Identification of Children <36 Months at Risk for Developmental Delay/Autism: Results of National Survey of Pediatricians

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Purpose: Examine trends in primary care pediatric screening from 2002 to 2016 and current practices in children ≤36 months of age identified as at risk for developmental delay or autism.

Methods: National, random sample Periodic Surveys of American Academy of Pediatrics U.S. members in 2016 (response=47%), 2009 (57%), and 2002 (55%). Analysis limited to the >95% of pediatricians who provide primary care to children ≤36 months and assess for developmental risk/autism, n=515, 605 and 649, respectively. Survey questions asked frequency of use of standardized screening tools to identify children at risk for developmental problems (all survey years) and autism (2016), who administers formal screening, and barriers to screening (2002 and 2016). Bivariate estimates were compared across survey years using chi-square tests.

Results: Pediatricians' reported use of ≥1 formal instruments to screen children ≤36 months of age for developmental delay has increased from 23% in 2002 and 45% in 2009 to 63% in 2016 (p<.001). Ages & Stages Questionnaire (ASQ) was used by 48% in 2016, up from 22% in 2009 and 7% in 2002, p<.001. In 2016, 81% report always/almost always using ≥1 formal screening tool for autism; 74% report using the Modified Checklist of Autism in Toddlers (M-CHAT). Fewer pediatricians in 2016 compared to 2002 report administering the majority of the formal screening themselves (41% vs 86%, p<.001); 45% say either a nurse or medical assistant administers the screens in 2016 versus 4% in 2002. However, asked in 2016 only, 88% of pediatricians review the results themselves. Time limitations continue to be the main barrier to screening, although fewer pediatricians in 2016 than in 2002 report this barrier (58% vs 82% agree/strongly agree, p<.001). The next most frequently named barrier in 2016 is inadequate reimbursement (29%), down from 44% in 2002, p<.001.

Conclusion: Pediatricians' reported use of a formal developmental screening tool has increased across survey years to 63%. In 2016, 8 of 10 pediatricians report using a standardized screening tool to identify children at risk for autism, primarily the M-CHAT. Pediatricians increasingly rely on staff to administer the formal screening; however, they interpret the results themselves. Time limitation and inadequate reimbursement continue to be primary barriers to formal screening, although both have decreased since 2002.