Project ECHO® (Extension for Community Healthcare Outcomes)

Project ECHO® Replication – Steps for Implementation
(This is a companion document to the Project ECHO® Replication Menu of Resources)

Getting Started – Approximately 2 months


2. Sign and Return Statement of Collaboration for Replicating Partners – This is a “front-end” document that outlines the roles and responsibilities between Project ECHO® and replicating partner organizations. Typically this is signed by the replicating partner program director or university leadership.

3. Revise, Sign and Return Project ECHO® Terms of Use Agreement – This is a legal contract, in draft form, which serves to protect Project ECHO®’s Intellectual Property. This needs to be reviewed, revised as necessary, finalized in collaboration with Project ECHO® and signed by legal counsel of both the replicating partner and Project ECHO®. Please see “Replication Contract Guide” on Menu of Resources.

4. Register for iECHO – Anyone interested in replicating Project ECHO® should participate in a number of different teleECHO™ disease clinics. The best way to do that is to register with our online partner database, iECHO. Here is the link: http://echo.unm.edu/providers-partners/index.html.

5. Build Organization Support – It is important to build support for the ECHO® mission and model within your organization, and among legislative, funding and government stakeholders. See Menu of Resources to assist this process.

6. Attend Immersion Training – This is 1 2-day hands-on training in Albuquerque covering all the key areas of launching and managing teleECHO clinics: community provider recruitment, curriculum development, budget requirements, IT resources and architecture, evaluation and research tools and approaches, teleECHO clinic management, hub team development, etc. Additional training is available online or through synchronous virtual guidance by our ECHO training and replication teams.

Move to Action – Approximately 2-3 months

1. Assess:
   a. Gaps in care and community needs. Look for areas where the waiting list is very long, and community providers can make a difference.
   b. What disease(s) might be a good target? It is important to be thoughtful about the target disease:
      • availability of “Hub” team members/experts (these are the multidisciplinary disease specialists that facilitate the teleECHO clinics). You want to choose those that are natural teachers and leaders. They MUST be willing to “demonopolize” their knowledge and mentor primary care providers.
      • interests of community clinicians/“Spoke” champions.
      • more or less protocol-driven.
      • external motivators: highly toxic treatments, Drug Enforcement Administration (DEA) certification requirements, etc. There are various external factors that motivate community clinicians.
      • some diseases will find more traction than others.
   c. Potential partners and organizational resources: what does your Academic Medical Center (AMC) or organization have that outlying communities do not?
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2. Identify:
   a. Funding/Revenue Sources.
   b. Program objectives.
   c. Qualities of Interdisciplinary Hub team members: multiple perspectives, respectful of primary care teams, co-management & collaboration, training mentality (think about covering approximately 10% of their salary for each teleECHO™ clinic or initiative).
   d. Roles of Interdisciplinary Hub team members:
      - Physician Specialist(s)
      - Pharmacist
      - Social Worker
      - Nurse Specialist
      - Psychologist
      - Others
   e. Curriculum for didactic presentations.
   f. IT structure and support (teleECHO™ architecture for Hub, telecommunications equipment for Spokes, software and IT support) – see Menu of Resources:
      - Videoconferencing Bridge (Hub)
      - Videoconferencing Recording Device (Hub)
      - Webcam Interfacing Capacity/Software (Hub)
      - Large Screen Display (Hub)
      - High Definition Camera (Hub)
      - iHealth and iECHO Software (free)
      - Microphone/Headset (Spokes)
      - Small Video Camera or PC Camera (Spokes)
   g. Community resources.

3. Develop:
   a. Incentives for participation:
      - Continuing Medical Education (CME)/Continuing Education (CE)/ Continuing Education Unit (CEU) credit for every hour of participation
      - Special credentiaing programs or certifications
      - Enhanced knowledge and skills to serve as local expert in conditions common to primary care
      - National exposure
      - Research collaboration – potential for “big data”
   b. Community champions for Spokes: this recruitment process generally requires traveling to outlying communities and clinics and giving Grand Rounds on a disease topic and how the ECHO model will be used to address it. This is typically followed by a half-day or one-day on-site gathering to:
      - Build relationships
      - Provide base-line clinical training if necessary
      - Discuss and design curriculum and scheduling for teleECHO clinic
      - Load any software, if necessary
      - Train in iHealth and iECHO
      - Conduct a mock clinic
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c. Program evaluation strategies and tracking tools (see Menu of Resources)
d. Your Project ECHO® program staff:
   • IT user support facilitates telecommunications between Hub & Spokes.
   • Administrative/coordinator organizes didactic, case presentations, reportables, CME.
   • Nurse/manager oversees clinic and public health information, collects reportable information, and monitors patient safety.

Prepare to Launch – Approximately 1 month

1. Develop standardized forms and processes for managing teleECHO™ clinics and patient cases – See list of resources for sample forms and tools that can be helpful.
2. Have ECHO IT team create iHealth and iECHO “instances” for your organization – These are the confidential, HIPAA compliant tools used to manage and report outcomes for teleECHO clinics (iECHO) and to facilitate patient case presentations, management and outcomes evaluation (IHealth). We will create your own data archive on our server, and make sure that all your hub and spoke staff and providers know how to use it.
3. Practice teleECHO™ clinics – Do 1-3 “dry runs” to work out problems with IT and connectivity, clinic protocols, etc...