



**Children's Hospital &  
Medical Center Omaha  
Center for the  
Child & Community**

**PROJECT ECHO:  
TREATING ANXIETY  
IN THE PRIMARY  
CARE SETTING**



**Evaluation Summary**

**Prepared by  
RadeckiResearch LLC  
February 2021**

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Evaluation Summary**

Center for the Child & Community  
Children's Hospital & Medical Center

**Prepared for:**

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## What is Project ECHO?

Project ECHO® (**E**xtension for **C**ommunity **H**ealthcare **O**utcomes) is an evidence-based telementoring program designed to create communities of learners by connecting healthcare providers and multidisciplinary subject matter experts. Combining didactic and case-based presentations with clinical management and support tools, ECHO promotes an “all teach, all learn” philosophy. Gathering virtually through widely available videoconference technology, healthcare and other professionals build knowledge and increase self-efficacy on diseases, conditions, and/or health care processes. The ECHO model is now in use globally with an aim to improve professionals’ ability to manage conditions, create sustainable change, and shape better outcomes for pediatric and adult populations.



### Project ECHO at Children’s Hospital & Medical Center

Project ECHO at Children’s Hospital & Medical Center is coordinated by the **Center for the Child & Community** (Center) with a mission to empower communities to value and support the health, safety, and well-being of every child. The Center launched their first ECHO in 2017 and has since become a leader in the provision of high-quality ECHO programs serving physicians and other professionals, many of whom provide care in rural and medically underserved areas. Over the past 3 years, Children’s ECHO offerings included timely topics such as childhood obesity, behavioral health, sports medicine, child abuse and neglect, school health, acute flaccid myelitis (AFM), and COVID-19.

### Project ECHO: Treating Anxiety in the Primary Care Setting

Over 7% of US children ages 3-17 years have an anxiety diagnosis; anxiety diagnoses among youth have increased over the past two decades.<sup>1</sup> Lockdowns, school disruptions and the ongoing upheavals to daily life resulting from the COVID-19 pandemic have further exacerbated mental health concerns in children and adolescents. Pediatricians play an important role in the health and mental health of their patients and are often among the first professionals to identify, diagnose, and treat mental health conditions, including anxiety. Physician opportunities to build knowledge and skills relevant to current, evidence-based guidelines and recommendations may be limited or unavailable in some communities due to factors such as distance and cost.

<sup>1</sup> See CDC [Data and Statistics on Children’s Mental Health](#) webpage for a summary overview

Recognizing the value of ongoing education and support for Nebraska’s pediatricians who diagnose, care for, and manage children and youth with behavioral health concerns, including anxiety, the Children’s Project ECHO team developed and implemented the pilot **Treating Anxiety in the Primary Care Setting (Anxiety ECHO)** from September 2020 – December 2020.

### Anxiety ECHO Program and Curriculum Overview

A multidisciplinary faculty facilitated the Anxiety ECHO 8-session curriculum, addressing topics of current and emerging importance to primary care physicians.

Anxiety ECHO convened every 2-3 weeks for 4 consecutive months. Each 60-minute ECHO session featured a brief faculty-led didactic segment followed by de-identified patient medical case presentation and discussion, allowing participants to learn from subject matter experts *and* each other. Children’s ECHO program staff recruited participants through previous Behavioral Health ECHO participants (2018-2019), coordination with the NE Chapter of AAP to recruit members, and the Children’s Hospital & Medical Center network. In addition to content and supportive resources, participation benefits included networking and receipt of no-cost continuing medical education credits.

#### **Anxiety ECHO Curriculum Topics**

- Introduction to Anxiety Disorders
- Evaluation and Screening of Anxiety Disorders
- Therapeutic Interventions I
- Therapeutic Interventions II
- Medication Interventions
- Psychiatric and Medical Co-Morbidities
- Special Topics: PTSD & OCD
- Anxiety and the Environment

### Anxiety ECHO Program Evaluation

To assess participant experience and program impacts, the Center engaged an independent consultant to evaluate Anxiety ECHO throughout the program period. Due to challenges associated with COVID-19, evaluation activities were limited to attendance tracking, a post-*program* participant survey, and a series of open-ended questions posed to attendees at the final (December 17, 2020) Anxiety ECHO session.

An ongoing challenge across pediatric ECHOs is engaging busy professionals in program evaluation activities. Due to the relatively small sample size obtained in response to the post-program survey, results may not reflect the full range of participant experiences and should be interpreted with caution.

## Anxiety ECHO Evaluation: What we Learned

### Participation

Thirty-two healthcare professionals enrolled in Anxiety ECHO; most participants were physicians (50%) or nursing professionals (19% advanced practice or registered) and all were from Nebraska. Average session attendance = 15 learners. At program completion, Children's awarded a total of 159 Continuing Medical Education credits across participants.

### Participant Experience

Based on post-program surveys, the majority of participants agreed or strongly agreed that Anxiety ECHO:

100%



- ☑ Provided **relevant and evidence-based content**
- ☑ Was a **valuable use of time**
- ☑ **Improved** participant ability to **treat** and **manage patients**
- ☑ Made participant **better at** his/her **job**
- ☑ **Improved** subject matter **understanding**

>90%



- ☑ Made participant feel **less isolated**
- ☑ **Improved** subject matter **interest**
- ☑ **Increased** professional **satisfaction**

In final ECHO session discussion and post-program survey open-ended comments, the didactic content identified as most useful pertained to anxiety-related symptoms, medication and medication management, counseling/therapy, and anxiety subtypes.



*One of the parts that became more clear to me [was] to look at the physical symptoms of anxiety and to maybe even teach kids to watch for those and to ask about them as follow up to know how they're handling situations. 'Is your heart rate still elevated? Do you still feel sweaty? Do you feel lightheaded?' I've always thought of anxiety more of as an emotion*

*or a feeling but the physical symptoms are a little easier to explain. Kids can explain those better, so I think I've done a better job focusing in on them and I hadn't really put that together as well as I had until this series so I appreciate that.*

*I don't know if it was because of the pandemic timing but this was perfectly timed, having anxiety be the topic, and so I'm not sure if it was the sessions or just my own experience with patients at this time but just realizing how much more important the medication is, early in anxiety management. I discovered that I had so many patients that were extremely anxious and they were unable to even engage in therapy because of it and they didn't really get any benefit from going to therapy. Most were refusing to go to therapy until we started medication and then they started to be able to just say a little bit more and relax at the idea of going and then a few in particular have really flourished on low dose medication...so seeing those work together has been great.*

*I don't think I want to know all that happens in a counseling or therapy session but just to have a general idea of what some of the goals are in those session so in a way, I can get an assessment of is this person working with a therapist that's on the right track and then reinforcing it in my office visits...*

*I appreciated Dr Tony's review of basic science and how medications work. That really helps me as well and helps me explain things to parents because they always have questions, 'What's this going to help?' 'How does it help?'*

## Outcomes and Impacts

Beyond participation and satisfaction, important to an ECHO program's success are outcomes and impacts – on the care that individual learners provide to their patients as well as within the systems in which they serve youth, families, and communities.

Anxiety ECHO **improved** participants' self-reported **knowledge** and **confidence** regarding all aspects of anxiety-related identification, treatment, and management assessed. Learners reported increases of  $\geq 40$  percentage points, pre- to post-ECHO, in the following areas (See Appendix A for complete results regarding knowledge and confidence change):

- ☒ Symptoms and criteria for the most common anxiety disorders (Knowledge)
- ☒ Exposure and Response Prevention as a treatment for OCD (Knowledge)
- ☒ Symptoms of posttraumatic stress (Knowledge)
- ☒ Risk and resilience factors that impact likelihood of developing PTSD (Knowledge)
- ☒ Prescribe medications for childhood anxiety (Confidence)
- ☒ Discussing the impacts of anxiety and the environment with patients (Confidence)

All post-program survey participants affirmed intent to change  $\geq 1$  aspect care for patients with anxiety concerns. The majority identified a change in best practice or guideline (55%) or a change in professional practice (55%); fewer (18%) planned change in policy or procedure.

## Conclusions and Next Step Recommendations

Anxiety ECHO evaluation highlights a pattern of repeat attendance among enrollees, a positive participation experience for learners, and improvements to healthcare provider knowledge and confidence that afford opportunity to enhance recognition, treatment and management of children and youth with anxiety concerns in the pediatric practice setting.

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*This ECHO series was one of the best, if not the best that I've attended!*

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As the Center considers next steps to support Nebraska pediatricians in caring for youth with behavioral health concerns, planning for additional ECHOs is warranted. Post-program survey responses indicate strong interest in future ECHOs devoted to common youth behavioral health concerns. All participants (100%) affirmed interest in joining a Children's sponsored ECHO on ADHD; 90% expressed interest in an ECHO exploring child and adolescent depression. Final Anxiety ECHO session participant discussion regarding proposed depression-specific ECHO topics suggests the value of including information about depression subtypes in addition to standard content.

To date, a large percentage of recent Children's-sponsored ECHO participants have been "repeat attenders." All Anxiety ECHO post-program survey respondents affirmed participation in Children's 2017 Behavioral Health ECHO series which speaks to the perceived value and importance of this program to those who consistently enroll in Children's ECHO offerings. That number, however, represents a relatively small proportion of Nebraska pediatricians. Recommendations for Project ECHO staff and faculty consideration include identifying opportunities to enhance program promotion and recruitment to expand program awareness and identify new pediatricians and other healthcare professionals who may benefit from Children's-sponsored ECHOs.



## Project ECHO: Treating Anxiety in the Primary Care Setting (Anxiety ECHO) Post-Program Survey Summary<sup>1</sup>

### Anxiety ECHO Experience

	% Agree/ Strongly agree
Anxiety ECHO content was relevant to my patient population	100
Anxiety ECHO was a valuable use of my time	100
Anxiety ECHO provided evidence-based content	100
Anxiety ECHO met stated objectives	100
Anxiety ECHO improved my ability to treat and manage my patients	100
My <i>understanding</i> of the subject matter has improved as a result of participating in Anxiety ECHO	100
I was satisfied with this training overall	100
Anxiety ECHO makes me better at my job	100
Anxiety ECHO provided an appropriate balance between instruction and practice	100
Participating in Anxiety ECHO made me feel less isolated	91
My <i>interest</i> in the subject matter has improved as a result of participating in Anxiety ECHO	91
Participating in Anxiety ECHO increased my professional satisfaction	91

### Interest in Joining Future Behavioral Health-Related ECHO Series

	% Yes	% Unsure	% No
Depression	90	10	0
ADHD	100	0	0

<sup>1</sup> Sample size = 11



## Intent to Change as a Result of Anxiety ECHO Participation

Planned changes as a result of Anxiety ECHO participation	% Yes
Change in best practice or guideline	55
Change in professional practice	55
Change in policy or procedure	18
Other change (increased awareness)	9
No change	
Anticipated barrier(s) to change	% Yes
No barrier(s) identified	36
Lack of management support	9
Lack of coworker support	18
Insufficient knowledge	0
Insufficient skill set	27
Other barriers (specified)	27
<ul style="list-style-type: none"> <li>• <i>Patient barriers</i></li> <li>• <i>Time. Anxiety often comes up under the umbrella of a different appointment, so it always feels pressed for time.</i></li> <li>• <i>Trying to pull it altogether (sic) and apply what I have learned in a visit</i></li> </ul>	

### **Supports needed to overcome barriers [n=5]**

- *Continued experience with anxious kids who need meds or counselling.*
- *Hands on training with patients.*
- *I appreciate the ability to reach out and get help from specialists at Children's so much, that will help when I am stuck and don't know what to do next. I would like to say I would review the slides/presentations which would be very helpful but the reality is I probably will not. But at least I know where to go for the information. It might be nice for those of us who do not log into Children's system on a regular basis to have easier access to these videos - could they somehow be sent to us in another way?*
- *Just time/energy to go explain importance (to support adding/using anxiety screening tools).*
- *Our office is hoping to have a RN to help with follow-up of our behavioral health patients to touch base with how they are doing and coordinate care. I think that will be helpful to providers and families.*

## Retrospective Self-Reported Change in Knowledge and Self-Efficacy with Anxiety ECHO Participation

<b>Knowledge before and after ECHO participation<sup>2</sup></b>	<b>Before ECHO Participation (% Agree or Strongly agree)</b>	<b>After ECHO Participation (% Agree or Strongly agree)</b>	<b>Percentage Point Change, Pre- to Post-ECHO</b>
Scale: 5-point scale – <i>Strongly agree</i> to <i>Strongly disagree</i>			
Symptoms and criteria for the most common anxiety disorders	33	89	56↑
Screening measures to assess for anxiety disorders	56	89	33↑
How OCD is diagnosed	25	38	13↑
Exposure and Response Prevention as a treatment for OCD	13	63	50↑
FDA-approved and non-FDA approved medications studied to treat anxiety in children and adolescents	44	78	34↑
Short-term and long-term management approaches for childhood anxiety	38	75	37↑
Common pediatric illnesses that present with anxiety	50	75	25↑
Treatment algorithm for anxiety in the medical setting	33	67	34↑
Symptoms of posttraumatic stress	29	86	57↑
Risk and resilience factors that impact likelihood of developing PTSD	14	72	58↑

<sup>2</sup> Note: Sample size for knowledge-related questions ranged from 7-9; participants who missed an ECHO session during which specific content was covered were instructed to select an "NA" response which was excluded from computation of descriptive statistics

<b>Confidence in ability to care for children and youth with anxiety, before and after ECHO participation<sup>3</sup></b>	<b>Before ECHO Participation (% Strongly Agree or Agree)</b>	<b>After ECHO Participation (% Strongly Agree or Agree)</b>	<b>Percentage Point Change, Pre- to Post-ECHO</b>
Scale: 5-point scale – <i>Strongly agree</i> to <i>Strongly disagree</i>			
Assess for and evaluate anxiety disorders	44	78	34↑
Discuss with patients the main components of evidence-based therapy for anxiety disorders	22	56	34↑
Prescribe medications for childhood anxiety	33	78	45↑
Develop a medical differential for anxiety	56	56	0
Discuss the impacts of anxiety and the environment with patients	22	67	45↑

### Most Valuable Aspects of Anxiety ECHO

- *Discussion of the medications*
- *Excellent instruction with great examples*
- *Hearing personal questions and stories*
- *Review of how the providers address certain components of anxiety and medication management*
- *Talking about goals in therapy*
- *Understanding of the physical symptoms of anxiety and to use these to take a good hx and to monitor for improvement on meds and/or with therapy; medication management*
- *Good refresher*
- *Increasing the awareness*
- *I gained knowledge*
- *All of it*

<sup>3</sup> Note: Sample size for confidence-related questions ranged from 7-9; participants who missed an ECHO session during which specific content was covered were instructed to select an "NA" response which was excluded from computation of descriptive statistics

### **Least Valuable Aspects of Anxiety ECHO**

- *Medical causes of anxiety*
- *Needed more audience participation*
- *Opportunity to watch a replay right away...sometimes we just get pulled away for 15 minutes and it would be nice to go back and view it the same day*
- *Too lengthy of case descriptions at times*
- *It was all valuable/nothing (4)*

### **Unanswered Problems or Concerns Specific to Caring for Children with Anxiety**

- *Difficulty get the resources*
- *Outcomes and how long treatment is*
- *When treating multiple diagnoses such as andh [sic], anxiety, odd, etc*
- *Continuous refreshing of this material do [sic] that I feel more confident in rx and treatment*
- *NA/None/Not Sure (3)*

### **Additional Supports Needed to Care for Children with Anxiety Not Provided by Anxiety ECHO**

- *Call line or email to psychiatry*
- *Would love the contact info for the informal/curbside provider to provider consult service discussed in the final session.*
- *Unsure (2)*
- *NA/None (2)*

### **Additional Feedback and Comments about Anxiety ECHO**

- *Excellent work*
- *Love it! Thanks*
- *Thanks!*

**Participant Demographics [n=11 unless indicated]**

	<b>% unless otherwise indicated</b>
<b>Number of Anxiety ECHO sessions attended<sup>4</sup></b>	64% attended 7+ sessions (18% attended 3-4 sessions)
<b>Attended Children's 2018-2019 Behavioral Health ECHO series</b>	100% yes
<b>Professional Training</b>	
Physician (MD/DO)	82
Nurse Practitioner (NP, PNP, APRN)	9
Social Worker	9
<b>Professional Position</b>	
Primary care provider who exclusively sees children and youth in an office-based or clinic-based ambulatory care setting	91
Other	9
<b>Primary Practice Type (n=10)</b>	
Solo or two-physician practice	20
Pediatric group practice: 3-5 pediatricians	0
Pediatric group practice: 6-10 pediatricians	20
Pediatric group practice: >10 pediatricians	50
Multispecialty group practice (other than staff model HMO)	0
Medical school or parent university	0
Nongovernment hospital/clinic	10
Other (specify)	0

<sup>4</sup> The Anxiety ECHO series included 8 sessions

## Appendix A

<b>Practice Location</b>	
Urban, inner-city	9
Urban, not inner-city	27
Suburban	36
Rural	27
<b>Practice is a Medical Home</b>	82
<b>Practice is a <i>Certified</i> or <i>Accredited</i> Medical Home</b>	55
<b>Number of Years in Professional Position</b>	M=19 years (range=6-35 years)
<b>Gender</b>	
Female	82
Male	18
<b>Race   Ethnicity</b>	
Asian	0
Black or African American	0
Hispanic or Latinx	0
Middle Eastern or North African	0
Native American or Alaska Native	0
Native Hawaiian or Other Pacific Islander	9
White	91
Prefer to self-describe	0
<b>Estimated % of patient population characterized as underserved [n=10]</b>	M=26% (range=0-93%)
<b>Estimated number of children/youth seen in an average month</b>	M=221 (range=60-300)
<b>Estimated number of children/youth seen in an average month with anxiety-related concerns</b>	M=18 (range=6-50)