Collaborative Mental Health Care for Autism Spectrum Disorder (ASD) in a Statewide Child Psychiatry Access Program for Primary Care

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Background

Primary Care Providers (PCPs) play an important role in treating youth with ASD. The AAP recommends that PCPs only prescribe psychotropic medications with which they have sufficient expertise. Experts have suggested PCPs consult with Child Psychiatry Access Programs (CPAP) for help treating ASD.

Purpose

Given the paucity of data on calls to CPAPs about ASD, we examined calls about patients with and without ASD for whom PCPs sought consultation with MD-BHIPP (a CPAP where PCPs can receive clinical consultation with child psychiatrists and resources/referrals). We examined differences in: 1) demographic & clinical characteristics 2) predictors of clinical severity 3) primary reasons for call and 4) medication use.

Methods

Data on N= 3,641 calls to MD-BHIPP from 2012 - 2018 were examined. N= 311 calls were about ASD patients. The following measures were used:

- Patient demographics
- Medication and non-medication treatments
- Diagnoses
- Reasons for contacting BHIPP
- Primary concerns about patient
- Clinical Global Impression-Severity score assigned by BHIPP consultants

Descriptive statistics were conducted. Logistic regressions predicting severity, primary concerns, and antipsychotic use were conducted. Logistic regressions controlled for covariates associated with ASD diagnosis in chi square analyses.

Conclusions

Results suggest that PCPs are seeking BHIPP consultation for help in treating ASD cases; such cases are more severe and complex in terms of comorbid diagnoses and medication regimens.

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Results

Call Characteristics	ASD Diagnosis N=311	No ASD diagnosis N=3,330	Chi Square
Patient Gender			145.13**
Male	**256 (83.4%)**	**1559 (47.4%)**	
Female	**51(16.6%)**	**1725 (52.4%)**	
Unknown	4(1.3%)	46(1.4%)	
Patient race/ethnicity			7.43
African American	59(24.3%)	636(19.1%)	
Hispanic	14(4.5%)	255(7.7%)	
White	159(51.1%)	1502(45.1%)	
Other	10(3.2%)	150(4.5%)	
Unknown	69(22.2%)	920(23.6%)	
Patient age			31.19**
0-5 years old	**57(18.3%)**	**297(8.9%)**	
6-18 years old	241(77.5%)	2790(83.8%)	
19 and older	12(3.9%)	222(6.7%)	
Unknown	1(0.3%)	21(0.6%)	
Patient insurance			10.37*
Private or both	143(46.0%)	1820(54.7%)	
Public	120(38.6%)	1144(34.4%)	
None/unknown	**48(15.4%)**	**366(11.0%)**	
Urbanicity of Practice			10.44*
Urban/suburban	275(88.4%)	2098(93.1%)	
Semi-rural	**26(8.4%)**	**182(5.5%)**	
Rural	10(3.2%)	48(1.4%)	
Reason for calling BHIPP			42.83**
Psychiatric Consultation	**189(60.8%)**	**1423(42.7%)**	
Telepsychiatry Evaluation	8(2.6%)	68(2.0%)	
Seeking resource/referral	**109(35.0%)**	**1818(54.3%)**	
Not appropriate for BHIPP	5(1.6%)	30(0.9%)	

Notes: *p<.05; **p<.001

Clinical Characteristics from Call	ASD Diagnosis N=311	No ASD diagnosis N=3,330	Chi Square
Taking Medications?			44.68**
Yes	**171(55.0%)**	**1193(35.8%)**	
No	98(31.5%)	1529(45.9%)	
Unknown	42(13.5%)	608(18.3%)	
Current Medications			
Stimulant	**81(26.0%)**	**544(16.3%)**	18.86**
Non-stimulant ADHD medications	**61(19.6%)**	**194(5.8%)**	83.03**
Mood Stabilizers	**15(4.8%)**	**50(1.5%)**	17.90**
Sedatives/antihistamines	**16(5.1%)**	**65(2.0%)**	13.33**
SNRIs and other antidepressants	7(2.3%)	62(1.9%)	1.34
SSRIs	50(16.1%)	489(14.7%)	0.44
Antipsychotics	**53(17.0%)**	**79(2.4%)**	175.18**
Primary concern calling about			
ADHD or Learning Disability	**114(36.7%)**	**796(23.9%)**	24.67**
Aggression	**101(32.5%)**	**313(9.4%)**	150.30**
Anxiety	**91(29.3%)**	**1386(41.6%)**	18.03*
Behavior Problems	**120(38.6%)**	**739(22.2%)**	42.40**
Mood problems	**49(15.8%)**	**1170(35.1%)**	47.97**
Patient co-morbid diagnoses			
ADHD	**97(31.2%)**	**580(17.4%)**	35.64**
Anxiety	56(18.0%)	672(20.2%)	0.84
Disruptive Behavior	**33(10.6%)**	**152(4.6%)**	21.56**
Co-morbid Developmental	**27(8.7%)**	**49(1.5%)**	72.35**
Learning Disability	6(1.9%)	39(1.2%)	1.34
Major Depression	**5(1.6%)**	**332(9.9%)**	23.57**

Notes: *p<.05; **p<.001

- PCPs were **2.56 times** more likely to call with concerns about aggression (95% Confidence Interval (CI): 1.76-3.71) for ASD than non-ASD patients
- ASD patients were **1.87 times** more likely to be rated as more clinically severe (CGI-S>4 ratings) than non-ASD patients (CI: 1.33-2.63)
- ASD diagnosis was the strongest predictor of a patient currently being prescribed antipsychotic medications **(OR: 5.48**, CI: 2.91-10.30)
  - Among ASD cases, # of medications prescribed (OR: 5.23, CI: 2.81-9.72), # of diagnoses (OR: 0.56, CI: 0.36-0.87) & whether prescribed a stimulant were predictors of antipsychotic prescription (OR: 0.07, CI: 0.02-0.31)