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## MCH Innovations Database – Cutting-Edge Practice Submission Form



*This form is for anyone interested in submitting a Cutting-Edge Practice to the [MCH Innovations Database](#). Please complete all sections of this form unless otherwise indicated. For additional materials to support your submission, visit <https://www.amchpinnovation.org/application-process/>. If you are unsure if your practice is considered Cutting-Edge, use our [Minimum Criteria Checklist](#) or contact AMCHP for support.*

### **A Note About Health Equity**

*To ensure all practices featured in the database contribute to improving health equity as an integral component of overall program sustainability, we have aligned our criteria and questions with the [Racial Equity Impact Assessment, Is My Implementation Practice Culturally Responsive? Checklist, Foundational Practices for Health Equity, Race Equity and Inclusion Action Guide, and the MCH Leadership Competencies](#).*

### **A Note About Equitable Language**

AMCHP has recently made a formal commitment to anti-racism and racial equity, and we are working to operationalize this commitment throughout our organization. In part, we are focusing on the language we use and are committed to refraining from using terms that further perpetuate narratives that place and describe communities of color as deficit populations, (i.e., using the terms ‘vulnerable’, ‘at-risk’, or ‘low-income’ to describe a particular racial or ethnic group). Use of this language implies there is something inherently flawed in that community and places blame on the individual or a particular racial/ethnic group and not the system that has failed to invest in creating an optimal environment for positive health outcomes. Language should be respectful of communities and identify the system as the problem. We encourage you to consult our [Glossary](#) and the [CDC’s glossary](#) when responding to the questions in this form to help ensure that your language centers rather than others the populations you work with. *Note: This document is not to be shared and is intended to inform Innovation Hub materials only at this time.*

### **A Note About Citations**

Citations can be included throughout the application as necessary and appropriate but are not required or expected as they would be for submissions to peer-reviewed journals.

**For submission support or for questions about this submission form or the submissions process, email [evidence@amchp.org](mailto:evidence@amchp.org).**

## Cutting-Edge Practice Submission Overview

<p>What is the name of your practice?</p>	<p>Virtual Autism Diagnostic Clinic</p>
<p>Was this practice submitted previously to the MCH Innovations Database (formerly Innovation Station)?</p>	<p><input type="checkbox"/> Yes, and it was accepted as a/an _____ practice.  <input type="checkbox"/> Yes, but it was not accepted.  <input checked="" type="checkbox"/> No</p>
<p>What issues does your practice address?  <i>Select all that apply</i></p>	<p><input checked="" type="checkbox"/> Access to Health Care/Insurance  <input checked="" type="checkbox"/> Family/Youth Engagement  <input checked="" type="checkbox"/> Telehealth/Emergency Preparedness  <input type="checkbox"/> Primary/Preventative Care  <input checked="" type="checkbox"/> Health Equity  <input checked="" type="checkbox"/> Health Screening/Promotion  <input type="checkbox"/> Mental Health/Substance Use  <input type="checkbox"/> Nutrition/Physical Activity  <input type="checkbox"/> Injury Prevention/Hospitalization  <input type="checkbox"/> Preconception/Reproductive Health  <input checked="" type="checkbox"/> Service Coordination/Integration</p>
<p>What populations does your practice serve/impact?  <i>Select all that apply</i></p>	<p><input type="checkbox"/> Prenatal/Infant Health  <input checked="" type="checkbox"/> Child Health  <input checked="" type="checkbox"/> Children and Youth with Special Health Care Needs  <input type="checkbox"/> Adolescent Health  <input type="checkbox"/> Women's/Maternal Health  <input type="checkbox"/> Cross-cutting/Life Course  <input checked="" type="checkbox"/> Families/Consumers  <input checked="" type="checkbox"/> Health Care Providers</p>
<p>Is this practice supported by Title V either by direct funding or staff time?  <i>Note: This question is for AMCHP's reporting purposes only and does not affect your ability to submit.</i></p>	<p><input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No</p>

## Cutting-Edge Practice Submission Questions

*If your practice is accepted, information from this section will also be included in the handout that will be featured in our database. Please limit the responses to the submission questions to 7 pages total.*

## Practice Description

- 1) As if you were explaining your practice to someone who has never heard of it before, provide a high-level description which also includes each of the following:
- **The need your practice addresses**, how it was identified (this does not need to be a formal need assessment), any sources of information support this need and how you used/applied this to inform your practice development, and who was involved in the identification process
  - The **key population** it impacts
  - What it intends to **accomplish**
  - Any relevant **background information** such as the history behind the development of the practice and/or any principles or values that support it

Please keep your response to **approximately 1 page or less**.

### Response:

In 2018, the ADC was a pilot program conducted as a hybrid telehealth model. Caregivers and their toddler arrived in-person at our clinic in Reading PA where a trained examiner executed a play-based assessment called the ADOS (Autism Diagnostic Observation Schedule). Offsite, using an advanced camera system, a developmental nurse practitioner and a developmental pediatrician observed child and clinician interactions as well as caregiver and child interactions. Clinicians then discussed the intricate scoring based on each other's shared conclusions. This model reduced cost and travel time and created an easily accessible alternative to our community. In 2020 the COVID-19 pandemic interrupted our services and necessitated our now preferred model of fully virtual autism diagnostic clinics.

Easterseals Eastern Pennsylvania primarily serves low-income families and provides its specialty medical clinics at no cost. We partner with three different county Birth to Three Early Intervention systems to provide early autism identification. Toddlers in the Early Intervention system have already been identified with a developmental delay or disability. The child is further assessed using the M-CHAT autism screening tool to determine his/her risk factor for Autism Spectrum Disorder. Children who score 8 or higher are referred to Easterseals Autism Diagnostic Clinic (ADC) for an evaluation. The ADC provides local access to autism diagnostic services so that caregivers do not have to travel. The wait time for an evaluation with Easterseals ADC is less than six months while wait time through other clinics and hospitals is over one year. The average age of children diagnosed through Easterseals is age 2, while the national average is age 4.

Easterseals contracts with diagnosticians from Children's Hospital of Pennsylvania (CHOP) and St. Christopher's Hospital for Children to conduct the evaluation virtually in partnership with its clinicians. Both the St. Christopher's psychologist and Easterseals Autism Program Manager are bilingual in Spanish. This allows us to reach an underserved population more easily. The psychologist provides an educational classification, reducing the need for an additional evaluation through the local intermediate unit (ages 3-5 Early Intervention). A written order for behavioral health services is also provided, reducing the need for an additional evaluation through the behavioral health system. As appropriate, we can conduct the Vineland Adaptive Behavioral Scale, sometimes required for IDD (Intellectual and Developmental Disabilities) case management services.

## Core Components and Activities

Core components are essential practice elements which are both observable and measurable. These may also be referred to as essential functions, practice elements, or active ingredients. Collectively, they help articulate the underlying logic of your practice (why it does/should work and for whom) and lead to intended outcomes. Click [here](#) to watch a short video explaining core components in more detail.

*Example: The goal of our program was to improve the number of perinatal depression screens among OB/GYN providers. We did this by conducting a yearlong practice improvement program for OBGYN practices across the state. The core components of this program included virtual training by a nurse educator, provision of a referral sheet tailored to the local area for positive screened women, and follow-up with practices by our program manager.*

**2)** What are the core components that indicate your practice is “in place”? Write a paragraph describing these components.

### Response:

The goals of the ADC are to provide early and high quality diagnostic services to young children at risk of autism spectrum disorder, and to address many of the barriers to accessing this service (i.e., long wait times, unavailable locally, cost). Furthermore, this program relies on a culturally and linguistically responsive model and incorporates a multidisciplinary referral process. The accurate and early diagnosis of neurodevelopmental disorders is a critical element to identifying comprehensive and evidence based treatment protocols. The ADC strives to achieve these goals by relying on the following core components:

- 1) The establishment of community partnerships with local early intervention agencies, the department of health and Medicaid system to ensure an efficient, supportive and seamless referral process that does not impose socioeconomic/insurance based barriers or leave referral or treatment gaps on either end of the process.
- 2) The use of standardized diagnostic tools and telehealth processes administered by qualified professionals skilled in the assessment of neurodevelopmental disorders.
- 3) The incorporation of a program manager to provide technical and administrative assistance prior to and following the evaluation to decrease attrition, increase follow-through and ensure reliable data collection.

**3)** Complete the table below for each core component you identified in question #2, including listing relevant activities and any operational details. You can add more rows if needed. Two example core components are also provided.

Core Component

Activities

Operational Details

<p><b>Establishment of Community partnerships</b></p>	<p>Develop efficient and streamlined referral systems both before and after engagement with the ADC</p>	<p><i>Pre-Evaluation Phase:</i> Establish referral processes with community providers that includes pre-screening/identification of need to ensure accurate referral. <i>Post-Evaluation Phase:</i> Facilitate re-engagement with intervention system during “warm hand off” back to therapy teams (both through early intervention and community behavioral health systems).</p>
<p><b>Reliance on standardized tools and best practice</b></p>	<p>Introduce telehealth model using evidence-based telehealth diagnostic tools and processes</p>	<p>Accurately assess neurodevelopment using best practice in telehealth processes and standardized tools (e.g., TELE-ASD-PEDS: Corona et al., 2020), thus eliminating geographic obstacles or barriers to accessing highly trained specialists (also see Stainbrook et al., 2019; Juarez et al., 2018).</p>
<p><b>Incorporation of key program manager role</b></p>	<p>Provide technical and administrative assistance to families prior to and following evaluation</p>	<p>Provide support and facilitate access to technology for telehealth assessment during pre-evaluation consult (eliminating technology barriers) and ensure pre-data collection and administrative activities are completed (consents). Facilitate re-connection and communication of recommendation/results with intervention/treatment team in post-evaluation phase.</p>

**Healthy Equity**

The Robert Wood Johnson Foundation defines health equity as “... everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

**4)** How is your practice contributing and/or working towards reducing health inequities and systemic oppression (including structural racism) that impact your key population?

**Response:**  
To address health inequities experienced by our primary target audience we pay close attention to the barriers our community faces. Through Title V funding we are able to provide services at no cost to the family. Our bicultural, bilingual staff engender tolerance, acceptance, adaptability, and better able to meet

the unique cultural needs of the people we serve. We maintain a simple referral process, with care coordinators guiding patients and their families through each step. This includes a carefully executed Prep Meeting that takes place a couple of days prior to the evaluation. This meeting creates shared understanding, anticipatory guidance, and enhances parent engagement. Our marketing materials, referral forms and flyers are produced in both English and Spanish. In addition, resources specific to Autism and written in Spanish are included in the Recommendations section of the written evaluation shared with the family.

### Practice Collaborators and Partners

For the purposes of this submission, AMCHP considers a collaborator or partner to be a person or organization who has a vested interest in the success of your practice. This can include but is not limited to practitioners/those implementing the practice, those who will be impacted by the practice, state agencies, and those with lived experience related to the need the practice is addressing (community members, families, and youth).

- 5) Describe each of your practice’s collaborators/partners and why you partnered with them. Please explain if this collaborator or partner has lived experience related to your practice focus or reflects the community/key population impacted by your practice.

<b>Collaborator/Partner</b>	<b>Why did you partner with this individual or group?</b>	<b>Does this collaborator/partner have lived experience or come from a community/key population impacted by the practice? Please explain your answer.</b>
<b>Children’s Hospital of Philadelphia and their Autism Integrated Care program</b>	CHOP had demonstrated interest in use of telehealth and was very willing to participate. They have extensive experience with ASD and have partnered with local intermediate units to provide a multidisciplinary approach to ASD diagnosis.	Yes, CHOP has focused research on autism and works directly with toddlers and preschoolers with autism spectrum disorder.
<b>St. Christopher’s Hospital for Children and their Center for Children and Youth with Special Healthcare Needs</b>	When we had the opportunity to expand geographically, CHOP was not able to provide services any farther than Berks County at the time; St. Christopher’s was available and enthusiastic about contracting to expand our services to the Lehigh	Yes, St. Chris has an expanding footprint in the Behavioral Health field and seeks to affect change across the northeast region

	Valley. They have expertise in autism and other behavioral health conditions.	
<b>Service Access &amp; Management, Inc. (SAM)</b>	We already had a relationship with this organization through our Early Intervention contract. The children they serve are 0-3, diagnosed with a developmental delay and already receiving services which address language, behaviors and other activities of daily living. Service Coordinators often have social work, infant mental health, and autism knowledge and resources.	Yes, SAM is Berks County's Service Coordination Unit. The Early Intervention Unit. It is advantageous for the county to have a local autism clinic as this engenders trust from the community and provides a local resource for their case managers to share with families.
<b>Lehigh County &amp; Northampton County Early Intervention</b>	We already had a relationship with these organizations through our Early Intervention contract. The children they serve are 0-3, diagnosed with a developmental delay and already receiving services which address language, behaviors and other activities of daily living. Service Coordinators often have social work, infant mental health, and autism knowledge and resources.	Yes. With so many families waiting over a year for an autism diagnosis, it is beneficial for the 0-3 program to have a local resource where parents only have to wait 4-6 months for an evaluation.

**Signs of Success**

**6)** Describe any initial practice successes or other indicators that demonstrate your practice is working as you intended.

**Response:**  
 During the year 2020, when our world experienced devastation and our business turned upside down, we pivoted to a fully telehealth practice model. In spite of the magnitude of sudden change, we evaluated 67 toddlers, 57 of whom received an ASD diagnosis. 73% of the families we served were Latinx. Caregiver feedback via surveys and anecdotal information shared demonstrates overall satisfaction with the clinic experience from referral through post evaluation. Caregivers report increased convenience of having the evaluation take place virtually in the comfort of their natural environment. Cancellations occur infrequently, but we do have an efficient process in place to fill the evaluation slot. The funding we receive from the PA Dept. of Health has substantially increased over the last few years, demonstrating trust in our capacity to

exceed program outcomes. Our program manager suggested we submit our practice model to the AMCHP conference 2021, and it was accepted. This is reflective of their belief in our program and our efforts to ensure its success.

## Lessons Learned

**7)** What important lessons have you learned (both positive and negative) through implementing your program that you can share with others who may seek to use or replicate this practice?

**Response:**

Appointment cancellations are a significant issue when working with populations experiencing psychosocial and financial stressors, so extra effort should be made to shepherd participants through the process. A critical component to the success of our virtual model is the time the Autism Program Manager devotes to preparing the family for the evaluation day. The program manager spends an hour meeting virtually with the family prior to their scheduled evaluation to ensure their teleconferencing software and equipment is set up and functioning properly; and the sound quality and the video image resolution is appropriate. At the same appointment, the program manager prepares the family for what to expect during the evaluation. This added customer service reduces the risk of appointment cancellations and increases the quality of the experience for both the family and the practitioners.

What were some of the challenges or problems you experienced in implementing and carrying out your practice, and how did you address them?

**Response:**

To serve as the Autism Program Manager, we hired an experienced special instructor who worked in the field of Early Intervention for over 15 years. She also has experience as a case manager and proven organizational skills. An alternative for agencies interested in replicating this model is to consider hiring a licensed social worker as the program manager and incorporating college interns to help with program administration.

- It is our experience that there is great value in having the county service coordinator in attendance at the presentation of evaluation results. They can implement additional services the same day and provide extra support, guidance and community referrals for the family.

In addition, it has been necessary for us to contract two separate hospital systems to implement the program. It works, but it would be more efficient working with one hospital system (consistent rate, continuity in processes, etc.).

## Next Steps

**8)** Describe any plans you have for continuing or expanding this practice.



**Response:**

We plan to carefully review all work task protocols, processes, intake paperwork, review survey data, clarify outcomes, and create focus groups in preparation for formal/professional evaluation , survey practitioners, staff and other stakeholders for quality improvements

Describe any future improvements or modifications you hope to make to the practice.

**Response:**

We plan to carefully review all work task protocols, processes, intake paperwork, review survey data, clarify outcomes, and create focus groups in preparation for formal/professional evaluation , survey practitioners, staff and other stakeholders for quality improvements

### Next Steps if Accepted

Thank you for taking the time to share your practice with others so we can work towards improving the lives of MCH populations. Your submission will be carefully reviewed by a team of three MCH experts. You may be contacted for follow-up if the reviewers have questions or need additional information while reviewing your submission. After the review, you will also be asked to complete a short survey on the submission form and submissions process, so we can provide a more streamlined submission experience in the future.

**Please note that if accepted to the MCH Innovations Database, you will be asked to complete 1) a practice summary and implementation handout as well as fill out 2) the Database Entry Survey. Collectively, these will be featured in the database and will provide useful information to database users.**

If accepted, you may also be eligible to participate in other promotional opportunities including: writing an article for AMCHP's *Pulse* newsletter, presenting at a conference, receiving one of our Innovation Hub awards, or providing technical assistance to states/territories interested in replicating your practice through [AMCHP's Replication Project](#).