

Autism Assessments by DBPediatrians in Academic Medical Centers: A DBPNET Study

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Introduction

- Increasing ASD prevalence
- Increasing waitlists for evaluation/treatment
- Increasing evidence for importance of early identification and intervention
- Varying recommendations regarding assessment in clinical vs research settings
 - Multi-disciplinary?
 - Standardized assessments?

Objectives

- The objectives of this study were to describe the clinical practices used to diagnose ASD by physicians in DBPNet, an MCHB funded research consortium of twelve developmental behavioral pediatrics academic training sites

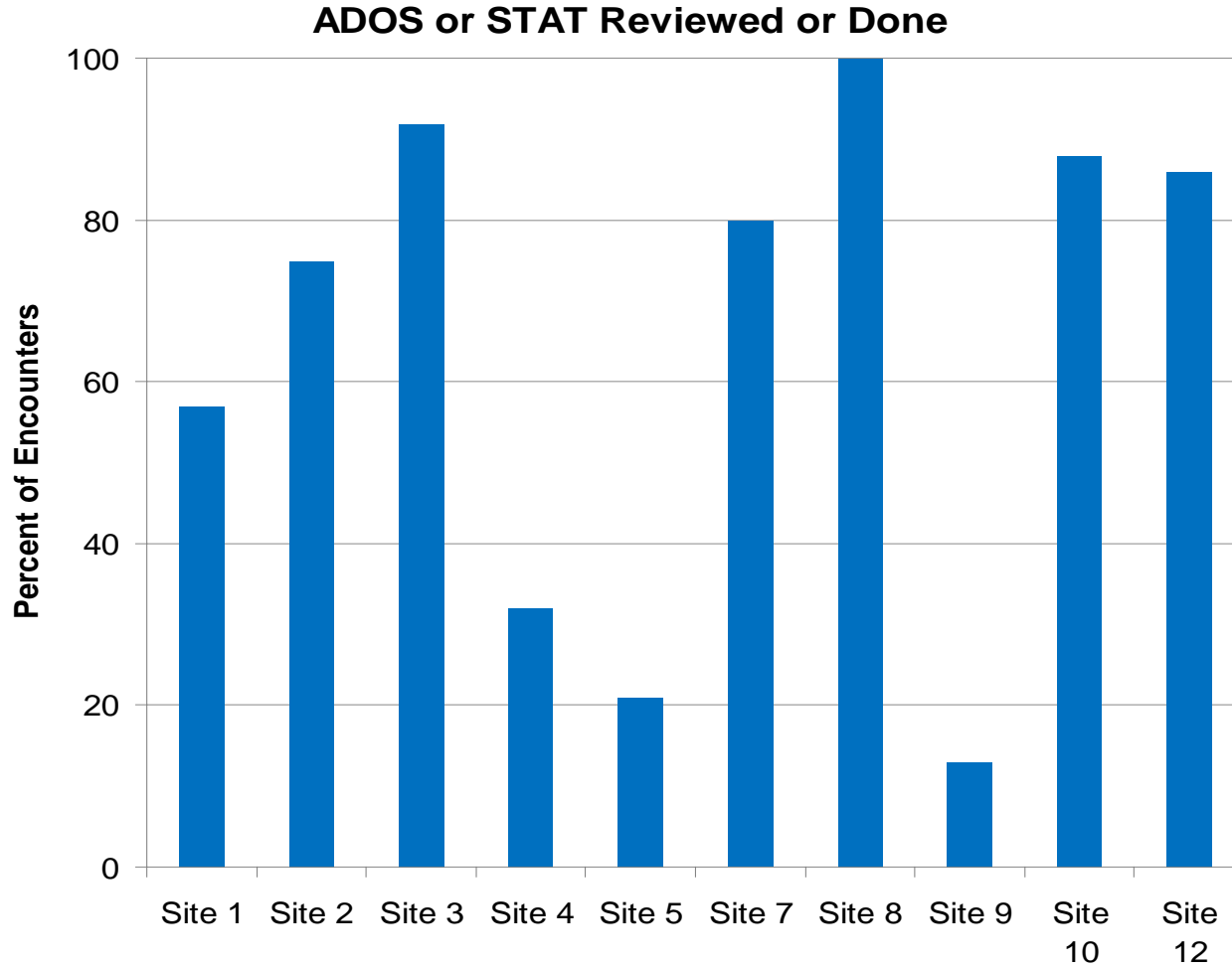
Methods

- Prospective descriptive survey of practicing DBP/NDPs at 12 academic training centers in DBPNet
- Self-report clinician survey providing demographic data
- One page encounter form of demographic/clinical information for up to 10 consecutive new ASD cases
- Data summarized using descriptive statistics.
- Analysis of the statistical significance of differences between sites was restricted to the 10 sites reporting 13 or more ASD forms and utilized general estimating equations to adjust for clustering by clinician within site

Results

- 56 MDs completed >1 ASD encounter form
 - Mean age 48y (SD 8.7), 85% female
- 159/284 (56%) diagnostic encounters completed in one visit to the DBP, 27.5% in 2 and 8.6% in 3 visits
- Developmental assessment reviewed or done at 87.7% of encounters (range 77.8-100%; $p=0.061$).
- Parent behavior rating scale reviewed/done at 65.9% of encounters (range 35.7-91.4%; $p<0.01$)
- Teacher behavior rating scale reviewed/done at 38.4% (range 15-69.2%; $p=0.09$).

Results



Conclusions

- The majority of diagnostic evaluations for ASD within DBPNet included a developmental assessment, ASD specific assessment tools and parent rating scales
- However, significant variability exists in the ASD assessment tools used and in the use of parent behavior rating scales across sites.

Discussion

These findings document the multiple components of assessment utilized by DBPNet physicians for clinical ASD diagnostic evaluations as well as the variability across academic training sites. Further study is warranted to investigate how this variability may be related to site specific factors such as referral numbers, waitlists, reimbursement constraints, diagnostic accuracy and eligibility for intervention programs.

Acknowledgements

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