Autism screening in primary care: Community providers incorrectly report adherence to AAP autism screening guidelines

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Autism Screening in Primary Care: Community Providers Incorrectly Report Adherence to AAP Autism Screening Guidelines

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Background

- Symptoms of Autism Spectrum Disorder (ASD) in young children are subtle and easily missed by providers and parents.
- Current AAP autism screening guidelines describe specific expectations for providers at 18- and 24/30-month well visits.
- Previous surveys have estimated the rates at which community providers screen for ASD, but the extent to which providers actually adhere to AAP guidelines and correctly implement tools (e.g., M-CHAT) is unknown.
- Early identification of children with ASD remains inconsistent in community settings; while low rates of screening are a known contributor, ineffective screening practices may exacerbate this issue.

Objective

- To compare community provider reports of adherence to current American Academy of Pediatrics (AAP) autism screening guidelines with their self-reported practices, including implementation of the M-CHAT.

Methods

- A survey built in REDCap™ was distributed to providers involved in well-child visits from the Oklahoma and Kansas medical boards, and the Kansas and North Dakota AAP chapters. The survey collected provider demographics, self-reported ASD screening practices (including M-CHAT implementation procedures), knowledge questions, and perceived value of screening.

Results

- 72.2% of providers reported routinely screening for ASD; 78% reported adhering to AAP guidelines.
- No providers correctly answered all of the knowledge questions that would confirm an ability to follow the guidelines (Fig.1).
- Only 2% of the providers identified what scores are needed to perform an M-CHAT/F.
- Only 35% of providers could identify the correct procedures for responding to a positive screen (see Fig. 2).
- Knowledge of AAP guidelines and M-CHAT procedures did not significantly correlate with provider profession, years in practice, or frequency of conducting relevant well child visits.
- Perceived responsibility for detecting ASD was significantly higher for pediatricians than internal medicine-pediatrics/family physicians and PA/NP (81.9%, 58.9% and 49.1%, respectively p < 0.001).

Conclusions

- Providers who report adherence with AAP-recommended screening practices may be at substantial risk for implementation errors that negate the benefits of screening.
- Inadequate community screening practices likely delay access to critical early intervention services.
- Resident education programs, health systems, and researchers must work together to improve both the knowledge and actual practices of community providers.
- Future research on community screening should focus on direct measurement of provider practices rather than relying on self-report.

Table 1. Provider demographics.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N = 133</th>
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<tbody>
<tr>
<td>Profession:</td>
<td></td>
</tr>
<tr>
<td>1) Pediatrician</td>
<td>67 (50.4%)</td>
</tr>
<tr>
<td>2) Int./Fam. Med.</td>
<td>42 (31.6%)</td>
</tr>
<tr>
<td>3) PA/NP</td>
<td>24 (18%)</td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>1) Male</td>
<td>44 (34.1%)</td>
</tr>
<tr>
<td>2) Female</td>
<td>85 (65.9%)</td>
</tr>
<tr>
<td>&gt;10 years in practice</td>
<td>73 (56.2%)</td>
</tr>
<tr>
<td>Frequency of 18/24 month visits:</td>
<td></td>
</tr>
<tr>
<td>1) &lt;3</td>
<td>59 (44.4%)</td>
</tr>
<tr>
<td>2) 5 to 10</td>
<td>43 (32.3%)</td>
</tr>
<tr>
<td>3) 10 - 15</td>
<td>22 (16.5%)</td>
</tr>
<tr>
<td>4) &gt;16</td>
<td>5 (3.8%)</td>
</tr>
</tbody>
</table>

Figure 1. Number of correct knowledge questions.

Figure 2. AAP Surveillance and Screening algorithm for ASD.

1. Provide Parental Education
2. Simultaneously Refer for:
   a. Comprehensive ASD Evaluation
   b. Early Intervention/Early Childhood Education Services
   c. Audiologic Evaluation
3. Schedule Follow-Up Visit

Figure 3. Percentage of providers referring for:
   ASD evaluation (2.A), EI (2.B), and hearing test (2.C).