

Universal Autism Screening

Location: Tennessee

Date Submitted: 6/2017

Category: **Cutting Edge Practice**

BACKGROUND

As early as 2002, providers and policymakers in Tennessee recognized the impact that the rising incidence of autism spectrum disorders (ASDs) was having on the health and educational delivery systems in the state. Tennessee's Autism Services Plan (Senate Joint Resolution 567, 2002) emphasized strengthening existing collaborative partnerships and improving coordination among existing and emerging service components, and promoted continued advances in the structures and supports essential to a comprehensive, community-based and family-centered system of care consistent with the clinical consensus at that time. One of the key components identified to improve the existing system was universal autism screening and training for primary care providers. Despite non-implementation of the plan in 2002, a committed group of professionals across a wide variety of disciplines, as well as parent advocates, pressed forward to continue to work toward an improved system for ASDs in Tennessee. This group, which became the Autism Summit Team, remained in contact to research barriers and identify opportunities. The Team made incremental progress and utilized several nontraditional partnerships over the next 10 years. When Tennessee was awarded a planning grant (MCHB, Health Resources and Services Administration Announcement Number (HRSA-11-081) in 2012, the infrastructure to leverage those partnerships developed and resulted in major system change initiatives.

PROGRAM OBJECTIVES

Our overall purpose was to have the Tennessee Department of Health (TDH) launch statewide screening for Autism Spectrum Disorders (ASDs) utilizing the Modified Checklist for Autism in Toddlers, Revised with Follow-up (MCHAT-R/F) in accordance with current evidence based recommendations from the American Academy of Pediatrics (AAP) and the Centers for the Disease Control (CDC). More

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

#06. Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool.

consistent access to developmental and autism screening will provide children and their families quicker and more appropriate interventions for developmental concerns, thus facilitating optimal outcomes. The primary initiative was a partnership between our two state Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs, the Tennessee Chapter of the American Academy of Pediatrics (TNAAP), CDC Act Early Ambassador and the TDH to field a plan to screen for ASDs in all 95 Tennessee counties.

TARGET POPULATION SERVED

In accordance with American Academy of Pediatrics guidelines, our program serves children from birth through age 60 months, with specific populations at 18 and 24 months receiving universal screening for ASDs.

PROGRAM ACTIVITIES

The training program was implemented via a webinar for nursing supervisor staff, and provider participation in the training was recorded. Ongoing QI utilizing a Plan Do Study Act (PDSA) methodology is currently being used to standardize training on developmental and behavioral surveillance and screening from birth through age 21. This is being implemented in 2017 with data metrics to track implementation, use and scoring of screening tools.

PROGRAM OUTCOMES/EVALUATION DATA

The initial evaluation aim of the project was to ensure that all nursing supervisors across the state received the same training on incorporating universal screening for ASDs into their existing screening programs. A train-the-trainer webinar on universal screening for ASDs was completed and recorded to enable all supervisors to review prior to teaching the screening process to direct clinical providers. In addition, a 14-minute video on using the MCHAT R/F including example scoring and communication for providers to

caregivers was produced to allow for consistent and reliable use of the screening tool. Implementation of ASD screening in all 95 counties was achieved following a regional nursing supervisor train-the-trainer webinar. From August 2015 to April 2017, a total of 515 nurses have been trained across Tennessee.

PROGRAM COST

By mid-2017, development and implementation is as follows:

Training materials cost was approximately	\$4,445.00
Printed train the trainer facilitator guides	\$350.00
Total	\$4,795.00

Professional time was provided by our collaborators at no direct cost.

ASSETS & CHALLENGES

Assets

Collaboration across state agencies, the TN AAP, CDC ambassador and LEND programs

Challenges

Sustainment of training with personnel turnover

Overcoming Challenges

The collaboration began a new program to align this autism screening program with existing screening programs and protocols in the Dept. of Health. This will provide baseline training for all providers in recommended screening birth through age 21 and develop enduring content material for future staff hires.

LESSONS LEARNED

Persistence and good communication across agencies and entities is crucial for success. No one entity could have completed the work of this project alone.

FUTURE STEPS

Through our partnership with the state Part C Early Intervention system, TEIS, the group plans to identify referrals to TEIS by provider/health department and thus track outcomes for those who are deemed eligible. To evaluate screening rates, the group plans to perform chart audits utilizing a QI project model and then integrate screening tool use into the EMR data system for the health department which is currently being implemented. The group has recently revised and implemented a statewide plan to train trainers across the state in screening tool use for developmental and autism screening to consolidate and standardize screening processes. This will be overseen by supervisor nurses at the health department, who will use the train the trainer materials to maintain a training workforce.

COLLABORATIONS

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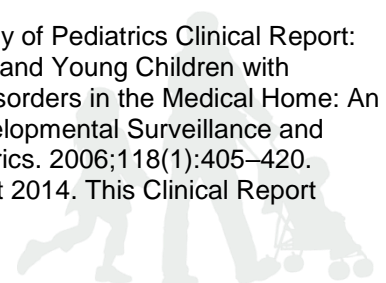
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PEER REVIEW & REPLICATION

Our program was modeled on existing recommendations of the American Academy of Pediatrics:

1. American Academy of Pediatrics Clinical Report: Identification and Evaluation of Children with Autism Spectrum Disorders. *Pediatrics*. 2007;120(5):1183–1215. Reaffirmed August 2014. This Clinical Report provided the basis for the training content and the evidence to support validated screening tools for young children showing concerns for autism spectrum disorders (ASDs) as well as support for universal screening of all children at 18 and 24 months.
2. American Academy of Pediatrics Clinical Report: Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics*. 2006;118(1):405–420. Reaffirmed August 2014. This Clinical Report



provided additional content for training and the evidence to support an algorithm for surveillance and screening for developmental concerns in young children and how to integrate this into clinical practices.

RESOURCES PROVIDED

Training materials used in the program, including use of MCHAT R/F 14-minute training video for providers. Consultation and technical assistance via our training coordinator.

Key words: Developmental screening, autism spectrum disorder, MCHAT R/F, statewide

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