

**ASD Advisory Committee
Evidence-Based Practice Workgroup
Agenda**

March 27, 2017

3:00-5:00 pm

AHCCCS, 801 E Jefferson St., 4th Floor, Copper Room

Call-in number: 1-877-820-7831, passcode 778195#

GoToMeeting link: <https://global.gotomeeting.com/join/934000149>

- Welcome and introductions
 - Name, affiliation, role to date in ASD Advisory Committee process
- Overview of process and end-product—February 2016 Report
- Review of 2015 Systematic Review Studies
- Discussion about updating Systematic Review Studies
 - Approach, process, key issues, and end-product
- Identification of tasks and assignment of responsibilities
- Review of next steps
- Consensus on meeting frequency and approach to setting meeting dates

Notes

Evidence-Based Practice Tool Work Group

March 27, 2017

Participants:

- Rene Bartos, MD, MPH, FAAP, Medical Director, Mercy Care Plan
- Aaron Blocher-Rubin, PhD, BCBA/LBA, Chief Executive Officer, Arizona Autism United
- Bryan Davey, PhD, BCBA-D, Chief Business Development & Compliance Officer, Touchstone Health Services; President, Highland Behavioral (on phone)
- Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition
- Dennis Friedman, DO, Psychiatrist, Banner University Medical Center - Phoenix, University of Arizona (on phone)
- Ramiro Guillen, MD, Chief Medical Officer, Southwest Behavioral & Health
- Lindsey Martinell, Mercy Maricopa Integrated Care (MMIC), RBHA
- Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix
- Terry Matteo, PhD, Clinical Child Psychologist
- Tatyana Farietta-Murray, Children's Medical Director, Medical Management, Cenpatico Integrated Care, C-IC, RBHA
- Daniel Openden, PhD, BCBA-D, President and CEO, Southwest Autism Research & Resource Center (SARRC)
- Sharon Perugini, PhD, Ed.S., Psychologist, Children's Developmental Center, Southwest Human Development
- Lauren Prole, Clinical Project Manager, Arizona Health Care Cost Containment System (AHCCCS)
- Sydney Rice, MD, MSd, Board-certified Developmental Pediatrician; Associate Professor, Pediatrics, The University of Arizona College of Medicine in Tucson (on phone)
- Sara Salek, MD, Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS)
- Karrie Steving, Children's System of Care Administrator, Mercy Maricopa Integrated Care (MMIC), RBHA (on phone)
- Ehren Werntz, MS, LBA, BCBA, Clinical Director, Behavioral Health Services, Arizona Autism United
- Megan Woods, MEd, BCBA, LBA, Behavior Analyst, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)

Unable to attend: Robin K. Blitz, MD, FAAP, Chief, Developmental Pediatrics, Barrow Neurological Institute at Phoenix Children's Hospital

Facilitator: Sharon Flanagan-Hyde (sharon@flanagan-hyde.com)

Overview: Terry Matteo and Sara Salek

Evidence-Based Practice (EBP) narrative is on pages 17-19 of the Autism Spectrum Disorder Advisory Committee Report of Recommendations to the Office of the Arizona Governor's Office (February 9, 2016). The tool, developed by the Evidence-Based Treatment Work Group, is included in the report as Appendix H (pages 39-53). The tool is intended to serve as a guide to behavioral interventions. The Work Group looked at the studies cited by groups in five or six other states.

The tool includes four large systematic review studies of ASD treatments:

1. **(NPDC)** National Professional Development Center/Autism Evidence-Based Practice Review Group at UNC Chapel Hill: Wong, C., Odom, S. L., Hume, K. Cox, A. W., Fettig, A., Kucharczyk, S., Schultz, T. R. (2014). *Evidence-based practices for children, youth, and young adults with Autism Spectrum Disorder*. Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Institute, Autism Evidence-Based Practice Review Group.
2. **(CMS)** The Centers for Medicaid & Medicare Services commissioned a review of existing services for ASD: U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2010). *Autism Spectrum Disorders Services (ASDs): Final report on environmental scan*. Baltimore, MD: Young, J., Corea, C., Kimani, J., & Mandell, D.
3. **(NSP2)** National Standards Project – Phase 2: National Autism Center, A Center of May Institute: National Autism Center. (2015). *Findings and conclusions: National standards project, phase 2*. Randolph, MA.
4. **(DHHS/AHRQ)** The Department of Health and Human Services and the Agency for Healthcare Research and Quality commissioned Vanderbilt University to complete a systematic review of the ASD research: Weitlauf A.S., McPheeters M.L., Peters B., Sathe N., Travis R., Aiello R., Williamson E., Veenstra-VanderWeele J., Krishnaswami S., Jerome R., Warren Z. *Therapies for Children With Autism Spectrum Disorder: Behavioral Interventions Update. Comparative Effectiveness Review No. 137*.

Current Work Group's Objective

The February 2016 recommended that:

The AHCCCS Chief Medical Officer should appoint a multidisciplinary committee of licensed professionals and a few family members and individuals with ASD to update the "Analysis of Large Systematic Review Studies of ASD Treatments Tool" included in Appendix H annually. AHCCCS should distribute updates to all ASD stakeholders and post the update on the AHCCCS website.

Use of the Tool

The current Work Group affirmed the message in the February 2016 Report:

The intervention descriptions and analysis are intended to serve as a guide regarding categorization of treatments (i.e., established evidence and emerging

evidence) and are not intended endorse or exclude any specific treatment. The Committee recognizes that there is not a “one size fits all” ASD treatment approach. A Person-Centered Treatment Plan should be developed using an evidence-based approach: the intersection of research, clinical expertise, the individual’s characteristics, and a focus on building family/caregiver capacity. Evaluations and treatments are developmentally appropriate. Ongoing screening for comorbidities is essential to ensure that the needs of the whole person are addressed.

Current Work Group members said:

- The current tool has been a valuable general resource on autism treatments. It’s been helpful in providing common terminology to support interagency conversations, e.g., definitions of comprehensive vs. focused intervention.
- A statement about giving families choices should accompany the tool. Treatments should be child-centered and family-focused, and should take into account being good stewards of taxpayer dollars and being mindful of network capacity. The Work Group affirms that providers should consider the whole child, including any comorbid medical conditions.
- It should be emphasized that the tool is not intended to rule out any specific treatment that might be appropriate for a given individual, particularly new and emerging treatments. It is not intended to define standards of care or to serve as a prior authorization guideline. It is a general guide and is not intended to be inclusive. We want professionals to think outside the box when appropriate.
- We anticipate that families and professionals will use the tool. The Autism Centers of Excellence in the state can use the tool to educate families and providers.
- The updated document will be a standalone PDF that will be posted on the AHCCCS website. It will include an introduction and a “How to Use this Guide” section.

Evidence-Based Practice Definition

The February 2016 Report stated:

AHCCCS should use the following definition: Evidence-based practice means a decision-making process that starts with the best available scientifically rigorous research and integrates clinical expertise, the individual’s characteristics, and the goal of building family/caregiver capacity. Evidence-based practice is an approach to treatment rather than a specific treatment and incorporates culturally sensitive intervention strategies. It focuses on developing an individualized Person-Centered Plan. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically-observed, and research-supported evidence. The best available evidence, matched to the individual’s circumstances and preferences and a

focus on building family and caregiver capacity, is applied to ensure the quality of clinical judgments and facilitate the most cost-effective care.
(Adapted from CA Trailer Bill)

Process and Tasks for 2017 Update

1. Identify any new systematic reviews, some of which may meet the definition of meta-analysis.
 - Terry Matteo shared this study: Tristram Smith & Suzannah Iadarola (2015) Evidence Base Update for Autism Spectrum Disorder, Journal of Clinical and Adolescent Psychology, 44:6, 897-922 (<http://dx.doi.org/10.1080/15374416.2015.1077448>)
 - Rene Bartos and Lindsey Martinell will check health plan bulletins for references.
 - Diedra Freedman and Cynthia Macluskie will check to see if any references are available from Autism Speaks.
 - Sara Salek will do a Medline search.
 - Rene Bartos will look at American Academy of Pediatrics (AAP) policy bulletins.
 - Ramiro Guillen will look for references from the American Academy of Child and Adolescent Psychiatry (AACAP).
 - Danny Openden will see if the National Standards Project – Phase 2 (NSP2) has been updated.
5. Those with assigned tasks will send information to Sharon by April 10, 2017. Sharon will disseminate information to the group. (sharon@flanaghan-hyde.com)
6. Cynthia (and others, if they have suggestions) will send names of adults with ASD who might be invited to serve in the Work Group to Sharon and/or Sara.
7. Sharon will send a Doodle poll to identify a date during the first week in May for the next meeting.
8. Sara will send Sharon the AHCCCS definition of experimental service; Sharon will distribute to the group.