



Uniwersytet Rzeszowski
Kolegium Nauk Medycznych



ECHO AUTISM COMMUNITIES

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WHO MADE **ECHO**?



Kristin Sohl
MD, FAAP

The Extension for Community Health Outcomes (ECHO) Autism was first created by Prof. Kristin Sohl, Medical Director of Show Me ECHO/Missouri Telehealth Network, and Medical Director of the Office of Continuing Medical Education and Physician Lifelong Learning department.

ECHO Autism Communities model was introduced for the first time in Poland by Prof. Agnieszka Rynkiewicz, INSAR Global Senior Leader for Poland.



Agnieszka Rynkiewicz
MD, MAT, PhD



WHAT IS **ECHO**?

ECHO Autism is a virtual learning network that provides real-time access to autism and behavioural experts.

The model supports local professionals working with patients with autism spectrum disorder (ASD) from childhood to late adulthood.

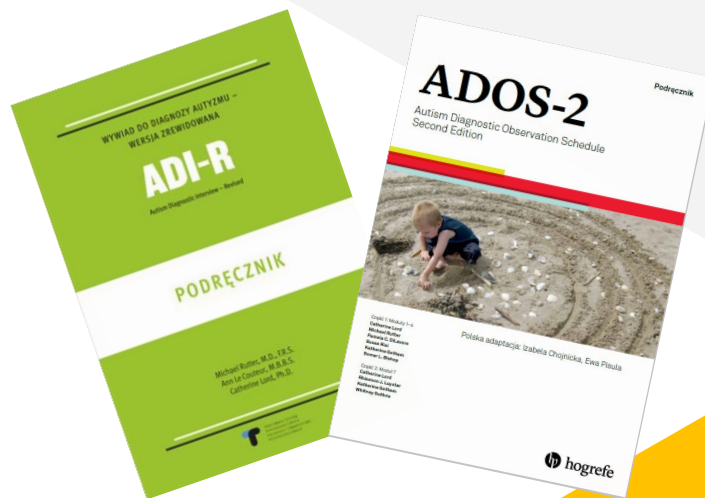


WHAT IS OUR MISSION?

The project aims to create local expertise and increase access for autistic people and their families.

To train professionals in best-practice care of ASD patients and guided practice on the comorbidities of ASD with patients and on the population of autistic females.

It also aims to train in the standardized assessments of ADI-R and ADOS-2, creating meaningful collaboration between global ECHO Autism teams.



1 IN 36



8-YEAR-OLDS WERE IDENTIFIED WITH AUTISM IN 2020*

*Based on data collected in 2020 on 8-year-old children living in 11 communities across the U.S.

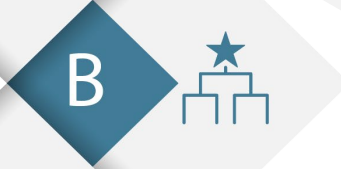
 bit.ly/ss7202a1 
MARCH 24, 2023

Maenner et al., 2023



The ECHO[®] Model

Amplification – Use **Technology**
to leverage scarce resources



Share **Best Practices**
to reduce disparity

Case Based Learning
to master complexity



Web-based **Database** to
Monitor Outcomes

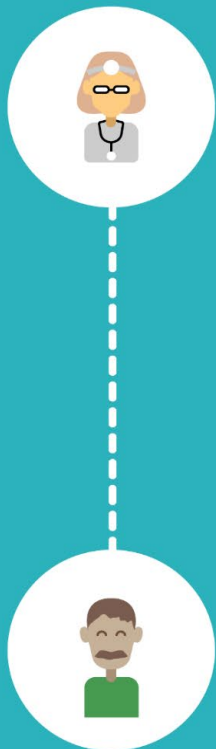
All Teach, All Learn

When all the principles are applied, a learning community in which "All Teach and All Learn" comes together. This includes:

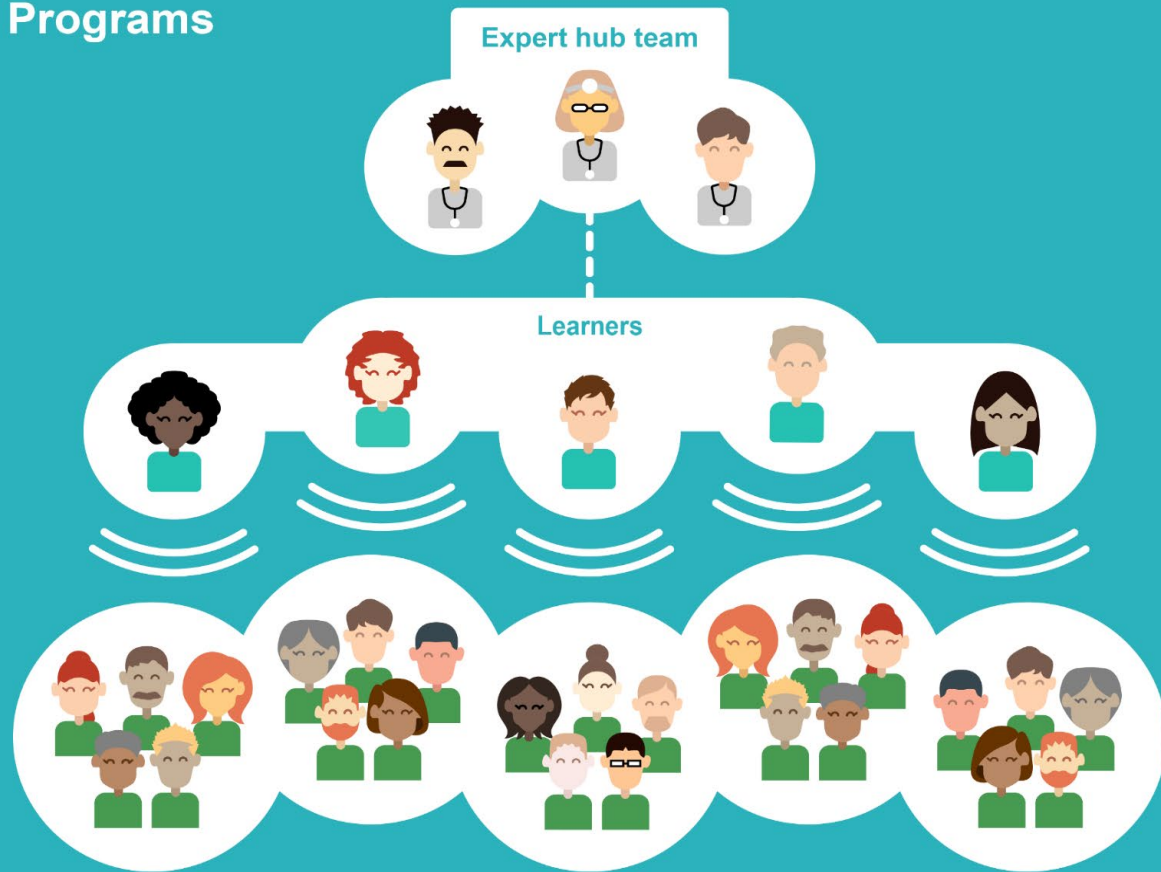
- Interactive Components
- Guided Practice
- Ongoing Mentorship
- Peer-to-Peer Learning
- Collaborative Problem Solving



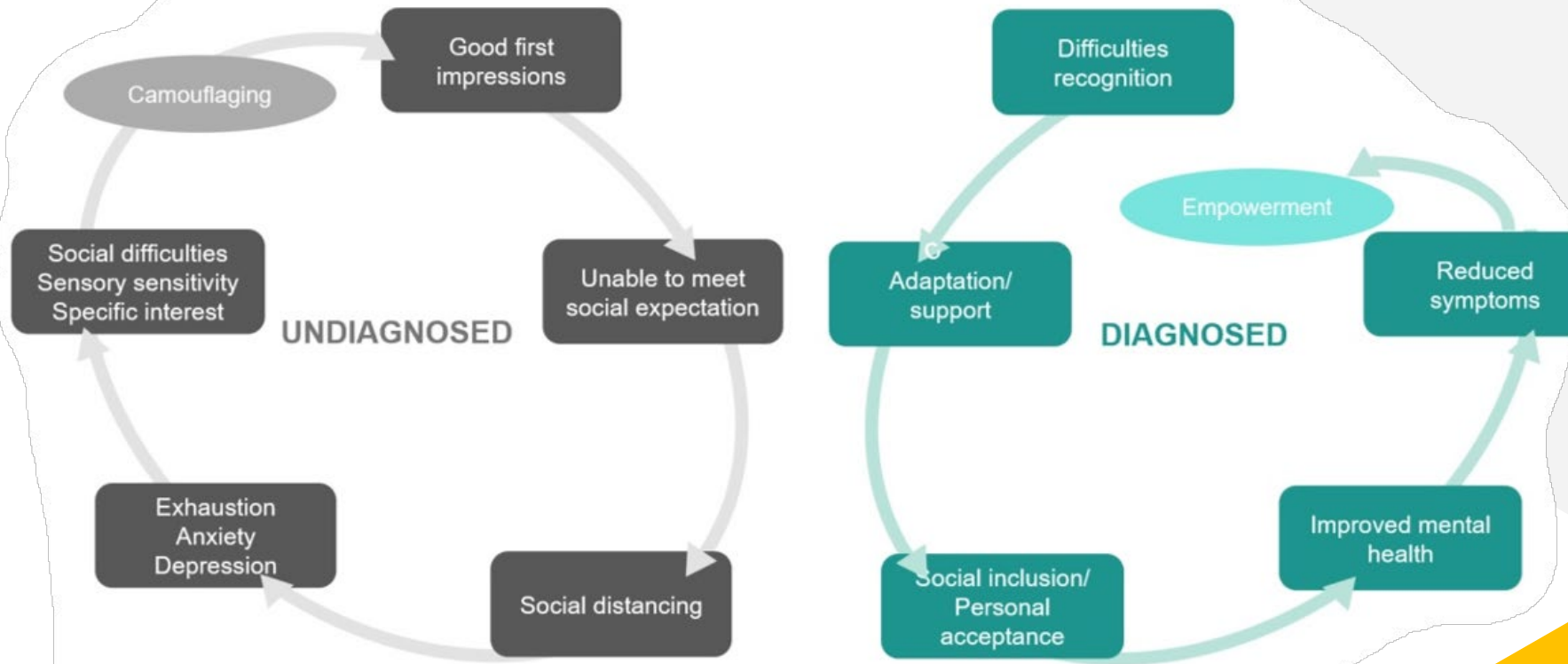
Traditional Telemedicine



TeleECHO™ Programs



THE BENEFITS OF A DIAGNOSIS



Adapted from Cola et al., 2020

ASD IN FEMALES

1. ASD females are **less likely** to receive a diagnosis of ASD despite having high autism traits unless there are additional problems.
2. ASD females are **less likely** to meet ASD diagnostic criteria than ASD males at equivalently high levels of autistic-like traits.
3. ASD females tend to be misdiagnosed or receive a diagnosis of autism (ASD) at a later age than ASD males.
4. There are some sources of bias in every rating scale regarding ASD females (e.g., SCQ, M-CHAT).
5. There are concerns about the fidelity of clinician-administered standardized assessments that are validated predominantly on ASD males' groups (e.g., ADOS-2, ADI-R)
6. ASD females have heightened rates of physical health challenges compared to non-ASD females and to ASD males.
7. ASD female adolescents and adults have higher rates of mood disorders and internalizing problems than ASD males.
8. ASD females are **at higher risk for suicide**.
9. During reproductive transition periods (**puberty, pregnancy, menopause**) ASD females often experience marked difficulties. They can be vulnerable to victimisation, emotional and sexual abuse.
10. ASD females (without ID) **have greater** job instability, are **more likely** to choose to withdraw from workforce, and are considerably **less likely** than ASD males to maintain their employment or postsecondary education over time.

BRINGING COMMUNITIES TOGETHER



ECHO
AUTISM
COMMUNITIES