**MILD INTELLECTUAL DISABILITY IN PRIMARY CARE SETTINGS: AN EXPLORATORY PILOT STUDY**

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**Objectives:** Although it is recognized that adults with Intellectual and Developmental Disabilities (IDD) have high health and social support needs, many individuals continue to experience inequities in service access and provision. As the first point of contact within the healthcare system, primary care providers are well positioned to support the health of adults with IDD, assist in early identification of concerns, and system navigation. One major gap in care identified by primary care providers completing health checks for adults with IDD is the lack of support available to adults suspected of having a mild IDD, but who have not been formally diagnosed. Primary Care Guidelines recommend that adults with a suspected but previously undiagnosed IDD undergo formal psychological assessment to confirm diagnosis, prompting funding for diagnosis-dependent community services. This is not easily adhered to, however, due to: lack of knowledge of how to obtain assessment for patients by primary care providers, the high cost which is not subsidized by many health/social systems and long wait times for formal assessment. There is growing concern that lack of timely identification and subsequent access to needed health and social service supports leads these individuals to ‘fall through the cracks” and increases their risk of poor health and on-going social vulnerability. This study sought to explore both the perceived need and usefulness of a screening tool that could be easily administered in a primary care setting to identify individuals suspected of having a mild IDD.

**Methods:** This study used a sequential, mixed method design. In the first phase, primary care providers completed a survey exploring their experience and perspectives of a screening tool. Surveys were analyzed using descriptive statistics. Results from the first phase informed the development of a focus group to explore perspectives of community partners who provide on-going support to individuals with IDD in the region. Thematic analysis of the focus group was completed.

**Results:** Despite the majority of primary care providers reporting that they have managed care for adults they suspect have an unidentified IDD, many felt unsure of how to obtain a diagnosis and how to access appropriate supports. Encouragingly, 78% of providers indicated that a screening tool would be helpful in this setting and that they would use it if available. The focus group provided additional community insight: identifying additional facilitators and barriers to accessing supports, the importance of diagnosis, avenues for locating needed documentation and potential items for inclusion in the screening processes.

**Discussion/Conclusions:** Although this study was small, results are encouraging for a larger study in this setting. Primary care providers are seeing individuals whom they suspect may have an unidentified IDD and agree that a more formalized screening tool would be useful in their practices to help obtain timely and needed services. Intersectoral collaboration with community agencies that support adults with IDD appears to be a natural connection with primary care and provided rich insight for the development of a future screening tool and/or process in these settings.

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