

Save the Date - Integrated Care Conference

Strengthening Integrated Mental Health: Building Trust in Relationships with Patients, Providers, and Community

- **Thursday, May 4, 2023**, 1:00 PM - 5:00 PM PST
- **Friday, May 5, 2023**, 8:00 AM - 5:00 PM PST
- The ongoing challenges in mental healthcare call for critical innovations, rethinking approaches and strengthening our frameworks. Distinguished keynote speakers, thought leaders, and community voices will lead a variety of sessions to discuss ideas and generate solutions.
- Conference registration available by Spring 2023
- **For more information visit:** <http://ictp.uw.edu/training/integrated-care-conference-2023>



When:

- Tuesday, May 9, from 10:00 a.m.– 3:30 p.m. (PDT)
- Wednesday, May 10, from 10:00 a.m.– 3:30 p.m. (PDT)

How and How Much: virtual conference and free to attend. Register at <https://bhinstitute.uw.edu/events/tbh-summit/>

Who Should Attend: Anyone providing/leading services for people living with mental health and substance use issues.

Continuing Education:

- ✓ Certificate provided at no cost
- ✓ Continuing Medical Education credits: max 8 credits for \$25. More information on TeleBH Summit website.

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Live Activity for a maximum of 8 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

What: free two-day, CME-accredited virtual conference, focusing on today’s emerging topics in digital and TeleBehavioral health care.

- National subject matter experts & thought leaders
- TeleBH challenges and innovations
- PN-25 TeleBH track
- New ‘digital landscape’ accelerated by PHE
- Policy issues as PHE ends May 11, 2023

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666
- [UW TBI-BH ECHO](#)

What is the Role of Primary Care on the Autism Care Continuum?

Thomas K. Brasted, PsyD

Behavioral Health Director

HopeCentral

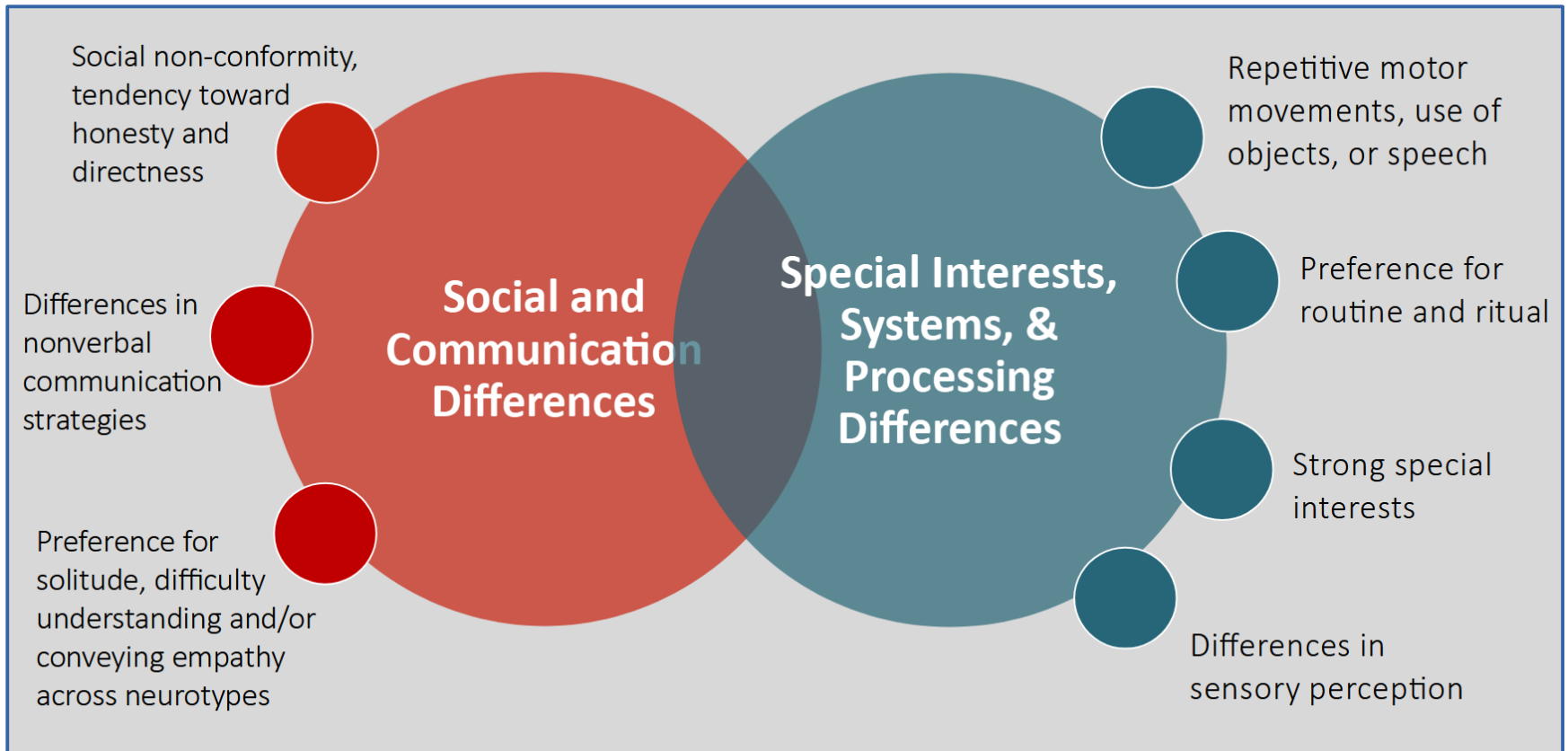
Speaker Disclosures

- I have no conflicts of interest to disclose.

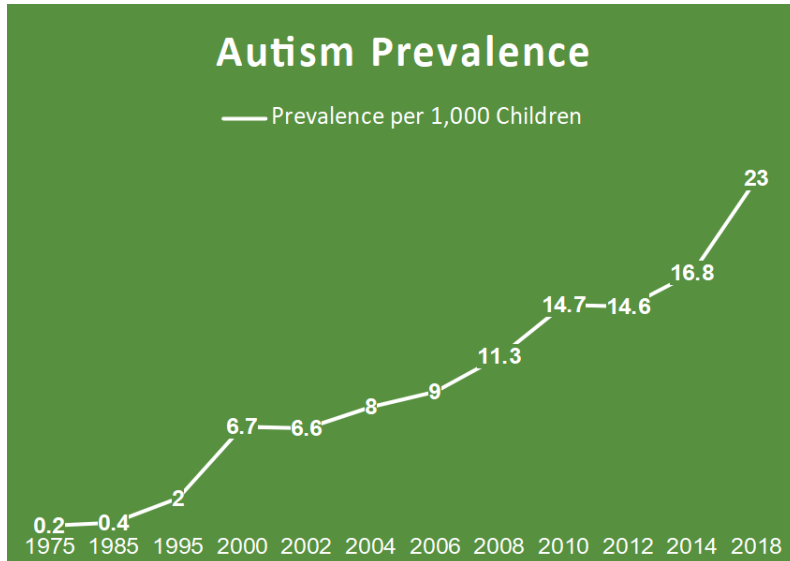
Learning Objectives

- Attendees will understand the importance of a strong first touch.
- Attendees will gain an appreciation of the importance of autism-specific primary care.

Autism Spectrum



Prevalence



CDC's Autism and Development Disabilities Monitoring (ADDM) Network 2000-2014 combined data from all sites

Current prevalence rate = 1 in 44²

Prevalence by sex

Significantly higher rate of autism among boys than girls (4:1)

Greater relative increase of autism in girls than boys since 2012

Prevalence by race/ethnicity

7% higher in white than black children

22% higher in white than Hispanic children

Greater relative increase of autism in racial minorities than white children since 2002

Prevalence by SES

Higher identified autism prevalence in neighborhoods with higher SES

The First Touch

Age of Diagnosis

- Average age at parental first concern = 18-28 months^{4,6}
- Average age at diagnosis = 5.3 years¹⁰
- Experienced clinicians are able to reliably detect signs of autism as early as 12 months of age.⁹

What contributes to this diagnostic gap?

- Long wait times for diagnostic evaluation, mental health stigma, misdiagnosis, etc. But...
- When controlling for other variables, PCP attitude at first concern has been found to be the most significant contributor to delayed diagnosis¹⁰

Parents Perceptions about Communicating with PCPs⁸

Barriers to parental action:

- Dismissive attitude and lack of support by PCP
- Failure to use autism-specific screening tool
- PCP's lack of familiarity with autistic presentation in females and other underrepresented populations

Facilitators of parental action:

- Clearly explained signs of autism to parent
- Offered appropriate referrals, resources, and support to parent

Supporting PCPs with First Steps

- Discourage “wait-and-see” approach
- Promote shared-decision making
- Encourage that PCPs offer follow-up visits to:
 - Provide additional information or resources
 - engage other family members in the discussion
 - clarify misinformation obtained from the internet
 - reevaluate decisions

Shared Decision Making Tool



A Shared Decision Making Tool

For Addressing Concerns about Autism Spectrum Disorder

2022, Thomas Brasted & Audrey Immel



Autism Overview

What is Autism Spectrum Disorder (ASD)?

Autism spectrum disorder (ASD) is a disability that impacts development. The two main features of ASD are:

1. Differences in communication and social interaction
2. Repetitive or unique behaviors

Differences in communication and social interaction

What does it mean "on the spectrum"?

Some people talk about autism being either "high functioning" or "low functioning." But autistic children have a broader range of skills and challenges. For example, a child could be "high functioning" in language and motor skills but have sensory challenges. Because of this range of skills and challenges, one autistic child can look quite different from another.

Courtesy of Rebecca Burgess and The Art of Autism, the-art-of-autism.com

How is ASD diagnosed?

A diagnosis of ASD is made based on the presence or absence of certain behaviors. A specialist will meet with caregivers and ask them about their child's behavior at home, school, and in other settings. The specialist will also try to see how the child behaves and interacts through a series of guided play activities.

Compare Options

	Reasons to Choose This Option	Reasons to Avoid This Option
Watchful Waiting	<ul style="list-style-type: none"> • Lowest cost 	<ul style="list-style-type: none"> • You lose time. Child may fall further behind in development. • Long wait time
Autism Diagnostic Evaluation	<ul style="list-style-type: none"> • Can access more services • Can better understand child's condition 	<ul style="list-style-type: none"> • May not be offered in your preferred language • Can be time-consuming
ESIT	<ul style="list-style-type: none"> • No diagnosis needed • Offers support for navigating your child's needs 	<ul style="list-style-type: none"> • Does not address the root issue
Addressing Co-Occurring Issues	<ul style="list-style-type: none"> • Addresses immediate concerns • Can work with your primary care provider 	<ul style="list-style-type: none"> • Can be overwhelming
Combined Approach	<ul style="list-style-type: none"> • Maximize benefits and minimize risks 	

- 1) What are your family's goals for your child for the next year?
- 2) What are your family's goals for your child for the next ten years?
- 3) What do you love about your child?

10

Autism-Specific Primary Care

Autistic Care Needs

Health Care

- Routine preventive care and treatment of acute illness
- Sleep dysfunction
- Associated medical problems (e.g., seizures, GI problems)
- Nutritional deficiencies

Care Coordination

- Over 50% of families of autistic children reported that a caregiver had to reduce or stop work because of their child's needs.
- Over 25% of families reported that they spend over 10 hours per week coordinating care¹

Quality of Life

- Families of children with ASD had significant negative impacts to quality of life⁷

Autism-Specific Primary Care

- Autism specific PCMHs have a direct impact on health outcomes for autistic children.
 - A consistent source of medical care allows for the documentation of and response to changes in the child’s condition and functioning over time.
- Autism-specific PCMHs reduce unmet needs by facilitating care coordination³
 - Caregivers reporting services consistent with PCMH were greater than 4 times more likely to report their needs were met.
- Autism-specific PCMHs reduce family stress and help to improve quality of life⁵
 - Having a PCMH is associated with a reported decrease in financial impact of obtaining medical care.

Autism-Specific Primary Care

- Autistic children are half as likely to have a PCMH as other children with special health care needs¹
 - They are lacking key components of the medical home, including:
 - Family-centered care
 - Comprehensive care
 - Care coordination

Takeaways

Support PCPs and behavioral health care managers with:

- *“First steps” when patients raise concerns about autism*
- *Ongoing shared decision making*

Be familiar with and education PCPs about:

- *Signs of autism, including presentations associated with females and other underrepresented populations*
- *Resources*

References

- 1) Carbone, P.S., Murphy, N.A., Norlin, C., Azor, V., Sheng, X., et. al (2013). Parent and pediatrician perspectives regarding primary care of children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 43, 964-972.
- 2) Centers for Disease Control and Prevention (2018). Morbidity and mortality weekly report. *Surveillance Summaries*, 67(6), 1-23.
- 3) Cheak-Zamora, N.C. & Farmer, J.E. (2015). The impact of the medical home on access to care for children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 45, 636-644.
- 4) Herlihy, L., Knoch, K., Vibert, B., & Fein, D. (2015). Parents' first concerns about toddlers with autism spectrum disorder: Effect of sibling status. *Autism: The International Journal of Research and Practice*, 19(1), 20-28. <https://doi.org/10.1177/1362361313509731>.
- 5) Kogan, M.D., Strickland, B.B., Blumberg, S.J., et. Al (2008). A national profile of the health care experiences and family impact of autism spectrum disorder among children in the United States, 2005-2006. *Pediatrics*, 122, e1149-e1158.
- 6) Kishore, M.T., & Basu, A. (2011). Early concerns of mothers of children later diagnosed with autism: Implications for early identification. *Research in Autism Spectrum Disorders*, 5(1), 157-163. <https://doi.org/10.1017/j.rasd.2010.03.005>.
- 7) Lee, L.C., Harrington, R.A., Louie, B.B., & Newchaffer, C.J. (2008). Children with autism: Quality of life and parental concerns. *Journal of Autism and Developmental Disorders*, 38, 1147-1160.
- 8) Locke, J., Ibanez, L.V., Posner, E., Frederick, L., Carpentier, P., et. Al (2020). Parent perceptions about communicating with providers regarding early autism concerns. *Pediatrics*, 145(1), <https://doi.org/10.1542/peds.2019-1895J>
- 9) Ozonoff, S., Iosif, A.-M., Baguio, F., Cook, I.C., Hill, et al. (2010). A prospective study of the emergence of early behavioral signs of autism. *Journal of the American Academy of Child & Adolescent Psychiatry*, 49(3), 256.e2-266.e2. <https://doi.org/10.1016/j.jaac.2009.11.009>
- 10) Zablotsky, B., Colpe, L.J., Pringle, B.A., Kogan, M.D., Rice, C., & Blumberg, S.J. (2017). Age of parental concern, diagnosis, and service initiation amount children with autism spectrum disorder. *American Journal of Intellectual and Developmental Disabilities*, 122(1), 49-61. <https://doi.org/10.1352/1944-7558-122.1.49>

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link