ADDRESSING THE AUTISM WAITLIST CRISIS:

ECHO AUTISM AS A METHOD OF INCREASING CONFIDENCE AND COMMUNITY DIAGNOSIS OF ASD IN PRIMARY CARE

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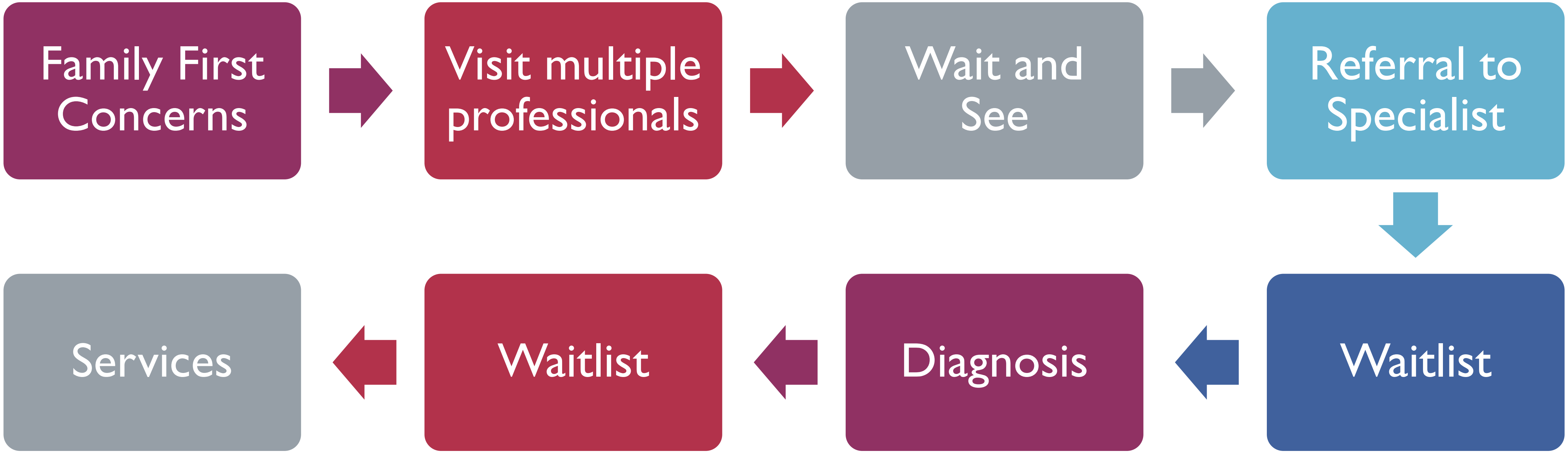
TIMELINE TO DIAGNOSIS AND SERVICES



Family First Concerns

Visit multiple professionals

Wait and See

Referral to Specialist

Waitlist

Diagnosis

Waitlist

Services

Process can take several years (longer for BIPOC and Medicaid populations), resulting in significant stress, dissatisfaction, and inequitable care

(Maenner et al., 2020, Siklos and Kerns, 2007, Smith-Young and Audas, 2020)

DIAGNOSIS AS A BARRIER TO SERVICES

- Diagnosis from an “insurance-approved” evaluation site often serves as a prerequisite for accessing services
- There is a need to increase access to quality diagnostic evaluation services and address the growing waitlist crisis

1,962 referrals per year to Seattle Children’s Autism Center (avg. 2018-2020)

Compared to WA demographics, referrals are more likely to be:

- BIPOC
- Medicaid-eligible
- Non-native English speakers

(Gerdts et al, in prep; Kanne and Bishop, 2021)

INCREASING CAPACITY FOR COMMUNITY DIAGNOSTICS

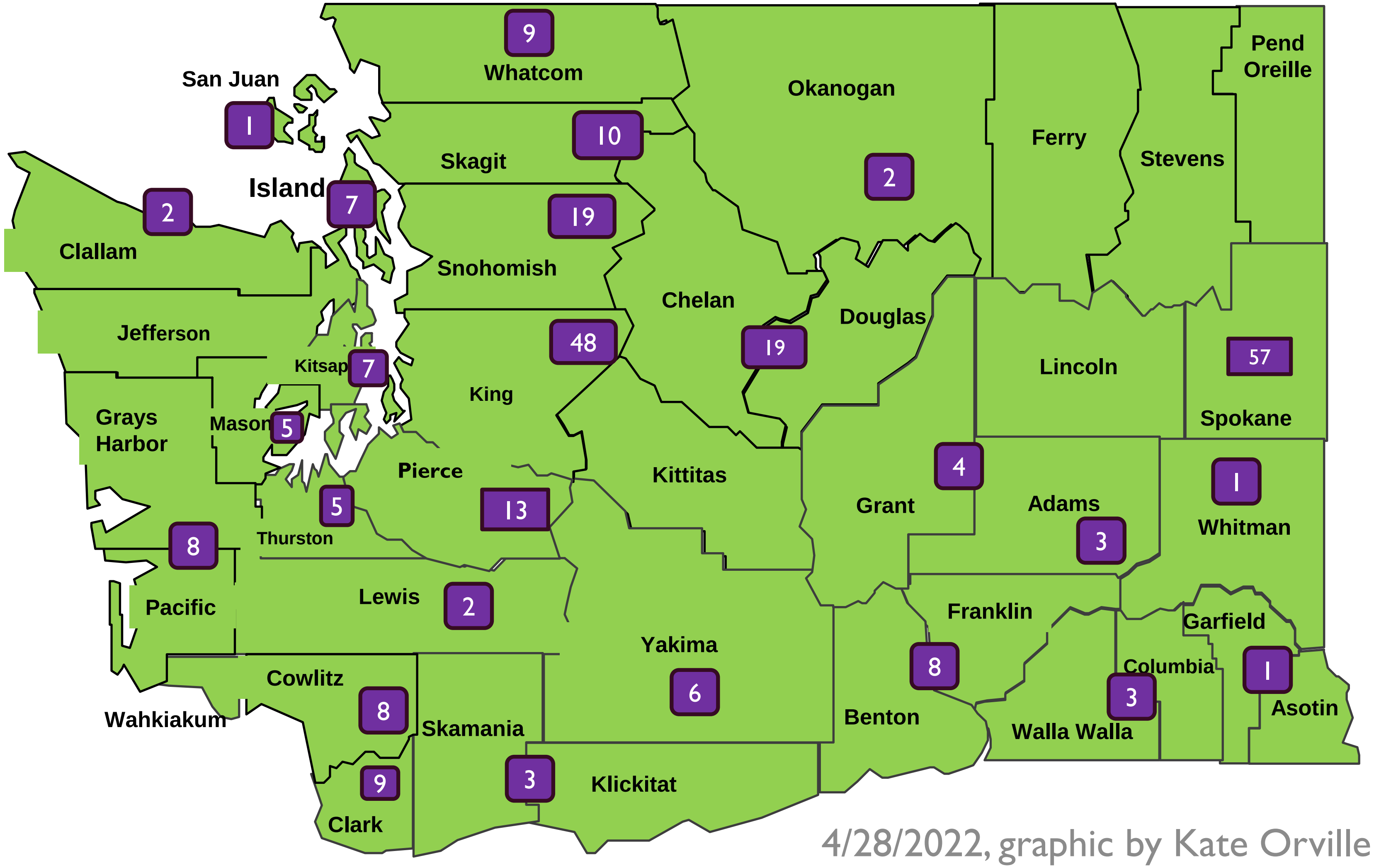
Primary care providers can be supported in making accurate and timely ASD diagnoses (Guan, Zwaigenbaum, and Sonnenberg, 2021)

Autism Center of Excellence (COE) training initiated in 2013

- Supporting best practice recommendations for care planning, evaluation, and referrals
- Targeting clinics serving Medicaid-eligible populations to address inequitable access to care
- Complete 6.5-hour course through AAP and attend a full-day interactive workshop with ASD specialists, autistic self-advocates, and family advocates

WASHINGTON STATE COEs AS OF 2022

- There are 250+ COEs across WA
- However…
  - Limited confidence
  - Few provide ASD evaluations
  - Continue to refer to SCAC for evaluation and care planning



4/28/2022, graphic by Kate Orville

ECHO AUTISM

Based on Project ECHO model

- Developed to bridge gaps in specialty healthcare services for those in underserved communities

ECHO Autism

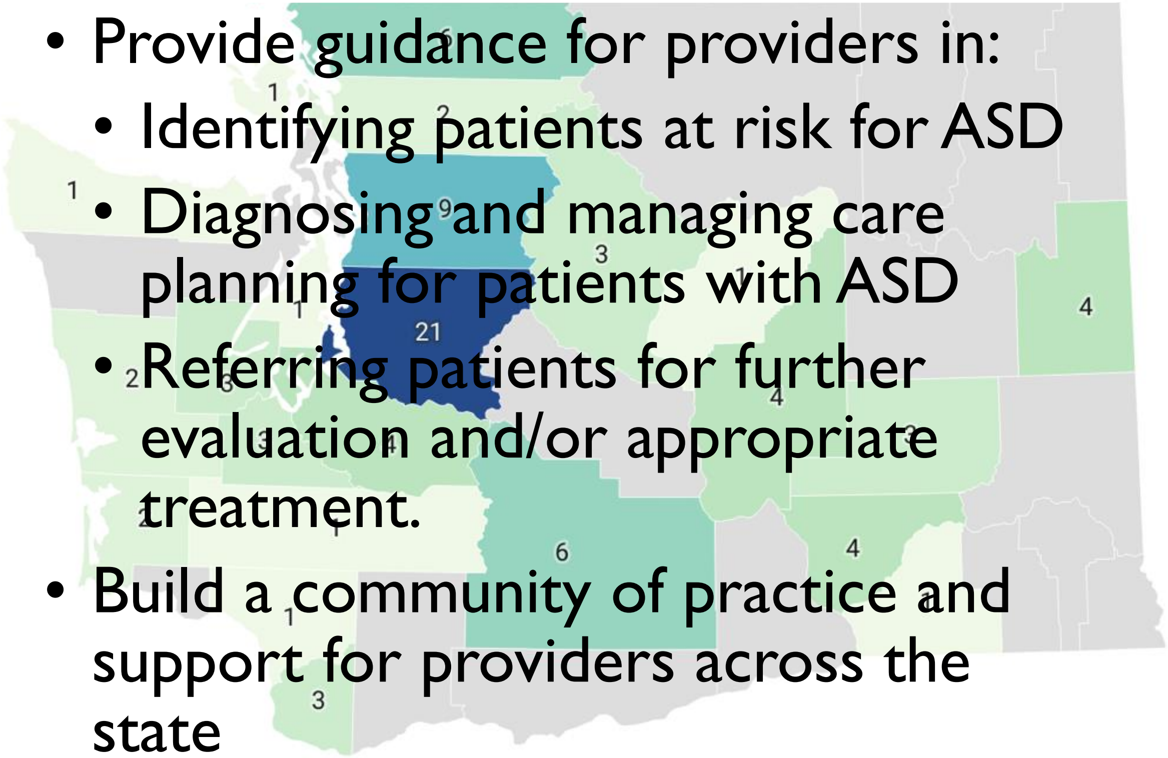
- A year-long tele-mentoring program in ASD identification, diagnosis, and management using case-based learning, didactics, and expert consultation

(Arora et al., 2007; Giachetto et al., 2019; Mazurek et al., 2017; 2019)

ECHO AUTISM WASHINGTON

Goals

- Provide guidance for providers in:
  - Identifying patients at risk for ASD
  - Diagnosing and managing care planning for patients with ASD
  - Referring patients for further evaluation and/or appropriate treatment.
- Build a community of practice and support for providers across the state



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Initiated in 2019

- 2019-2020: 29 enrolled
- 2020-2021: 77 enrolled
- 2021-2022: 86 enrolled

Total of 126 unique providers

- Attendance (first 2 years) Avg. 60% (modal 90-95%)
- 51 enrolled for 2 years
- 15 participated for all three

GOALS OF THE CURRENT PROJECT

1. Assess whether ECHO Autism met its intended goals
2. Understand how ECHO Autism impacted providers' practice
3. Contextualize facilitators and barriers of providing ASD specialty care in community settings
4. Inform next steps for increasing autism-specific services in community

METHODS

Quantitative (Pre/post surveys)

- Confidence recognizing diagnostic criteria and making independent diagnoses
- Perceived barriers to providing ASD-specific care
- Number of children diagnose in past 6 months

Qualitative (Interviews)

- Provider goals for participation
- Impact on practice patterns
- Barriers to providing ASD-specific care
- Next steps or suggestions for additional supports

PARTICIPANTS

Surveys (n=65)

- Role: 52% MD, 35% ARNP; 12% ND/DO
- Location: 83% Urban, 17% rural, 23/29 counties in WA
- Race/Ethnicity: 23% Asian, 9% Hispanic, 2% Other, 65% White.

Interviews (n=18)

- Role: 47% MD, 47% ARNP; 5% ND/DO
- Location: 73% Urban, 27% rural, 13/29 counties in WA
- Race/Ethnicity: 42% Asian, 5% Hispanic, 53% White.
- *Purposive sampling used*

QUANTITATIVE RESULTS

Confidence in recognizing diagnostic criteria and making an independent diagnosis of ASD rose after participation

(F=5.46, p=.005; F=8.05, p<.001)

Number of perceived barriers dropped after participation

(F=7.06, p=.001)

Half of providers performed no ASD evaluations in the 6 months prior to ECHO (51%); after ECHO, this dropped by almost half

(27%; χ2=4.99, p=.025).

Number of referrals to SCAC is trending downward for providers one year after participating in ECHO compared to non-ECHO COE providers

χ2=7.57, *p*=.056.

QUALITATIVE RESULTS (PRELIMINARY)

Complexity of care

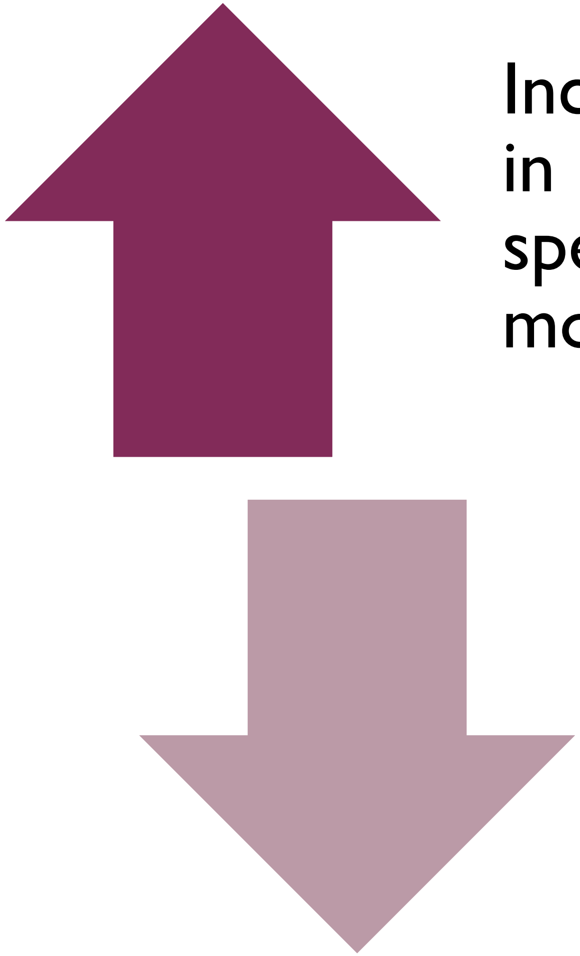
Continuing education

Community of practice

Not a lot of people understand this work. It's a niche, difficult… you hold pain, stories. You are in their lives and understanding them as a whole person. There is not a lot of people who understand the heaviness that comes from this and the toll it takes on you. Even within the group, just having opportunities to see how people are doing

QUALITATIVE RESULTS (PRELIMINARY)

Even when I’m referring patients to all these services it is confusing for parents to understand what the steps are for following up with the referrals. Right now I try to do that for my patients. But it is hard. It takes time.



Increased confidence in providing ASD-specific services and more evaluations

Low reimbursement rates, variable administrative support, and difficult with navigation post diagnosis

NEEDED SUPPORTS TO CONTINUE THE WORK

Expand post-COE, non-ECHO support

- Getting started guidebook and resources list
- Opportunities to observe services at UW/SCAC
- Quarterly workshops or as-needed consultation

Expand ECHO Autism consultation support

- ECHO focused on working with school-age individuals
- Open meeting for those having completed 1-2 years of ECHO

Administration support

- Data to support practice changes to increase agency support
- Policy change for reimbursement rates and other insurance barriers

SIGNIFICANCE

Increased community capacity for diagnosis can reduce waitlists at tertiary care sites, improve the quality of care families receive, and increase access to families who face barriers accessing evaluation outside their primary care setting.

Primary care and other medical providers can diagnose ASD in community settings, increasing access to care in community settings

Ongoing mentorship and support, such as through ECHO, is a critical component of practice change

Supporting policy and administrative changes needed to ensure providers have the time and capacity to do this work

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