

An Analysis of Healthcare Provider Competency in Healthcare Transitions for Patients with Autism Spectrum Disorder

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Background & Significance Learning Objectives

Healthcare transition (HCT) from pediatric to adult care is an integral feature of the healthcare system and presents healthcare providers with an opportunity to deliver quality, continuous, and patient-centered care (Kuhlthau et al., 2012). Due in part to increasing demands on healthcare providers, the HCT process may be not be completed in a smooth and seamless process. HCTs are important for all individuals, but the process is uniquely important to young adults with disabilities, in particular for individuals with ASD.

Autism Spectrum Disorder (ASD) is neurodevelopmental disorder which affects the interconnectivity of the systems of the brain (Rammler, 2009). It affects an individual's social, cognitive and behavioral skills (American Psychiatric Association, 2013), which may present health-related challenges for individuals with ASD. Healthcare providers may need additional training to develop knowledge and skills to deliver quality care to their patients with ASD.

In this study, we will explore the challenges and barriers patients with ASD, their families, and their healthcare providers face when navigating the healthcare transition process as reported by healthcare providers.

The survey aimed to examine:

- ◆How ASD competency can affect the quality of healthcare and therefore the quality of healthcare transitions patients with ASD receive?
- ◆In order to answer this broad question we had to break it down into three parts.
- First, we identified what demonstrates that a healthcare provider can provide ASD competent care.
- ◆Then, we addressed the lack of continuous and comprehensive **HCTs**.
- Lastly, we establish how lack of ASD competency in healthcare complicates a healthcare transition process for patients with ASD.

◆We surveyed 18 healthcare providers in Connecticut to determine how ASD competency affects the quality of healthcare and healthcare transitions they receive.

Methods

- ◆The surveys we sent out through google forms and responses were anonymous.
- ◆In order to contact the healthcare providers we recruited the help of Dr. Brown, Director of Community Based Education, who sent the link to this survey to healthcare providers.
- The type of healthcare providers that responded to the survey:
- 4 Developmental Behavioral Pediatricians
- 4 Internal Medicine Physicians
- 4 Family Medicine Physicians
- 3 Pediatricians
- 1 Pediatric Advanced Practicing Registered Nurse
- 1 Adolescent Medicine Physician
- 1 Emergency Medicine Physician

Results: "Patient disappeared into the adult world and I don't know where they are getting care" (Respondent #6).

- > Of the nine healthcare providers with training and experience providing care to patients with ASD, 4 were somewhat comfortable and 5 were very comfortable with providing care to patients with ASD.
- > Of the seven healthcare providers with experience and no training 2 were somewhat uncomfortable, 4 were somewhat comfortable and 1 was very comfortable.
- > On average healthcare providers with training and experience were more comfortable when treating patients with ASD than healthcare providers with no training but experience.

> The survey asked if the healthcare provider's institution had

respondents said yes, the rest were either unsure or a no.

> We asked the healthcare providers to rank who initiates

HCTs from the most (1) to the least (3). Guardian/ Caregiver

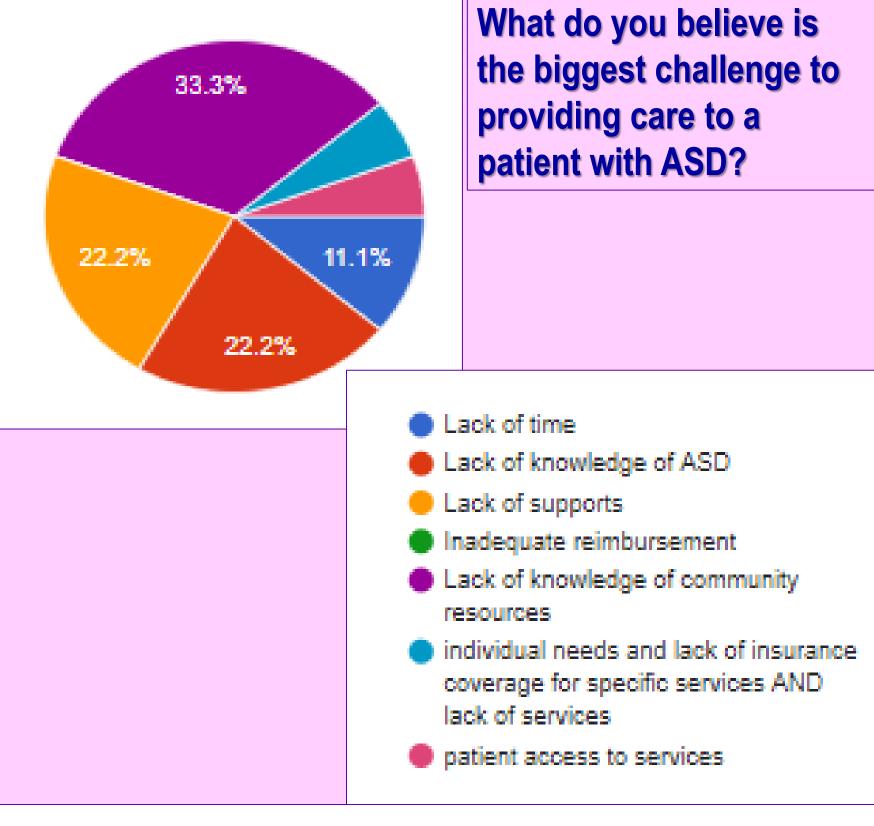
was identified as the individual to initiate HCTs the most,

followed by the healthcare provider, and last the patient with

an established healthcare transition process only 3 of the 18

Overall, do you feel comfortable providing care to your patients with ASD? N/A; I have not provided care to a patient with ASD. Very Uncomfortable Somewhat Uncomfortable Neutral Somewhat Comfortable Very Comfortable

healthcare providers (6) choose lack of knowledge of community resources as the biggest challenge to treating a patient with ASD, while the options lack of knowledge of ASD and lack of supports tied for the second biggest challenges of providing care to patients with ASD.



Of the 8 healthcare providers, that have provided care to 25 or more patients with ASD, 2 identified being somewhat comfortable with providing care to a patient with ASD and 6 identified as being very comfortable with providing care to patients with ASD. That included:

- 4 Developmental Behavioral Pediatricians
- 3 Pediatricians; 1 of which is an APRN
- 1 Emergency Medicine Physician

Of the 8 healthcare providers that have provided care to less than 25 patients with ASD, 2 identified as somewhat uncomfortable and 6 identified as somewhat comfortable.

That included:

- 4 Family Medicine Physicians; 2 somewhat uncomfortable, 2 somewhat comfortable
- 2 Internal Medicine Physicians
- 1 Pediatrician
- 1 Adolescent Medicine Physician

Conclusion

A healthcare provider's perception of their competence of ASD is directly related to their healthcare profession because certain healthcare providers have more experience and training than others. As the survey revealed having experience and training in how to provide care to a patient with ASD is a good indicator of ASD competency. The combination of experience and training equip a healthcare provider with tools they need to feel comfortable and knowledge necessary to provide the best quality of care possible. Because of this they are able to identify possible challenges that may impact the quality of care the patient with ASD receives and rectify them before they occur. According to the survey pediatric healthcare providers on average were more comfortable providing care to patients with ASD than adult healthcare providers.

Healthcare providers competence in ASD becomes even more important as a patient with ASD prepares for a HCT, since 9 of the 18 respondents say that there is no established HCT process at their institutions and 3 of the 18 respondents said they were unsure if there was an established HCT process. This means that patients with ASD are entering into a system that is not adequately prepared to provide quality HCTs to the general patient population, nonetheless a patient with ASD. The discrepancies in training and experience of pediatric providers compared to adult healthcare providers only perpetuates the problem. Lastly, in order to create a HCT process that will be beneficial to ASD patients we must invest in the training for all healthcare providers on how to provide care to patients with ASD, making them aware of resources this population can access, and being dedicated to making each HCT comprehensive and seamless.

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