



## Improving Monitoring and Screening:

### *Case Study 2*

Some of the children coming to our early intervention program have received an ASD diagnosis from a professional in our community. Others have been seen at a regional specialty developmental center. The content and scope of the evaluations received in these different settings is often quite different. What goes into a quality evaluation for ASD? What should we be looking for in these evaluations, and how can we work with these providers to see that the necessary evaluations / studies are done?

1. Read the case study. Outline and determine the problem that is presented.
  - Variability is often driven by resources, even if clinicians have a good sense of what makes up a good evaluation
  - Resources depend on location within state – can you provide an accurate diagnosis using fewer resources?
  - Need some agreement on what information should be obtained to be more confident with the quality
  - All parties don't see the issues the same. For example, physicians may want a diagnosis that school officials do not
  - Interdisciplinary teams bring in many perspectives
  - Developmentally complex children may be more difficult with a single provider
  - How to balance "need for diagnosis" with "need to go on to services" (re: a system for getting children and families what they need concerning evaluation and treatment)
  
2. Brainstorm new or existing approaches that could be used to help address this problem. What avenues has your state or program pursued in similar situations? Is there something your state or program has wanted to implement, but hasn't yet due to lack of funding/resources? Are there innovative approaches that could be used?
  - MA worked to integrate services at their children's hospital for diagnosis and other specialty services.
    - They are getting each department to follow clinical guidelines that meets the level of quality for a diagnosis of autism
    - DSM criteria is included as well as appropriate medical information
  - A team model may have higher quality - collect data to look at quality/satisfaction differences

- OH uses the ATN protocol; it's best when also get the daycare or other provider's checklist – this allows for different perspectives
  - OH and AZ use the National Standards state-level standards
  - In OH, from a treatment perspective, they're starting to use the national study on evidence-based treatment, although it's not fully integrated or accepted yet. People still rely on what is available. A tiered model for evaluations (who sees which children depending on the needs of child and family)
  - Parent reporting systems area available to bring parent information in; can also do a more streamlined encounter
3. Engage in dialogue and discussion to explore and clarify the problem and talk about which approaches may be the most feasible and effective for addressing this problem.
- Would be helpful to have evidence to mandate that states use the National Standards. The National Standards project lays out what is evidence-based. Adopting the standards may cause providers to leave the field or learn something new.