Using the Project ECHO Model to Train Rural Primary Care Clinicians to Deliver Child Mental Health Services in Oregon

Keith Cheng, M.D.; Ajit Jetmalani, M.D.; Behjat Sedighi, Q.M.H.P.; Maggie McLain McDonnell, M.P.H.; Teri Pettersen, M.D.

BACKGROUND

- There is an ongoing severe shortage of practicing child psychiatrists in the U.S. Compounding this problem is the fact that 36% of certified child psychiatry training programs did not fill all positions in 2017.
- Approximately 75% of youth with a diagnosed mental health disorder are currently managed by pediatricians and family practitioners.
- Providing direct mental health care, as well as providing training for clinicians in rural areas presents additional challenges.

METHOD

Our lead psychiatrist and staff project manager attended Project Extension for Community Healthcare Outcomes (ECHO) training at the University of New Mexico.

Clinicians from rural areas were recruited through the Oregon Rural Practice-Based Research Network (ORPRN). The majority of participants were physicians and female. Pediatricians and Family Medicine providers participated. Nearly 60% are employed by federally qualified health centers (FQHCs). Approximately 40% of clinics are located 50 miles or more from a pediatric in-patient facility. Of the 31 participants initially recruited, 27 continued as active participants through the end of our 30 week program.

A child psychiatry curriculum was developed based on reported needs and deficits perceived by participating primary care providers.

RESULTS

The majority of participants reported that their participation in ECHO led to a high or very high degree of learning across multiple topics in child psychiatry. Most notably the knowledge base increased in the following areas: screening patients for mental health disorders, prescribing/managing medications for mental health disorders, communication with patients/families about mental health disorders and treatment. (Figure 1)

Participants in the Project ECHO clinic felt more confident in using psychotropic medications for depression and anxiety. (Figure 2)

Participants in the Project ECHO clinic showed actual behavior change in mental health disorders and treatment. (Figure 3)

DISCUSSION

Project ECHO training also leads to a change in behavior of primary care clinicians, specifically, providing more office counseling to patients and families with mental health problems.

CONCLUSIONS

Child psychiatry knowledge and confidence in treatment of youth with mental health issues are increased for primary care clinicians who participate in the Project ECHO model.

Project ECHO training also leads to a change in behavior of primary care clinicians, specifically, providing more office counseling to patients and families with mental health problems.

There is a growing body of evidence showing that ECHO clinics can increase work flow capacity to provide evidence-based and best practices specialty care with the result of reducing health care disparities in physician shortage areas.

We speculate that rural primary care providers can deliver better psychiatric care within their communities via interactive video based virtual learning.

The main weakness of this study is a small number of participants. More research is needed to verify that the ECHO model is an effective way of training primary care clinicians to provide child mental health treatments.