

Adequacy of Medical Home Primary Care and Factors Associated With Educational Services Use Among Children and Youth With Autism Spectrum Disorder

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PURPOSE: Children and youth with autism spectrum disorder (ASD) use educational services, including occupational therapy, for cognitive, social, and behavioral needs. Educational services include early intervention (EI) or school-based services. School-based practice ranks as the second most common primary work setting for OTs, and approximately 4% of OTs work in EI. Linking health and educational services reduces fragmented care and collaboratively addresses the needs of children and youth with ASD. The American Academy of Pediatrics (AAP) recommends medical home primary care (MHPC) for children with ASD for health-related needs, however, educational services for children living with ASD are often delivered within educational settings, as outlined in an individualized family service plan (IFSP) or an individualized education program (IEP). The relationship between MHPC and educational service use for children with ASD remains poorly understood. We examined whether adequacy of MHPC was significantly associated with the likelihood of children with ASD currently using educational services.

DESIGN: Retrospective analyses of cross-sectional data from the 2016/2017 National Survey of Children's Health (NSCH) using multivariate logistic regression were performed. A sequence of 5 binary logistic regression models were conducted, with current educational services utilization as the outcome, while controlling for select sociodemographic factors.

METHOD: Bivariate and multivariate logistic regression models were estimated with current use of educational services as the outcome. Covariates included child age, maternal health, and special health care needs status. Participants were 1,248 children and youth ages 1-17 years old with ASD currently receiving educational services under IFSPs and IEPs. Inadequate MHPC, was defined based on AAP guidelines and was operationalized as children with negative or missing responses to at least one MHPC component. Educational services utilization was defined as current receipt of services under IFSPs and IEPs.

RESULTS: Most children and youth with ASD had inadequate MHPC, were male, Non-Hispanic, White, privately insured, in the £199% FPL, had mild/moderate ASD, and met CSHCN criteria. Inadequate MHPC was significantly associated with higher likelihood of current educational service use (aOR = 1.95, 95% CI [1.10, 3.44], p = .028) in children and youth with ASD. Select sociodemographic factors significantly associated with lower odds of using educational services were child age (aOR = 0.91, 95% CI [0.84, 0.99], p = .028), maternal health status (aOR = 0.52, 95% CI [0.29, 0.94], p = .031), and special health care needs status (aOR = 0.38, 95% CI [0.17-0.85], p = .018).

CONCLUSION: Results suggest inadequate MHPC is associated with higher odds of educational service utilization in children and youth with ASD. Use of educational services varies by child age, maternal health status, and special health care needs status. The inverse relationship between adequacy of MHPC and educational service utilization among children with ASD suggests further research to explore the complex relationship between MHPC components and educational service use. Future research is needed to examine differences more closely in MHPC, defined within the NSCH, and in relationship to the odds of educational service use.

IMPACT STATEMENT: To our knowledge, this is the first population-based study to examine the relationship between MHPC and current use of educational services among children and youth with ASD. Findings suggest the need to better integrate MHPC with educational services, including OTs as part of the educational service team, to promote collaborative and equitable service access.

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