

US Preventive Services Task Force (USPSTF) *Draft* Recommendation Statement on Screening for ASD in Young Children

Findings, Reactions, and Potential Implications

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The charge to the USPSTF...

- To determine whether there is sufficient research evidence to recommend ASD screening for **“asymptomatic children who have not been diagnosed with ASD or developmental delay and for whom no concerns of ASD have been raised by their parents or clinical provider”**
- Literature review focused on studies of ASD screening in children under 3 years old

US Preventive Services Task Force (USPSTF)

Draft Recommendation

- **Question:** Is there sufficient research evidence to recommend universal ASD screening for children under 3 years old?
- **Answer:** No

Why not?

US Preventive Services Task Force (USPSTF)

Draft Recommendation Statement

- “...The current evidence is insufficient to assess the balance of benefits and harms of screening for ASD in children for whom no concerns of ASD have been raised by their parents or clinical provider.”
- “The USPSTF found no randomized, controlled studies that directly addressed the overarching question of whether screening for ASD in children age 3 years or younger results in improvements to core ASD symptoms...”

Does this mean that early ASD screening is not effective?

- NO
- The USPSTF found adequate evidence that currently available screening tests can detect ASD in children ages 18-36 months
- And that the potential harms of screening are “no more than small”
 - *Related to the time, effort, and anxiety associated with further testing following a positive screen, especially given delays in confirmatory diagnoses due to **resource limitations***

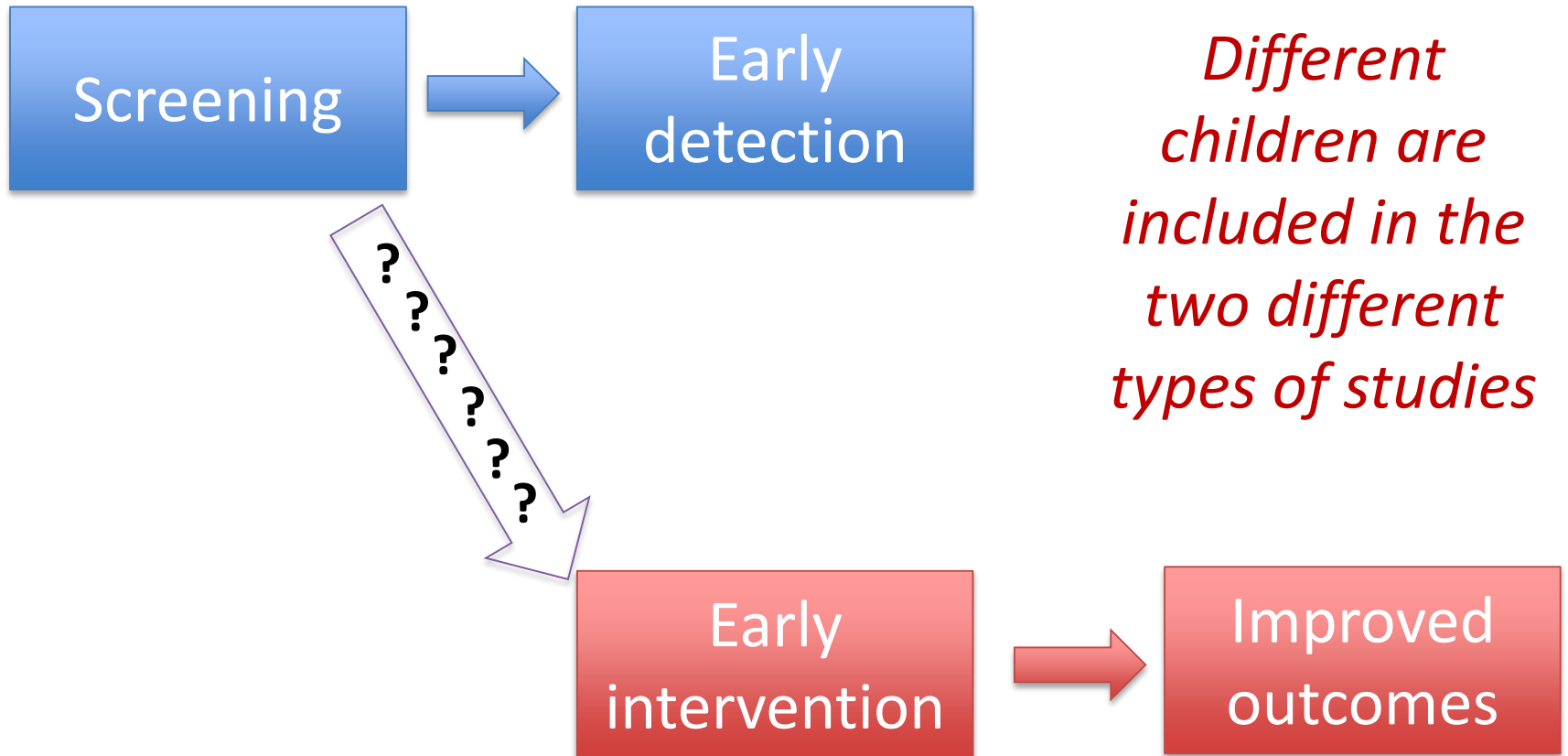
Does this mean that early behavioral intervention for ASD is not effective?

- NO
- The USPSTF found adequate evidence that early intensive behavioral and developmental interventions result in improvements in cognitive, language, and interaction skills
- And that the potential harms of behavioral intervention are “no more than small”
 - *Related to large time and financial burdens on the family*

Then what is this draft recommendation statement really saying?

- No studies have directly measured clinical outcomes in **children identified with ASD through screening**
- “Good quality studies are needed to better understand the intermediate and long-term outcomes of screening for ASD...and **whether earlier identification through screening** is associated with clinically important improvements in health outcomes”

What we know... and what we don't



Potential ramifications of this recommendation statement

- Lack of insurance reimbursement for universal ASD screening
- Decreases in universal ASD screening (*“turning the clock back”*)
- Fewer children with ASD identified at young ages (*relying on PCP surveillance or parental concerns will miss children*)
- Fewer children with ASD obtaining specialized intervention
- Continued disparities in early detection and intervention within lower socioeconomic and minority communities

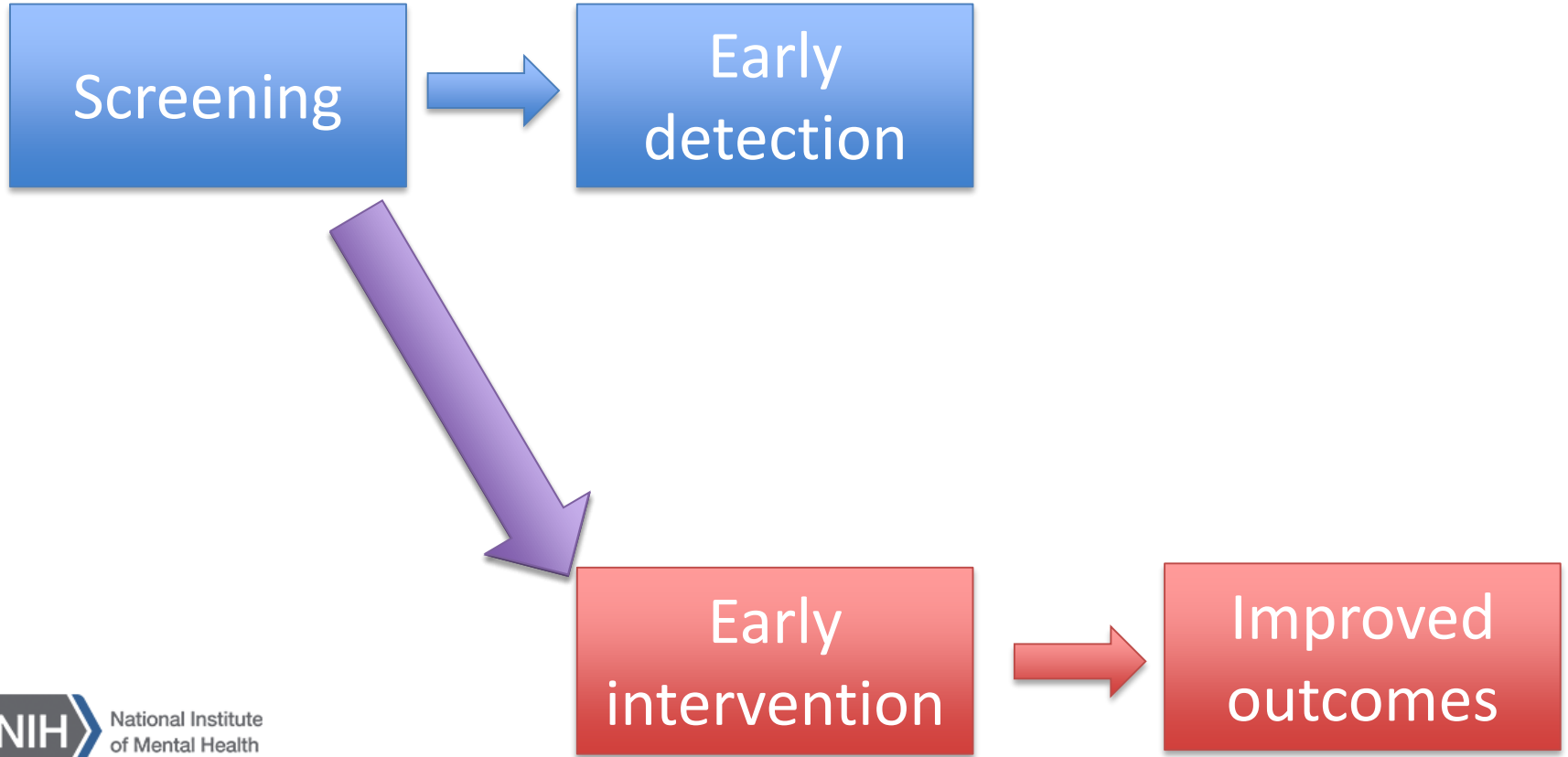
Groups providing public comments in support of universal ASD screening

- American Academy of Pediatrics
- Society for Developmental and Behavioral Pediatrics
- American Speech-Language-Hearing Association
- Autism Speaks
- Autism Science Foundation
- Baby Siblings Research Consortium

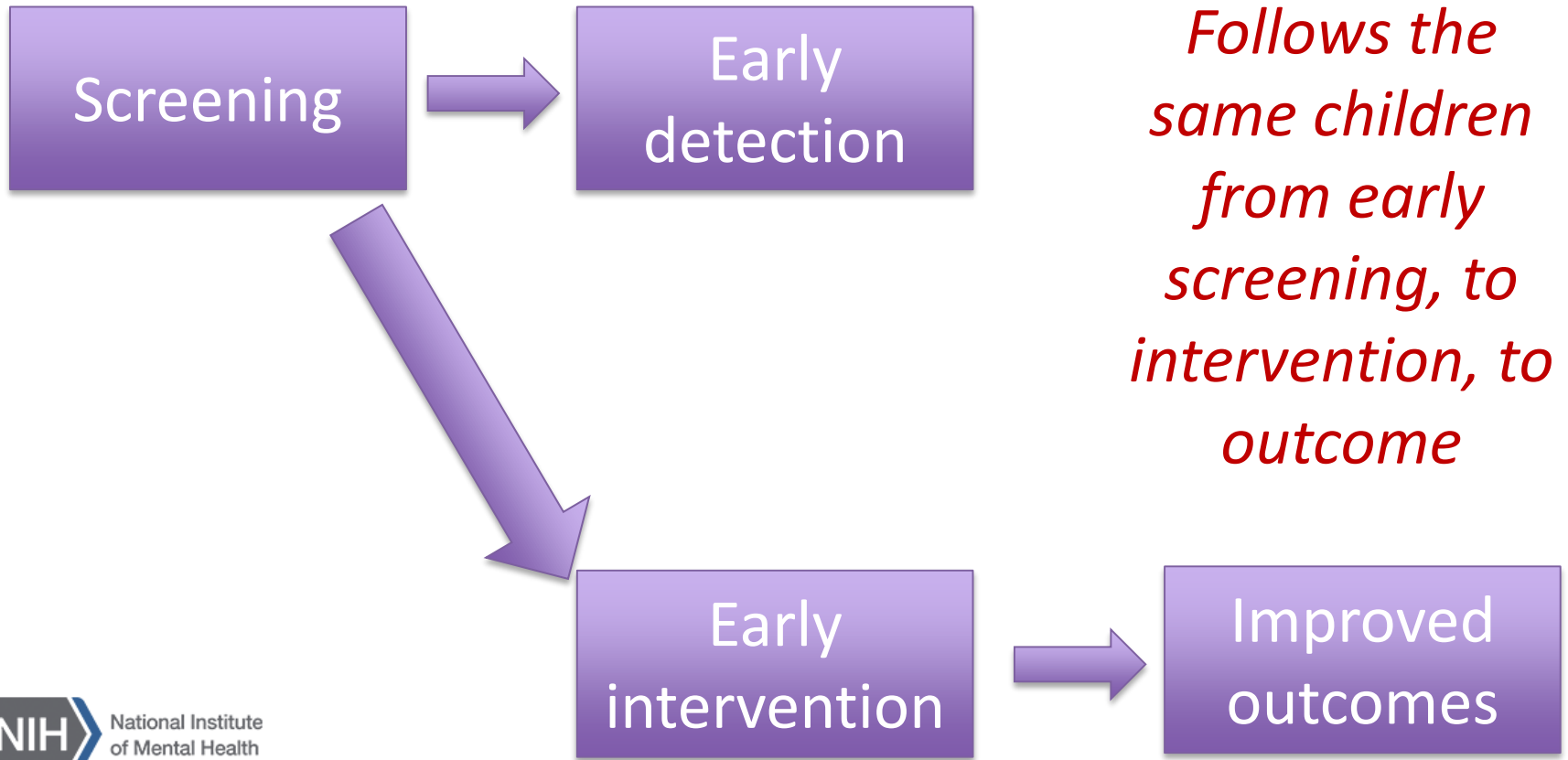
Several comments express concern about the *ethics* of randomly assigning children to screening vs no-screening conditions, when we already KNOW that screening is effective



Potential contributions of the SRT grant



Screen-Refer-Treat Model





Screen-Refer-Treat Model

Lewis County

Skagit County

Spokane County

Yakima County

Health Care System (PCPs)

- Conduct ASD screening at ALL 18 month well-child visits using a validated tool (M-CHAT-R/F)
- Refer positive screens immediately to Part C Early Intervention (EI) program



Early Intervention System (EI Providers)

- Conduct expedited assessment (STAT + parent interview)
- If indicated:
 - provide a cost-effective, evidence-based ASD intervention (RIT)
 - refer for further assessment/diagnosis
- Communicate back to PCP

