

Primary Care Autism Spectrum Disorder Diagnosis for Obvious Signs: An Innovative Training Model



Background

- Primary care providers (PCP) typically **screen** for autism spectrum disorder (ASD) at 18 and 24 months using Modified Checklist for Autism in Toddlers (M-CHAT).¹
- Followed by long wait lists for **diagnostic** assessment at specialty clinics.
- Efforts to train PCPs in streamlined ASD diagnosis within Primary Care growing but not yet widely implemented.²⁻⁶

Purpose

- To implement and evaluate training to diagnose ASD in primary care with the Tennessee STAT™ (Screening Tool for Autism in Toddlers & Young Children 24-36 months old)⁷ in a Wisconsin USA training cohort (WI-STAT) for PCPs and family navigators (FN).



Methods

- IRB approved implementation study of STAT™ training followed by participation in a **year-long ASD learning community** with monthly meetings covering ASD knowledge and case conceptualizations.
- English speaking PCPs / FNs trained and assessed pre, post and 6 and 12 months: knowledge of screening and 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

Table 1
Descriptive Statistics

Measure	PCP (n = 9)		FN (n = 7)	
	M	SD	M	SD
Years in Practice Range, in years	11.67 1-41	12.4	9.57 0-22	8.06
Race				
Caucasian	78%		71%	
Black or African-American	22%		29%	
Gender				
Female	100%		100%	
Field of Practice				
Pediatrics/Family Medicine	44%		14%	
Nurse Practitioner	34%			
Master's Level Psychologist	22%			
Other Master's degree			43%	
Other Bachelor's degree			29%	
Not Provided			14%	
Experience/Interest in ASD*				
Desire to better serve patients with ASD	89%		57%	
Personal or research interest	44%		71%	
Formal ASD assessment training	0%		0%	
Some ASD course work	22%		57%	
Extensive degree training in ASD	11%		0%	
Other	11%		11%	

Note. ASD = Autism Spectrum Disorder, PCP = Primary Care Practitioner trainee cohort, FN = Family Navigation trainee cohort. *Percentages do not equal 100 as trainees could endorse more than one category.

Results

- 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 STAT™ 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.

Discussion/Conclusion

- ASD diagnosis and care within PC, in place of the bottleneck of specialty clinic wait-lists, has potential for improving and streamlining diagnostic flows, **especially for marginalized populations** to continue to improve access to ASD care.
- New model is designed to meet families where they are, streamline services and empower parents.
- Results for group one reveal comfort and intention to discuss, screen and diagnose ASD with families in primary care.
- The 6- and 12-month data, the FN data, and the group data will be analyzed to further evaluate the implementation of the WI-STAT.

References

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