Improving Autism Spectrum Disorder Screening: A Quality Improvement Project

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Introduction

- The American Academy of Pediatrics recommends routine screening for Autism Spectrum Disorder (ASD) at 18 and 24 months of age.
- Screening leads to earlier identification, earlier diagnosis, earlier referrals, earlier interventions/services, and better patient outcomes.
- Only 8-17% of providers are routinely screen for ASD, with those in urban areas more likely to screen than rural areas.

Purpose

- Purpose: To increase ASD screening by primary care providers (PCPs) in Iowa.
- Objectives:
  1. Gain an understanding of current screening practices and identify barriers PCPs in Iowa face.
  2. Develop and provide an education session/webinar for providers about ASD, screening recommendations, and referral sources.
  3. Implement ASD screening into practice at Mercy Pediatric Clinic in Cedar Rapids, IA.

Methods

- Project deemed not human subject research by University of Iowa IRB on June 26, 2017, project number: 201706766.
- Settings: Iowa and Mercy Pediatric Clinic, Cedar Rapids, IA.
- Population: PCPs in Iowa and children seen for 18 and 24 months of age.

Outcomes

- Barriers to Screening Identified by PCPs
  - Lack of resources: 24.34%
  - Lack of time: 21.85%
  - Clinical work flow: 17.24%
  - Lack of knowledge for referrals: 13.19%
  - Lack of reimbursement: 13.19%
  - Lack of staff support: 10.14%
  - Lack of treatment options: 10.14%
  - Lack of knowledge on screening tools available: 7.10%
  - No barriers: 10.14%
  - Lack of knowledge on how to screen: 6.9%
  - Fear of having a positive screen: 1.1%

Evaluation

- 70% of providers (n=49) report screening for ASD on a regular basis.
- Only 80% of providers (n=56) refer the child on if there is concern for ASD.
- All provider-types are equally as likely to use the M-CHAT R/F.
- The educational session increased providers knowledge from 48.69% to 68.33% (p=0.0115) on knowledge-based questions.
- M-CHAT R/F was used 24.64% pre-intervention and was used 27.31% post-intervention (p=0.5075).
- 4 providers increased use of M-CHAT post intervention, 1 provider used only once pre-intervention, and 3 providers never used M-CHAT R/F.
- Limitations: majority of providers who completed initial survey were from 3 counties in IA, limited sample size from the educational sessions, & intervention was limited to 1 clinic in Cedar Rapids, IA.

Conclusions

- Important to assess and understanding barriers to implementing recommended guidelines.
- Education is an effective way to encourage providers to follow screening recommendations, but does not mean providers will follow through.
- Recommendations for future: use knowledge of barriers to help improve screening rates.
- Presented project at April 2018 RAP meeting and plan to submit abstract to 2019 NAPNAP conference.
- Working on publishing in a peer-reviewed journal.

References


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