Determining Presumptive Eligibility for Early Intensive Behavior Intervention Using Two Positive Screens: The Dream, the Reality, a Work in Progress

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Background Concerns

- Early intensive behavioral intervention (EIBI) = better prognosis
  - However, nationally, wait lists for dx evals are long
- Diagnosis happens just before or after Part C services have ended, thus missing out on intensive therapy

Background Concerns

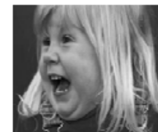
- South Carolina ADDM: current age of first concern is less than 3 years old, BUT average age dx is 4 years 6 months (ADDM 2009)

Importance of Effective Early ID of ASD

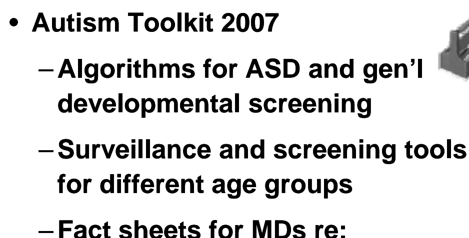
- CDC determines ASD as a health issue of "critical importance"
  - (CDC 2009)
- Early ID provides more intervention opportunities

Importance of Effective Early ID of ASD

- More intervention =
  - Can optimize long term outcome
  - Reduce lifetime cost of services
  - Improve functional independence



American Academy of Pediatrics Recommendations



- Autism Toolkit 2007
  - Algorithms for ASD and gen'l developmental screening
  - Surveillance and screening tools for different age groups
  - Fact sheets for MDs re:

American Academy of Pediatrics Recommendations

- Management of specific issues
  - Sleep, GI, behaviors, eating / nutrition
  - Family information handouts
- MCHAT: Screen at 18 and 24 months
  - More frequent in high risk kids or delayed

American Academy of Pediatrics Recommendations

- Screen x 2 to catch regression
- Free off Internet
- Positive screens followed by immediate referral for an evaluation and then, initiation of intensive services

However..

- Long waits for gold standard multi-disciplinary evaluations: 6-12 months
- Delay in initiating intensive therapies
- IDEALLY: + screen → rapid initiation of EIBI regardless of diagnostic status
- Then: later confirm with gold std evaluation

Gold Standard Dx Evaluation

- Autism Dx Observation Schedule + Autism Dx Interview - Revised (comprehensive interview tool)
- Developmental Assessment - Lang / cognitive / ADLs
- Medical Evaluation - Hx, physical, growth, dysmorphology exam, vision, hearing

Gold Standard Dx Evaluation

- Further studies if hx suggests:
  - EEG, MRI, etc

Will Dx Stick?

- Can ASDs be accurately dx'd in first years of life

When is Diagnosis Possible?

- Landa and Mayer (2006)
  - No statistically significant group differences detected at 6 months
  - By 14 months the ASD group significantly worse on all scales (Mullen scales)
- Conclusion
  - Unusual slowing occurred between 14 - 24 months

When is Diagnosis Possible?

- Zwaigenbaum et al (2009)
  - To date, prospective studies have shown that by 12 to 18 months of age, infants later diagnosed with ASDs are distinguished from other infants at high risk
- Ozonoff et al (2010)
  - Group differences were significant by 12 mo of age on most variables

"The Challenge" Zach Warren, PhD

- Create a framework for performing ASD diagnostic evaluation within community - based practices that can:
  - Reduce waits between screening concerns and diagnostic / service delivery
  - Meet time demands

"The Challenge" Zach Warren, PhD

- Accurately identify both kids with and without ASDs
- Link children with appropriate early intervention services
- Be adequately reimbursed!

Tennessee AAP: 'Start - Ed'

- Vanderbilt University+Tenn AAP:
  - Wendy Stone, PhD and Zach Warren, PhD
  - Vanderbilt Kennedy Center Treatment and Research Institute for Autism Spectrum Disorders

Tennessee AAP: 'Start - Ed'

- Trained groups of interested pediatric providers to become regional STAT consultants to screen M - CHAT positive kids
- Part C program agreed to accept results of second level screener to start early intensive services while waiting for confirmatory "gold standard" dx evaluation

Screening Tool for Autism in Toddlers

- For referral populations
- 12 item play - based tool to assess key social and communicative behaviors: Play, communication, joint attention, motor imitation
- 20 min to administer
- 24 - 36 months
  - Can use from 18 – 36+

Screening Tool for Autism in Toddlers

- Sensitivity: 0.92
- Specificity: 0.85

South Carolina STAT MD Training

- Regional Act Early Summit Meeting, Nashville, TN 2008. USC UCEDD + key stakeholders, agencies, service providers, parents
- Act Early State Plan: two projects
  - Road Map
  - STAT-MD

South Carolina STAT MD Training

- Funded by grant from Association of Maternal and Child Health (AMCHP)
  - "Act Early State Systems Grant"

First STAT - MD Training June 2011

- 1 ½ days intensive training
  - Core features of ASD
  - STAT training
  - Diagnostic interviewing and templates
  - Discussing results with parents
  - Billing and Coding

First STAT - MD Training June 2011

- Service recommendations, referrals, managing co-morbidities
- +CME
- Pediatricians, family med, nurse practitioner, nurse manager of large practice, state agency consultants, MUSC devel peds faculty

Stat Assessment

- Medical assessment
  - r/o sensory deficits
  - Neurodevelopmental hx
  - Physical exam
- Semi-structured social interaction
  - STAT
  - Observations in waiting room and free play

Stat Assessment

- Structured clinical interview
  - Specific developmental hx probes
  - Feedback!

Coding

- Details in AAP Toolkit
- 96110 - Screening
  - M - CHAT at 18 and 24 months
  - Pays for clinical staff time, supplies, insurance liability
- 96111 - Developmental Testing
  - STAT

Coding

- Includes assessment of motor, language, social adaptive and / or cognitive functioning by standard developmental tools
- MD or "other trained professional" can administer
- RVUs for MDs

Implementation

- One year process to change Part C policy
- Part C staff was trained in new policy, so actual STAT evals did not become available until October 2012
- Dept of Disabilities and Special Needs (DDSN) had concerns about reliability and experience of STAT providers, ie the MDs providing the screening

Implementation

- DDSN – must apply to be on list of reliable providers:
  - 4 developmental pediatricians
  - 4 primary care peds
  - 4 PHD psychologists
  - 1 LPN, 1 MSW, 1 BSW
  - 11 autism consultants from DDSN

Implementation

- Three trainings so far– across the state
- Future trainings will be funded by DDSN
- Concern with MD use and lack of experience administering standardized tools
  - Plan to add extra training on standardized testing for MDs for those MDS interested

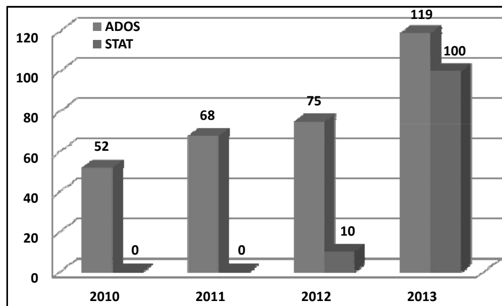
Implementation

- Commitment to doing a specified number of STATs
- Commitment to regular "re - training" for reliability
- This will reduce the number of primary care peds in network of STAT - MD providers
- However, assures integrity of program

Results

- EIBI services for those who failed the STAT started in October 2012
- First year: 204 approved for EIBI, 104 from a failed STAT
- 3 children who rec'd EIBI who later had an ADOS, were not found to have ASD:
  - Indicates STAT has a 97% PPV for this population

Individuals Identified as Eligible for EIBI



Barriers and Future Considerations

- Still seems to be some confusion with EIs knowing to making referrals for STATs for presumed eligibility
- Having ongoing source of funding for training providers
- Extra training for MDs re:
  - Using standardized tools

Barriers and Future Considerations

- Arranging provider follow up to maintain reliability
- Some issue with PCPs charging for developmental testing, need to investigate this
- Poor reimbursement by Part C programs, EIBI providers refuse to participate