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The Assessment of Attention-Deficit/Hyperactivity Disorder in Rural Primary Care: The Portability of the American Academy of Pediatrics Guidelines to the "Real World"

Jodi Polaha, PhD*; Stephanie L. Cooper, PhD*; Tawnya Meadows, PhD*; and Christopher J. Kratochvil, MD†

ABSTRACT. *Objective.* To examine the implementation of a protocol for the assessment of attention-deficit/hyperactivity disorder (ADHD) in rural pediatric practices. The protocol was designed to provide an efficient means for pediatricians to learn and use the ADHD guidelines put forth by the American Academy of Pediatrics (AAP).

Methods. Primary care staff (physicians, nurses, etc) from 2 rural pediatric practices were trained to use the ADHD-assessment protocol. Medical records for 101 patients were reviewed from 1 to 2 years before the introduction of the protocol and for 86 patients during the subsequent 2 to 3 years to assess compliance with the AAP guidelines. In addition, 34% of the scales scored by the staff were rescored to check for scoring accuracy.

Results. Before the availability of the AAP guidelines and the implementation of the assessment protocol, neither primary care site was consistently collecting the comprehensive information that is now recommended for an ADHD assessment. Parent and/or teacher rating scales were collected for only 0% to 21% of assessments across sites. When provided with brief training and supporting materials, medical records reflected significant improvement in the ascertainment of clinically necessary ADHD information, with parent and teacher rating scales present 88% to 100% of the time. Staff demonstrated an ability to score rating scales with a high degree of accuracy. The integrity of protocol collection and management was maintained 2 to 3 years after training.

Conclusions. An efficient system for conducting ADHD assessments according to AAP guidelines in rural pediatric clinics can be initiated and maintained with integrity. Additional research is needed to determine if this system improves diagnostic decision-making and patient outcomes. *Pediatrics* 2005;115:e120–e126. URL: www.pediatrics.org/cgi/doi/10.1542/peds.2004-1521; *attention-deficit/hyperactivity disorder, assessment, guidelines, pediatric.*

ABBREVIATIONS. ADHD, attention-deficit/hyperactivity disorder; AAP, American Academy of Pediatrics; DSM, *Diagnostic and*

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Statistical Manual of Mental Disorders; ODD, oppositional defiant disorder; LD, learning disability; CBCL/TRF, Child Behavior Checklist/Teacher Report Form; ECBI, Eyberg Child Behavior Inventory; BASC, Behavior Assessment System for Children; TOVA, Test of Variables of Attention; ADDES, Attention-Deficit Disorder Evaluation Scale; CPRS-R:S, Conners' Parent Rating Scale-Revised: Short Form; CTRS-R:S, Conners' Teacher Rating Scale-Revised: Short Form.

Physicians have generally been identified as the gatekeepers of behavioral health services, and in pediatric primary care, attention-deficit/hyperactivity disorder (ADHD) has become an important focus. Pediatricians rate behavior problems, including ADHD, as the most common presenting concern.¹ Specialists in developmental and behavioral pediatrics estimate that referrals for ADHD comprise 50% to 75% of their practices.² Moreover, a recent study of 2 national surveys indicated that primary care diagnostic assessment services for children with ADHD increased threefold between 1989 and 1996.³

To assist physicians in meeting this growing clinical demand, the American Academy of Pediatrics (AAP) has made a substantial effort to develop best-practice guidelines for ADHD. In particular, a series of articles was published to describe specific empirically supported recommendations for assessment and treatment.⁴ These guidelines were established by a panel of experts across a variety of relevant disciplines and underwent an extensive peer-review process both within the AAP and by outside organizations. The published guidelines provide recommendations, detail their application, and describe the strength of evidence for their use.

With regard to assessment, the AAP provided 6 guidelines: (1) physicians should conduct an evaluation for school-aged children presenting with any of the core ADHD symptoms, academic underachievement, or behavior problems; (2) criteria published in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*⁵ should be used; (3) physicians should systematically collect information from parents regarding core symptoms (using empirically-supported ADHD-specific rating scales such as the Conners' Parent Rating Scale)⁶; (4) similar information should be obtained from the child's classroom teacher, augmented with school records documenting academic performance, behavioral issues, and assessments conducted by the school; (5)