

**Project ECHO® Eating Disorders Clinic: Connecting Primary Care, College Health, and Behavioral Health Care Providers to Effectively Manage Eating Disorders**

CME Survey Comments Supporting Project ECHO® Eating Disorders Clinic Goals	
Comments Related to Key <i>Points Learned, Changes You Will Make in Your Practice, and Suggestions for Future PE-EDC's</i>	
PE-EDC Goals	
Increase interprofessional education and value of the treatment team including patient and family	<ol style="list-style-type: none"> <li>1. "Focus more in treatment team about what each member brings to the table and avoid all or nothing thinking. "We are all in this together."</li> <li>2. "How the biopsychosocial model can be an asset for treatment. How a "team" of clinicians is essential for patient and primary therapists."</li> <li>3. "Case study was helpful in identifying how the ED can cause shame and doubt for parents and splitting of the treatment team."</li> </ol>
Increase specialty-based knowledge about eating disorders	<ol style="list-style-type: none"> <li>1. "I learned the ED is separate from both patient and caregiver - need to guide caregivers to work together to solve problems, not allow problem to split the team."</li> <li>2. "The principle of mutuality, motivation and mindfulness in order to assist parents in managing the illness."</li> <li>3. "Not all ED's involve an overwhelming desire to be thin and not all sufferers appear to be emaciated."</li> <li>4. "Explore how the ED helps or hinders the patient."</li> <li>5. "Assess the [patient's] personality traits and base treatment approach on this, as ED is often shaped by one's personality."</li> </ol>
Emphasize early identification and intervention	<ol style="list-style-type: none"> <li>1. "I will suggest that [our agency] includes an evidence-based screening tool for ED's upon intake, such as the SCOFF."</li> <li>2. "Pay more attention to ED as a possible diagnosis for males."</li> <li>3. "Be sure to screen Latina clients for ED symptoms as readily as white clients."</li> </ol>

Note: CME = Continuing Medical Education; PE-EDC = Project ECHO® Eating Disorders Clinic; ED = Eating Disorder

Project ECHO® Eating Disorders Clinic: Demographics*		
	n	Percent
<b>Gender</b> Primarily Female	53	94.6%
<b>Age Range</b> Primarily 20-49	53	82%
<b>Race</b> Primarily White	57	87.7%
<b>Ethnicity</b> Primarily Non-Hispanic	61	95%
<b>Education</b> Primarily Master's Degree	42	64.6%

Note: n=102 participants attended PE-EDC for total of 261 sessions from inception of PE-EDC in 1/17 to 3/18; n=65 participants completed the PE-EDC baseline outcome questionnaire.

<b>Project ECHO® Eating Disorders Clinic: Primary Employment Location</b>		
	Frequency	Percent
Outpatient Behavioral Health	13	20.6%
College Health Service	15	23.8%
Primary care/OB-GYN/Pediatric settings	11	17.4%
Other: (hospital inpatient, housing, insurance company, national association, private therapist/nutrition office).	24	38.2%
Total	63	100%

<b>Project ECHO® Eating Disorders Clinic: Professional Role*</b>		
	Frequency	Percent
Social Worker	27	41.5%
Psychologist	9	13.9%
Dietitian	7	10.8%
Medicine - Pediatrics	4	6.2%
Program Director/Development/Execution	4	6.2%
Nursing – Mental Health	3	4.6%
Counselor	2	3.1%
Medicine – Family	2	3.1%
Medicine - Psychiatry	2	3.1%
Other: (Nursing – Family medicine, Marriage & Family Therapist, Intake Coordinator, Care Manager, Nursing Student)	5	7.5%
Total	65	100.0%

Note: Of the 65 who completed the survey, 30.2% (n=19) serve patients in a primary care setting, 65.1% (n=42) provide care to patients in medically under-served communities, and 41.3% (n=27) serve patients in rural areas.

<b>How Confident are You with Assessing a Patient with Eating Disorders in Your Practice?</b>			<b>How Frequently Do You Screen for Eating Disorders During an Initial Patient Evaluation?</b>		
	Frequency	Percent		Frequency	Percent
Not at all	11	18.3%	Never	12	19.4%
Slightly	18	30.0%	Rarely	17	27.4%
Moderately	18	30.0%	Sometimes	7	11.3%
Very	113	21.7%	Often	9	14.5%
			Always	17	27.4%
Total	60	100.0%		62	100.0%

<b>Do You Use an Eating Disorder Screening Tool or Ask about Eating Disorders at Time of Initial Evaluation?</b>		
	Frequency	Valid Percent
Yes	19	30.6%
No	43	69.4%
Total	62	100.0%

<b>Type of Eating Disorder Screening Used at Initial Evaluation</b>		
Type	Frequency*	Valid Percent
SCOFF	3	14.1%
Counseling Center Assessment of Psychological Symptoms (CCAPS)	2	9.5%
Eating Attitudes Test (EAT)	1	4.8%
Guidelines for Adolescent Preventive Services form (GAPS)	1	4.8%
Eating Disorder Examination Questionnaire (EDEQ)	1	4.8%
Eating Disorder Inventory-2 (EDI2)	1	4.8%
Questions based on the Diagnostic and Statistical Manual of Mental Disorders Criteria (DSMV)	1	4.8%
Weight and Body Issues Inventory*	1	4.8%
Asked 3 or more Questions Regarding Intake, Food Restriction, Exercise, Binge Eating, Purging and/or Body Image, and Related Medical History	9	42.8%
Asked One Question about Eating Disorders: "Do you have a history of an eating disorder?"	1	4.8%
	21	100.0%

Note: n=16 providers noted n=21 types of screening approaches with a few providers noting more than one type of screening approach; SCOFF – Morgan, Reid, & Lacey, 1999; CCAPS - Locke et al., 2011 including questions regarding eating patterns and concerns, restriction, binge eating, purging); EAT - Garner, Olmsted, Bohr & Garfinkel, 1982); GAPS -Elster & Kuznets, 1994; Montalto, 1998; EDEQ - Fairburn & Beglin, 1994); EDI2– Garner, Olmsted, & Polivy, 1983); DSM-V – American Psychiatric Association); \*No specific inventory identified;