“Moving the Needle- A Quality Improvement Initiative to Improve Access for Autism Diagnostic Evaluations”

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Background

- Access to diagnostic evaluations for autism spectrum disorder (ASD) is limited, due to a number of factors including: [1-3]
  - **high demand**
  - **workforce shortages**
  - **long appointment lengths**
- Our center has long wait times from initial referral until evaluation. This creates a barrier to early intervention, **especially for young children**.
- The traditional diagnostic evaluation model at our center involves an initial half-day appointment (either with developmental pediatrician or psychologist) often followed by another 90 minute visit with the other provider on a different day.
- This quality improvement initiative was designed to implement **an abbreviated evaluation time**, matched to the needs of the child, with the aim to shorten wait times for diagnostic evaluations for children under 3.

Methods

Development of Modified Triage System

- **Second year LEND trainee** helped develop pre-visit screening tool
  - Initial criteria for screening: under 3, English speaking, significant ASD symptoms noted in referral
  - LEND trainee completed **pre-visit phone screening** with all families who met above criteria
  - If ASD seemed likely based on screen and family was in agreement with autism evaluation, abbreviated visit scheduled

Table 1: Patient Demographics

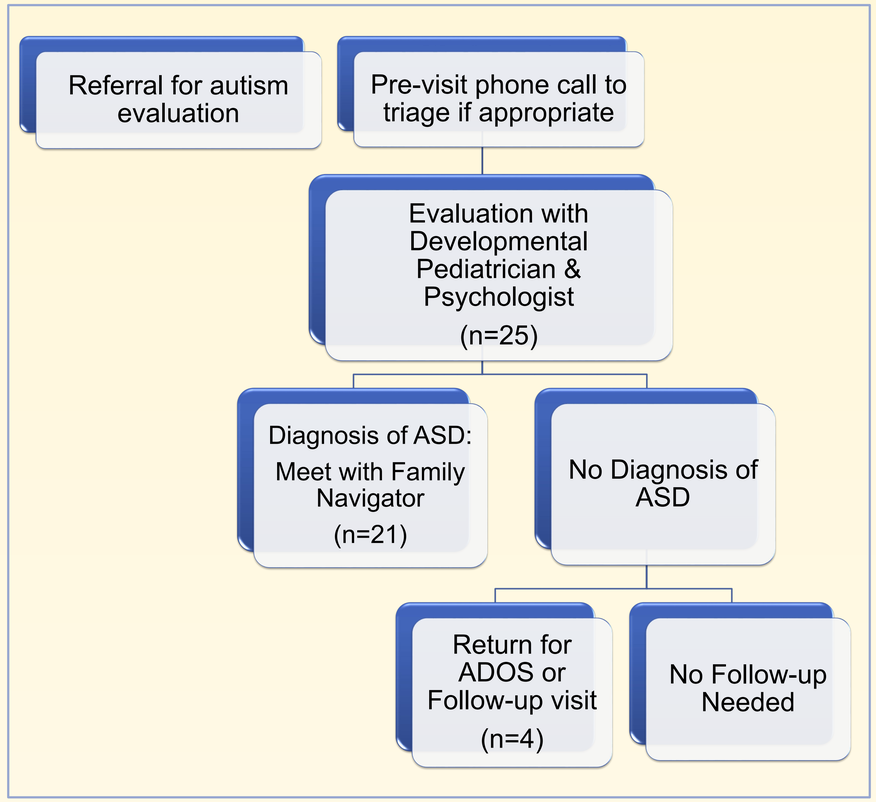
Patient Characteristics	
Primary Insurance	
Private	11 (44%)
Medicaid	14 (56%)
Ethnicity/Race	
White/Caucasian	15 (60%)
Black/African-American	3 (12%)
Asian	5 (20%)
Hispanic	2 (8%)
Sex	
Male	16 (64%)
Female	9 (36%)
Age	
18-24 months	7 (28%)
25-36 months	18 (72%)

Methods Cont.

Diagnostic Evaluation Process

- 2-hour joint appointment with a developmental pediatrician and psychologist
- Evaluation procedures included:
  - Diagnostic interview
  - Physical exam
  - Adaptive Behavior Assessment System - Third Edition (ABAS)
  - Bayley Scales of Infant and Toddler Development, 3rd Edition (Bayley-III) Cognitive domain
  - Childhood Autism Rating Scale, Second Edition
- If diagnostic impression unclear, families invited to return for an Autism Diagnostic Observation Schedule 2nd Edition (ADOS-2) evaluation at a later date
- If diagnosis consistent with ASD, families meet with family navigator to discuss resources on the same day
- LEND trainee followed up with families post-evaluation to assess satisfaction

Figure 1: Diagnostic Evaluation Process

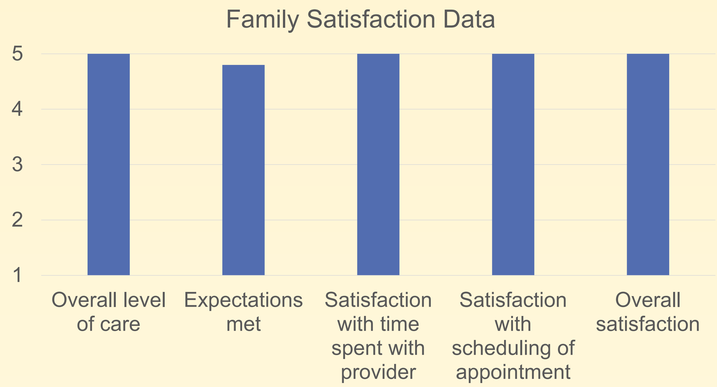


Results

Figure 2: Intervention outcomes

	Pre-intervention group	Intervention group
Time from referral to evaluation	6.93 months	4.25 months
Total clinician time	5.25 hours	4.23 hours

Figure 3: Family satisfaction data. Ratings range from 1 (poor or very dissatisfied) to 5 (excellent or very satisfied).



Conclusions

- Traditionally lengthy evaluations for ASD are one factor which can lead to **increased wait times**
- Novel strategies, such as **alternative evaluation models**, are one potential strategy to **decrease wait times** while maintaining high-quality interdisciplinary care
- For patients with a high likelihood of an ASD diagnosis, this alternative evaluation model allows for shorter evaluation lengths without compromising **family satisfaction and quality care**

Future Directions

- Further evaluate the impact of this quality improvement strategy on evaluation wait times, including for other children who require a longer evaluation
- Evaluate the impact of this intervention on “no-show” rates for clinic visits
- Expand to include non-English speaking families

References

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2. Austin J. *et al. Pediatrics* 137 Suppl 2, 149-157 (2016)
3. Gerdts J. *et al. J. Dev. Behav. Pediatr.* **39**, 271-281 (2018)