

FUTURE OF PEDIATRICS

TALKS!

A VIRTUAL SUMMER SERIES

Pediatric Health Network

 Children's National.



A few notes about today's Webinar

- All lines are muted throughout the webinar.
- Please use the Q&A box to ask questions or make comments.
- Today's Webinar recording and slides will be posted to the PHN website following the presentation. You can find past FOP presentations on our website at <https://pediatrichealthnetwork.org/future-of-pediatrics/>

Speakers



Claire Lawlor, MD



Kristina Hardy, PhD



Laura Kenealy, PhD

No conflicts to disclose:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

Upcoming FOP Talks!

DATE	TOPIC	SPEAKER
August 26	Meeting Teens Where They Are: the Contraception Discussion	Brooke Bokor, MD, MPH Natasha Ramsey, MD
	School's Out: Supporting School Attendance and Distance Learning Engagement	Asad Bandealy, MD Heidi Schumacher, MD

PCP Town Halls

Upcoming PCP Town Halls:

- August 18 from 12-1PM
- September 1 from 12-1PM

To access the Zoom information or to review past presentations, please visit <https://childrensnational.org/healthcare-providers/refer-a-patient/covid/covid-19-webinars>

PHN 2020 Annual Report Available Now!

Community matters. PHN's 2020 annual report highlights the network's commitment to community and the tremendous contributions of our physicians and care teams over the past year. The report summarizes key achievements pertaining to:

- Network growth, leadership and governance
- Quality improvement and information technology
- Network management and finance
- Value-added services, including the vaccine buying group and eCW EHR and data sharing
- COVID-19 response and recovery



To view the full report visit
<https://annualreport.pediatrichealthnetwork.org/>

Neuropsychological Evaluations:

What are they, when are they needed, and how can I get them for my patients?



Kristina Hardy, PhD
Laura Kenealy, PhD, ABPP-CN

Neuropsychology Division,
Children's National Hospital

Overview

- What is neuropsychology/neuropsychologist
- Typical referral questions
- When and who to refer
- How to refer

What is Neuropsychology?

- The study of learning and behavior in relationship to the brain.
- A framework that draws from cognitive sciences, neurology, neuroanatomy, and clinical, social, developmental, biological psychology.
- With children, need to understand the brain in context of developmental change

Who is a Neuropsychologist?

- Doctoral degree in clinical psychology (5-7 years)
- Specialized coursework
- Postdoctoral training (2 years) in neuropsychology
- Additional specialized training in assessment of cognitive functioning
- Trained to diagnose (and sometimes treat) abnormality in cognitive functions
- But in nearly all states there is no licensure specific to “neuropsychologist”/ no protection of the title so caveat emptor
- Board certification (ABPP-CN) increasingly common and is clearest indicator of specialty competence

What is the Purpose of a Neuropsychological Evaluation?

- Measure presence and degree of behavioral and cognitive difficulties resulting from neurophysiological bases
- Identify STRENGTHS
- Help formulate appropriate treatment plans
- Predict individual's ability to achieve success in particular settings
- Establish baseline of functioning for systematic comparisons across time
- Measure the cognitive or behavioral impact/risk of rehabilitation, pharmacological, surgical or therapeutic interventions

Skill Areas or Domains We Assess

- Fine or gross motor development
- Language acquisition
- Social development
- Learning
- Emotional development
- Chronic or acute medical problems/ impact on cognition
- Family / parenting issues
- General ability or rate of growth
- Attention / behavior
- Executive function skills

Common Referral Questions

Social reciprocity / language / behavior

- *"Does this child have an autism spectrum disorder?"*

Rate of learning, information processing

- *"Is this child's medical dx/hx causing cognitive problems?"*
- *"Is there a learning disability?"*

Rigid, shuts down, has outbursts

- *"Is there an emotional disorder?"*

Seems to be generally slow

- *"Does this child have an intellectual disability?"*

Has trouble focusing, seems impulsive, bothers other children

- *"Does this child have ADHD?"*

COVID-era Changes

Testing with PPE

- Best for older, well-regulated kids
- Some children not able to tolerate
- Is a change from standardization

Telehealth where appropriate

- Parent interview, feedback meetings
- Some innovative procedures for autism diagnosis with toddlers
- *Some* testing?
- Is a change from standardization, validity concerns

Sometimes deferring testing

- Telehealth consultation may be an alternative



Where & Who to Refer

Types of Evaluations

School
Psychoeducational

Psychological /
Psychoeducational

Neuropsychological

School Psychoeducational

Pros:

- Legally-mandated procedures for assessment leading to services if indicated
- Evaluations are free, and must be completed within a certain time frame
- Public, private, home-schooled students all eligible

Cons:

- School may decline to evaluate if no disability suspected
- Aimed at “identification” for special ed, not diagnosis
- No comprehensive recommendations
- Limited understanding of medical/ neurological underpinnings of cognitive difficulties

Communicating with Your Child's School Through Letter Writing

A publication of the National Dissemination Center for Children with Disabilities



Throughout your child's school years, there is always a need to communicate with the school's teachers, administrators, and others concerned with your child's education. There are also times when the school needs to communicate with you. This is particularly true when your child has a disability and is receiving special education services. Some of this communication is informal, such as phone calls, comments in your child's notebook, a chat when picking your child up from school or at a school function. Other forms of communication are more formal and need to be written down.

Letters provide both you and the school with a record of ideas, concerns, and suggestions. Putting your thoughts on paper gives you the opportunity to take as long as you need to:

- ✦ state your concerns,
- ✦ think over what you've written,
- ✦ make changes, and
- ✦ have someone else read over the letter and make suggestions.

Letters also give people the opportunity to go over what's been suggested or discussed. A lot of confusion and misunderstanding can be avoided by writing down thoughts and ideas.

However, writing letters is a skill. Each letter you write will differ according to the situation, the person to whom you are writing, and the issues you are discussing. This *Parent's Guide* will help you in writing to the professionals involved in your child's special education.

Note: The term "parent" is used throughout this *Parent's Guide* to include natural or adoptive parents, foster parents, surrogate parents, legal guardians, or any primary caregiver who is acting in the role of a parent.

*A Parent's Guide
3rd edition, January 2011*



*is the
National Dissemination Center
for Children with Disabilities.*

NICHCY
1825 Connecticut Avenue N.W.
Washington, DC 20009
1.800.695.0285 (Voice / TTY)
202.884.8200 (Voice / TTY)
nichcy@fhi360.org
<http://nichcy.org>

There is a guide you can give families that teaches them how to request a school evaluation themselves:

www.parentcenterhub.org

Includes info in Spanish!

Psychological/ Psychoeducational

Pros:

- Can provide clinical diagnosis
- Likely to include more comprehensive recommendations/ tx plan
- Usually not a long wait
- May include strong advocacy for child/ family

Cons:

- Variability among providers
- Often costly (may not take insurance)

Neuropsychological

Good for:

- Medically complex children
- Children with known or suspected complex cognitive difficulties with or without co-occurring emotional or behavioral challenges
- Children who are struggling in school despite beneficial treatment, need more in-depth look

Neuropsychological

Pros:

- Probably the most comprehensive
- Provider expertise

Cons:

- May be “overkill” for simple referrals
- High demand/ long waits
- Insurance coverage varies, expensive if out of pocket

Who/When to Refer for Neuropsych Testing

- **Medical diagnosis/history** that impacts cognitive function
 - Genetic disorder
 - Epilepsy
 - Cancer/tumor
 - Stroke
 - Concussion and TBI
 - CNS infection
 - Hydrocephalus
 - Congenital heart disease
 - History of prematurity
 - Endocrine/metabolic disorders
- Characterization of *cognitive function* is needed purposes of medical care

Who/When to Refer for Neuropsych Testing

- Patients with known or suspected **neurodevelopmental disorder** (such as attention disorder, learning/ processing problems) if question re: *cognitive functions*
- Patient with a recent known or suspected concussion
- A diagnostic question of **ASD**, or the patient has known ASD but requires updated management or treatment planning

More About Referrals

Typically see children aged about 3-4 to about 19-20

- Lower age for ADHD evaluation is about 5-6 (for TESTING)
- Lower age for LD evaluation is about 6 or so – preschool assessment for LD is not indicated

Who needs testing for known or suspected ADHD?

- Diagnosis is unclear
- Treatment response not as expected
- Information about cognitive processes is needed for diagnosis or treatment planning
 - e.g., early language delay, suspected intellectual difficulties or other learning problems
- **Complicated mental health/cognitive differential**
 - Anxiety/depression/ADHD impacting school functioning
 - Mental health conditions that are being treated, but still associated with problems in school and other domains

What about Learning Disabilities/ Dyslexia?

- Dyslexia, dyscalculia, dysgraphia are alternative terms for specific learning disorder/ specific learning disability
 - Diagnosis of these is made based on child's performance on tests of reading, math, and writing (~ below 10%ile)
- LD is unlikely if child is not below grade level
- Intervention first, particularly for reading
 - Do not wait for assessment if child is falling behind, recommend evidence-based reading intervention ASAP

Who does NOT typically need a neuropsych referral?

A child with concerned parents, but no other real indication that there is a cognitive problem

- Parent concerned for LD but school performance is on grade level
- A 6-year-old who is reversing numbers and letters (is age appropriate)
- Giftedness evaluation, school admissions testing

Who does NOT typically need a neuropsych referral?

A child who already has a reasonable and appropriate treatment plan in place

- IEP in place, appears adequate
- Recent comprehensive testing
- Diagnostic questions have already been answered
- Treatment is in progress and is helpful (or too soon to tell)

Who does NOT typically need a neuropsych referral?

A child whose primary concern is mostly emotional or behavioral (emotional dysregulation, anxiety, behavior outbursts, simple ADHD) without significant concerns about the quality of the child's thinking and learning skills

- An 8-year-old whose Vanderbilt forms are positive for ADHD diagnosis, but no other concern for cognitive problems
- A child having tantrums and behavioral acting-out as the primary problem

Refer for treatment

Who does NOT typically need a neuropsych referral?

Acute or crisis-level mental health concerns

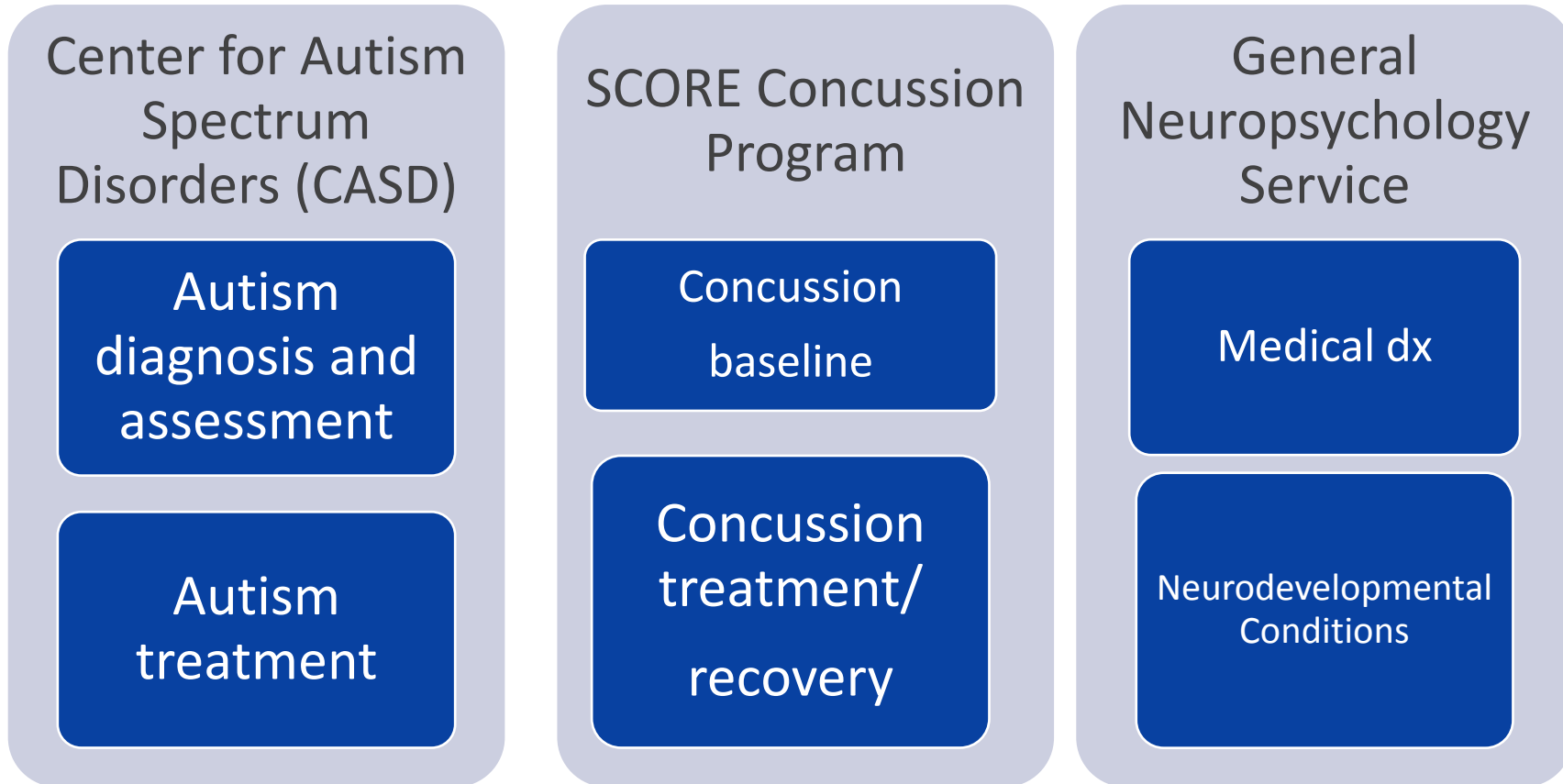
- Child in acute mental health crisis
- Primary concern for major depression, disabling anxiety
- Bipolar, psychosis
- Active substance abuse

Refer for treatment

Referrals: How can I get a patient an appointment at Children's National?

Neuropsychology Division, CNH

Currently: 19 Faculty, 6 Fellows, 7 Mid-levels



How to Refer for Testing at CNH

- Parents must complete an intake packet and return the packet to Neuropsychology
 - 301-765-5430
- Helpful to provide parents with clear referral question
- Wait time varies
 - 2-5 months (medical, consults)
 - Up to 1 year+ (ADHD, learning disability, ASD)

Intake Form: Fillable PDF – English or Spanish



Children's National Health System
Division of Pediatric Neuropsychology
Center for Autism Spectrum Disorders
Mail: 15245 Shady Grove Road, Suite 350, Rockville, MD 20850
Fax: 301-765-5470

Instructions: The following information helps us to appropriately schedule your appointment and request insurance authorization. Please answer all of the following questions as best you can and **return via email** (NeuroPsychIntake@childrensnational.org) with all **recent psychological, educational, and speech-language evaluations and current IEP**. You also may fax or mail the intake and supporting documents if you do not have access to email or are unable to scan your documents. If you have any questions, please call 301-765-5430. **Please note evaluation services are not advisable when there are acute concerns for your child's well-being. If you have immediate concerns related to your child's safety, please seek emergency psychiatric services at your nearest emergency room.**

Today's Date:

Patient Name: Date of Birth: Age: Sex:

Who referred the patient to us?

A doctor or healthcare provider: Name Telephone number:

Doctor's specialty (e.g., pediatrician, neurologist, psychologist, psychiatrist)

Self-referred Teacher/ someone at school Insurance company Other

To which service were you referred? Neuropsychology Autism Center Both Not sure

Would you like to request a particular doctor? Name:

Why are you seeking an evaluation? What are your current concerns or questions?

Referral Process: FAQ

Will insurance pay for testing?

- Depends on plan, but more likely if:
 - there is a known medical problem with cognitive effects
 - testing is medically necessary for differential dx or treatment planning/modification
- NEVER if: Testing is for educational purposes (learning disabilities or to determine services at school)
 - We have a self-pay option for academic testing

Referral Process: FAQ

MD and VA Medicaid pays for only short evaluations with very limited testing, and stricter referral guidelines

- Some plans require prior visits with a mental health provider

The only DC Medicaid plans that we participate with are HSCSN and AmeriHealth

- Other plans do not pay us

Referral Process: FAQ

Why is the intake packet so long?

- Information in the intake packet is used to:
- Match children with appropriate providers and clinics
 - Every intake packet is reviewed by a faculty member prior to making an appointment
 - We need to make sure testing is INDICATED and FEASIBLE
- Obtain insurance authorization prior to the appointment
 - Insurance companies often ask us to justify why we need testing at all, or specific tests, etc., and the intake packet helps craft a good justification

Referral Process: FAQ

Why the heck is the wait so long?

- We prioritize seeing children with medical diagnoses (e.g., presurgical epilepsy)
- Some services have exceptionally high demand
- We are one of the few places that accepts insurance
- Professional time for one patient is often 12 hours or more
- We are working to increase capacity

Questions?

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