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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.

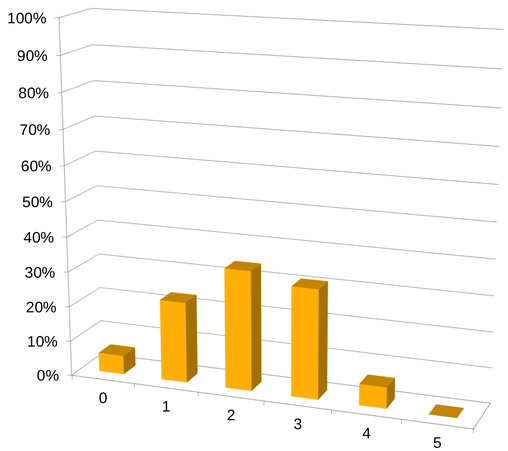
Table 1. Provider demographics.

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

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 1. Number of correct knowledge questions.



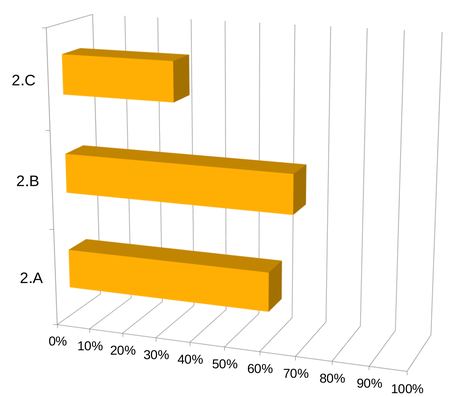


Figure 3. Percentage of providers referring for: ASD evaluation (2.A), EI (2.B), and hearing test (2.C).

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.