

Background

- Autism Spectrum Disorder (ASD) has been increasing in prevalence, with current estimates at 1 in 59 children (CDC, 2018).
- Extended wait times after initial concerns have also impacted the early diagnosis of young children and contribute to negative family experiences (Zablotsky et al., 2014).
- Among 85% of children with ASD, developmental concerns emerge prior to age 3. However, only 42% had a comprehensive evaluation prior to age 3 (CDC, 2018).
- The current project examined diagnostic evaluations among patients under 3 presenting with concerns for developmental delays or ASD in the Swank Autism Center across a period of 4 months.
- Children presenting with developmental concerns are seen by medical providers or psychology providers for an initial diagnostic evaluation lasting from 1-1.5 hours. Children are referred for additional diagnostic testing with psychology providers when diagnoses are unclear.

Goals

- Examine 4 months of data across medical and behavioral health providers assessing children under 3 for developmental concerns within the Swank Autism Center.
- Improve understanding of:
 - wait times
 - diagnostic outcomes
 - testing referrals

Current Clinic State

Total Number of Patients	152	
Patients seen by medical providers	124	81.6%
Patients seen by psychology providers	28	18.4%
% Male	114	75%
Patients that received an ASD during the first diagnostic evaluation	34	22.4%
Patients referred for testing	52	33.8%

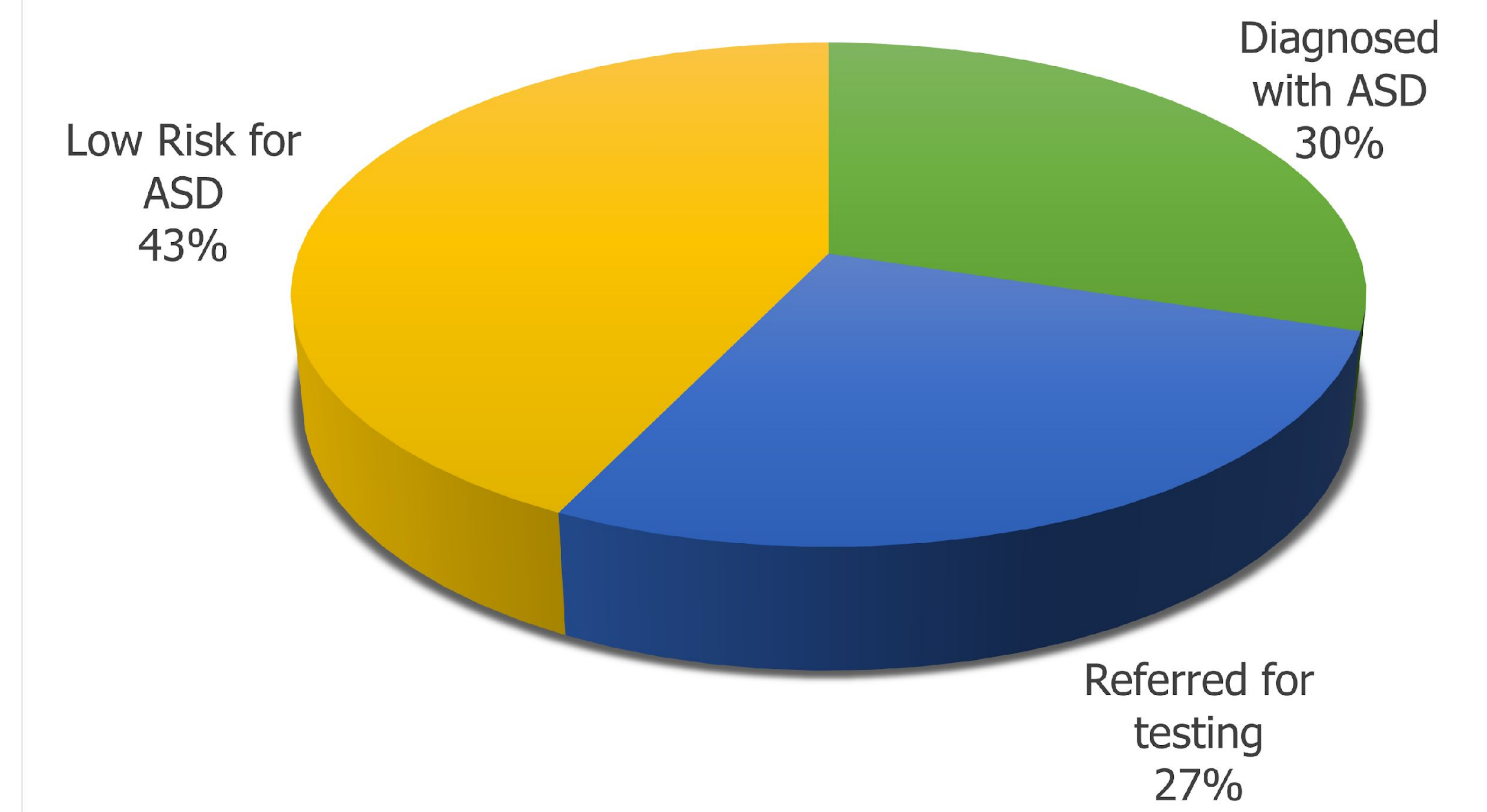
Implications for Wait Times

- For patients who completed diagnostic testing, mean wait time for testing was 97.18 days (~3.25 months).

Discussion

- Lengthy wait times delay entry into early intervention programs that lead to better long-term outcomes for children with ASD (Estes et al., 2015).
- National wait times are typically 4-6 months, with waitlists in some areas as long as 12 months (Mazurek et al., 2019).
- A possible solution to minimizing wait time include completion of abbreviated testing during the initial diagnostic evaluation vs. waiting for more comprehensive testing.
- Next steps: Polling families to determine whether they would prefer briefer evaluation in order to obtain a diagnosis sooner.

Implications for Testing Referrals from Medical Providers

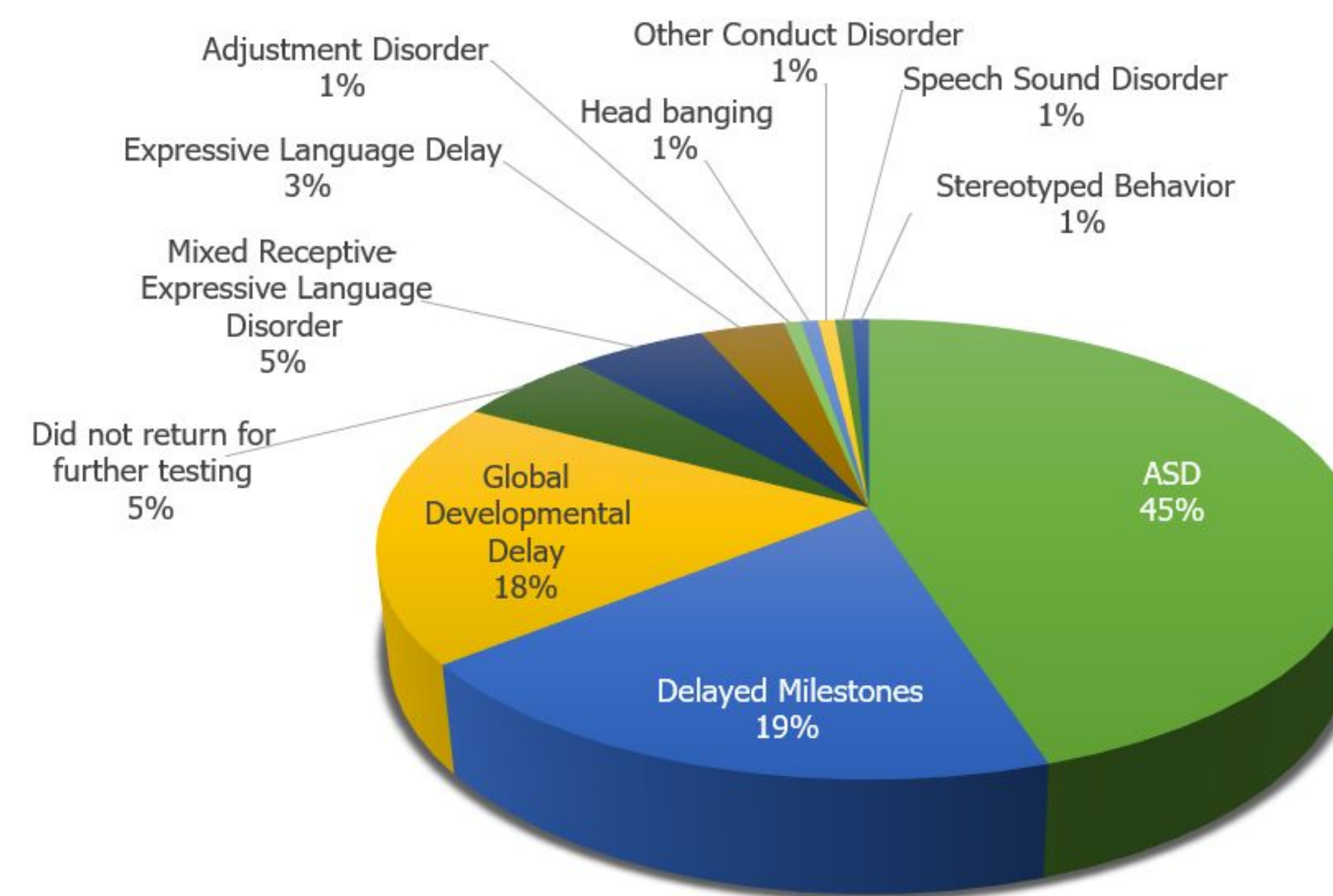


- In medical appointments, 77/124 patients under 3 presenting with developmental concerns completed a Level 2 screener called the Screening Tool for Autism in Toddlers and Young Children (STAT).
- Of these 77 patients:
 - 23 were diagnosed with ASD
 - 21 were referred for further diagnostic testing
 - 33 patients were determined to have low risk for ASD

Discussion

- A larger number of children under 3 with developmental concerns were referred for a medical evaluation vs. a psychology evaluation.
- A clinic coordinator has been introduced to help better triage young children routed to either department.
- Longer diagnostic evaluations using the STAT have been considered for psychology evaluations that would provide the following benefits
 - Shorter wait list
 - Allowing families to receive diagnoses sooner
 - Addressing attrition due to wait time to testing
- Some possible disadvantages to this process would include
 - Inconclusive findings at the first appointment
 - Not using a gold standard diagnostic tool
 - Parent readiness for diagnosis
 - Acceptance of results for other community providers (e.g. schools)
 - Failure to capture other developmental delays that may explain delays in social functioning

Implications for Ultimate Diagnosis



- Total N = 152
- Of the 52 patients under 3 referred for testing:
 - 9 did not return for testing
 - 35 were diagnosed with ASD
 - 8 received other diagnoses (See chart)

Discussion

- Should testing be completed in the first appointment for children under age 3?
- An important consideration is parent readiness to receive an ASD diagnosis in their first encounter with providers.

References

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- Zablotsky, B., Kalb, L. G., Freedman, B., Vasa, R., & Stuart, E. A. (2014). Health care experiences and perceived financial impact among families of children with an autism spectrum disorder. *Psychiatric Services*, 65(3), 395-398.