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Q & A Fact Sheet for Providers & Health Center Leadership

1. How is the ECHO model™ different from traditional telemedicine?

Telemedicine is one-on-one clinical care. ECHO is one-to-many telementoring - providing mentoring to clinicians and helping increase knowledge so those clinicians can help lots of patients. Telemedicine can help bridge geographic gaps but doesn't help with the need for the right knowledge at the right time for all patients. In other words:

Traditional telemedicine (the specialist manages the patient remotely):

1. Focus is direct service delivery
2. Usually billable
3. Usually one-to-one
4. Unidirectional flow of information
5. Single expert providing opinion

ECHO (ECHO supports community based primary care teams; those teams still maintain the patient relationship):

1. Focus is on education and capacity building
2. Not usually billable
3. One-to-many (hub and spokes)
4. Multidirectional flow of knowledge
5. Ongoing, based on learner's needs
6. Multidisciplinary expert team providing mentoring, advice and support

2. What is an ECHO clinic?

An ECHO clinic is, essentially, virtual grand rounds. Primary care providers from multiple locations connect at regularly scheduled times with a team of specialists using low cost, multi-point videoconferencing. During ECHO clinics providers present patient cases to specialist expert teams who mentor the providers to manage patients with common, complex conditions. These case-based discussions are supplemented with short didactic presentations to improve content knowledge and share evidence based best practices. Providers can connect to an ECHO clinic that is focused on a complex condition that is of interest to them. There are currently over 40 different ECHO clinics focused on conditions such as chronic pain, HIV, hepatitis C, additions, and diabetes, just to name a few. Providers also received free CME credits for each ECHO clinic attended.

3. Why should I or my health center consider participating in an ECHO clinic? What are the benefits?

Project ECHO® is a unique tool that enables providers to practice at the top of their license, treating patients with common complex conditions rather than referring them on. Increased patient retention and satisfaction keeps patients at their local health center, and treated within their local community.

- **Physician Development and Retention:** Through Project ECHO, primary care providers acquire new skills and competencies, expanding access to care. They become part of a community of learners, increasing professional satisfaction and decreasing feelings of professional isolation. For a health center, this means that providers are more productive and stay in their positions longer.
- **Continued Learning:** Health centers and their providers also enjoy no-cost access to continued learning and specialist consultations during the ECHO clinics. This enables health centers to be part of a knowledge network.
- **Increased efficiency:** ECHO has allowed health centers to see more patients and to better utilize their staff to serve more patients overall. The model allows health centers to be part of a professional network and referral network, making it easier to get patients in to be seen, a process which previously could take weeks. This standardization of ‘best practices’ also strengthens the health system as a whole.

4. What are the benefits of Project ECHO for patients?

The ECHO model dramatically improves health outcomes for patients while bolstering patient retention and satisfaction. When a local health center adopts ECHO, many patients no longer have to travel long distances to see a specialist, a journey which is often very difficult for those with chronic conditions, and prohibitively expensive. With ECHO, patients with a wide range of chronic, complex conditions can be treated close to home, without waiting months for an appointment. The ECHO model has also demonstrated that when patients are treated in their local communities, by providers they know and trust, it enhances their adherence to treatment and follow-up care.¹ Expert consultations between providers and academic specialists also directly impact the health of patients, who benefit from the provider’s increased knowledge of best practices.

¹Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D., et al. “Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers.” *New England Journal of Medicine*. June 9, 2011.

5. What issues or challenges have health centers had in participating in ECHO clinics?

Time constraints have been identified as one of the most significant challenges for health centers. The specialist teams, or ‘hubs’, often work to schedule the ECHO clinics either before office hours or during lunch so as not to take away from provider-patient time. Participating in Project ECHO via video conferencing requires broadband internet access at every site, which has not been an issue for

the health centers currently participating in the model. In Chicago, a hub worked with every single health center, making a special arrangement with Comcast® to ensure a high-speed connection.

6. How much time can I expect participation in an ECHO clinic to take?

The Innovations in Colorectal Cancer Treatment will last 1 hour from noon- 1 pm ET to provide little disruption to clinic hours.

7. Can participation in Project ECHO help me recruit and retain providers?

Project ECHO is a powerful tool in recruiting and retaining providers. Both in rural and urban areas, health center providers often feel professionally isolated. ECHO is a major selling point for providers, as it allows for professional development, CME credits, and access to a knowledge network of peers and experts. Providers participate in the ECHO model first and foremost to help their patients, and the model increases their capacity to do so. Increased provider satisfaction often results in greater provider retention.

8. Who should participate in ECHO clinics? Providers as individuals? Teams? Community Health Workers (CHWs)?

All levels of providers are welcome and highly encouraged to participate in ECHO clinics including: physicians, physician assistances, nurse practitioners, registers nurses, psychiatrists, social workers, CHWs, and pharmacists.

9. How much does it cost to participate in an ECHO clinic?

Participation in ECHO clinics is free. The only associated costs are those for IT equipment (if needed) and time away from clinic. Many ECHO clinics are offered early in the morning or during lunch hours to minimize the time away from direct patient care. Most clinics already possess the required IT equipment to connect via video (internet and webcam) so no additional costs are incurred.

10. What IT equipment is required to participate in an ECHO clinic?

The technology can be as simple as an individual using a laptop, a hand-held mobile device, a small room set-up for 1-2 people or a videoconferencing room to allow the participation of groups. At Project ECHO in New Mexico, we utilize a cloud-based, system called Zoom (<http://zoom.us>). This system has several benefits, including the ability to run on lower-speed Internet connections. Zoom works well on mobile devices such as iPhones, iPads and Androids, requires no appliances and has web-conferencing features like chat and sharing.

11. Where can I go to learn more about the ECHO model? How can I get started? How do I connect with my local hub?

You can find more information about Project ECHO, and the ECHO Institute at the University of New Mexico, [here](#). To join the Innovations in Colorectal Cancer Treatment ECHO please contact Patrice.Bowles@cancer.org.