

Primary Care Autism Evaluation in collaboration with MCPAP-EC Consultation Program

Why consider diagnosis in primary care? ASD diagnosis provided in primary care has some benefits, including:

- Reducing wait times for your patients
- Improving continuity of care
- Reducing disparities in access to diagnostic services
- Assisting families in better understanding their child's strengths and needs for support

This tip sheet reviews key factors you will want to consider when determining readiness to evaluate children in your practice. It is important you are prepared with the content knowledge and documentation abilities to ensure your patient's diagnoses are accurate and well-documented to support children and their families in accessing necessary supports and services.

About Autism Spectrum Disorder (ASD)

- *Understand the ASD diagnostic criteria.* This includes understanding each of the core characteristics as outlined in the Diagnostic and Statistical Manual – 5th Edition, Text Revision (DSM-5 -TR) for ASD.
- *Understand the differential diagnosis for ASD.* Some children you might assess for ASD will have other conditions (e.g., anxiety, language delays, global developmental delay, attention deficit hyperactivity disorder, vision impairment, deaf/hard of hearing) in addition or instead of ASD. It is important to be able to diagnose and treat these conditions, as well as rule them out during the diagnosis process.
- *Understand ASD supports and services.* Giving families an ASD diagnosis will be most helpful if you can also recommend evidence-informed ASD supports and services.
- *Understand common co-occurring medical conditions.* Children on the autism spectrum are at higher risk of many medical conditions including obesity, constipation, sleep disorders, and epilepsy. The treatment of these conditions may vary from the treatment in children with typical development. Knowing how to screen for and manage these contributing conditions will help you serve the child on the autism spectrum more completely.

Components of an ASD Diagnostic Evaluation

- According to the AAP clinical report on ASD, an ASD diagnostic evaluation should minimally include:
 - A DSM-5-TR focused interview with attention to each of the core DSM domains of social communication and repetitive/restricted behaviors
 - A comprehensive past medical, developmental, social and family history, focusing on factors that contribute to differences in child development (e.g., prematurity, trauma history, family history of developmental conditions).

- A physical examination, including detailed neurological exam, as well as attention to growth parameters and any evidence of dysmorphology or other developmental syndromes.
 - A structured behavioral observation. There are many choices for this, most require specific training (e.g., Childhood Autism Rating Scale, 2nd edition, CARS-2).
 - Hearing and vision testing, if these have not already been performed.
 - The AAP provides a table about diagnostic tools that can help with the diagnostic evaluation. The AAP does not endorse or support use of any one tool over another.
- You might also want or need to include:
 - Collateral information from outside entities, such as early intervention reports, school evaluations, daycare/school observations.
 - Standardized adaptive testing.
 - A standardized measure of general child development.

*Important: A diagnosis should not be based on one measure but rather the integration of multiple sources of data.

Patient Selection

- You will need to develop a process for selecting and scheduling patients who are appropriate for ASD evaluation in collaboration with MCPAP.
 - For instance, you may want to consider having a way to track patients determined to be at risk for ASD during developmental screening/surveillance to help in scheduling them for an evaluation.
 - You may also need a triage process to serve the children most appropriate for your assessment, if there are more interested families than you can accommodate.
 - When developing a process for triaging, you will want to consider that the collaborative MCPAP early childhood diagnosis program is for younger children (e.g., under age 6).
- Consider directly referring to autism specialists when there are significant elements of the history (past medical, developmental, social, family) that require additional input, such as:
 - Known vision impairment, deaf/hard of hearing, significant cognitive or gross motor delay, psychiatric symptoms, prematurity, trauma history.

Preparing the Family for the Evaluation

- Families/caregivers should be informed ahead of time that the evaluation will include an in-person observation with a trained clinician outside the pediatric office.
- Families/caregivers should also be informed that the results of the observation will be shared with you and that you will integrate the information into your medical decision making.
- They should be informed that you will meet with them to review your diagnostic impressions and discuss your recommendations.

Integrating the Results from MCPAP Observations

You will receive results from a structured observation from the MCPAP team. This will often include the ratings from the CARS-2 or other standardized measures.

- Review the scores and written observations.

Remember: a cut off score provides a risk range relative to that tool. A score below the cut off does not mean autism is ruled out. This score will need to be integrated with other information to best interpret the significance.

- Determine if the results align with your observations during patient visits
- Incorporate all other relevant information (e.g., medical/developmental history, parent report, outside information) to form diagnostic impressions.

Documenting the Evaluation and Recommendations

- Payers or agencies typically require specific documentation elements, e.g., formal DSM-5-TR checklist and a specific standardized tool (i.e. – Childhood Autism Rating Scale-2 [CARS-2]) for the child to qualify for covered supports and services like ABA.
- Document past medical, developmental, social and family history elements.
- Describe family/caregiver reported behaviors as reported in the DSM-5 focused ASD history.
 - Pro Tip: consider documenting by DSM-5-TR categories (A1-3, B1-4)
- Document a complete physical exam, including a detailed neurological exam.
- Describe observed behaviors from informal observations during patient visits with you.
- Summarize any outside information available that is relevant to your evaluation and differential diagnosis (e.g., results of EI evaluation or teacher observations).
- Synthesize your findings and articulate why the child meets criteria for ASD and why it is not better explained by another diagnosis, alone.
- If the child meets criteria for other diagnoses, provide those diagnoses as well.
- If the child does not meet criteria for ASD, describe what condition(s) (e.g., expressive language disorder, anxiety, etc.) the child does meet criteria for, and provide specific recommendations for that.
- Outline next steps for the child with recommendations for clinical, educational and community resources.
- Establish follow-up schedule to monitor developmental progress, co-occurring conditions and child/family well-being.

Supports and Services

- Refer to services based on the specific clinical and social needs of the child.
- Clinical referrals: Speech therapy, occupational therapy, physical therapy, ABA, individual or family counseling.
- Educational referrals: state Early Intervention system (age 0-3), Early Childhood Special Education Program (ages 3-5), or Special Education program (ages 5+). Note that educational referrals should not be contingent on an ASD diagnosis.
- Community referrals: family support/mentor groups, DDS.