

Improving early screening and diagnosis of autism in underserved populations through the AZLEND program

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Background

AZLEND Developmental Screening Technical Assistance Program

AZLEND improves and increases community medical practitioner compliance with the American Academy of Pediatrics' (AAP) developmental surveillance and screening guidelines in early childhood.¹ Many medical practitioners feel overwhelmed by the task of changing clinic practice to accommodate an additional tool during an already activity laden well-child visit.

AZLEND Fellows alleviate this burden by providing technical assistance to community clinical practices through interviews with key staff, practice-specific implementation plan development, and targeted staff training on the screening tools and required changes to their clinic procedures. This technical assistance program is now in its 2nd year of implementation. Six sites were recruited to participate in each of the 2012 and 2013 academic years in 6 rural southern Arizona counties. All participating clinic sites provide care to diverse and underserved populations who are at risk for delayed diagnosis of developmental conditions

References

American Academy of Pediatrics, Council on Children with Disabilities, Section on Developmental and Behavioral Pediatrics. Identifying infants and young children with developmental disorder in the medical home: an algorithm for developmental surveillance and screening. Pediatrics 2006;118:405-20

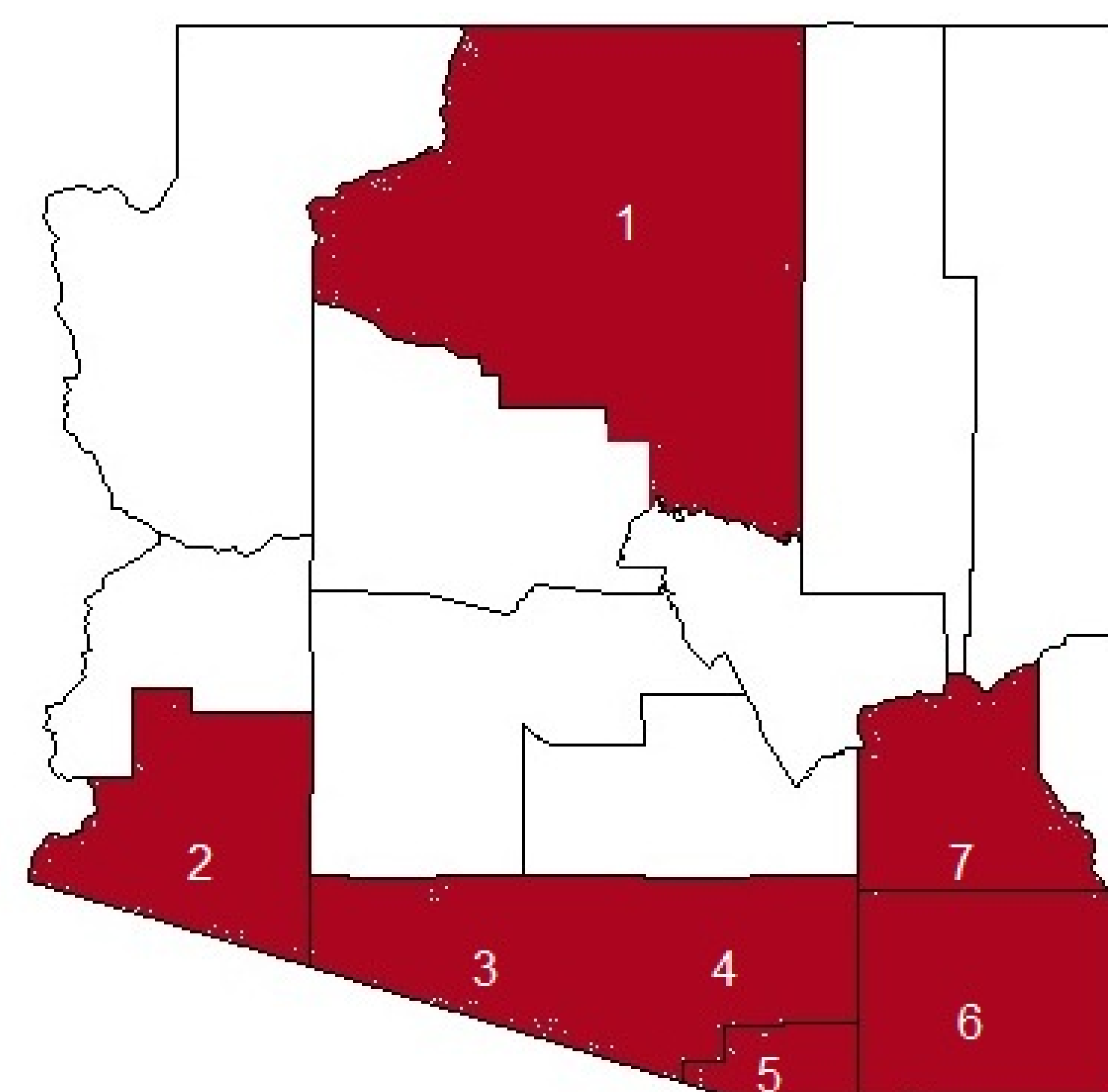


Figure 1. Counties in project.

Methods

Participants

Participating clinics sites provide care to underserved populations including low income, native American, Hispanic, border, rural, and migrant populations.

Approach

AZLEND Fellows perform all activities under the supervision of a faculty member.

1. AZLEND Fellow teams conduct interviews with key staff to learn
 - a) Clinic flow and operations
 - b) Choice of tool (PEDS, ASQ, MCHAT)
 - c) Choice of delivery method and staff roles
2. Develop proposed process flow for incorporation of tool
 - a) plan represents the least amount of impact and time burden for the clinic
3. Conduct training that includes
 - a) In-depth training on the rationale behind developmental screening
 - b) How to use and score the tool
 - c) What the changes to process and staff roles and responsibilities
4. Record abstraction for all visit-eligible patients pre and post implementation
 - a) Provides change in number of formal screenings and on-time visits
 - b) Shows clinics their implementation success
 - c) Identifies needed changes

Results

Sunset Community Health Center is currently the only site to implement the tool and provide pre- and post-implementation data. Results of the implementation are shown in Table 1. Gila Valley Clinic is scheduled for data collection in fall 2014. The UA Family Medicine Clinic is ready for implementation but EHR programming has delayed the implementation. The critical factor that was common at each of these locations was the presence of a physician champion who ensured clinic participation in the project.

Sunset Community Health Center's success provides evidence that developmental screening programs can be successfully incorporated into rural and border community health practices using AZLEND Fellows as primary contacts and trainers. The experience indicates that success of implementation and continued adherence to developmental screening guidelines is dependent on a local physician advocate within the healthcare practice to ensure protocol adoption and demonstrates that systemic change can be achieved one clinic at a time.

9-, 18-, & 24-Month WCV	Pre	Post	Change
Surveillance only	90%	13%	-77%
Formal Screening	0%	85%	+85%
On-Time visits	87%	91%	+4%

Table 1. Results of screening implementation from Sunset CHC

Clinic (County)	Status	PEDS or ASQ				M-CHAT			
		Interview	Flow	Training	Implement	Interview	Flow	Training	Implement
1 North Country Health Care (Coconino)	Postpone 2014	APPROACH IN 2014-2015							
2 Sunset Community Health Ctr (Yuma)	PEDS 2013	APPROACH FOR M-CHAT IN 2014-2015							
3 Indian Health Services Sells Unit (Pima)	Incomplete 2014	CONTINUE IN 2014-2015							
4 UA Family Medicine Clinic (Pima)	Incomplete 2014	CONTINUE IN 2014-2015							
5 Mariposa Community Health Ctr (Santa Cruz)	Incomplete 2014	CONTINUE IN 2014-2015							
6 Chiricahua Community Health Ctrs (Cochise)	Pulled Out 2013	CONTINUE IN 2014-2015							
7 Gila Valley Clinic (Graham)	PEDS 2014	DATA COLLECTION AND M-CHAT IN 2014-2015							

Table 2. Status of participating sites