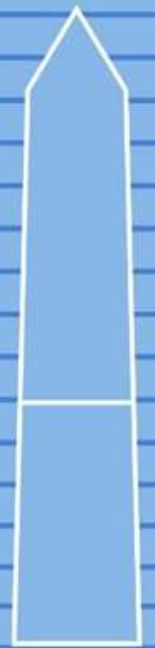
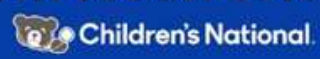


Future ^{OF} Pediatrics

Pediatric Health Network



Supporting Autism Families in the Primary Care Setting Using Collaborative Care Models



Anne P. Inge, PhD

Clinical Director, Center for Autism Spectrum Disorders

Kelly Register-Brown, MD

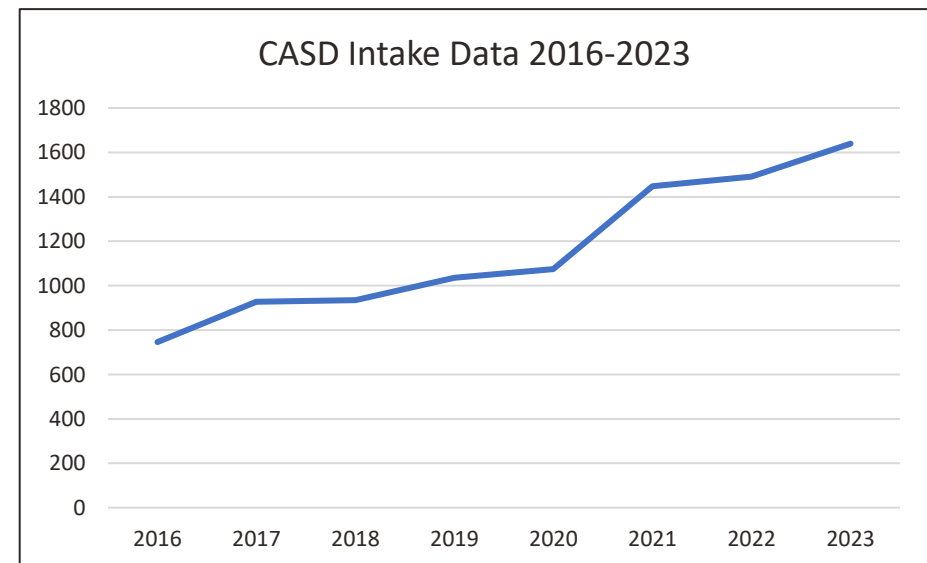
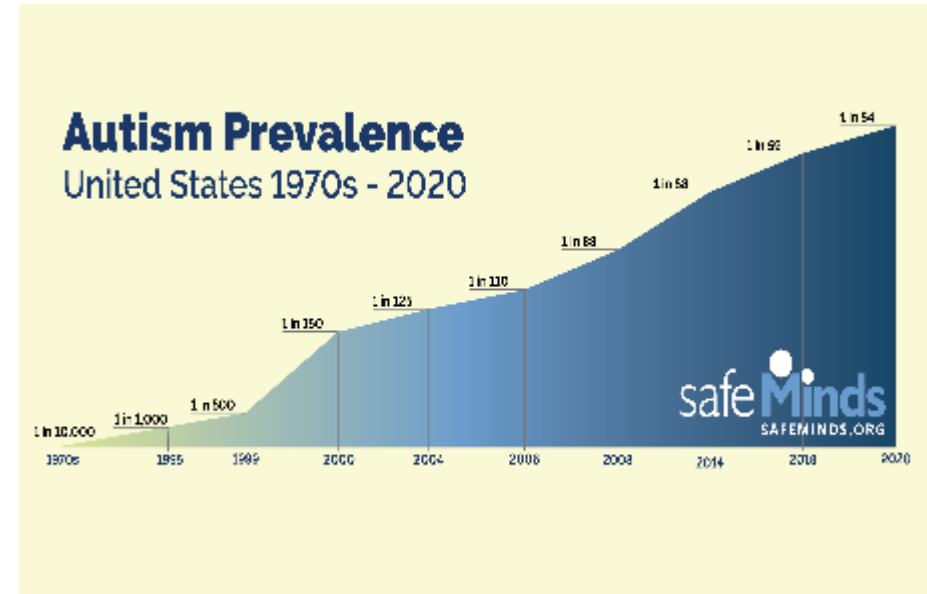
Psychiatrist

Objectives

1. Describe the access crisis in autism care and critical need for innovative practice and shared care models between pediatricians and specialists, highlighting the ECHO Autism program at Children's National
2. Describe a framework to guide PCPs in triage, assessment, and referral to best support autistic children and their families
3. Review provider resources for care of autistic children and their families and opportunities for continued learning

Status of Autism Services

- Increasing autism prevalence, routine referral to specialty clinics from frontline providers, and service disruptions related to Covid-19 have contributed to significant waitlists at autism centers requiring periodic closures to manage demand
- Access crisis has prompted a critical need to innovate autism service delivery in order to grow the workforce that can competently care for autistic children and families to include frontline medical and mental/behavioral health providers



ECHO AUTISM, hosted by CN's Center for Autism (CASD), creates a virtual learning network that aims to “move knowledge, not patients” using a telementoring format that provides access to a hub of medical experts to support community providers to diagnose, treat and care for autistic children and their families



HOW IT WORKS

- Convenient, **web-based** small-group format
- Learn and share **best practices** for autism care, connecting with community resources, and family/caregiver support
- **Reduce costs** for families and providers by limiting travel, creating **more efficient visits and shorter wait times for care**
- Provides a long-term solution in communities, including underserved areas where access to autism specialists is limited, by **building local capacity** for autism care

BENEFITS:

- **Free CEs** for medical, psychology, social work, speech-language disciplines
- Real-time **case guidance** with multidisciplinary team of autism experts
- Meet a **network of other providers**

WHAT YOU NEED TO START:

- Internet connection



Multidisciplinary Hub Team



Annie Inge, Ph.D.
Clinical Psychologist
Children's National



Kelly Register-Brown, MD
Child Psychiatrist
Children's National



Shalinee Khurana, MD
Developmental
Pediatrician
Pediatric Specialists of
Virginia



Allysa Ware, MSW
Social Worker
Family Voices



Colleen Morgan, MA,
CCC-SLP
Speech-Language
Pathologist
Children's National



Amanda Hastings, PsyD
Clinical Psychologist/
Board Certified Behavior
Analyst
Children's National

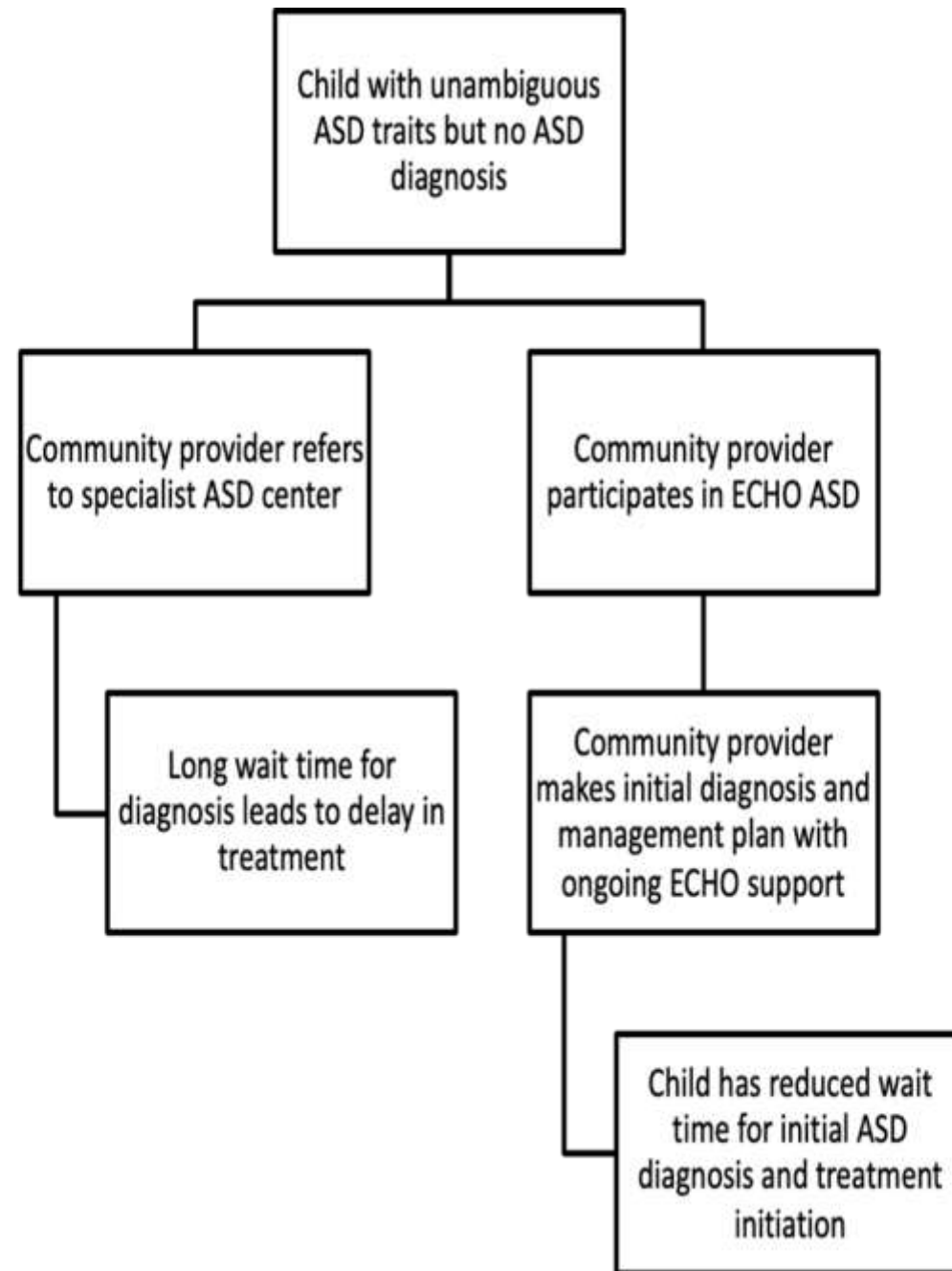


Yetta Myrick
Parent Educator/Advocate
DC Autism Parents

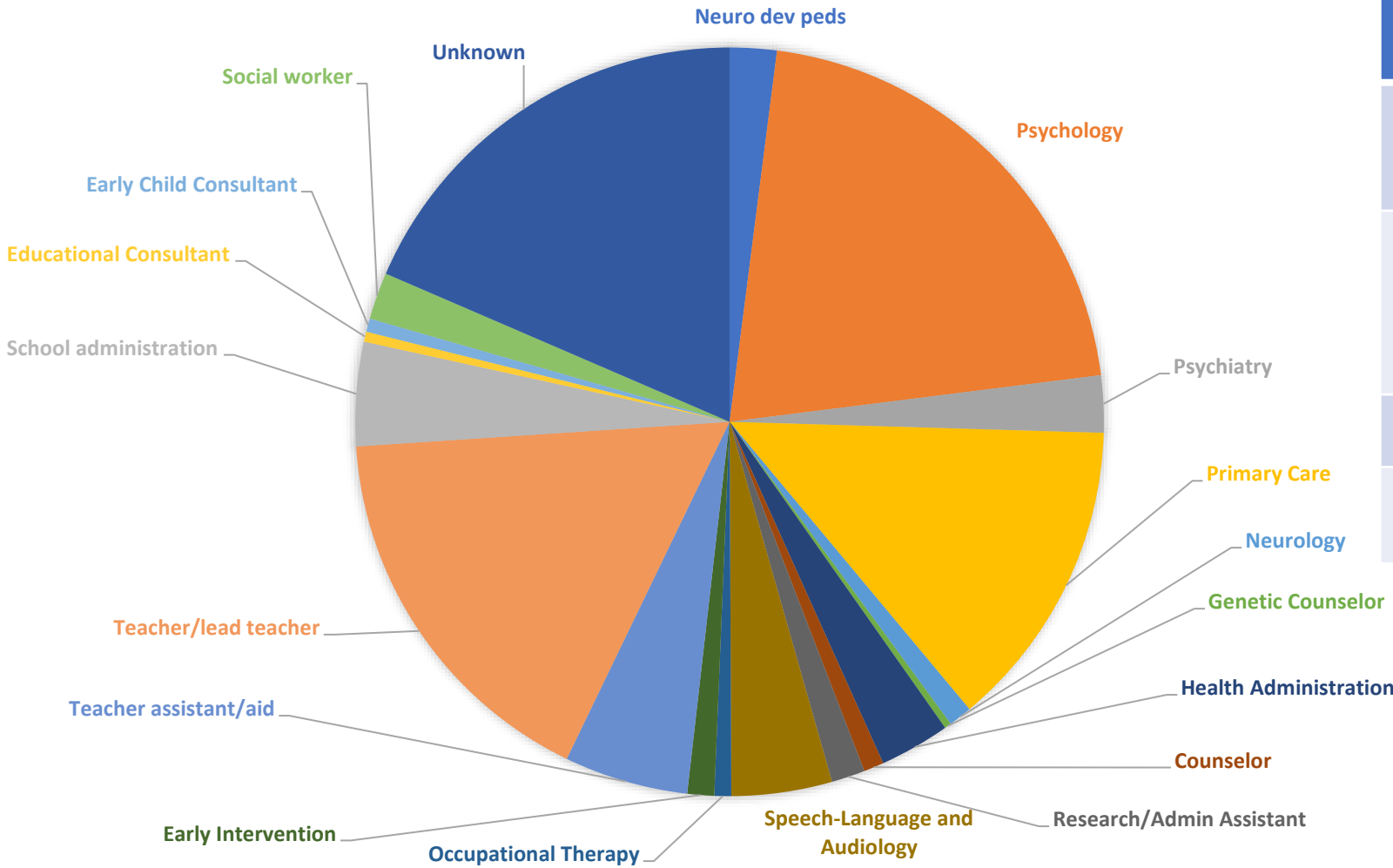


Lori Kraden
Educational Specialist
Fairfax County Public
Schools





ECHO AUTISM ATTENDEES N=691, DISCIPLINE



Quality Improvement Program Evaluation	N	Percent Improved
ASD Knowledge	122	82% (accuracy)
Self-reported efficacy in autism care	135	98%
Feasibility	132	99%
Acceptability	98	100%



Autism Guidebook for Medical Providers

*Kelly Register-Brown, MD and Anne Inge, PhD
with the Children's National ECHO Autism Project Team and the staff
of the Children's National Center for Autism*



A Practical Framework for Conceptualizing Autism Diagnosis and Treatment

CENTER FOR AUTISM GUIDEBOOK FOR MEDICAL PROVIDERS

CHAPTER 1: PRACTICAL FRAMEWORK FOR CONCEPTUALIZING AUTISM DIAGNOSIS AND TREATMENT

What instruments/evaluations are required to make a diagnosis of autism?

A comprehensive autism diagnostic evaluation includes these 6 elements:

- 1) a thorough autism developmental history;
- 2) structured observation of social communication/social skills involving situations designed to elicit autistic traits;
- 3) adaptive functioning assessment;
- 4) cognitive/developmental testing;
- 5) speech/language assessment including pragmatic language assessment;
- 6) audiology assessment to rule out hearing concerns.

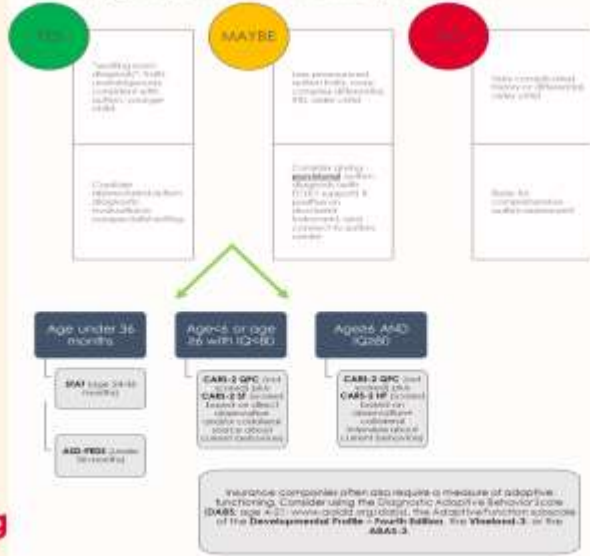
Development and Dissemination of a Feasible Clinical Toolkit for Supporting Autism Families in Nonspecialist Settings

Kelly Register-Brown, M.D., Annie Inge, Ph.D., Anna Chelsea Armour, M.A., Kelly Miller, Allysa Ware, Ph.D., Yetta Myrick, Amanda Hastings, Psy.D., Angela Bollich, Ph.D., Elise Horne, Colleen Morgan, MA, CCC-SLP, Shalinee Khurana, M.D., Lori Kraden, Lauren Kenworthy, Ph.D.



Step 1: Triage diagnosis

Is a community autism diagnosis appropriate for this patient?



Step 2: Quantify autism traits and adaptive functioning

Document autism developmental history and quantify autism traits

Medical
Take history and quantify both in your non-specialist setting, or refer to autism center, depending on scope assessment (see step 1).

School
Have parent request (in writing) IEP evaluation for autism educational classification with educational supports. Letter templates are available online.

Speech-language evaluation

Medical
Refer to outpatient SL therapy for testing. Consider when there is remaining AAC and/or pragmatic language testing is indicated.

School
IEP services include SL testing and therapy including AAC evaluation and services. IEP services for pragmatic language services are required.

Cognitive testing and adaptive functioning evaluation

Medical
Refer to psychology/therapy/college if child has not already had this testing at school.

School
IEP evaluation often involves cognitive and adaptive functioning assessment; this usually does not need to be repeated by a medical provider.

Universal Referrals

Medical
• Genetics
• Hearing screening

State and Federal Supports
• All ages: Parents should submit ASD and Health care waiver applications for their state.
• Age 1+; Parents should apply to the Division of Vocational Rehabilitation in their state.

Step 3: Facilitate evaluation in all systems of care

ECHO Model



Systems of Care Model



Universal Referral Checklist for Autistic Pediatric Patients

- Has the child gone through the entry point ("front door") initial application process for at least the medical, educational, and federal/state systems of care?
 - Do they have a medical diagnosis of autism as they can access insurance-funded services like ABA. This typically involves a medical provider using a structured instrument to quantify autism traits (ADOS-2, CARS-2, or other instrument) and not obtain results another system of care) estimate adaptive functioning (e.g., ABAS-3), and providing the parent with support.
 - Have they had an IEP evaluation of school that targets autism-specific learning and behavioral needs that just for general learning or behavioral concerns? If there are barriers, consider referral to the PFI or their state:
 - DC: Advocates for Autism and Education: www.aae-dc.org
 - MD: Parents' Place of Maryland: www.ppmj.org
 - VA: Formed Family Forward: www.formedfamilyforward.org and Parent Education and Advocacy Training Center: www.peratc.org
 - National Center for Parent and Family Involvement: www.ncpfi.org
 - Have parents submitted Administration on Intellectual and Developmental Disabilities (AIDD) Medical Waiver, and (if age 1+) Division of Vocational Rehabilitation application for their state?
- Has the child been referred for all of the elements of the gold standard diagnostic evaluation for autism? These evaluations do not all need to be done in the same system of care. For example, often autism is not diagnosed by a medical provider, and the school system then does speech/language and cognitive testing as part of the IEP evaluation.
 - Autism developmental history and behavioral observation (in either referral or diagnostic) (accompanied using CARS-2 GPC or PDI-CARS2SF)
 - Adaptive functioning measurement (e.g. Vineland-3, ABAS-2)
 - Cognitive (IQ) testing
 - Speech/language testing including pragmatic language testing
 - Hearing testing
- Have parents been offered a referral to genetics?

What intensity of support does this family need now?



Step 4: Triage support needs

In which domains does this family need additional support?



Step 5: Build support system to address needs

Funding for CN-CASD ECHO Autism was provided by the A. James & Alice B. Clark Foundation, the Alexander and Margaret Stewart Trust, and the REIMAX Foundation.

Talking about, screening for, and sometimes performing an abbreviated **MEDICAL** evaluation for autism

CENTER FOR AUTISM GUIDEBOOK FOR MEDICAL PROVIDERS

CHAPTER 2. TALKING ABOUT, SCREENING FOR, AND SOMETIMES PERFORMING AN ABBREVIATED **MEDICAL** EVALUATION FOR AUTISM.

Overview of Autism Screening, Referrals, and Diagnosis

The AAP recommends universal screening for autism at the 18 and 24 month well child visits.⁹ When a provider and/or family have concerns about autism for a child, referring to an autism specialist¹⁰ **AND** to the Early Intervention/public school team for further evaluation is almost always preferable to taking a “wait and see” approach. The AAP writes:

Language matters.

"Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)."

-DSM 5

"The way I love? It is deep. Autism is deep love. People write it off as special interest or obsession, but even if it's not something I can excel at, I can excel at loving what I love, loving what I do, loving who I love. Autism is being able to be consumed by love and interest; it is giving 100% because it is an insult to the thing one loves to give any less. Autism is going big or going home."

-Kassiane

<https://awnnetwork.org/resource-library/>

Next Steps After Positive Screen: Is a non-specialist ASD diagnostic evaluation appropriate for this patient?

