Project ECHO® (Extension for Community Healthcare Outcomes)

Project ECHO is a disruptive innovation that dramatically improves both capacity and access to specialty care for rural and underserved populations. This low-cost, high-impact intervention is accomplished by linking expert inter-disciplinary specialist teams with primary care clinicians through teleECHO™ clinics, in which the experts co-manage patient cases and share their expertise via mentoring, guidance, feedback and didactic education. This enables primary care clinicians to develop the skills and knowledge to treat patients with common, complex diseases in their own communities which reduces travel costs, wait times, and avoidable complications. Technology is used to leverage scarce healthcare resources, and the specialists at academic medical centers (AMCs) are better able to attend the most complex, high-risk patients. The ECHO model™ is not “telemedicine” where the specialist assumes the care of the patient, but instead a guided practice model where the primary care clinician retains responsibility for managing the patient, operating with increasing independence as their skills and self-efficacy grow.

PROGRAM

The ECHO model was developed as a platform for both healthcare service delivery and research in June 2003. Using telehealth technology and clinical management tools, Project ECHO trains and supports primary care clinicians from underserved areas to develop knowledge and self-efficacy to deliver best practice care for complex health conditions. Project ECHO’s knowledge networks incorporate case-based learning strategies from medical education and a theoretical framework that includes Social Cognitive Theory and Situated Learning Theory.

The key strength of Project ECHO is that it develops specialty care capacity in rural underserved communities, reduces wait times and unnecessary travel costs for patients while facilitating coordinated simultaneous multi-disciplinary consultations. The ECHO model develops knowledge and capacity among community clinicians through a) case-based learning, b) knowledge networks, and c) learning loops. The knowledge network consists of regularly scheduled teleECHO clinics that bring together expert inter-disciplinary specialists and community-based partners. These partners learn best practices through learning loops in which they co-manage diverse patients in real world situations and practice. Over time, these learning loops create deep knowledge, skills and self-efficacy.

REPLICATION

Project ECHO was able to effectively implement a robust expansion of the model to establish its effectiveness, through support from the Robert Wood Johnson Foundation (RWJF). The demonstration project expanded the ECHO model from its original teleECHO clinic for the hepatitis C virus (HCV) to six additional complex health issues as well as the University of Washington for HCV care. Each of these new Project ECHO arms demonstrated the demand, effectiveness and impact of the ECHO model. In addition to HCV, Project ECHO currently conducts teleECHO programs for other chronic conditions such as: chronic pain, integrated addictions and psychiatry, rheumatology, HIV/AIDS, dementia, complex care, palliative care, women’s health/genomics, children and youth epilepsy, as well as endocrinology. There
are additional ECHO training programs to develop community health workers as diabetes specialists, addictions recovery specialists, complex care specialists, behavioral health specialists and as prison peer educators.

Replication of the ECHO model is achieved through the creation of ECHO “hubs” or regional centers, in which partner sites or “spokes” connect through teleECHO clinics, gaining specialty expertise and knowledge. Project ECHO demonstrates its ability to be a leader in integration and utilization of aggregated patient data to improve outcomes and reduce costs, while making healthcare delivery more effective and efficient. Since its initial expansion project, the ECHO model has been successfully replicated across the United States and around the globe and these new efforts will help determine the broader applicability of the model. Today, Project ECHO has 43 hub replication partners globally, 36 sites in the U.S. with an additional 8 programs operating in 5 countries, covering 39 distinct disease focus areas with an estimated 2,800-3,000 spoke sites. Please see below for a breakdown of ECHO’s hubs and spokes as well as site maps for the national replications programs and ECHO’s spokes in New Mexico.

*Project ECHO currently serves an estimated global population of 500,000 people per year.*

**Project ECHO Replication Partners**

<table>
<thead>
<tr>
<th>Year</th>
<th>Additions</th>
<th>New Hubs</th>
<th>Hub Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>UNM Project ECHO</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2007</td>
<td>1. UNM Center for Development and Disability</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2009</td>
<td>1. University of Washington (June)</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
| 2010 | 1. Envision NM  
2. Maulana Azad Medical College – New Delhi, India (July)  
3. University of Chicago (November) | 3 | 6 |
| 2011 | 1. University of Utah (October)  
2. University of South Florida, Florida/Caribbean AETC (November) | 2 | 8 |
| 2012 | 1. Beth Israel Deaconess Medical Center at Harvard (January)  
2. Community Health Center, Inc. (January)  
3. Institute of Liver and Biliary Sciences – New Delhi, India (January)  
4. University of Nevada (April)  
5. LA Net (October)  
6. St. Joseph’s Hospital & Medical Center (June)  
7. Department of Veteran’s Affairs – 12 Hubs | 18 (12 VA, 6 non-VA) | 26 |
| 2013 | **Creation of ECHO Replication Office and Processes - May**  
1. DoD Army – 3 Hubs  
   a. Northern Region Medical Command at Fort Gordon (March)  
   b. Southern Region Medical Command at Fort Bragg (March)  
   c. Pacific Region Medical Command at Tripler (August) | 3 | 29 |
| 2014 | 1. UC Davis (January)  
2. CHI St. Luke’s Health/Baylor (January)  
3. DoD Army Eastern Region Medical Command at Germany (February)  
4. Ochsner Health System (March)  
5. University of Wyoming/Wyoming Institute for Disabilities (March)  
6. UT MD Anderson Cancer Center (April) | 14 | 43 |
7. Queens University/University of Toronto (April)
8. National Institute for Mental Health and Neurosciences – Bangalore, India (May)
9. West/North West Hospitals Group – Galway, Ireland (June)
10. Northern Ireland Hospice – Belfast, Northern Ireland (July)
11. Universidad de la República – Montevideo, Uruguay (September)
12. University of Rochester Medical Center (September)
13. Oregon Health and Science University/Health Share of Oregon (September)
14. Visiting Nurses Association Health Group (November)
### Project ECHO Accomplishments 2003-2014

<table>
<thead>
<tr>
<th>Accomplishment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Cost CME/CE/CEU Credits Provided to New Mexico Community Providers</td>
<td>66,716</td>
</tr>
<tr>
<td>Community Health Workers Trained</td>
<td>261</td>
</tr>
<tr>
<td>Community Providers Trained to Provide Buprenorphine Treatment</td>
<td>594</td>
</tr>
<tr>
<td>New Mexico Inmates Trained as Prison Peer Educators</td>
<td>307</td>
</tr>
<tr>
<td>New Mexico Inmates Who Have Received Peer Health Education</td>
<td>6,784</td>
</tr>
<tr>
<td>Grand Rounds and Outreach Events Provided Across New Mexico</td>
<td>3,000+</td>
</tr>
<tr>
<td>Current Project ECHO New Mexico Community Provider Partners and Participants</td>
<td>4,900+</td>
</tr>
<tr>
<td>New Mexicans Provided Project ECHO Diabetic Retinopathy Screening</td>
<td>2,869</td>
</tr>
<tr>
<td>Community Providers Who Have Received DEA-Mandated Pain and Opioid Education and Certification</td>
<td>1,411</td>
</tr>
<tr>
<td>Total Direct Funding from Non-New Mexico Government Sources</td>
<td>$34,656,352</td>
</tr>
</tbody>
</table>

### Project ECHO Publicity (Fiscal Year 2014 July 1, 2013 – June 30, 2014)

- On September 7, 2013, Dr Sanjeev Arora, Director of Project ECHO, was invited to present at TEDxABQ 2013 at UNM’s Popejoy Hall. Titled ‘Changing the World, Fast”, this highly successful presentation was posted on YouTube and has since received nearly 25,000 views. [http://www.youtube.com/watch?v=lY5nJXac0g&list=PLsRN0Ux8w3rOtBZE21Trjj6g5LOvo9oX- &index=5](http://www.youtube.com/watch?v=lY5nJXac0g&list=PLsRN0Ux8w3rOtBZE21Trjj6g5LOvo9oX- &index=5)

- On November 8, 2013, Dr Miriam Komaromy, Associate Director of Project ECHO and Medical Director of the Integrated Addictions and Psychiatry TeleECHO Clinic, participated in a roundtable discussion organized by US Senator Tom Udall on prescription drug abuse in New Mexico at First Choice Community Health in Los Lunas, New Mexico.

- On November 22, 2013, Dr Sanjeev Arora, sat down with PBS’ New Mexico in Focus to talk about how the ECHO model is dramatically improving care across the state for some of its most vulnerable and underserved populations. In this in-depth interview with PBS’ Gene Grant, host of New Mexico in Focus, Dr Arora described how Project ECHO is helping primary care clinicians and community health workers manage patients who have chronic conditions requiring complex care. He also reports on how Project ECHO is training a new wave of community-based addiction specialists to combat opiate addiction in New Mexico. Access to care is a major issue throughout New Mexico, but Project ECHO helps healthcare professionals do more for more patients. [https://www.youtube.com/watch?v=WOYXGX5rIqo](https://www.youtube.com/watch?v=WOYXGX5rIqo)

- January 6, 2014, Project ECHO published an article in Academic Medicine, ‘Demonopolizing Medical Knowledge’. The article introduces the new term ‘demonopolizing’ to personify how the ECHO model decentralizes medical knowledge away from academic medical centers and redistributes it to all levels of clinicians. [http://journals.lww.com/academicmedicine/Fulltext/2014/01000/Demonopolizing_Medical_Knowledge_14.aspx](http://journals.lww.com/academicmedicine/Fulltext/2014/01000/Demonopolizing_Medical_Knowledge_14.aspx)
January 13, 2014, Dr Joanna Katzman, Medical Director of ECHO’s Chronic Pain and Headache Management TeleECHO Clinic, along with the ECHO Chronic Pain Team, HSCtv, and the DOD release a video “U.S. Army adapt HSC’s ECHO model. http://www.youtube.com/watch?v=rieh0723fwI


April 7, 2014, Dr Sanjeev Arora was interviewed by the television station Subrayado on Project ECHO in Uruguay. https://www.youtube.com/watch?v=3EMcQfrx4wg&feature=youtu.be


June 11, 2014, Project ECHO was featured in the New York Times, Opinionator Section under Fixes in an article titled ‘The Power to Cure, Multiplied’. This amazing article highlights the difference Project ECHO is making in healthcare and garnered a lot of national press both for UNM and Project ECHO. http://opinionator.blogs.nytimes.com/2014/06/11/the-doctor-will-stream-to-you-now/?_php=true&_type=blogs&_r=0

June 18, 2014, Dr Karla Thornton is interviewed by Native American Calling in a segment titled ‘New Hope for Hepatitis C’. http://www.nativeamericacalling.com/nac_past.shtml
June 23, 2014, it is announced that Project ECHO received a 46.4 million grant from the Helmsley Charitable Trust for a new Endocrinology TeleECHO Clinic in New Mexico. The news of ECHO’s new grant and clinic was mentioned on the KRQE new broadcast.
