

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 323  
(A-19)

Introduced by: Texas

Subject: Improving Access to Care in Medically Underserved Areas Through Project ECHO and the Child Psychiatry Access Project Model

Referred to: Reference Committee C  
(Nicole Riddle, MD, Chair)

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- 1 Whereas, There is a national shortage of physicians, and the Association of American Medical  
2 Colleges projects the shortage will only get worse, increasing to a deficit of 24,800 to 65,800  
3 physicians in specialty care by 2032; and  
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- 5 Whereas, Project ECHO (Extension for Community Healthcare Outcomes) was established at  
6 the University of New Mexico Health Sciences Center in Albuquerque in 2003 to respond to a  
7 growing health crisis resulting from the lack of specialty physician services for patients with  
8 hepatitis C and a void of primary care physicians who felt qualified to treat this disease  
9 adequately; and  
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- 11 Whereas, Project ECHO offers a unique response to specialty physician shortages by  
12 expanding the competencies and skills of physicians already engaged in patient care rather  
13 than assuming the only solution is to increase the physician workforce; and  
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- 15 Whereas, This model provides a mentorship program that uses telecommunications to connect  
16 expert interdisciplinary specialist teams at academic health centers with primary care physicians  
17 in community practices; and  
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- 19 Whereas, Project ECHO is not traditional telemedicine whereby the specialist assumes  
20 responsibility for the care of the patient. Conversely, community-based physicians participating  
21 in this program maintain responsibility for the management of their patients; and  
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- 23 Whereas, The single program in Albuquerque has grown to include more than 170 U.S. partners  
24 and more than 100 partners in 34 countries, with mentorship programs in more than 100 high-  
25 need specialty services, including HIV-AIDS, tuberculosis, opioid use disorder, pain  
26 management, behavioral health, palliative care, and cervical cancer; and  
27
- 28 Whereas, A prospective patient cohort study on Project ECHO published in the *New England*  
29 *Journal of Medicine* in June 2011 showed that treatment for hepatitis C patients in New Mexico  
30 by ECHO-trained primary care physicians was as safe and effective as treatment provided by  
31 specialists at an academic medical center; and  
32
- 33 Whereas, Project ECHO not only addresses patient care disparities but also provides benefits to  
34 physicians through opportunities for continuing medical education credits and improved  
35 professional satisfaction and reduced isolation for those in rural areas; and

1 Whereas, There is a widespread shortage of child and adolescent psychiatrists in the United  
2 States, with only 9,000 to serve more than 91 million children and adolescents for a ratio of  
3 more than 10,000 children per child and adolescent psychiatrist; and  
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5 Whereas, Most mental illnesses begin in childhood, and early diagnosis and treatment can  
6 improve an individual's behavioral health, quality of life, and longevity; and  
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8 Whereas, Primary care pediatricians have a critically important role in identifying and treating  
9 children's mental and behavioral health care needs but often do not feel adequately prepared to  
10 do so; and  
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12 Whereas, The Massachusetts Child Psychiatry Access Project (CPAP) established in 2004 has  
13 strong similarities to Project ECHO's goals and methods for mitigating gaps in specialty care.  
14 Child and adolescent psychiatrists in this program provide training and mentoring of primary  
15 care pediatricians through regional consultation teams to assist with medication, treatment, and  
16 referral needs for children with behavioral health issues. The most high-risk and complex cases  
17 are referred to specialists; and  
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19 Whereas, CPAP is available to 95% of the children and adolescents in Massachusetts, and 80%  
20 of the well child visits with primary care pediatricians in the program result in a behavioral health  
21 screen; therefore be it  
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23 RESOLVED, That our American Medical Association promote greater awareness and  
24 implementation of the Project ECHO (Extension for Community Healthcare Outcomes) and  
25 Child Psychiatry Access Project models among academic health centers and community-based  
26 primary care physicians (Directive to Take Action); and be it further  
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28 RESOLVED, That our AMA work with stakeholders to identify and mitigate barriers to broader  
29 implementation of these models in the United States (Directive to Take Action); and be it further  
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31 RESOLVED, That our AMA monitor whether health care payers offer additional payment or  
32 incentive payments for physicians who engage in clinical practice improvement activities as a  
33 result of their participation in programs such as Project ECHO and the Child Psychiatry Access  
34 Project; and if confirmed, promote awareness of these benefits among physicians. (Directive to  
35 Take Action)

Fiscal Note: Not yet determined

Received: 05/24/19

## RELEVANT AMA POLICY

### US Physician Shortage H-200.954

Our AMA:

- (1) explicitly recognizes the existing shortage of physicians in many specialties and areas of the US;
- (2) supports efforts to quantify the geographic maldistribution and physician shortage in many specialties;
- (3) supports current programs to alleviate the shortages in many specialties and the maldistribution of physicians in the US;
- (4) encourages medical schools and residency programs to consider developing admissions policies and practices and targeted educational efforts aimed at attracting physicians to practice in underserved areas and to provide care to underserved populations;
- (5) encourages medical schools and residency programs to continue to provide courses, clerkships, and longitudinal experiences in rural and other underserved areas as a means to support educational program objectives and to influence choice of graduates' practice locations;

- (6) encourages medical schools to include criteria and processes in admission of medical students that are predictive of graduates' eventual practice in underserved areas and with underserved populations;
- (7) will continue to advocate for funding from public and private payers for educational programs that provide experiences for medical students in rural and other underserved areas;
- (8) will continue to advocate for funding from all payers (public and private sector) to increase the number of graduate medical education positions in specialties leading to first certification;
- (9) will work with other groups to explore additional innovative strategies for funding graduate medical education positions, including positions tied to geographic or specialty need;
- (10) continues to work with the Association of American Medical Colleges (AAMC) and other relevant groups to monitor the outcomes of the National Resident Matching Program; and
- (11) continues to work with the AAMC and other relevant groups to develop strategies to address the current and potential shortages in clinical training sites for medical students.

Citation: Res. 807, I-03; Reaffirmation I-06; Reaffirmed: CME Rep. 7, A-08; Appended: CME Rep. 4, A-10; Appended: CME Rep. 16, A-10; Reaffirmation: I-12; Reaffirmation A-13; Appended: Res. 922, I-13; Modified: CME Rep. 7, A-14; Reaffirmed: CME Rep. 03, A-16

### **Educational Strategies for Meeting Rural Health Physician Shortage H-465.988**

1. In light of the data available from the current literature as well as ongoing studies being conducted by staff, the AMA recommends that:
  - A. Our AMA encourage medical schools and residency programs to develop educationally sound rural clinical preceptorships and rotations consistent with educational and training requirements, and to provide early and continuing exposure to those programs for medical students and residents.
  - B. Our AMA encourage medical schools to develop educationally sound primary care residencies in smaller communities with the goal of educating and recruiting more rural physicians.
  - C. Our AMA encourage state and county medical societies to support state legislative efforts toward developing scholarship and loan programs for future rural physicians.
  - D. Our AMA encourage state and county medical societies and local medical schools to develop outreach and recruitment programs in rural counties to attract promising high school and college students to medicine and the other health professions.
  - E. Our AMA urge continued federal and state legislative support for funding of Area Health Education Centers (AHECs) for rural and other underserved areas.
  - F. Our AMA continue to support full appropriation for the National Health Service Corps Scholarship Program, with the proviso that medical schools serving states with large rural underserved populations have a priority and significant voice in the selection of recipients for those scholarships.
  - G. Our AMA support full funding of the new federal National Health Service Corps loan repayment program.
  - H. Our AMA encourage continued legislative support of the research studies being conducted by the Rural Health Research Centers funded by the National Office of Rural Health in the Department of Health and Human Services.
  - I. Our AMA continue its research investigation into the impact of educational programs on the supply of rural physicians.
  - J. Our AMA continue to conduct research and monitor other progress in development of educational strategies for alleviating rural physician shortages.
  - K. Our AMA reaffirm its support for legislation making interest payments on student debt tax deductible.
  - L. Our AMA encourage state and county medical societies to develop programs to enhance work opportunities and social support systems for spouses of rural practitioners.
2. Our AMA will work with state and specialty societies, medical schools, teaching hospitals, the Accreditation Council for Graduate Medical Education (ACGME), the Centers for Medicare and Medicaid Services (CMS) and other interested stakeholders to identify, encourage and incentivize qualified rural physicians to serve as preceptors and volunteer faculty for rural rotations in residency.
3. Our AMA will: (a) work with interested stakeholders to identify strategies to increase residency training opportunities in rural areas with a report back to the House of Delegates; and (b) work with interested stakeholders to formulate an actionable plan of advocacy with the goal of increasing residency training in rural areas.

Citation: CME Rep. C, I-90; Reaffirmation A-00; Reaffirmation A-01; Reaffirmation I-01; Reaffirmed: CME Rep. 1, I-08; Reaffirmed: CEJA Rep. 06, A-18; Appended: Res. 956, I-18

References:

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2. University of New Mexico Project ECHO website, accessed May 21, 2019.
3. Partnering Urban Academic Medical Centers and Rural Primary Care Clinicians to Provide Complex Chronic Disease Care, Sanjeev, A., et al., *Health Affairs* (Millwood), June 2011; 30(6). [www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0278](http://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0278)
4. S.2873 Expanding Capacity for Health Outcomes (ECHO) Act, 114th Congress, 2015-16. [www.congress.gov/bill/114th-congress/senate-bill/2873](http://www.congress.gov/bill/114th-congress/senate-bill/2873)
5. Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers, Sanjeev, A., et al., *NEJM*, June 2011; 364(23):2199-2207. [www.nejm.org/doi/full/10.1056/NEJMoa1009370](http://www.nejm.org/doi/full/10.1056/NEJMoa1009370)
6. Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project, Staus, J., and Sarvet, B. *Health Affairs*, December 2014; 33(12): 2153-2161. [www.healthaffairs.org/doi/abs/10.1377/hlthaff.2014.0896](http://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2014.0896)
7. Modern Medicaid Alliance Featured Medicaid Solution: Massachusetts Child Psychiatry Access Project. <http://modernmedicaid.org/massachusetts-child-psychiatry-access-project/>
8. Report to Congress, February 2019, Current State of Technology-Enabled Collaborative Learning and Capacity Building Models, U.S. Department of Health and Human Services. <https://aspe.hhs.gov/system/files/pdf/260691/ECHOAct-ConsolidatedReportToCongress.pdf>

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