

# ASD Screening Process Angela Fish, PhD

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### Background

- Insurance requirements for ABA in Michigan
- Wait of approximately 2 years for children over the age of 5
  - Many have received evaluation somewhere else and still come
  - Medicaid often have to repeat eval through CMH to get services and CMH gets kids in faster. Even though our initial letter states children with Medicaid should go to CMH, they often do not.
- COVID hits and we can't do our standard evals anymore
- Just started discussions of screening visit pilot for general clinic referrals



#### **Decision Tree**





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### **Questions for Screening**

- Goal for evaluation
- Biggest concerns
- Language/Cognitive level
- Previous school classification
- Previous medical diagnoses (multidisciplinary?)
- History of aggression, self-injury, suicidal ideation?
- Previous services in school and community
- Desired services (if known)
- Discuss evaluation process and give recommendations
- Recruit for possible research studies
- Provide summary letter of visit with recommendations and resources



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### Results

- Still a work in progress
- We are able to bill for screening visits
- Families have been very satisfied with screening visits
- Chance to fully explain virtual visit by a clinician familiar with the process, which has increased acceptance of this type of visit
- Immediate referrals provided when indicated, so not just languishing on a waitlist
- Resources provided to everyone
- Chance for research recruitment

#### Results

- Screened 159 patients since April, 2020
- At first, screened out around 25%
- At present, have screened out 22 patients fully (13.8% waitlist reduction)
  - 8 more possibly screened out (18.9% reduction in waitlist if they are all seen through CMH)
- Everyone gets seen a little sooner
- Reduced irritation of doing "unnecessary" visits





## **Tackling the Waitlist**

Age-Based Diagnostic Tracks in Interdisciplinary Team Evaluation for Autism Spectrum Disorder

Jennifer Gerdts, PhD

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#### Autism Center Est. 2009

- High volume, multidisciplinary center
  - ~4,000 unique patients annually
- Serve patients regardless of ability to pay
  - 63% of patients have Medicaid
- 42% non-White (versus 27% WA state census)







### The Waitlist....

- ~3,300 patients waiting for diagnostic evaluation
  - Wait time for diagnostic evaluations has ranged from 8-28 months in the past several years
- Our approach? Become stronger swimmers



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### **Diagnostic Evaluation Process: 2014**



Hour 1	Developmental History, Adaptive Fx (ABAS)
Hour 2	ADOS
Hours 3-4	Rounds/record review/write report
Hour 5*	Feedback

\* If diagnosis is unclear, family returns for follow-up appt(s) for further evaluation and/or to gather additional information (e.g., from teacher)



## **Program Evaluation**



See the Video Abstract at jdbp.org

### Interdisciplinary Team Evaluation: An Effective Method for the Diagnostic Assessment of Autism Spectrum Disorder

Jennifer Gerdts, PhD,\* James Mancini, MS, CCC-SLP,† Emily Fox, BA,† Candace Rhoads, MA,‡ Tracey Ward, MS,† Erin Easley, LICSW,† Raphael A. Bernier, PhD\*



- Does focused team model work?
  - Yes!
  - Made diagnostic decision in 90% of patients on the day of the evaluation
- Are diagnostic rates comparable across tracks?
  - Yes!
  - 68% ASD;  $\chi^2(2) = 2.91$ , p = .23
- What happens after diagnosis?
  - ASD diagnoses via Teams most likely to return to SCAC for follow-up care, χ<sup>2</sup>(2) = 11.18, p = .004
  - 5x more likely than MD, twice as likely as Psych



Abridged autism assessment speeds access to therapy

BY JENNIFER GERDTS

### Other outcomes

- Are patients satisfied?
  - Yes!
  - Equally satisfied across tracks
     *F*(2,32) = 0.33, *p* = .72
- Are providers satisfied?
  - Yes!
  - Providers more satisfied working in teams than solo
- Does it save time?
  - Yes! Compared to psychology only approach (most common)
  - Billed time:
    - MD (2.9 hrs) < Team (4.5 hrs) < Psych (6.3 hrs)</li>





## 2016: All In for Interdisciplinary Team Evals 2-day model



#### 1-year Diagnostic Retreat

- Majority of providers enjoy working in teams and want to keep the team model
- Younger patients often don't require as much time
- Other themes....





# Age-Based Diagnostic Tracks

### **Age-Based Diagnostic Tracks**



## **Age-Based Diagnostic Tracks**

Can we be even more focused for younger children most in need of earlier services?





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### 5 and Younger Pilot Results

Running effectively

5 and under Track



Boxplot of Total Wait time Before and After 5 and Under Team Launch



Official launch

Start project

Average number of new referrals for dx evals in this age group was 15.30 per week (*SD* = 9.97), ranging from 0-40 weekly.

\* No significant change in the number of referrals over time, F(1,32) = .260, p = .614.

Significant linear negative slope, suggesting ncreased efficiency in evaluation processes, F(1, 32) = 5.51, p = .025

Even more efficient over time through Dec 2019

Wait Time in  $\leq 5$  Year Track Before/After Launch



### Summary

- Having diagnostic tracks shortened wait times for younger children by 3.6 months
- Improved efficiency over time in responding to referrals for diagnostic evaluation
- Next Steps:
  - Study telehealth model
  - Expand pilot data
  - Add clinical outcomes
  - 6+ track

#### Limitations:

- Extracting meaningful clinical and systemic data (e.g., wait times, referral patterns) from EMR is HARD!
- QI data will be essential
- Post-COVID diagnostic model will look
  different



# Thank you!

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# MANAGING THE WAITLIST

Strategies we have tried and continue to try at Marcus

### OUR TEAM

- 10 psychologists
- 4 SLPs
- I Psychometrist
- 2 Post docs
- 2 interns

### PAST

- Separate departments for research and clinic
- Clinic waitlist 3-4 years
- Research waitlist almost nil

#### ALMOST 3 YEARS AGO

- Integrated clinic and research departments
- Started to integrate slots
  - Templates:
    - We know how many slots are needed to meet the research needs
    - 72 hours before research patient, if slot not filled, converts to clinic slot
- Waitlist management
  - 85% of appointments for children 5 and under
    - 60% of those are for children 3 and under
  - Stricter cancellation/no-show policies
  - More flexibility in appt start times
  - Less likely to see follow-up appointments
  - Extended DIs if have school testing

### CURRENT

- About 3 months if child under 3
- 5 months if between 3 and 5
- 6-9 months if over 5
- Trainees used to help increase our productivity
- Psychometrist solely in research at this time
- Templates/slot utilization

#### CAVEATS:

- We do have some barriers to care:
  - Pediatricians need to make the referral
  - Families need to complete a parent questionnaire before they are deemed ready to schedule
  - Those waits are based on ready to schedule
  - There is a backlog in our registration step so these waits may be off by about 3 months

#### CONSIDERATIONS

- Have we increased barriers to care for those families who cannot fill out the forms for whatever reason
  - Computer access
  - Reading/writing ability
  - Only translated in Spanish

#### GOALS:

- All families to be informed of research possibilities from intake
- Have fast tracked clinics for our youngest patients
  - Speech evaluation first then if needed triage to psychology
    - Intervening step can be our Early Intervention program