



SUBCOMMITTEE RECOMMENDATION REPORT TO OREGON COMMISSION ON AUTISM SPECTRUM DISORDER

Subcommittee: HEALTH CARE SERVICES

Report Date: JUNE 2010

ISSUE: Individuals on the Autism Spectrum and their families frequently experience difficulty accessing appropriate and coordinated health care.

RECOMMENDATION: #1 PHYSICIAN SKILLS, KNOWLEDGE & SUPPORTS

Health care professionals have the skills and knowledge and supports available to them for providing high quality health care to individuals with ASD.



1A: Health Care Professionals (HCPs) understand the basic treatment approaches for the core challenges of children and adults with ASD (i.e., communication, social skills, restricted and repetitive behaviors).

1B: HCPs identify associated medical conditions, provide initial treatment and make timely specialty referrals as needed.

1C: HCPs identify co-morbid mental health conditions, provide initial treatment and make timely specialty referrals as needed.

1D: HCPs consider the needs of all members of the family of persons with ASD

1E: HCPs are knowledgeable about all treatments used by persons with ASD including complementary and alternative treatments.

1F: Individuals with ASD receive the same preventive health care services as persons without developmental disabilities.

1G: HCPs code and bill appropriately for their services to maximize the capacity of their office to serve persons with ASD.

1H: Dentists accommodate the special needs of persons with ASD in their practice so that they can participate fully in dental care.



RECOMMENDATION: #2 WELLNESS

The general health and wellness of individuals with ASD are improved by the promotion of healthy behaviors, self-advocacy, self-determination and self-management.



2A: Individuals and families will have the necessary information and supports, including access to facilities and health and wellness programs, to be able to implement healthy lifestyle choices about diet, exercise, and recreation.

2B: Individuals and families will have the tools and support to effectively inform HCPs about any relevant sensory, behavioral, and communication issues that affect their healthcare.

2C: Individuals and their families will have the opportunity to make informed choices about their health and health care. This includes having accessible information, being included in decision making, and understanding the consequences of their decisions.

2D: Individuals and their families will have access to necessary information and supports to promote self-management of their health conditions.





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RECOMMENDATION: #3 CARE COORDINATION

Health care services for individuals with ASD are coordinated and integrated among health care providers, families and community professionals.



3A: Primary care offices adopt a comprehensive approach* to care management and care coordination for persons with ASD and their families.

3B: Primary care providers have ready access to specialty consultation with HCPs experienced in the care of persons with ASD.

3C: A variety of community-based care coordination supports are available to the PCP office depending on office and individual and family need.

3D: Health plans reimburse primary care offices for care coordination activities including email and phone consultations between health care providers (HCPs).

*A comprehensive approach to care coordination and care management requires the PCP office to:

- Identify individuals with ASD and proactively manage their care.
- Identify the office staff responsible for care coordination and inform the individual and family of the roles of care coordinators
- Schedule appointments with a regular PCP who knows the individual with ASD and their family or care provider
- Show flexibility in timing and length of appointments and address any other special behavioral, communication or sensory challenges as part of pre-visit planning
- Address any financial, physical or attitudinal barriers to care
- Routinely involve individuals with ASD and their families or care providers in decisions about their health care
- Regularly update a written care plan
- Have access to a directory of community resources including care coordination and provide information on resources to individuals and families as needed
- Work collaboratively with EI, schools and community providers, for example, inform them of co-occurring medical and mental health issues and their treatment