Q & A Fact Sheet for Providers & Health Center Leadership

1. **How is the ECHO model™ differe nt from traditional telemedicine?**
    The ECHO model is not 'traditional telemedicine' where the specialist assumes care of the patient, but instead a guided practice model where the primary care provider retains responsibility for managing the patient. During a teleECHO™ clinic, using mutli-point video technology, primary care providers in multiple locations present patient cases to a multidisciplinary team of specialists to determine treatment. These specialists serve as mentors, training community providers to provide care in clinical areas that were previously outside their expertise. Over time the primary care providers operate with increased independence as their skills and self-efficacy grow.

2. **What is a teleECHO clinic?**
    A teleECHO 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 teleECHO clinics providers present patient cases to specialist expert teams who mentor the providers to manage patients with common, but relatively complex conditions (in Pediatrics we will be identifying clinical topics that the primary care providers want more training in). These case based discussions are supplemented with short didactic presentations to improve content knowledge and share evidence based best practices. Providers can connect to a teleECHO clinic that is focused on a condition that is of interest to them. We are in the process of developing ECHO clinics this coming year (2016-2017). Providers also received free CME credits for each teleECHO clinic attended.

3. **Why should I or my health center consider participating in a teleECHO 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 pediatric 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 teleECHO 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.

5.   What issues or challenges have health centers had in participating in teleECHO 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 teleECHO 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 a teleECHO clinic to take?

Most teleECHO clinics last 1-2 hours depending on the clinic and the focus, i.e. diabetes, epilepsy, obesity, etc). Often times, teleECHO clinics are scheduled either before office hours or during lunch 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 teleECHO clinics? Providers as individuals? Teams? Community Health Workers (CHWs)?

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

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[1] Sanjeev 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.

9.   How much does it cost to participate in a teleECHO clinic?

Participation in teleECHO clinics is free. The only associated costs are those for IT equipment (if needed) and time away from clinic. Many teleECHO 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 a teleECHO 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 at ETSU, we utilize a cloud-based, system called Zoom (http://zoom.us). This system has a number of 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 and how to participate?

You   can   learn   more   about   Project   ECHO   on   the   ETSU   Pediatrics   website   at http://www.etsu.edu/com/pediatrics/ProjectECHO.

12.   How can I get started? How do I connect with my local hub?

ETSU Pediatrics is beginning Project ECHO hubs in late 2016. For information on these clinics please email Drs. David Wood (wooddl@etsu.edu) or Dawn Tuell (tuell@etsu.edu) or call the ETSU Department of Pediatrics at 423-439-6222.

13.   How do I get no-cost CMEs by participating in teleECHO clinics?

Participants who join teleECHO clinics receive CMEs for the total time spent participating, including didactics and patient-case presentations. ETSU CME office will provide instructions for receiving CMEs/CEU and other ongoing education credit.