Children's Mercy Kansas City SHARE @ Children's Mercy

Posters

5-2021

Registration of newly diagnosed children with autism spectrum disorder and developmental disabilities at state regional offices

Whitney Rolling Children's Mercy Hospital

Rachel Goodson Children's Mercy Hospital

Let us know how access to this publication benefits you

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/posters

Part of the Behavioral Medicine Commons, and the Pediatrics Commons

Recommended Citation

Rolling, Whitney and Goodson, Rachel, "Registration of newly diagnosed children with autism spectrum disorder and developmental disabilities at state regional offices" (2021). *Posters*. 225. https://scholarlyexchange.childrensmercy.org/posters/225

This Poster is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Posters by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact hlsteel@cmh.edu.



Registration of Newly Diagnosed Children with Autism Spectrum Disorder and Developmental Disabilities at State Regional Offices

Whitney Rolling, DO and Rachel Goodson, DO Children's Mercy Hospital and Clinics-Kansas City



INTRODUCTION

- In fiscal year 2020, 39,220 Missouri residents utilized developmental disability services through the Missouri Department of Mental Health.¹
- Developmental disability services account for 53% of Missouri's state mental health funding (about 1.3 billion dollars annually).¹
- Physicians and psychologists are required for making eligible diagnoses, but registration for state support is patient dependent and can be perceived as an extensive paperwork process.
- Project Goal: Measure and increase the percentage of eligible patients registered for their state mental health resource offices.

METHODS

- Children's Mercy Developmental and Behavioral Health (D&B) Clinic physicians and psychologists were surveyed about registration status of their patients with autism spectrum disorder (ASD) and/or developmental disabilities seen in their clinic in the last week.
- Situation: 31% registration rate
- Target: 41% registration rate
- A Root Cause Fishbone Diagram and Fault Tree were formulated and targets for interventions were identified relating to the systems and tools used by physicians, psychologists, and the patients' care givers.
- A PICK Chart was used to prioritize interventions and then iterative PDSA cycles were used to evaluate the effect of the interventions.

METHODS, Cont. AND NEXT STEPS

- The first intervention implemented was providing an electronic hand-out to the physicians and psychologists about the state mental health resource offices.
- The second intervention to implement is creating a check box in the EMR social health history tab as a reminder to physicians and psychologists about registration status.
- The third intervention to implement is a four-week follow-up survey sent to care givers after receiving a call from the D&B Autism Resource Specialist, who provides further information on developmental disability services.

RESULTS

Intervention	# Survey Participants	Registration Rates
Baseline	12	31%
1) Educational Hand-out	16	36% *
2)Social History Check Box	TBD	TBD
3) Patient Survey	TBD	TBD
TBD=to be determined		

 *Even though the registration rate increased after the first intervention was implemented, the physicians and psychologists indicated on the survey that the hand-out was not used; therefore, the increased registration rates were not reflective of the intervention but as a further estimate of the baseline registration rate.



CONCLUSION

- Our first intervention did not increase patient registration rates.
- Our second and third interventions involve the physicians and psychologists along with the Autism Resource Specialist and the patients' care givers. By diversifying the interventions and the people involved in the interventions, our project has increased sustainability and probability of success.

SUMMARY

- Our goal is to improve patient developmental, behavioral, and health outcomes through increased access to care.
- State awareness of the needs for this special population of children is reflected in the wait lists that are currently present for many of these services.
- By having care givers register at their state offices, the care givers are not only improving their child's chance to get state funded services, but the registration rates more accurately reflect the needs for funding and advocating for children in these special populations.

ACKNOWLEDGEMENTS/REFERENCES

Annalisa Deaton, MBA, LSSGB; Cy Nadler, PhD; Robin Jordan, RN, CPN; Sarah Nyp, MD; Meredith Dreyer, PhD; and Sarah Soden, MD

References:

¹Missouri Budget Project, 2021. FY 2020: An Introduction to Missouri's Mental Health Services and Funding. Budget Basics: Mental Health. [online] Available at: https://www.mobudget.org/wp-content/uploads/2020/02/Mental-Health-2020-Budget-Primer.pdf [Accessed 20 March 2021].