Title: Primary Care Knowledge Gaps in Diagnosing Autism Spectrum Disorders (ASD)

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Introduction: Autism spectrum disorder (ASD), defined as deficits in social communication and restricted and repetitive behaviors (American Psychiatric Association, 2013), affects 1 in 59 children (CDC, 2018). As earlier interventions have been shown to provide the best outcomes, there has been a push for earlier diagnoses of ASD (CDC, 2018; Tager-Flusberg, 2014). Children can be reliably diagnosed by 18-24 months (Charman et al., 2005), but the average age of diagnosis is 4 years and 4 months (CDC, 2018; Roades, Scarpa, & Salley, 2007). There are diagnosis gaps across specialties; developmental behavioral pediatrics diagnose 2.5 years younger than most other specialties (Roades, Scarpa, & Salley, 2007).

Joint attention (JA) – nonverbal referential communication used to share an experience with others, such as pointing to or showing objects and eye contact – is a critical component in ASD diagnostic assessments (Lord et al. 2012). Although past studies have examined challenges faced by physicians when diagnosing ASD (e.g., Carbone, 2013; Heidgerken, Geffken, Modi, & Frakey, 2005), they have not looked at physicians’ knowledge of JA that may relate to discrepancies in diagnosis across specialties.

Therefore, the current study aimed to: 1) examine whether physicians across different specialties are aware of the concept of JA and 2) obtain physicians’ input on improving training for diagnosing ASD.

Method: Physicians (N = 6) in primary care pediatrics, family medicine, and developmental-behavioral pediatrics in the LA community, practicing from less than 1 year to over 25 years, participated in a semi-structured interview on their familiarity with JA and experiences diagnosing ASD. Interviews were audio recorded, transcribed, and coded in a scoring system for accuracy of physicians’ definition of JA, derived from Early Social Communication Scale and joint attention publications (e.g, Mundy et al., 2013). Participants were given a point for correctly defining JA and additional points for providing examples of JA (e.g., point, show, eye contact, gaze shift). Interobserver reliability between independent coders was high (Cohen’s Kappa = 0.748). After obtaining each participant’s total score, a mean of total scores was calculated for each specialty. Experiences with diagnosing ASD were inductively coded for recurring themes during the interview.

Results: Developmental-behavioral pediatricians provided an accurate and immediate definition of JA (Mscore = 5.5) which they attributed to their extensive training in fellowship and experience practicing. On the other hand, family practitioners and pediatricians, despite practicing for over 25 years, struggled to define JA (Mscore = 0) and displayed misconceptions associated with ASD, such as correlations with intelligence and minority differences. Family practitioners and pediatricians practicing under 10 years (Mscore = 2.5) noted having to “learn as they go,” especially in guiding families with abnormal screenings awaiting formal evaluation, due to lack of training in school and residency. Limited time and reluctance diagnosing minority families were also common themes. Additional interviews are currently being analyzed and will be presented.

Discussion: Participants showed differences in their knowledge in JA and ASD and reported gaps in training. Results suggest that existing training may need to be revised or better promoted to reach physicians. Trainings on JA, updates in ASD, and guidance after screenings may be beneficial in accessible, digestible material that is time efficient for providers. Future studies should explore revised trainings, dissemination, as well as possibilities of mandated screenings, digital screenings, or integrated care models.

References:


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