

A new study about screening for autism spectrum disorders emphasizes what a great job you are doing as part of the SCATN. The abstract of the work currently available on-line ahead of print in Pediatrics is included below. **This study highlights the goals and accomplishments of the SCATN in providing medical homes for children with an ASD: formal screening increases the identification of children with ASDs as well as other developmental concerns and this has been accomplished in our SCATN pediatric practices with follow-up the same day in our network.** In this study, outside autism researchers did the scoring, follow-up and referral with those children with a positive screen at a later time. The pediatric practice in the study was not providing a true medical home by talking to the family about the positive screen and making referrals.

In some cases in this study, the process of completing the screening measure led to improved discussion between parent and physician about developmental issues that may not have otherwise come up at the visit. Because of the study design, as with the screening instruments on the SCATN website in both English and Spanish, patients screened represented a diverse population, both racially and socioeconomically.

The important point for the SCATN from this study is that had screening been done only at well visits, fewer minority and uninsured patients would have been screened. A possible recommendation from this would be to screen at sick visits those children who did not come for well visits at the recommended intervals.

“The Each Child Study: Systematic Screening for Autism Spectrum Disorders in a Pediatric Setting.”

Miller JS, Gabrielsen T, Villalobos M, Alleman R, Wahmhoff N, Carbone PS, Segura B. Pediatrics. 2011 Apr 11. [Epub ahead of print]

Abstract

Objective: The goal of this study was to investigate the feasibility and outcome of a systematic autism screening process for all toddlers (aged 14-30 months) in a large, community-based pediatric practice. Methods: All toddlers who presented to the clinic during the 6-month screening period were eligible. We used 2 screening questionnaires and allowed physicians to refer directly to capture as many children as possible. Receptionists and medical assistants distributed and collected screening questionnaires; research staff did all scoring and follow-up, either by telephone or in person when indicated. Results: We obtained a high rate of screening (80% of eligible children). Of the 796 children screened, 3 had already been diagnosed with an autism spectrum disorder (ASD); an additional 10 children who showed signs of early ASD that warranted further evaluation or intervention were identified. Formal screening measures identified more children with ASD than did clinical judgment or caregiver concerns; however, no single method (ie, questionnaire, caregiver concerns, provider concerns) identified all children with signs of early ASD. We had excellent participation from racially and ethnically diverse families, including Spanish-speaking families. Thirty-two percent of the children who were screened did not present for a well-child visit during the study period and were screened at a sick visit, follow-up visit, or injection appointment. Conclusions: A partnership between pediatricians and autism specialists resulted in effective, systematic autism screening. Future studies should examine how to create effective systems of care.