

Minnesota Organization on Fetal Alcohol Syndrome



Developing Diagnostic Capacity in your State



Overview

- Examine the history and background of diagnosis in Minnesota
- Evaluate the relationship between the number of births in the state and the number of diagnoses under the FASD umbrella
- Describe the funding sources that may be available to fund and staff diagnostic clinics in your state



MINNESOTA ORGANIZATION ON FETAL ALCOHOL SYNDROME (MOFAS)

Our mission is to eliminate disability caused by alcohol consumption during pregnancy and to improve the quality of life for those living with Fetal Alcohol Spectrum Disorders throughout Minnesota.

Our vision is a world in which women do not drink alcohol during pregnancy and people living with Fetal Alcohol Spectrum Disorders are identified, supported, and valued.

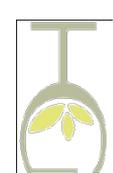




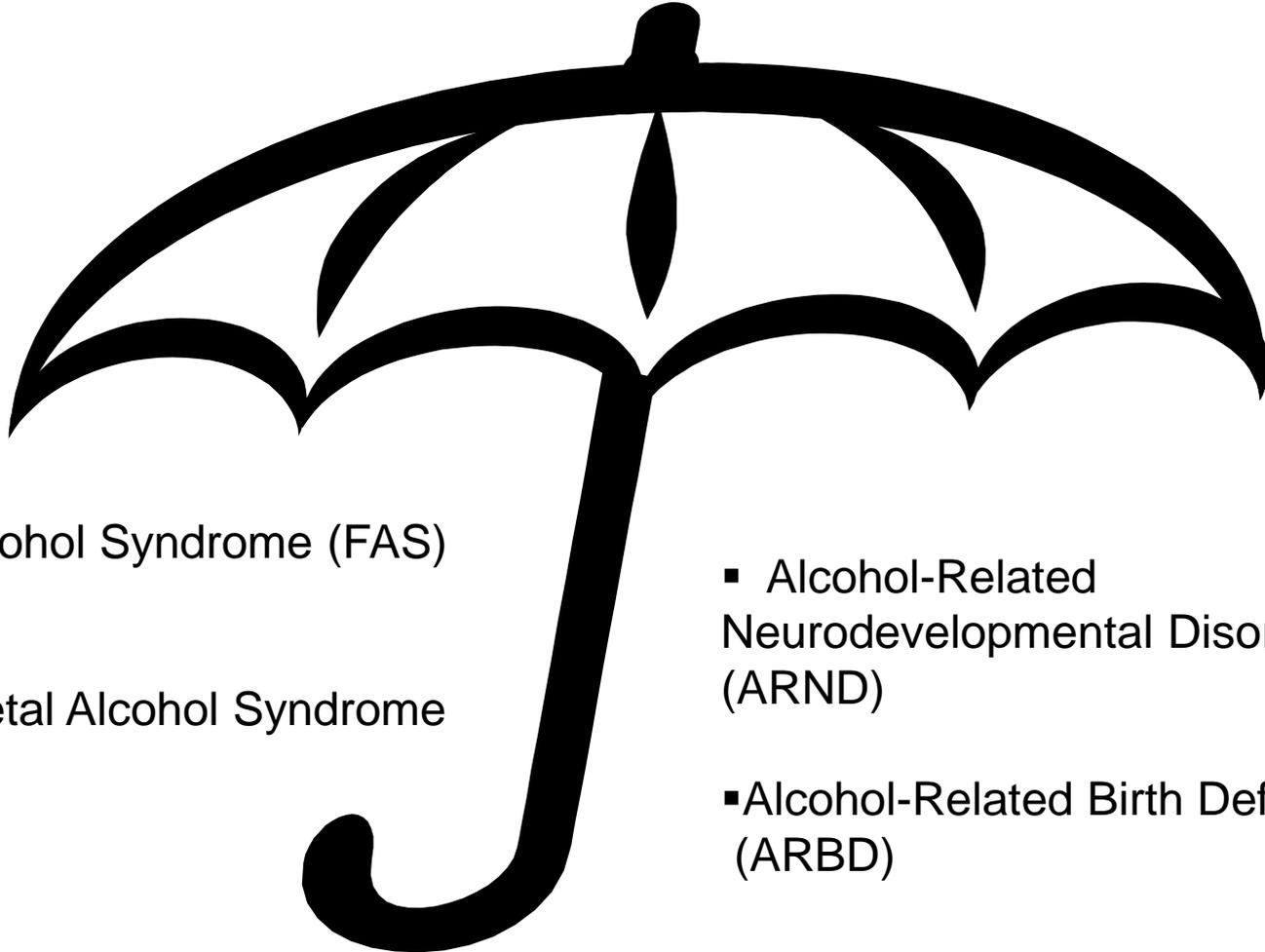
History & Background in Minnesota

What is FASD

- Fetal Alcohol Spectrum Disorders (FASD) is a term used to describe a group of birth defects that can result when a woman drinks alcohol while pregnant.
- FASD includes a wide spectrum of physical and neurobehavioral effects.
- They are the foremost preventable conditions involving neurobehavioral and developmental abnormalities.



The FASD Umbrella



- Fetal Alcohol Syndrome (FAS)
- Partial Fetal Alcohol Syndrome (pFAS)

- Alcohol-Related Neurodevelopmental Disorder (ARND)
- Alcohol-Related Birth Defects (ARBD)



MOFAS & Diagnosis History

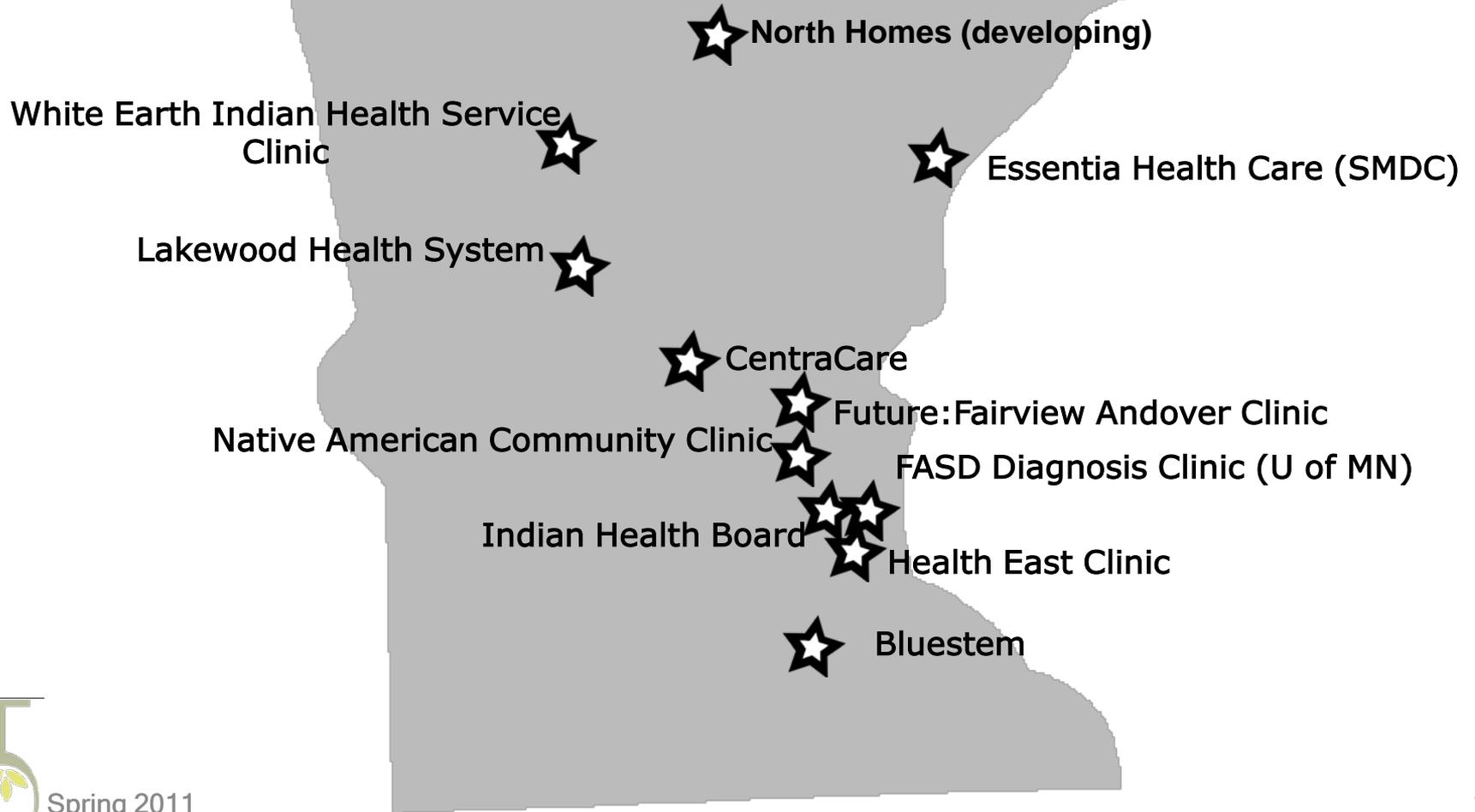
- MOFAS - MDH sole source grant
- Multiple Objectives - including Diagnosis
- Creation of Diagnostic Work Group
- Evolved into the Diagnosis Consortium

FASD Diagnosis Consortium

- For Clinicians and Administrators:
- Collaboration
- Education
- Problem-Solving
- Advise MOFAS



MN FASD Diagnosis Consortium Clinics



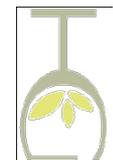
History - FASD Diagnosis Criteria

- Institute of Medicine (IOM)
- 4-Digit Code (University of Washington)
- Center for Disease Control (CDC)
- Revised IOM (Hoyme, et. Al)
- Canadian FASD Diagnosis Guidelines



Evolution - FASD Diagnosis Criteria

- Minnesota FASD Criteria
- Chasnoff (Illinois)
- Coles (Georgia)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Juvenile Justice Grant: FASD Diagnosis
- Learning Community



FASD Diagnosis: MN Approach

Combines:

Modified IOM

CDC

4-digit Code



Minnesota Diagnostic Criteria for FASD

	CNS	FACE	GROWTH	HISTORY
FAS	YES (3+ Domain Deficits)	YES (3 of 3)	YES ($\leq 10\%$)	N/A
PFAS	YES (3+Domain Deficits)	YES (2 of 3)	N/A	YES (Confirmed)
ARND	YES (2+Domain Deficits)	N/A	N/A	YES (Confirmed)

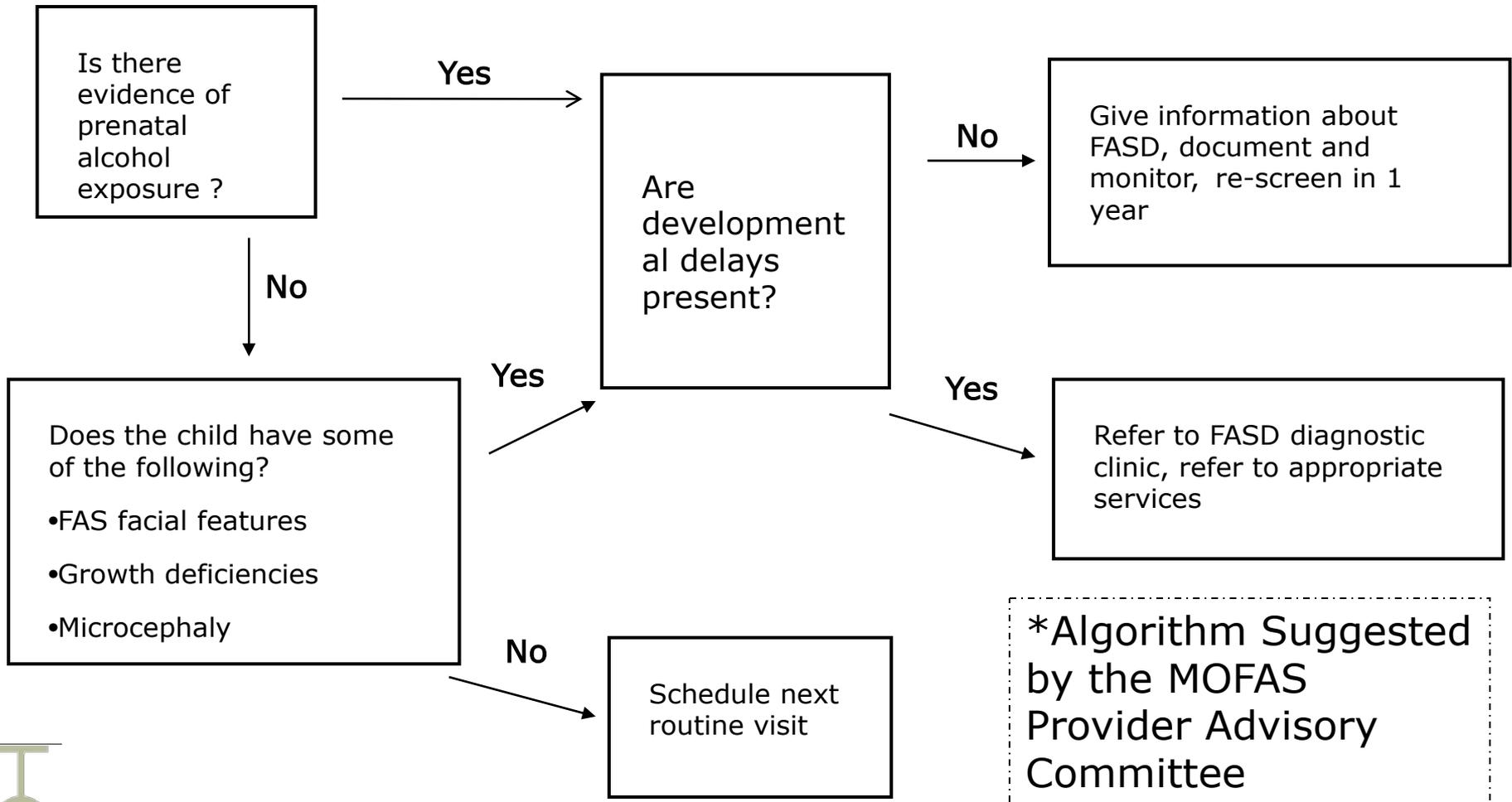


Screening and Diagnosis

- Screening: a brief assessment procedure designed to identify children who should receive more intensive diagnosis or assessment.
- Diagnosis: the identification of an illness or disease.



Screening for FASD in the Primary Care Setting



Timeline Summary

- 2004 - Statewide Advisory Committee convened
- 2006 - Diagnostic Criteria issued in Minnesota
- 2010 - MIPH Evaluation completed
- 2011 - expansion of Diagnosis Team at MOFAS



Statistical Overview

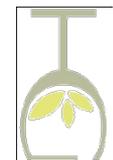
Numbers

- In Minnesota each year as many as 8500 babies are born with prenatal alcohol exposure.
- In Minnesota in 2010 there were approximately 500 diagnoses made under the FASD umbrella.
- Currently Minnesota has 8 operational FASD Diagnostic Clinics with 3 additional clinics working to become operational.



2010 MIPH Evaluation

- 2009 - MOFAS requested an evaluation through MIPH
- 33 contacted, 14 individuals interviewed via telephone
- Complex subject matter
- Top emerging theme(s) of each question



Findings

- Current state of Diagnostic Clinics
- Current state of Diagnostic process
- Barriers
- Policies to Implement at the State level
- Financial Improvements that can be developed
- Progression of FASD Diagnostics
- Key Components to a Successful Clinic
- Changes in FASD Research and Policy Development



Barriers

- Funding
- Wait
time/distance/insurance
- Current state of the
economy
- Billing issues



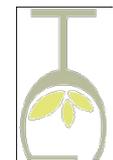
Key Components

- Skilled, dedicated team of professionals on staff
- Competent support staff who aid in coordination of services
- Availability of time
 - “open” slots
 - Coordination of services with other multidisciplinary staff



Direction for Future

- Future Collaborative Partners
- MOFAS Diagnostic Consortium Model
- Future efforts of MOFAS and FASD Diagnosis
- Expand research efforts in Minnesota





Now What?

Community Readiness

- Awareness of FASD
- Status of funding, health care reform, insurance coverage in your state
- Key players
- Status of alcohol use in your state
- Discuss assessment and evaluation around any screening that is happening in your state



State-Specific Weighted Prevalence Estimates of Alcohol Use (Percentage of Any Use/Binge Drinking) Among Women Aged 18 – 44 Years — BRFSS, 2008

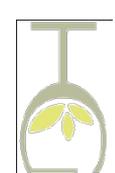


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US Map— Centers for Disease Control, 2008

Staffing and Funding

- Consider increasing your staffing or find ways to share staff across clinics/hospitals/education.
- Establish a relationship with your primary care clinics and suggest implementation of screening and diagnosis in the primary care setting.
- Explore reimbursement options.
- Work with your legislature to develop structure for FASD diagnostic billing and reimbursement.
- Explore local and federal grant money and third party billing.



Questions?





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