ENSURING QUALITY & ACCESSIBLE CARE: EARLY IDENTIFICATION & INTERVENTION CSHCN

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BACKGROUND

- The early years
  - Accessing screening, early intervention
  - Engaging state based services & school systems
  - Lack of local referral resources
    - Few community based services (sports, social, etc)

- Military transition = lapse in care
  - Starting over with healthcare and education system
  - Insurance

- Resilience
DISCOVERIES

- Variability of screening/early intervention
  - Myths/misperceptions
- Insufficient resources
  - Insurance participation & transportability
  - Sports, arts, social skills
  - Support services for families
- Care transitions, continuity of care
- Fragmented & sometimes redundant services
  - Understanding, communication & collaboration “state & school based services” ↔ “healthcare”
  - Artificially imposed silos of care (e.g. OT- handwriting, Speech- articulation, ABA- behavior, etc)
REVELATIONS

- Reliance on developmentalists = limited access
- Parents as bystanders
  - Fear of diagnosis/label
  - Complex healthcare & education systems
- High expectations of school system and teachers
  - Often without appropriate system supports (funding, education/continuing education, assistance)
- One size does not fit all
  - Autism *SPECTRUM*, needs are very individual
Develop children who grow to be productive, contributing, collaborative members of society
Parents as partners
- Community mentor programs
- Support services for families
- Widely available parent training programs (with childcare available)

Parents & HCP as case managers and advocates (long-term)
- Harnessing & maximizing those who are with the child for short or finite periods of time
INTER-PROFESSIONAL PRACTICE/ PARTNERSHIP/ EDUCATION/ COLLABORATION

- Is this a primary care diagnosis?
  - Multi-specialty certification?

- Educate all primary care & mental health-screening, early intervention/early referral (even if unsure of diagnosis)
  - Best practices
  - Specialty collaboration
  - Availability of services, resources
  - Reimbursement- ACA MEC, CHIP/Medicaid
  - State & school-based services

- Consistent HCP/educator training & support
  - Continuing education- (Free!)
Communication & fluidity: healthcare & education
- Removing silos
  - E.g. OT- fine motor, executive functioning, coordination, motor planning, etc.
  - Conversations, Multi-disciplinary Teams

Diffusion across settings and in natural settings (community)
- E.g. Social skills & OT at the bowling alley vs in an office

Transitions of care
- Handoffs
- For military families, transition shouldn’t cause lapse in care