Identifying Autism in Primary Care: Screening Tool for Toddlers and Young Children (STAT)

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Cherokee Health Systems
Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• List two advantages of embedding BHCs into pediatric Well Child Check exams.

• Describe the rationale for implementing the STAT-BHC within Well Child Check exams.

• Describe two ways to utilize community health workers as extenders of the primary care team to reinforce autism spectrum interventions.


Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Greetings from East Tennessee!
Our Mission...

To improve the quality of life for our patients through the blending of primary care and behavioral health.

Together...Enhancing Life
Primary Service Area
Cherokee Health Systems

Current Number of Employees: 715
Current Annual Payroll: $41,390,679

Provider Staff:

- Psychologists - 47
- Primary Care Physicians - 27
- NP/PA (Primary Care) - 53
- Community Workers - 37
- Cardiologist - 1
- Nephrologist - 1
- Pharmacists - 13
- RNs - 81
- Psychiatrists - 8
- NP (Psych) - 9
- LCSWs - 68
- Dentists - 2
Giving our Best for Those Most in Need

Improving Access and Outcomes for the Underserved

Calendar Year 2017

78,611 Patients Seen
409,363 Services Provided
25,242 New Patients
Populations/Communities Served

• Rural Appalachian
• Black/African American
• Migrant/Agricultural Farm Workers
• Latino/Hispanic
• Homeless
• Public Housing
• Refugee – Africa, Middle East, Eastern Europe/Russia
Setting the Stage
Screening vs. Assessment
Pediatric Well Child Checks
Why WCCs?

• Routine points in medical/physical care
  • Wellness promotion, broad screening, further engagement of children and families

• Appropriately matched assessment of wellness goals and health education at each stage of development

• BHC enhances visits with PCP
  • Generates awareness of our greater role within the primary care team, services available, and critical tasks in healthy biopsychosocial development.
WCC Primary Targets

- Healthy nutrition/activity level
- Social development
- Academic concerns
- Behavioral and/or emotional support needs
- SAFETY at all ages
- Parent-child normative transitions/dynamic relationships
- Caregiver skills/patient skills
Examples of Stage-Matched Education and Intervention

- Newborn: Crib Safety, Postpartum depression, Feeding
- 2 weeks: Newborn
- 2 months: Vocal production, Introduction of new foods, Mobility
- 6 months: Vocal production, Introduction of new foods, Mobility
- 9 months: Vocal production, Introduction of new foods, Mobility
Examples of Stage-Matched Education and Intervention

- Language development
- Gross and fine motor skills
- Autism screenings

- 12 months
- 18 months
- 24 months
- 30 months
- 36 months
Examples of Stage-Matched Education and Intervention

- **4-6 years (annually)**
  - School readiness
  - Sleep and bedtime routines
  - Consistent limit-setting

- **7-12 years (annually)**
  - Electronic limits
  - Injury prevention
  - ETOH, drugs, tobacco
  - Sexual development

- **13-17 years (annually)**
  - Driving
  - Online safety
  - Autonomous decision-making
  - Sexual education and health

**Injury prevention**
- ETOH, drugs, tobacco

**Sexual development**
- Sexual education and health
More on the Autism Screenings
The STAT BHC
The Screening Tool for Autism in Toddlers and Young Children
(STAT, STAT-MD, STAT-BHC)

• Used with a refined, autism-specific parent questionnaire and interview
• 12 play-based items assessing key social-communicative behaviors
• ~20 minutes
• Target age range: 24 to 36 months, can also be used from 14 to 47 months
• Strong psychometric properties
“A Pilot Model for Embedding ASD Diagnosis within the Medical Home”, Unpublished Manuscript, Hine et. al. Vanderbilt Kennedy Center

Results: Using a rapid diagnostic model, diagnostic clarity (i.e., ASD vs. no ASD) determined within the initial consult session for 59% of the children. Latency to diagnosis was less than two months, compared with a minimum of 6 months for tertiary clinic assessment. The median age at diagnosis (32 months) was considerably lower than the national average of approximately 50 months.
STAT-BHC: Training and Quality Assurance

BHCs
• 3-hour training on autism
• Periodic half hour training sessions on specific issues, like sleep, behavior management, and feeding
• Two-day training specific to the STAT
• Periodic email updates on experience with the STAT
• Access to the Developmental Psychology Team
• Developmental psychologists consult on unclear STATs
STAT-BHC: Implementation

Failed MCHAT (or any concern about autism)

STAT-BHC

Rule ASD in or out

Small % receive further testing (ADOS, BASC)

Intervention targets for all kiddos focusing on strengths and challenges

Pediatric Behavioral Health
INTEGRATED CARE
Training Academy
STAT-CHC: Training and Quality Assurance

Community Health Coordinators:
- 3-hour training on Autism
- 3-hour training on the STAT process and community resources
- Assist parents as indicated with completion of developmental questionnaire
- Active involvement in the “next steps” discussion
- Meet with the parents to review next steps
- Collaborate with parents to refine topics for discussion with providers
### Average Wait from Referral to Diagnosis or Rule Out

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<thead>
<tr>
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<th>Primary care at CHS</th>
<th>Non-primary care</th>
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<tbody>
<tr>
<td>Prior to STAT BHC</td>
<td>154 days (n=20)</td>
<td>134 days (n=20)</td>
</tr>
<tr>
<td>STAT BHC As of 3/27/17</td>
<td>34 days (n=20)</td>
<td>71 days (n=82)</td>
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81% reduction in time till diagnosis
47% reduction in time till diagnosis

After implementing the STAT, Primary Care kids get in **52% quicker** than non-primary care kids.
When the STAT is Unclear...

- Cognitive Testing
- Review CDI + STAT
- Developmental Psychology Team Referral
- BASC-3
- Play Observations
- ADOS (Structured Play Assessment)
Common Questions About Using the STAT-BHC

• How often do we need a more in-depth evaluation?
• Are we accounting for “restrictive, repetitive patterns....?”
• Is our diagnostic rate changing?
• What happens to kids who are referred but don’t come?
• Can we spend more time doing intervention?
Next Steps

• Continue to collect data
• Ongoing training and research
• Expand to all pediatric clinic sites within our system
• Continue to shorten the diagnostic delay
For more information about the STAT:

Zachary Warren, Ph.D. and Amy Swanson, M.A. 
Vanderbilt Kennedy Center, Treatment and Research Institute for Autism Spectrum Disorder

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“IT’S A WRAP!”

“ROLL THE CREDITS!”
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!