

**Washington State Autism Diagnostic Teams
Survey of Service Models**

Sponsored by the Washington State Combating Autism Advisory Council

Name of Center/Clinic: Autism Spectrum Disorders Clinic (ASDC), Madigan Army Medical Center, Developmental Pediatrics

Location: Tacoma/ Pierce Co

Clinic Director: Dr. Tom Clingan, MD

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Schedule & Capacity

What days and times does your clinic meet?

Children referred for possible autism spectrum disorders are first seen by a Developmental-Behavioral Pediatrician (90 min appt). These initial appointments occur 4 half-days/week on most weeks. Children may then be referred to the multidisciplinary team Autism Spectrum Disorders Clinic (ASDC), which is held 6-7 times/month, each is ½ day in either am or pm.

How many diagnostic evaluation slots do you have per clinic day?

Number varies with available clinicians

What is the age range of clients you accept for diagnostic evaluations?

Birth to 21 years

What is the typical age of clients you evaluate?

For ASDs, most are 18 months to about 12 years with some outliers younger and older.

What geographic region do you serve (where do your families come from)?

Military dependents from Washington and Alaska

Do you have a waiting list?

Yes

If yes, how long is the wait for families to obtain an appointment?

Usually no more than 2 months for the initial evaluation, then possibly another 2 months for the ASDC team

Can a family get on a waiting list if they are currently applying for Medicaid, or do they have to wait until they have received Medicaid?

This does not apply to military dependents.

Personnel

List the disciplines represented on your diagnostic team?

- Developmental-Behavioral
- Pediatrician
- Pediatric Psychology
- Speech-Language Pathology

How long has your diagnostic team been in place?

In current format, about 6 years

Are you able to offer bilingual administration of evaluation tools?

- Do you use an interpreter? Yes
- Do you have bilingual professional conducting assessments? No

Clinic Protocol

Intake

Briefly describe your intake process.

Initial 90 minute evaluation by a Developmental-Behavioral Pediatrician consists of medical, developmental (including review of DSM-IV criteria for autism spectrum disorders using modification of ADI-R), behavioral, family and social history; physical exam and informal clinical observations; appropriate lab tests

Do you conduct a screening prior to child's appointment in the clinic?

We do include the Social Communication Questionnaire (SCQ) and/or the Social Responsiveness Scale (SRS) in our packet for review at time of initial evaluation, completed by parent and teacher if applicable.

Do you require a primary care provider referral to the clinic? Yes

Who typically makes referrals to your center?

- Primary health care providers- except for rare exceptions, require that referral comes from PCP (not parent referrals)
- Public health nurse, CHN coordinator, FRC
- School personnel
- Family
- Other _____

How do you prefer to receive records from families and providers?

(Check as many as apply)

- Families bring the reports to the initial meeting.
- Families collect and send reports to clinic in advance.
- School/ medical personnel fax reports to clinic in advance.

Is there other information or tests that are helpful to have before the clinic appointment?

Yes, previous developmental assessments (e.g., from early intervention or school), school evaluations such as cognitive, speech-language, occupational therapy testing.

Diagnostic Evaluation

What assessment tools do you use in your clinic?

- In the initial evaluation:
 - Medical History Questionnaire
 - Modified ADI-R for diagnostic interview
 - SCQ, SRS
 - Child Development Inventory for children <5 years
 - Depending on age/issues: the Behavior Assessment System for Children (BASC)
- In ASDC:
 - ADOS (administered by either Developmental Pediatrician or Pediatric Psychologist with other team members observing through one-way mirror)
 - Assessment of cognitive skills by Pediatric Psychology (BSID, WPPSI, etc.)
 - Assessment of speech-language skills by Speech-Language Pathologist
 - Team staffing which includes joint scoring of ADOS, review of all data, and development of team diagnostic impressions and recommendations

How long does the multidisciplinary assessment process take?

- Initial appointment with Developmental Pediatrician: 90 min
- ASDC team appointment: 3-3 ½ hrs

Does your diagnosis process include a medical evaluation?

- Yes- done at initial evaluation by Dev Peds

How do you share evaluation results with the family?

- Separate informing conference scheduled with the Developmental Pediatrician and at times including Pediatric Psychologist

How do you share evaluation results with the primary health care provider?

- Written consult note

How do you share evaluation results with the child's early intervention or program?

Provide parents with copy to take or fax/mail as requested.

Follow-up

If a diagnosis of ASD is confirmed, what referrals and resources do you give to families?

- Face to face family counseling and education about autism including etiology, course, evidence based interventions, CAMS, medical diagnostic work-up, associated medical/behavioral problems, recurrence risk, supports
- Written information on ASDs- WA State Autism Guide Book, other guidelines from Autism Speaks, OAR, recommended references and web sites.
- Referrals for early intervention or special education services with documentation of diagnosis
- Referrals to community providers for supplemental speech, occupational therapy, social skills
- ABA under Autism Demonstration Project
- On-going follow-up/management/coordination of care in Developmental Pediatrics, including psychopharmacologic treatment

- Referrals for behavior problems to Pediatric Psychology
- Consultation to MAMC Peds Neurology, Genetics, Psychiatry as warranted
- Information on systems navigators and family support groups such as the Autism Support Group on Ft Lewis

If a diagnosis of ASD is not confirmed, but there are developmental delays of a different etiology, what referrals or resources do you offer the family?

- Ongoing coordination of care, treatment in Developmental Pediatrics as warranted (e.g., medication management of ADHD)
- Referrals to appropriate resources (school, therapists, etc)

Do you follow-up again with families after the diagnostic process?

- Yes

If yes:

See above- almost always by Developmental Pediatrician, may coordinated with Peds Psychology and others, usually within one month of diagnosis and then as needed.

Outcomes

Approximately what percentage of the clients referred to rule-in/rule-out autism receive an ASD diagnosis?

ASD diagnosed in approximately 60%

If ASD is ruled out, what other diagnoses are given?

- **Most common:** Developmental Language Disorder, Global Developmental Delay, Intellectual Disability, ADHD.
- **Also:** Anxiety, selective mutism, difficult temperament, combinations of non-ASD disorders

Funding

How is your clinic funded?

- Government

Which disciplines on your team bill for the diagnostic visit?

- N/A

How are the evaluations paid for:

- Government benefit

Challenges

At this time, what are the key challenges your multidisciplinary diagnostic team faces?

- Reconciling discrepancies between history and clinic observations
- Keeping up with referral volume