

W2 Primary Care Autism Spectrum Disorder diagnosis for obvious signs: An innovative training model

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Background & Significance: Training primary care providers (PCPs) to diagnosis obvious cases of autism spectrum disorder is growing but these training programs are not currently widely implemented.

Purpose/Aims To implement and evaluate the Tennessee STATTM (Screening Tool for Autism in Toddlers & Young Children 24-36 months old) in two Wisconsin training cohorts (WI-STAT) for PCPs and family navigators (FN).

Methods: In this IRB approved implementation study, English speaking PCPs and FNs were trained and assessed pre, post and 6 and 12 months later for: knowledge of screening / diagnosis of ASD, current practice, and intention to diagnose ASD, attitudes on appropriateness of ASD diagnosis in PC, and comfort level with ASD. Data analysis used SPSS Descriptives.

Results: Participants in cohort one were mainly white [n= 7 (87.5 %) providers; [n=5 (71%) FNs], female (n=8 providers; n= 7 FNs), with Mean(M)= 8.4 years (min 1-max 20) work experience as family nurse practitioners [n=3 (37.5%)], clinical psychologists [n=2 (25%)], family medicine physician (MD) [n=1 (12.5 %)], family MD resident [n=1 (12.5 %)], or psychotherapist [n=1 (12.5 %)]. Attitudes shifted to rating in-house ASD diagnosis as more appropriate, $t(8) = -2.27, p = .05$, Cohen's $d = 1.32$; to feeling more comfortable identifying ASD characteristics, $t(8) = -2.27, p = .05$, Cohen's $d = 1.32$; and to being more comfortable having the diagnosis discussion with families, $t(8) = -5.38, p < .001$, Cohen's $d = 1.05$. PCP trainees were more likely to endorse attempting an in-house diagnosis vs. referring a patient to a specialist after STATTM training [Likelihood ratio (1) = 3.86, $p = .05$; 40% likely to attempt in-house diagnosis at pre compared to 100% likely at post].

Discussion/conclusion: Trainees had improved ASD attitudes, knowledge, and intentions to diagnose and serve families in PC. Examination of longer-term longitudinal data from these participants will gauge number of families served and document screening to diagnosis lag times. ASD diagnosis and care within PC, in place of the bottleneck of specialty clinic wait-lists, has potential for improving and streamlining diagnostic flows.