Louise Moon Rosales, MSN, FNP, PMHNP
The University of Vermont
College of Nursing and Health Sciences

Introduction

Background:
Attention Deficit Hyperactive Disorder (ADHD)
Common problem in primary care
Primary care providers lack confidence in diagnosing and treating ADHD
Shortage of specialists to diagnosis & treat ADHD
Primary care practices typically don’t have standardized process for diagnosing ADHD. ADHD is a lifelong condition characterized by symptoms of inattention and/or impulsivity and hyperactivity.

Rationale:
Primary care providers with low confidence to diagnose & treat ADHD
Lack of psychiatric providers available to receive referrals from PCPs

Aims:
1. Assess provider knowledge related to ADHD diagnosis
2. Standardize the diagnostic process for ADHD in a family practice in Vermont
3. Implement ADHD educational intervention for PCPs

Methods

Site:
Family practice setting
257 patients out of 6387 patients with a diagnosis of ADHD, with ages ranging from 7 to 82.

Interventions:

Aim 1 Knowledge Assessment
Informal interviews with PCPs

Aim 2 Standardized diagnostic process
Two scales to aid in diagnosis embedded into electronic health record (EHR)
Vanderbilt Rating Scale
Wender Utah Scale embedded into the electronic health record

Aim 3 Educational Intervention for PCPs
Diagnostic & Statistical Manual 5 (DSM5) criteria reviewed
PCPs instructed on the use of these instruments.

Study of the Interventions:
Theoretical framework
Plan, Do, Study, Act (PDSA) quality assurance framework
Used to study and refine intervention
Pre and post educational intervention surveys completed
Didactic/discussion regarding the challenges of diagnosing and treating ADHD

Performance Measurements:
Pre-test and post-test intervention surveys to measure clinician knowledge & confidence
Individual discussions post intervention
Incorporation of ADHD scales into EHR
Scales usage by PCPs
Measured through EHR documentation
To be initiated by practice in next PDSA

Analysis:
Aim 1 – Pre & post intervention surveys
Aim 2 – Literature review of best evidence practices to diagnosis ADHD
Aim 3 – Attendance, survey completion, verbal feedback regarding educational intervention

Results

Results – Aim 1
PCP Knowledge & Confidence Assessment
Increased knowledge in the use of rating scales
Increased confidence in diagnosing ADHD

Results – Aim 2
Standardized Diagnostic Process
Based on cost-benefit ratio with PCP providers & administrators, 2 scales chosen to embed in EHR
Both Vanderbilt & Wender Utah scales in public domain
Successful integration of scales into EHR

Results – Aim 3
Educational Intervention for PCPs
Evaluation limited to subjective reporting by PCPs
Subjectively, increased use reported in surveys

Discussion

Discussion of Findings
Aim 1 – PCP with increased knowledge & confidence in diagnosing ADHD
Aim 2 - standardized process for diagnosis of ADHD developed and implemented
Aim 3 – Educational intervention well received that led to behavioral change based on the best evidence in diagnosing ADHD

Interpretation:
Post-intervention surveys demonstrated increased knowledge & confidence
Incorporation of rating scales to diagnosis ADHD follows best practices
Positive association between educational intervention and use of scales

Limitations
Pre & post survey were developed specifically for this DNP project – No proven psychometric
Limitation of rating scales – no scales found to assess ADHD in 12-18 age group in public domain
Due to limited time frame, unable to gather data from EHR regarding uptake in usage of scales by PCPs

Conclusions
Provider education increased confidence and use
Rating scales embedded in to the EHR
Framework established to measure efficacy of intervention to incorporate ratings scales into ADHD diagnostic process.

Acknowledgements
I declare that there are no relationships, conditions, or circumstances that present a conflict of interest relevant to the content of this presentation.
I have no funding to report
I would like to thank the partners and staff at Richmond Family Medicine for their support, and in particular Mary Lahiff during this project implementation

Contact
Louise Moon Rosales, MSN, APRN
Email: louiserosasalesnp@gmail.com
Phone: 802-324-3546