

Introduction: Project ECHO (Extension for Community Healthcare Outcomes) utilizes a collaborative model of education and care management to empower clinicians to provide better care for their patients. In response to the increase in prevalence of autism spectrum disorder (ASD) diagnoses, the ECHO Autism program aims to guide and support the growing body of community practitioners. Through ECHO Autism, practitioners can build their confidence, and their ability to identify, diagnose, and manage ASD and co-occurring conditions according to best-practice care. ECHO Autism has been shown to be beneficial in improving practitioners' ability to care for autistic children; however, little is known about the implementation and utility of ECHO Autism case recommendations.

Objective: To categorize and quantify the frequency of implementation of ECHO Autism recommendations, as well as their impact on clinical care.

Methods: A survey was sent to ECHO Autism participants who presented a case approximately three months after their case presentation. Two researchers independently coded 167 recommendations from 20 ECHO post-case surveys. The final 60 codes were split into nine categories of recommendations. Researchers calculated the frequency with which specific categories were observed, whether these recommendations were adopted by physicians, and why or why not. Researchers met regularly for consistency and to update the coding guide.

Results: Survey respondents were 15 physicians with a mean age of 43.3 (range 32-69; n= 12 women and 3 men) and averaging 14.3 years in practice (range 2-37). Common categories of recommendations and their rates of implementation were providing coaching and guidance to families/care providers (26.8%, 83% implemented); ongoing ASD care (16.8%, 66% implemented); accessing community resources (15.6% of recommendations, 83% implemented); co-occurring conditions (10.0%, 64% implemented); making referrals (8.3%, 63% implemented). Recommendations were rejected for the following reasons: family/patient declined (37%); the recommendation became unnecessary (20%); the physician lacked time (17%); the family was not ready (7%); the recommendation was unavailable in the area (7%); the physician disagreed or was unsure how to execute recommendation (2%); miscellaneous (7%).

Conclusion: Recommendations from ECHO Ontario Autism were often implemented in clinical care, showing the direct impact of this program on autistic children and their families.