



Policy Brief: Introduction to Project ECHO & Leveraging Medicaid Funding

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Mississippi Thrive! Child Health and Development Project

What is Project ECHO?

A significant barrier to optimal child health is access to healthcare, which is disparate for rural populations. **Project ECHO (Extension for Community Healthcare Outcomes)**, developed by Dr. Sanjeev Arora at the University of New Mexico, is an informative model of practice emphasizing telemonitoring to advance the medical knowledge of healthcare providers in rural areas. This novel modality provides specialized training in treatment of complex health conditions which affords healthcare providers the ability to reach patients in their home communities. Project ECHO develops knowledge and capacity among community members (i.e., spokes) through a) case-based learning, b) knowledge networks, and c) learning loops. The knowledge networks consist of regularly scheduled virtual meetings (via Zoom) that bring together expert, interdisciplinary specialists and community-based partners. These partners learn best practices through learning loops in which they are mentored to treat disorders in patients in

real world situations and practice. Over time, these learning loops create deep knowledge, skills and self-efficacy. Research supports its effectiveness and sustainability in communities across disciplines for improving child developmental and mental health (Harrison et al., 2022; Rooney et al., 2021).

Project ECHO's implementation is oriented toward connecting with community providers in rural and economically disadvantaged areas. States with a high rate of poverty can benefit greatly from the support of an ECHO Program. Mississippi retains the nation's highest child poverty rate, at approximately 26.0% of children and adolescents under 18 years of age living in poverty in 2020 (U.S. Census Bureau, 2020), followed by New Mexico's rate of 21.6% and West Virginia's at 20.3% compared to the 15.7% national average. Poverty places children at an increased risk for adverse outcomes, including developmental delay, mental illness, and other health issues. Additionally, rural states denoting higher levels of poverty often face shortages in healthcare providers, including lack of access to specialists equipped to address complex health conditions. Thus, implementation of an ECHO program with stable funding by Medicaid, Mississippi's largest insurance provider for children, may assist in closing the healthcare gap and significantly benefit the developmental and behavioral health outcomes of the pediatric population.



Early Childhood ECHO in Mississippi

Though not identical to Project ECHO, Mississippi Thrive (an early childhood developmental health project) developed a teleconsulting program, funded by Health Resources and Services Administration (HRSA), to connect primary care providers with experts in their fields. This framework was later adopted as an Early Childhood ECHO (ECH-ECHO) focused on improving the developmental and behavioral health of Mississippi's children aged 0-6 within the child's primary care medical home. This initial pilot project amassed enrollment that represented providers across 12 counties in Mississippi. Surveys from the providers suggested that mentorship, guidance, and feedback from experts to primary care clinicians increased provider confidence. ECH-ECHO established a foundation for the implementation of other ECHO programs such as Pediatric Genetics, Child Access to Mental Health and Psychiatry (CHAMP), the EPMHS Let's Thrive series. It is important to note that these efforts are currently supported by granting sources federal or private which may present obstacles for long term care.

Medicaid Funded Project ECHO: Replicating Similar States

While several states (e.g., California, Colorado, New Mexico, and Oregon) pursue ECHO models with some support from Medicaid, states also use other funding sources for establishing ECHO hubs (Academic medical centers) and spokes (local clinicians). A technical assistance tool has also been created to outline how Medicaid may provide financing options to support Project ECHO (see: Medicaid Financing Models for Project ECHO, 2017).

California (CA). Four Medicaid MCO's partner with the UC Davis ECHO hub to provide support pertaining to pain management. California is based on capitation rates (voluntary) where the state works with a Coordinated Care Organization to assist with care in pain management in underserved, rural areas. Incentives include the expected improved outcomes from the pilot project.

Colorado (CO). Colorado implements Medicaid funded Project ECHO by requiring federal rules to include access and network adequacy in contracts with Medicaid. In doing so, ECHO-certified primary care providers are eligible to offer specialty care within a health plan's network.

New Mexico (NM). New Mexico implements Medicaid funded Project ECHO through Managed Care Organizations or contracts (MCOs), which effectively reduce costs associated with specialized healthcare services by provision of appropriate in-house resources at no cost to the patient (Howe et al., 2017).

New Mexico holds a capitated rate where the state contractually required its managed care organizations to support Project ECHO or includes outcome-based incentives that encourage the implementation of Project ECHO.

Oregon (OR). Oregon implements ECHO through a Coordinated Care Organization, Health Share of Oregon to support medication management for individuals with psychiatric conditions. Similar to New Mexico, Oregon is also based on a capitated rate where the state contracts services through its managed care organizations to support Project ECHO. In doing so, the program sometimes includes incentives to encourage Project ECHO participation.

West Virginia (WV). In West Virginia, the Clinical and Translational Science Institute (WVCTSA) Echo Project is funded by a variety of sources in addition to Medicaid, including, Claude Worthington Benedum Foundation, West Virginia University School of Medicine, Cabin Creek Health Systems, and the West Virginia Primary Care Association. Similar to Colorado, West Virginia is based on the network adequacy category of funding where ECHO certified primary care providers offer care through a health plan's network. In this case, Project ECHO in West Virginia focuses on improving chronic hepatitis C virus (HCV) Therapy. Approval for therapy requires prescription from a gastroenterologist, hepatologist, or infectious disease physician.



Benefits of Expanding Medicaid Coverage to Include Project ECHO

Reaching Under-resourced Communities.

Community-engaged healthcare is a fundamental tenet of Project ECHO. It serves as a method to equip community-based providers in rural areas with necessary training and ongoing support to treat complex medical, developmental or behavioral conditions which increases accessibility of services. Over half (68%) of Mississippi's residents faced healthcare affordability concerns in 2020, with concerns increasing amid the current COVID-19 pandemic. Additionally, key factors in timely provision of healthcare services include early detection of health conditions and appropriate/effective treatment. As many as 3 out of 5 Mississippi residents delayed or were unable to access healthcare due to affordability (Healthcare Value Hub, 2020). As approximately 56% of children in Mississippi are enrolled in Mississippi Medicaid health benefits, expanding its coverage to include Project ECHO would increase accessibility to healthcare services to all areas of the state (Mississippi Division of Medicaid, 2020).

Expanding Provider Expertise. ECHO employs a “multiplier effect” in fostering a knowledge-sharing model between field specialists and local experts, who provide care directly to their communities. Training and support from specialists in a variety of areas through e-learning and telemedicine platforms further improves accessibility to providers throughout the United States –especially Mississippi. Additionally, ECHO includes collaboration between researchers and practitioners in that there is ongoing support to enhance service

provision and improve care in underserved areas using Echo Hubs. Thus, by expanding provider expertise within a patient's medical home, obstacles that enlarge barriers to care such as referral elsewhere and/or delayed access to services, may be mitigated.

Increasing Access to Behavioral Health Services.

As poverty is an Adverse Childhood Experience (ACE), increasing access to specialized mental health care services that may mitigate the negative impact may contribute to more optimal health outcomes throughout the lifespan. Children living in poverty in Mississippi face an increased risk of developmental and behavioral problems. For example, children who experience food insecurity in childhood are more likely to display externalizing psychopathologies such as rule-breaking behavior (King, 2018); It is also important to note, economic strain also places significant stress on families through parental stress which may impact parenting processes (Nomaguchi & Milkie, 2017). Therefore, implementing project ECHO, which includes access to child and adolescent psychiatrists, within communities at no cost to parents (Medicaid funded) increases access to appropriate behavioral health services through primary care providers and behavioral health specialists.

Summary

Securing financial support for Project ECHO through state-allocated Medicaid funds could improve health trajectories amongst children and families experiencing poverty in Mississippi. Enacting a program model designed to disseminate knowledge and provide aid to providers addressing complex health conditions, at no cost to families, will likely accelerate efforts to close the healthcare gap.





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