2026 Benchmark Report

What it means to be a *future-ready* ADHD clinic

In 2026, high-performing clinics will share these characteristics:

- Clinical workflows that align with at least one recognized guideline (NICE, AAP, etc.)
- Consistent diagnosis and treatment plans across departments or sites
- Scalable operational models that prioritize quality and efficiency
- Transparent and patient-centric approaches to care

Key shifts this past decade

Clinical

- Greater emphasis on multi-disciplinary evaluations and differential diagnosis
- Increased scrutiny of subjective-only diagnostic pathways
- Growing recognition of ADHD complexity across age, gender, and comorbidity profiles

Regulatory

- Clearer expectations around documentation, auditability, and defensibility
- Heightened focus on diagnostic rigor in response to over- and under-diagnosis concerns

Operational

- Awareness and demand exceeding clinician capacity
- Expansion of remote and hybrid care models
- Expectations to standardize quality across clinicians, sites, and markets

Risks of not modernizing your workflow

- × **Growth gridlock, integration failures**
- × **Revenue leaks and cost overruns**
- × **Heightened scrutiny and audit risks**
- × **Competitive erosion, weakened position**

The five benchmark pillars of a 2026-ready ADHD clinic

1

Clinical Rigor

Care pathways aligned with **global or local guidelines** and **evidence**

2

Diagnosis and Care Consistency

Consistent testing quality regardless of clinician, site, or delivery model

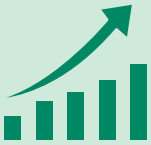
3

Data & Decision Support

Structured data used to support, not replace, clinical judgment

4

Business Scalability



Growth models that **preserve quality** under increasing demand

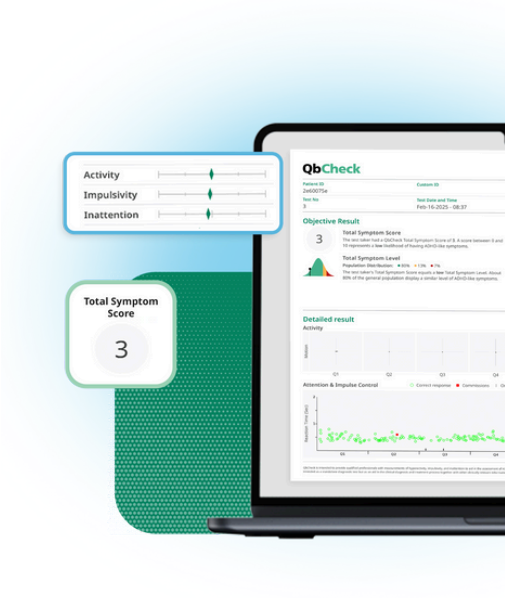
5

Patient Experience & Trust

Transparent processes that support understanding and shared decision-making

Evidence informing the 2026 ADHD care standard

National Institute of Health and Care Excellence (NICE) develops ADHD diagnostic guidelines through DG60. QbTest, an equivalent to QbCheck, is the first and only digital technology to be recommended by NICE as part of the ADHD diagnostic process for children and young people aged 6-17.



Read NICE recommendation

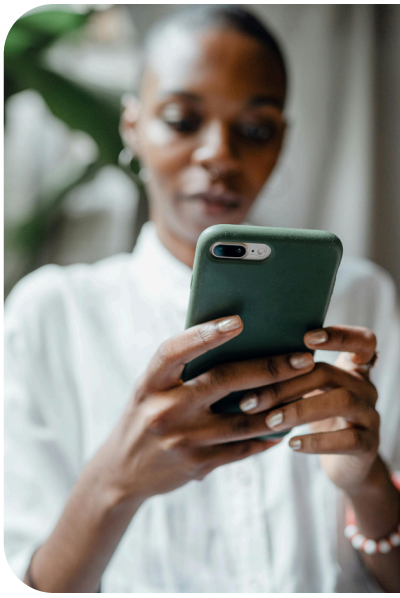
The American Academy of Pediatrics (AAP) provides clinical guidance and other resources to assist with the diagnosis and treatment of children and adolescents with ADHD. It is recommended for healthcare providers to:

- **Base diagnosis on a comprehensive, multi-source evaluation**
- **Ensure that DSM-5 criteria have been met**
- **Evaluate for coexisting conditions**

In line with the AAP clinical practice guidelines, our technology supports clinics by adding objective, standardized data to ADHD assessments, thereby helping reduce variability while keeping clinical judgment central.

Read AAP guidelines

Recent literature and research



Can smartphone applications support clinical decision making?
Gustafsson U, et al. (2025) investigates the effectiveness of an objective assessment of ADHD of a smartphone application for clinical use.

Read complete study

Virtual clinics help improve accessibility to ADHD care
Sanyal R, et al. (2025) explores how remote tools and virtual clinics reliably monitor treatment outcomes and symptom progression.

Read complete study

The hidden costs of misreading ADHD in females
Wettstein, R et al. (2024) challenges the notion of a sex-dependent presentation of hyperactivity, raising important questions about delayed care and bias in women.

Read complete study

The case for a multi-source ADHD evaluation
This 2022 study explores how combining subjective assessments with objective tools can strengthen diagnostic confidence through integrated approaches.

Read complete study

ADHD clinic of the future
2026 benchmarking scorecard

Disclaimer: This benchmarking scorecard is provided for informational and educational purposes only. This is a self-assessment exercise to help clinics reflect on how their current ADHD assessment and care pathways compare with evolving clinical guidelines, research insights, and industry standards.

Instructions

For each statement, tick the box that best reflects your clinic's current standard practice.

Count the 'ticks' you receive using the scoring summary at the bottom of this card.

Pillar 1: Clinical rigor and evidence alignment

- [ ] Our ADHD assessments are explicitly aligned with at least one recognized guideline (e.g. NICE, AAP, etc.)
- [ ] We use a structured, multi-step assessment pathway rather than ad-hoc clinician preference
- [ ] Differential diagnosis and comorbidity screening are formally built into our assessment process
- [ ] Clinical decisions are transparent, documented in a way that is audit-ready and defensible

Pillar 2: Assessment consistency and reliability

- [ ] Patients receive a comparable assessment experience regardless of clinician or location
- [ ] We use standardized tools consistently across clinicians/sites (not selectively)
- [ ] Approach variability is monitored or discussed internally
- [ ] Assessment quality does not materially change during periods of high demand or backlog

Pillar 3: Data and decision support

- [ ] Clinical decisions are informed by multiple data sources (clinical interview, history, rating scales, etc.)
- [ ] Objective or structured data is used to support complex or uncertain cases
- [ ] We can explain and justify how data informs decisions if challenged

Pillar 4: Operational scalability and resilience

- [ ] Our assessment model can scale without increasing clinical risk
- [ ] We have mechanisms to maintain quality during growth, staff turnover, or expansion
- [ ] Remote or hybrid assessments meet the same standard as in-person consultations
- [ ] Bottlenecks (wait times, clinician capacity, etc.) are actively measured and addressed

Pillar 5: Patient experience and trust

- [ ] Patients receive clear explanations of how ADHD decisions are made
- [ ] We actively manage expectations around diagnosis, uncertainty, and outcomes
- [ ] Our assessment process supports informed consent and shared decision-making
- [ ] We can demonstrate fairness, transparency, and consistency to patients and stakeholders

Tick count: ☐

Scoring summary
0–8 ticks → Foundational
9–15 ticks → Emerging
16–20 ticks → Future-Ready

Note: Clinics may score higher in one pillar and lower in others. This often indicates operational or scaling risk rather than clinical competence. Results should be interpreted in the context of your clinic's professional governance, regulatory environment, and patient population.