

ADHD Care Improves When Providers and Schools

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Jami Demuth, MAT



STUDENTS WITH ADHD may receive better care when their healthcare providers communicate with their schools. A recent study suggests that more training for pediatric healthcare providers and fewer communication barriers between these medical professionals and the schools their patients attend could improve student health and academic outcomes.

Researchers from the US Centers for Disease Control and Prevention and Lehigh University looked into how primary care providers worked with schools for ADHD care. The study authors include Angelika H. Claussen, PhD, and Kimberly Newsome, MPH, BSN, who work closely with CHADD's National Resource Center on ADHD, and George J. DuPaul, PhD, a contributor to CHADD's *Attention* magazine and Ask the Expert webinar series.

The research team asked 1,047 primary care providers about their contact with the schools their patients attend. They found that twenty percent of providers had no communication with schools. Fifty-five percent of providers used information received from schools but still did not have any direct contact with the school. Twenty-three percent of providers, though, coordinated with schools about educational interventions for their patients.

These findings are important, because national guidelines encourage healthcare providers and schools to have open lines of communication and to work together to support students. The American Academy of Pediatrics recommends that healthcare providers and schools work together to support ADHD evaluation and diagnosis, monitor treatment, and help children access school-based interventions and services.

The researchers found some of the differences were based on the type of provider. Pediatricians, for example, were less likely to communicate directly with schools than nurse practitioners. The study also found differences in communication levels based on provider age. Compared with younger healthcare providers, those aged fifty and older were less likely to coordinate ADHD care with schools and were less likely to use information received from



schools. Providers with fewer than fifteen years in practice were more likely to rely on information received from schools without direct communication.

Barriers to better collaborative care

The study revealed barriers to ADHD patient care and provider-school collaboration. Healthcare providers cited the following obstacles: their experience in ADHD evaluation and diagnosis, their knowledge about the condition, their comfort level about talking with schools, and limitations on their ability to bill insurance companies for time spent on ADHD evaluations and care coordination. They also told researchers that family resistance to ADHD evaluations and concerns about stigma prevent them from providing ADHD care at a level they felt was needed.

One limitation of the study is that the researchers did not examine the quality, frequency, or specific nature of communication between healthcare providers and schools. While providers were categorized based on whether they used information from schools or communicated directly with school staff about interventions, the survey did not evaluate what those interactions involved. For example, it did not determine whether providers

collaborated with schools to develop interventions, simply reviewed teacher rating scales or reports, or only provided documentation confirming an ADHD diagnosis.

Postgraduate training matters

Healthcare providers who did not communicate with schools were the least likely to report receiving adequate post-degree training in ADHD diagnosis and treatment. In contrast, providers who did have adequate postgraduate ADHD training were more likely to work with schools. That, the authors write, suggests that continuing education may influence collaborative care.

“Postgraduate training appears to be critical for provision of school coordination services,” says Dr. DuPaul, a professor of school psychology in the department of education and human services at Lehigh University.

He thinks technology and stronger partnerships between healthcare and education can help overcome many of the barriers identified in the study. Digital tools, secure information-sharing portals, and integration of behavioral health specialists into primary care settings may improve communication between providers and schools.

“One way to address current barriers to care coordination may be for providers to partner with school psychologists and school nurses regarding implementation of communication and collaboration systems that are technology-based and that are HIPAA and FERPA compliant,” says Dr. DuPaul. “Perhaps [they can do this by] forming a cross-system advisory committee (e.g., healthcare providers, school staff, family members) to identify, monitor, and support interagency collaboration.” 



Jami Demuth, MAT, is the manager of CHADD’s health information specialist team and the organization’s chapter engagement center. She holds a master’s degree in teaching from Drake University. She is a freelance writer whose articles have been featured in the *Des Moines Register*, the *Gazette*, *HuffPost*, *Motherly*, *ADDitude*, *The Mighty*, *Scary Mommy*, and *Attention* magazine. Read more of her writing Substack: @jamidemuth. An earlier version of this article appeared in *ADHD Weekly*, the digital newsletter published by CHADD’s National Resource Center on ADHD.

RESOURCES & ADDITIONAL READING

Claussen AH, Katz SM, Newsome K, & DuPaul GJ. (2026). Providers of ADHD Care for Children: Factors Associated With Coordination of ADHD Services With Schools. *Journal of Attention Disorders*, 30(7), 930-944. journals.sagepub.com/doi/10.1177/10870547261433741

American Academy of Pediatrics. Supporting Students with Attention-Deficit/Hyperactivity Disorder (ADHD) in Schools.

aap.org/en/patient-care/school-health/mental-health-in-schools/supporting-students-with-attention-deficit-hyperactivity-disorder-adhd-in-schools

Learn more about CHADD’s ADHD training for professionals:

Continuing Education on ADHD | chadd.org/continuing-education

Clinical Practice Tools | chadd.org/for-professionals/clinical-practice-tools

The ADHD Diagnostic Process | chadd.org/for-professionals/the-adhd-diagnostic-process

Treatment of Complex ADHD | chadd.org/continuing-education/treatment-of-complex-adhd