Project ECHO® (Extension for Community Health Outcomes)

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UNMProjectECHO

At ECHO, our mission is to democratize medical knowledge and get best practice care to underserved people all over the world.

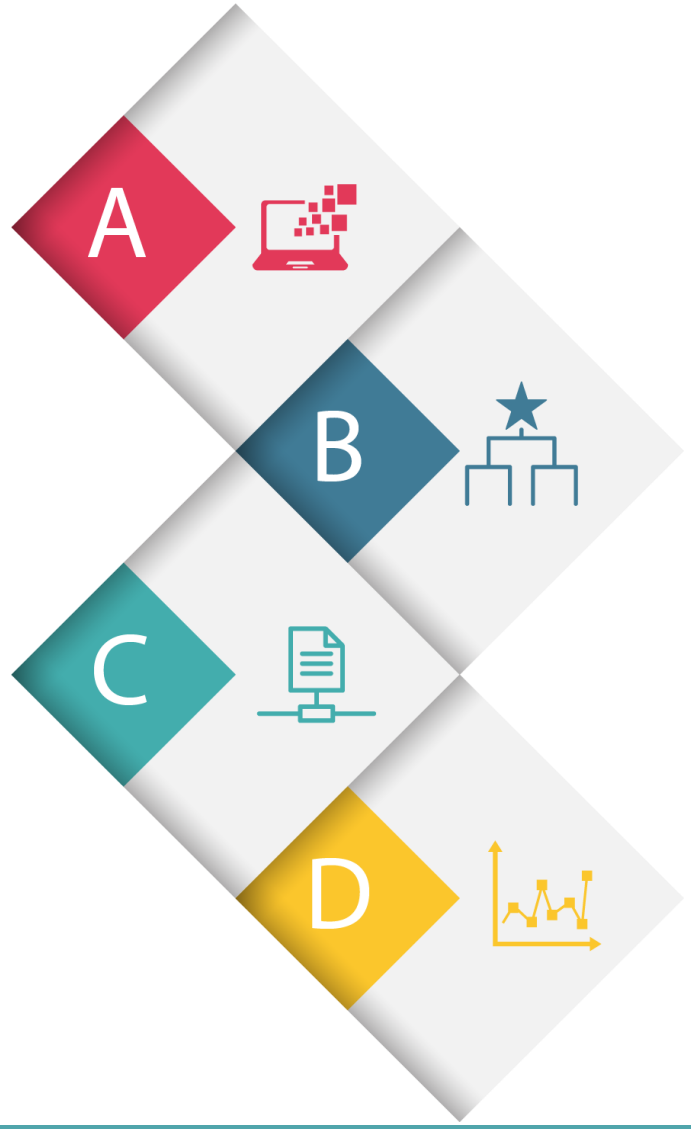
Our goal is to touch the lives of 1 billion people by 2025.

Supported by New Mexico Department of Health, Agency for Health Research and Quality, New Mexico Legislature, the Robert Wood Johnson Foundation, the GE Foundation, Helmsley Charitable Trust, Merck Foundation, BMS foundation, NM Medicaid

Moving Knowledge Instead of Patients and Providers

The ECHO Model

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



Share **B**est **Practices** to reduce disparity

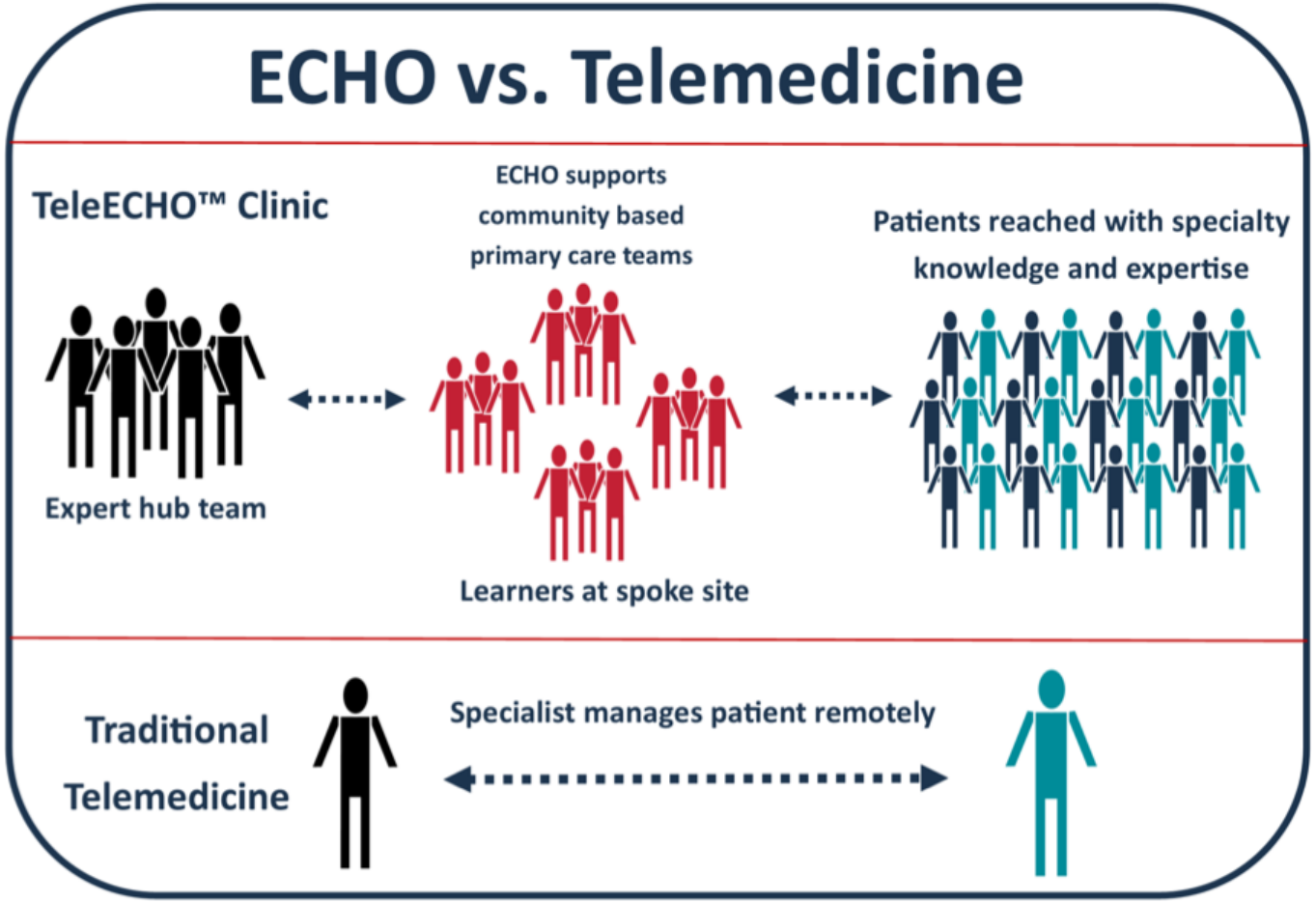
Case **Based Learning** to master complexity

Web-based **D**atabase to **Monitor Outcomes**

Benefits to Rural Clinicians

- No cost CMEs and Nursing CEUs
- Professional interaction with colleagues with similar interest
  - Less isolation with improved recruitment and retention
- A mix of work and learning
- Access to specialty consultation with GI, hepatology, psychiatry, infectious diseases, addiction specialist, pharmacist, patient educator

Arora S., Thornton K., Murata G., et al. *N Eng J Med*. 2011;364(23):2199-207.



ECHO model **is not 'traditional telemedicine'**.

Treating Physician retains responsibility for managing patient.

Project ECHO Clinicians

HCV Knowledge Skills and Abilities (Self-Efficacy)

scale: 1 = none or no skill at all 7= expert-can teach others

Community Clinicians N=25	BEFORE Participation MEAN (SD)	TODAY MEAN (SD)	Paired Difference (p-value) MEAN (SD)	Effect Size for the change
1. Ability to identify suitable candidates for treatment for HCV.	2.8 (1.2)	5.6 (0.8)	2.8 (1.2) (<0.0001)	2.4
2. Ability to assess severity of liver disease in patients with HCV.	3.2 (1.2)	5.5 (0.9)	2.3 (1.1) (< 0.0001)	2.1
3. Ability to treat HCV patients and manage side effects.	2.0 (1.1)	5.2 (0.8)	3.2 (1.2) (<0.0001)	2.6

(continued)

Project ECHO Clinicians

HCV Knowledge Skills and Abilities (Self-Efficacy)

Community Clinicians N=25	BEFORE Participation MEAN (SD)	TODAY MEAN (SD)	Paired Difference (p-value) MEAN (SD)	Effect Size for the change
4. Ability to assess and manage psychiatric co- morbidities in patients with hepatitis C.	2.6 (1.2)	5.1 (1.0)	2.4 (1.3) (<0.0001)	1.9
5. Serve as local consultant within my clinic and in my area for HCV questions and issues.	2.4 (1.2)	5.6 (0.9)	3.3 (1.2) (< 0.0001)	2.8
6. Ability to educate and motivate HCV patients.	3.0 (1.1)	5.7 (0.6)	2.7 (1.1) (<0.0001)	2.4

(continued)

Project ECHO Clinicians

HCV Knowledge Skills and Abilities (Self-Efficacy)

Community Clinicians N=25	BEFORE Participation MEAN (SD)	TODAY MEAN (SD)	Paired Difference (p-value) MEAN (SD)	Effect Size for the change
Overall Competence (average of 9 items)	**2.8* (0.9)**	**5.5* (0.6)**	**2.7 (0.9) (<0.0001)**	**2.9**

Cronbach's alpha for the BEFORE ratings = 0.92 and Cronbach's alpha for the TODAY ratings = 0.86 indicating a high degree of consistency in the ratings on the 9 items.

Arora S., Kalishman S., Thornton K., et al. *Hepatol*. 2010;52(3):1124-33.

Clinician Benefits
(Data Source; 6 month Q-5/2008)

Benefits N=35	Not/Minor Benefits	Moderate/Major Benefits
Enhanced knowledge about management and treatment of HCV patients.	3% (1)	97% (34)
Being well-informed about symptoms of HCV patients in treatment.	6% (2)	94% (33)
Achieving competence in caring for HCV patients.	3% (1)	98% (34)

Project ECHO
Annual Meeting Survey

	Mean Score (Range 1-5)
Project ECHO® has diminished my professional isolation.	**4.3**
My participation in Project ECHO® has enhanced my professional satisfaction.	**4.8**
Collaboration among agencies in Project ECHO® is a benefit to my clinic.	**4.9**
Project ECHO® has expanded access to HCV treatment for patients in our community.	**4.9**
Access, in general, to specialist expertise and consultation is a major area of need for you and your clinic.	**4.9**
Access to HCV specialist expertise and consultation is a major area of need for you and your clinic.	**4.9**

Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Results of the HCV Outcomes Study

Arora S., Thornton K., Murata G., et al. *N Eng J Med*. 2011;364(23):2199-207.

Participants

- Study sites
  - Intervention (ECHO)
    - Community-based clinics: 16
    - New Mexico Department of Corrections: 5
  - Control: University of New Mexico (UNM) Liver Clinic

Treatment Outcomes

Outcome	ECHO	UNMH	p-value
	n = 261	n = 146	
Minority	68%	49%	$p < 0.01$
SVR* (Cure) Genotype 1	50%	46%	ns
SVR* (Cure) Genotype 2/3	70%	71%	ns

*SVR=sustained viral response

Arora S., Thornton K., Murata G., et al. *N Eng J Med*. 2011;364(23):2199-207.

Conclusions

- Rural primary care Clinicians deliver Hepatitis C care under the aegis of Project ECHO that is as safe and effective as that given in a University clinic.

- Project ECHO improves access to hepatitis C care for New Mexico minorities.

ECHO Model™ is Cost Effective

- In 60% of Patients treated for HCV the model was cost savings
- Overall Cost per Discounted Quality of Life Year Gained was less than 3500 dollars
- ECHO creates **value** for all stakeholders of the healthcare system: patients, community clinicians, community clinics, communities, specialty care sites, government and 3rd-party payers

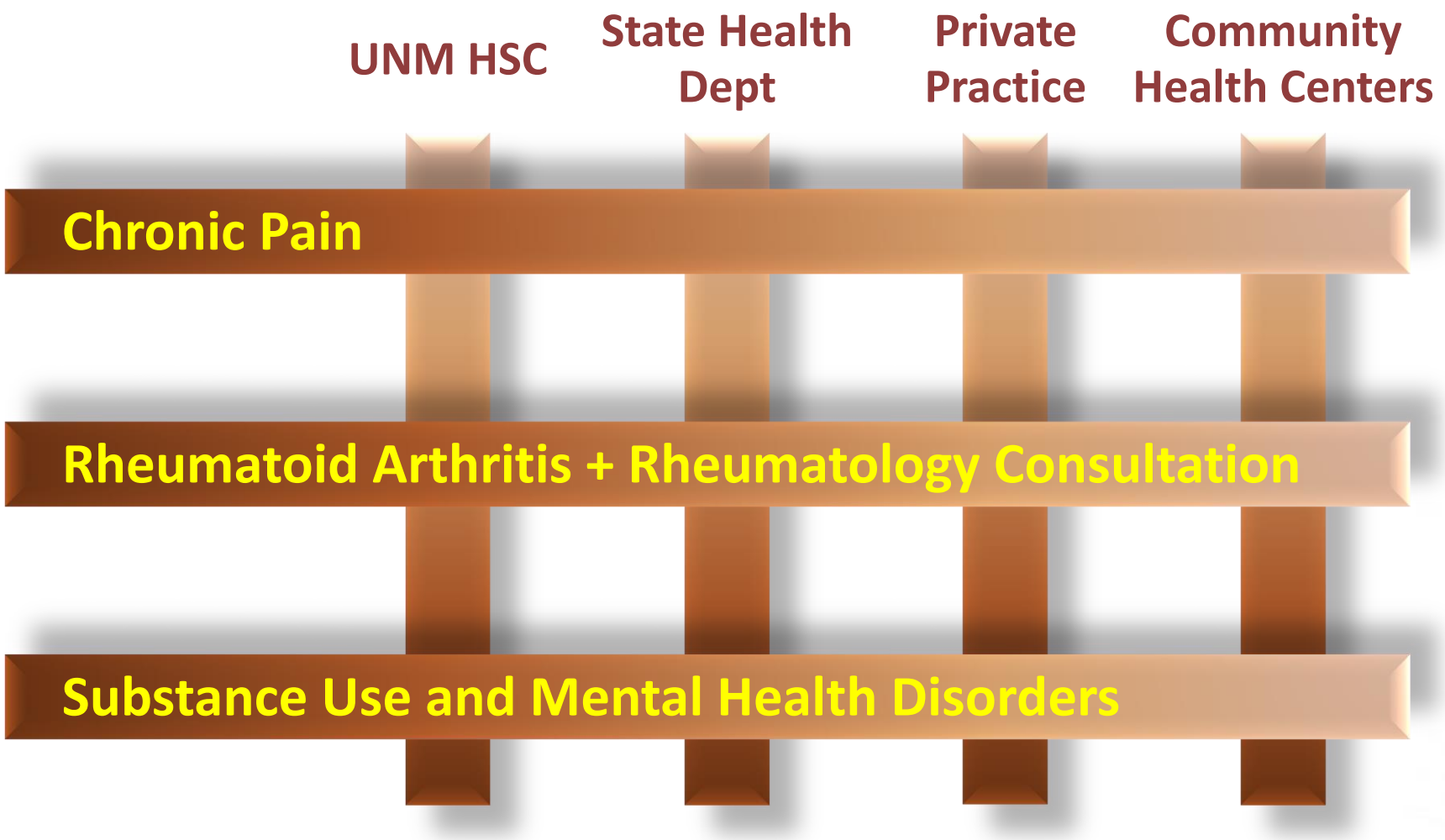
Wong J.B., Thornton K., Carroll C., et al. AADLD Presentation #24, *Hepatol*. 2013;58(S1):330A.

Disease Selection

- Common diseases
- Management is complex
- Evolving treatments and medicines
- High societal impact (health and economic)
- Serious outcomes of untreated disease
- Improved outcomes with disease management

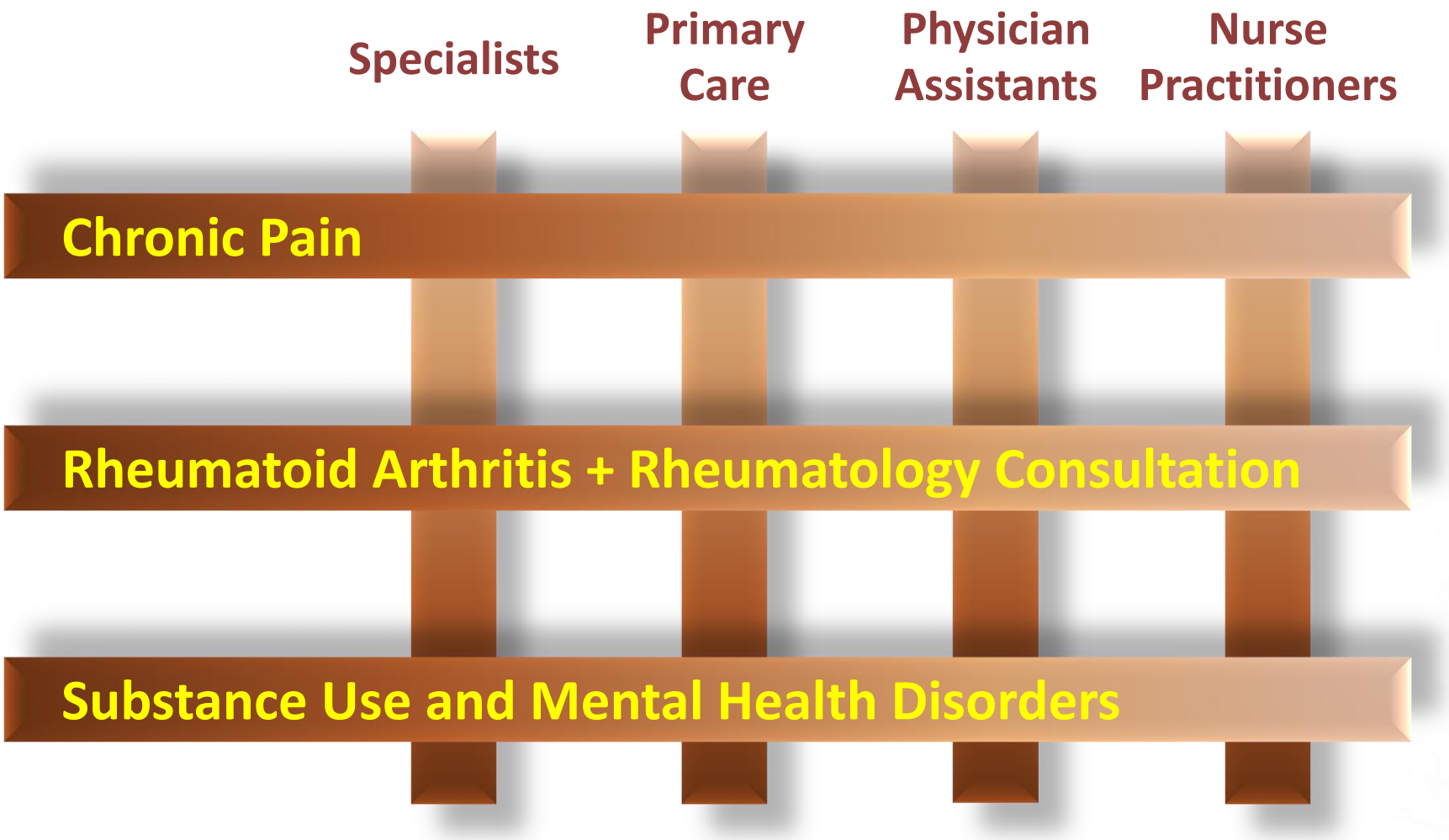
Bridge Building

Pareto's Principle



Force Multiplier

Use Existing Community Clinicians



Successful Expansion into Multiple Diseases

MON	TUE	WED	THURS	FRI
Rheumatology • Bankhurst	HBV • Thornton	Community Health Workers • CHW Team	CDC Good Health and Wellness in Indian Country • Struminger	Opioid Addiction • Komaromy
Tuberculosis • Burgos	Bone Health • Lewiecki	Endocrinology & Diabetes • Bouchonville	Chronic Pain and Opioid Management • Comerci	Nurse Practitioner/ Certified Midwife Primary Care • Van Roper
Cardiology • Achrekar, Anderson & Yatskowitz	Crisis Intervention for Community Policing Agencies • Duhigg	Miners' Wellness • Sood	Prison Peer Education Program • Thornton	Integrated Addictions and Psychiatry (IAP) • Komaromy
Reproductive Health • Singh	Seizures and Spells • Imerman	Hepatitis C (HCV) • Arora	HIV/ HCV Corrections • Iandiorio & Thornton	Antimicrobial Stewardship • Brett, Irizarry & Mercier

Project ECHO: Views of Participating Providers, Health Workers, And Educators

1 = Strongly Disagree, 5 = Strongly Agree

Benefit	Mean
Through the Project ECHO telehealth clinics, I am learning best-practice care in chronic disease.	4.68
I am connected with peers in the ECHO telehealth clinic whose opinion I respect for professional advice and consultation.	4.55
I learn with guidance from Project ECHO academic specialists in chronic disease management whose knowledge and skills I respect.	4.73
I am connected to and respected by the academic specialists in the ECHO telehealth clinic in which I participate.	4.4
I am developing my clinical expertise through participation in Project ECHO.	4.48
After gaining expertise in the clinical diseases addressed in Project ECHO, I am comfortable teaching others what I have learned.	4.33

Arora S., Kalishman S., Dion D., et al. *Health Aff (Millwood)*. 2011;30(6):1176-84.

Project ECHO:

Participants' Views of Patient Benefits
1 = Strongly Disagree, 5 = Strongly Agree

Patient Benefit	Mean
My participation in Project ECHO benefits patients under my care whom I co-manage with ECHO specialists.	**4.45**
The patients under my care whom I co-manage with ECHO specialists receive best-practice care.	**4.43**
My participation in Project ECHO benefits the patients under my care whom I do not co-manage with ECHO specialists.	**4.19**
I apply what I have learned about best practices through Project ECHO to all of my patients with similar chronic diseases.	**4.45**
I feel comfortable applying the principles I learned from Project ECHO to other patients in my practice with similar chronic disease, independently, without presenting them on the network.	**4.23**

Arora S., Kalishman S., Dion D., et al. *Health Aff (Millwood)*. 2011;30(6):1176-84.

ECHO-AGE

Beth Israel Deaconess Boston

- 2:1 Matched Cohort Study
- 11 nursing homes received ECHO intervention. Matched with 22 controls
- Residents in ECHO Age facilities were 75% less likely to be physically restrained
- Residents were 17% less likely to be prescribed antipsychotics

Gordon S.E., Dufour A.B., Monti S.M., et al. *J Am Med Dir Assoc*. 2016;17(6):553-6.

Geriatric Mental Health ECHO
University of Rochester NY

- University of Rochester experts in geriatric psychiatry help train and mentor primary care clinicians in NY
- Since 2014, 500 clinicians have participated in their ECHO project funded by AHRQ
- There was a 20 % reduction in ED visits
- 24 % reduction in overall costs

https://www.ahrq.gov/news/newsroom/case-studies/201703.html

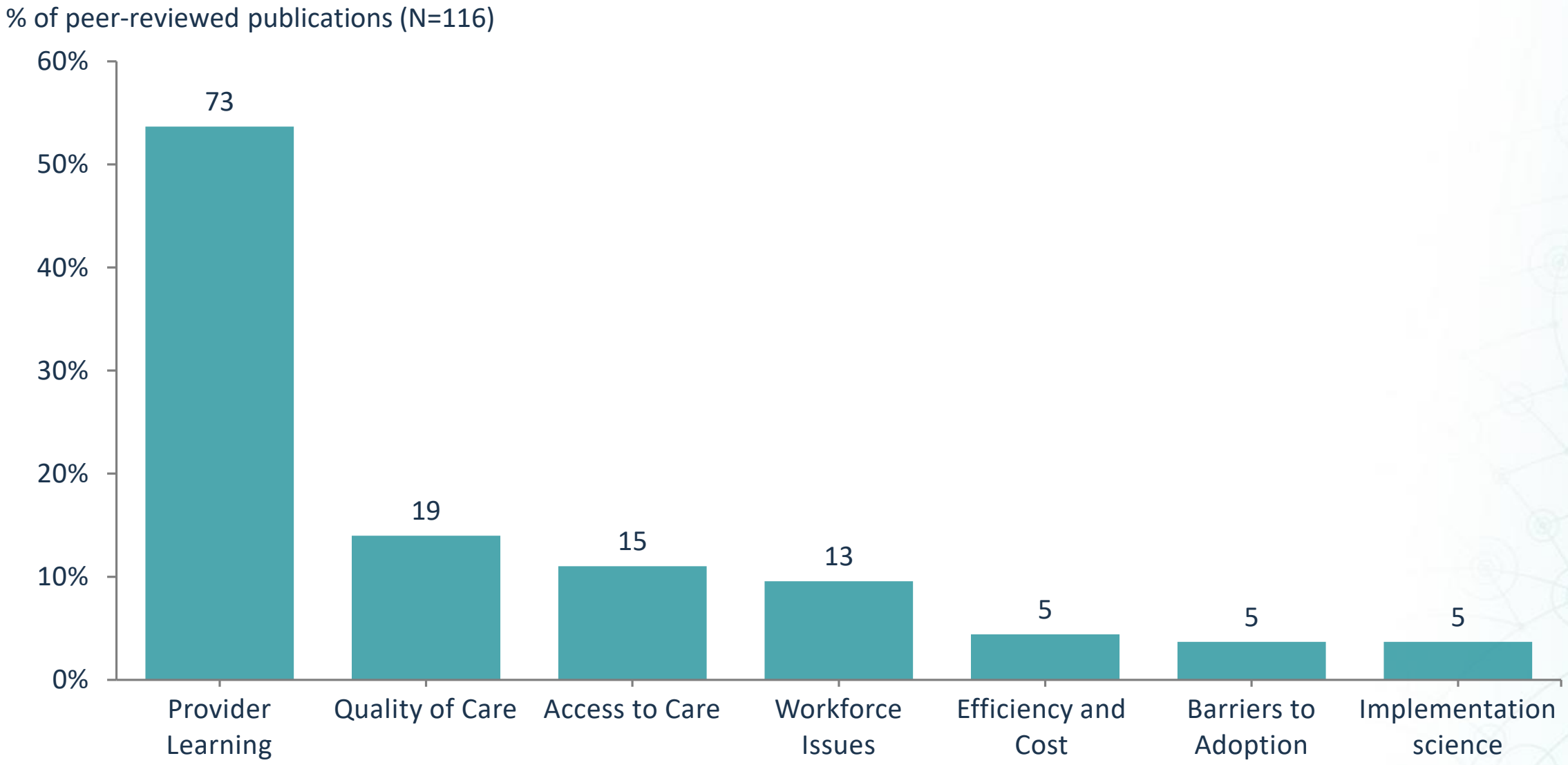
VA SCAN-ECHO for Liver Disease

University of Michigan

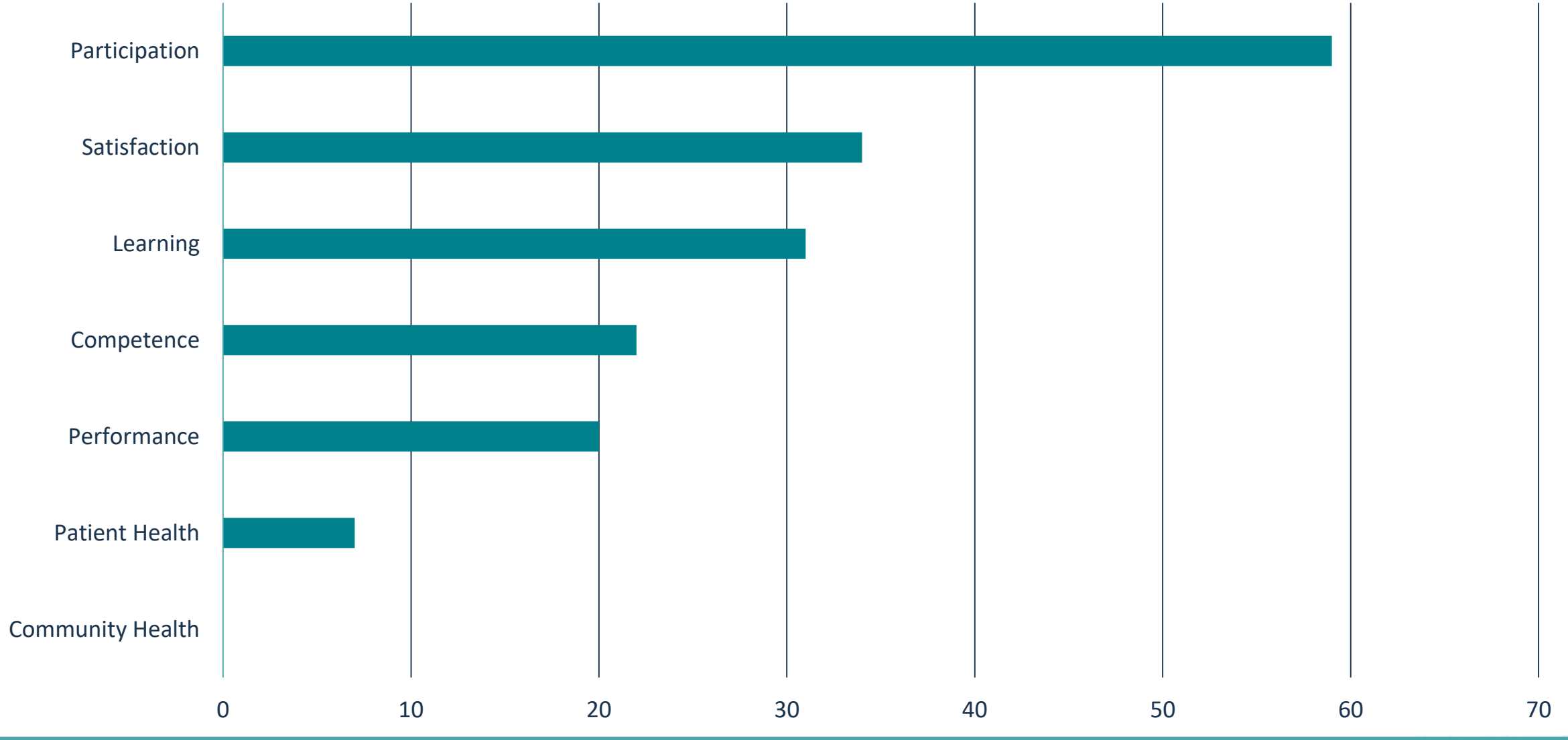
513 patients who had a liver SCAN-ECHO visit were found within the cohort. Patients who had completed a virtual SCAN-ECHO visit were more likely younger, rural, with more significant liver disease, and evidence for cirrhosis. Propensity adjusted mortality rates using Cox Proportional Hazard Model showed that a SCAN-ECHO visit was associated with a hazard ratio of 0.54 (95% CI 0.36-0.81, p = 0.003) compared to no visit.

Virtual Consultations through the Veterans Administration SCAN-ECHO Project Improves Survival for Veterans with Liver Disease Su. GL, Glass L, et al; Hepatology . 2018 May 5. doi: 10.1002/hep.30074

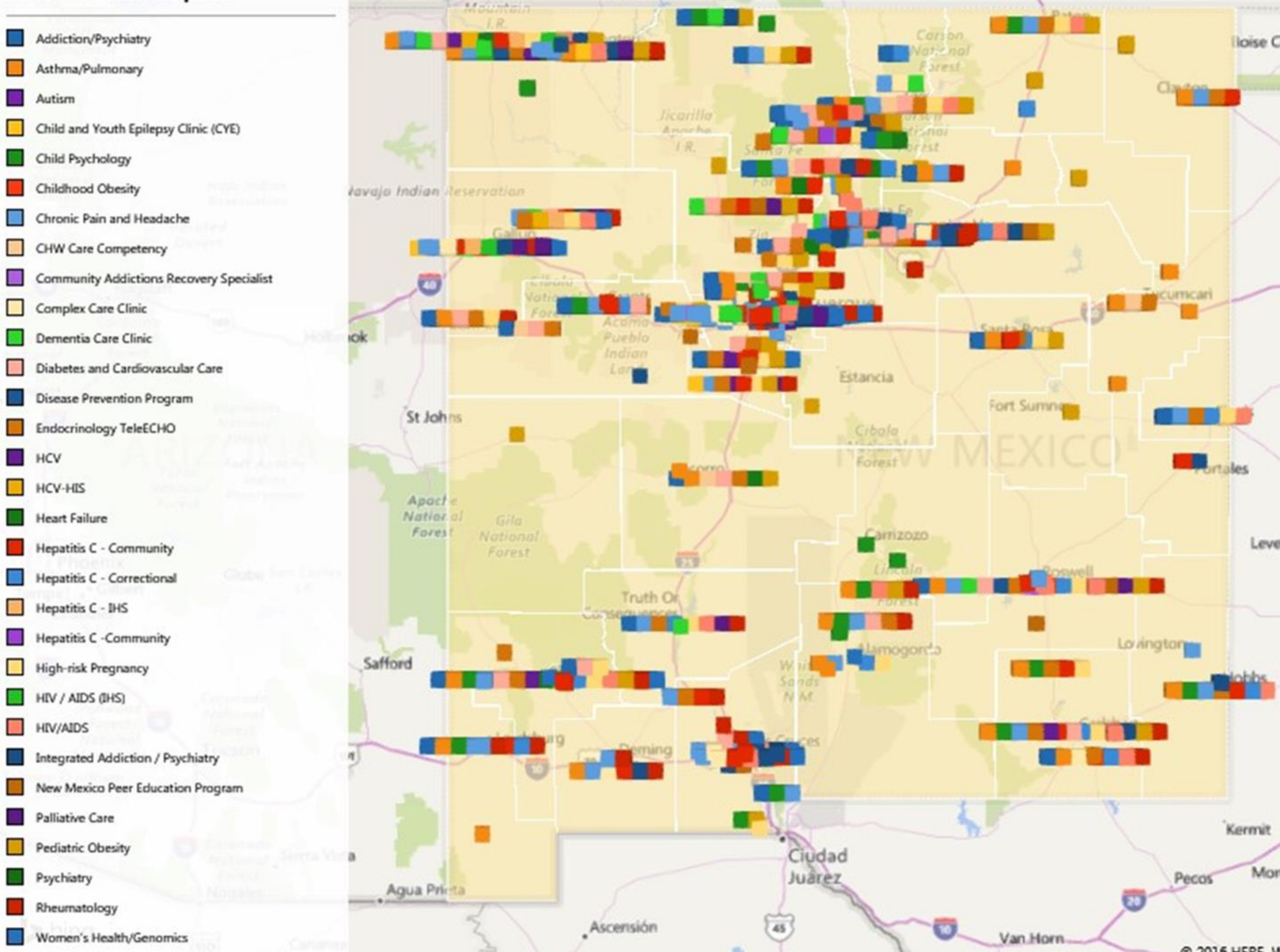
Peer Reviewed Publications n=116



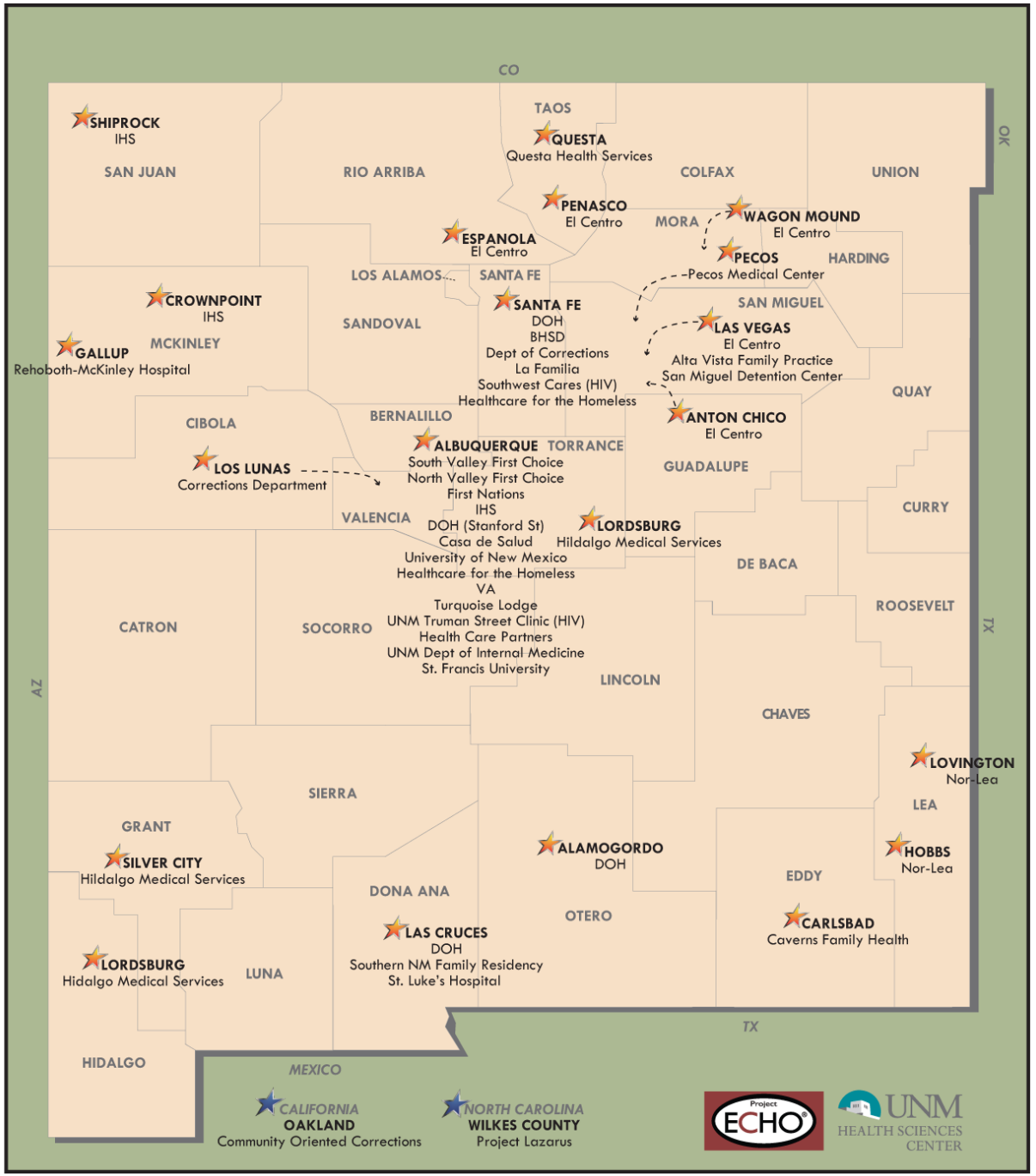
ECHO Publications by Moore's Outcome Levels

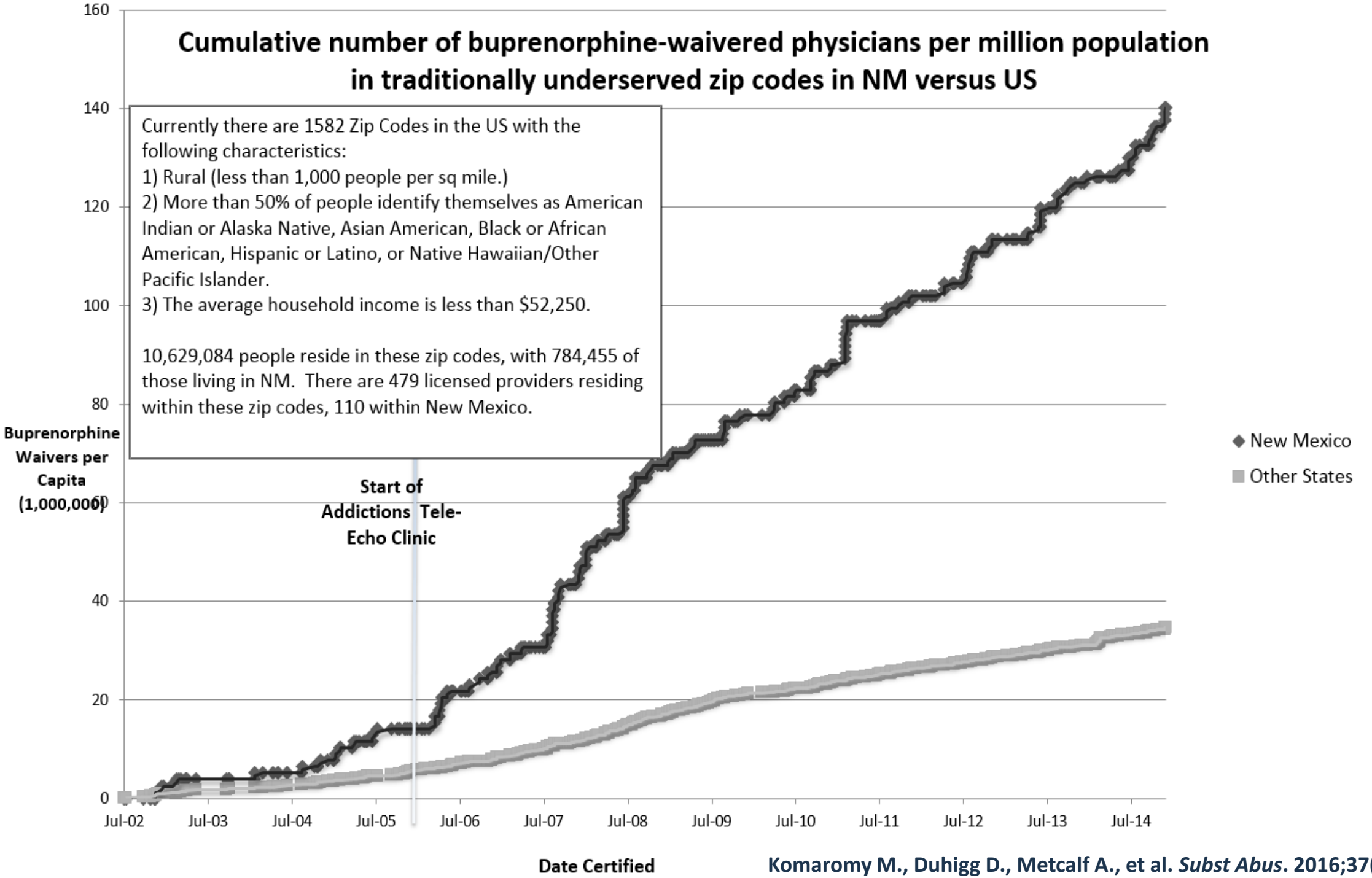


ECHO Hubs and Spokes: State of New Mexico



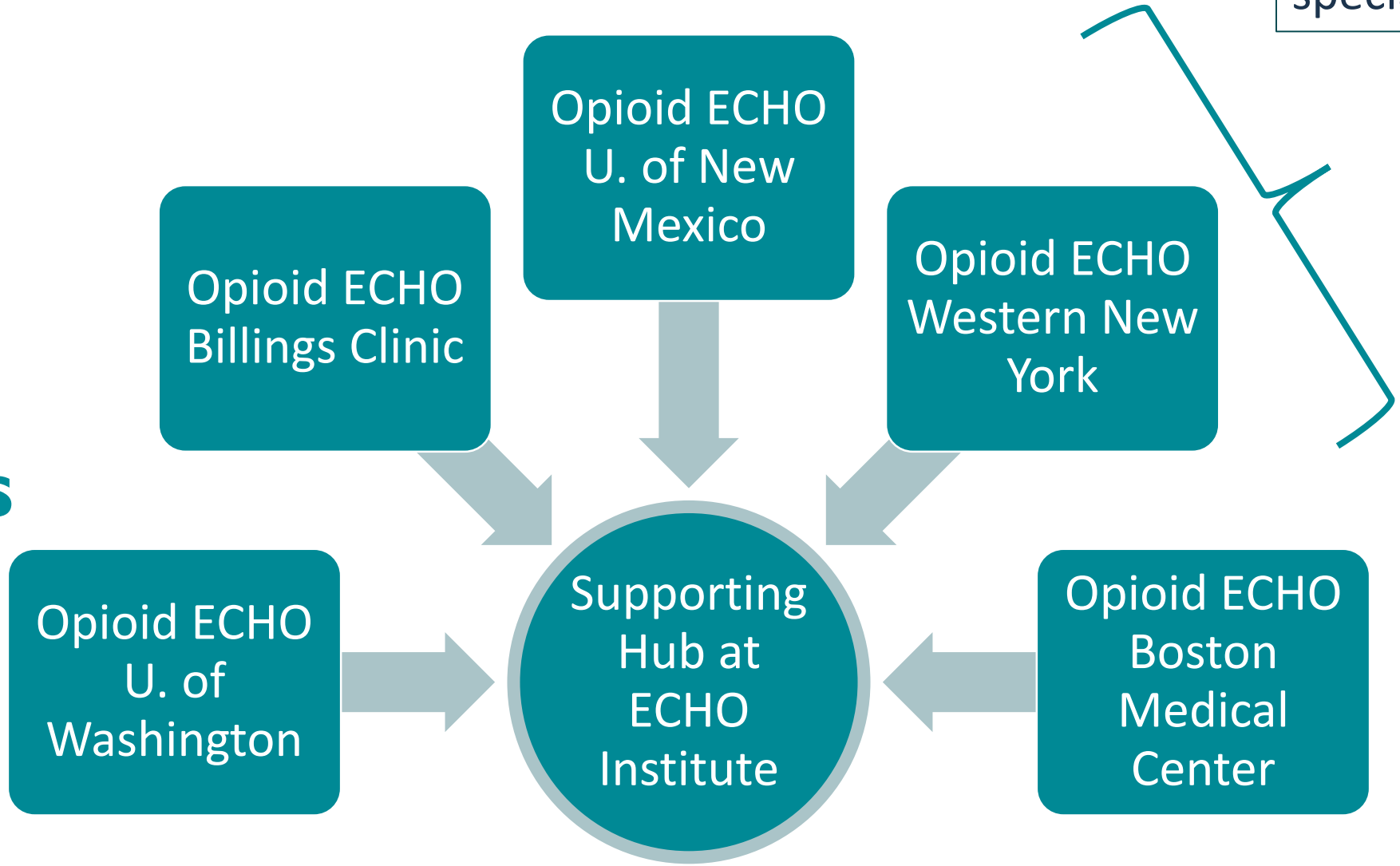
IAP Clinic Participation Sites





Komaromy M., Duhigg D., Metcalf A., et al. *Subst Abus*. 2016;37(1):20-4.

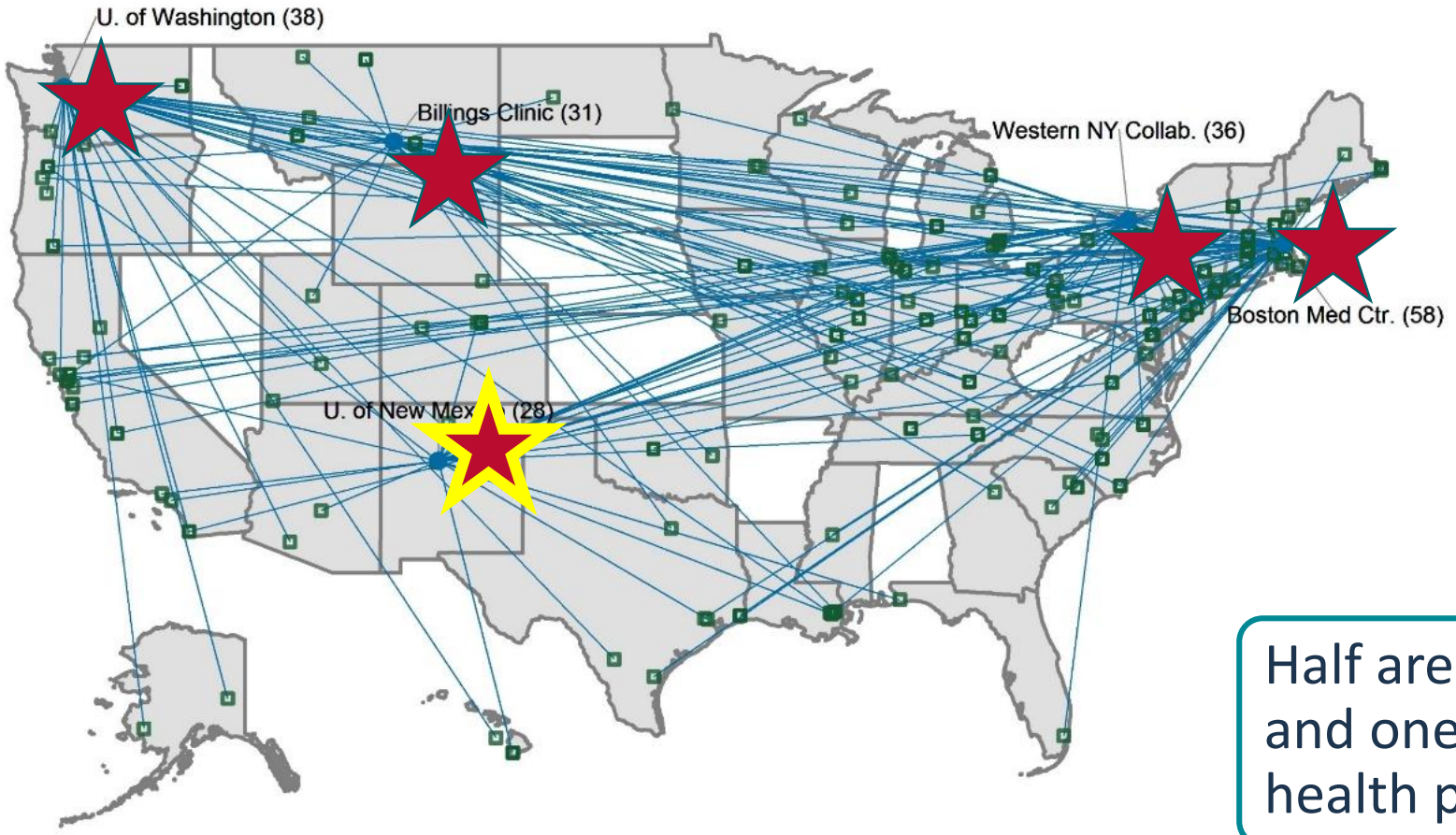
ECHO Shared Services Model



"Hub-lets" provide specialist teams

Supporting hub leads development of curriculum and provides IT, evaluation, and admin support, and participant recruitment for all hubs

HRSA-funded
National Opioid ECHO Program



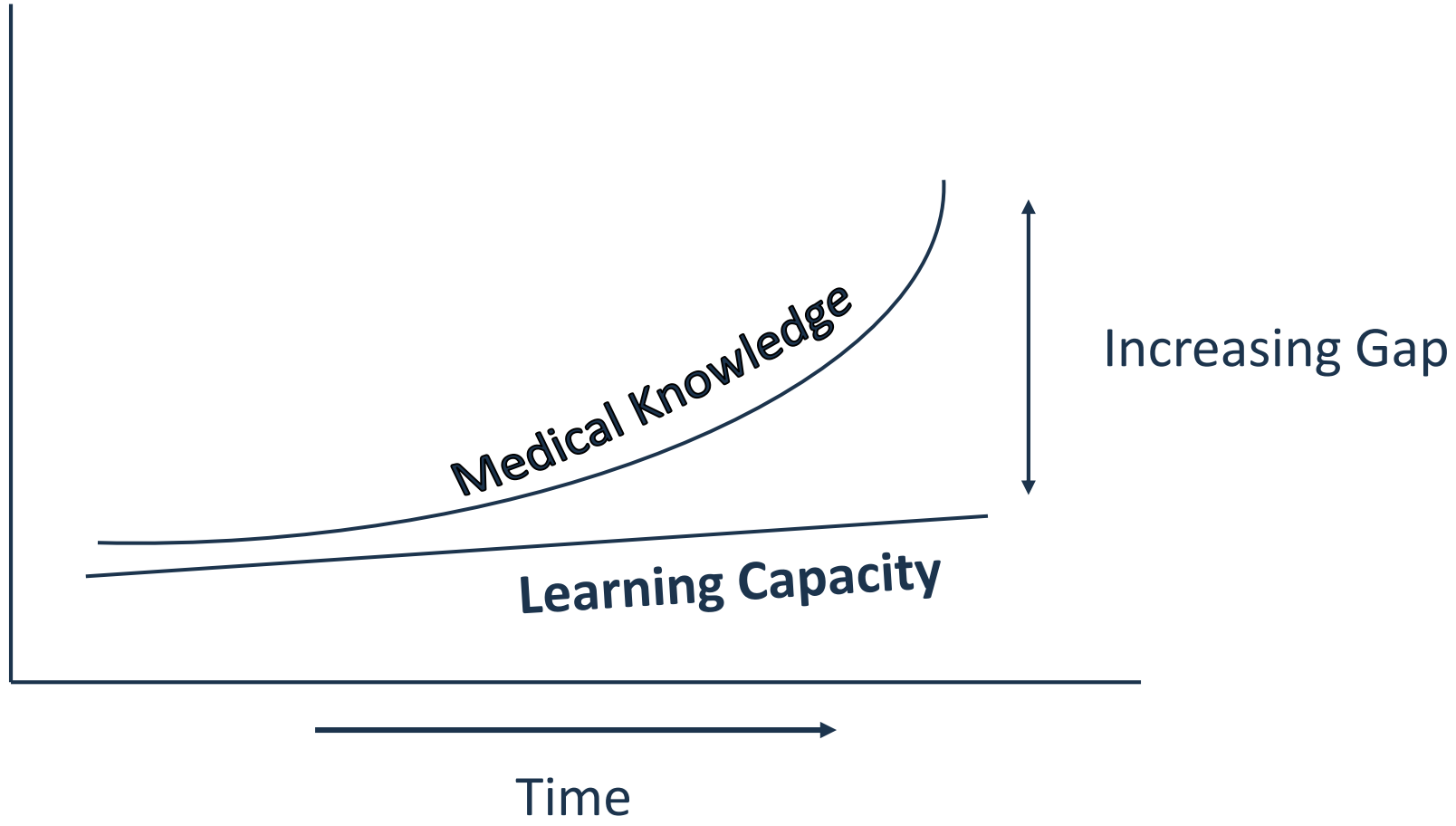
PARTICIPATION

Year one

- 355 participants from
- 147 HRSA-funded health centers

Half are medical providers, and one third are behavioral health providers

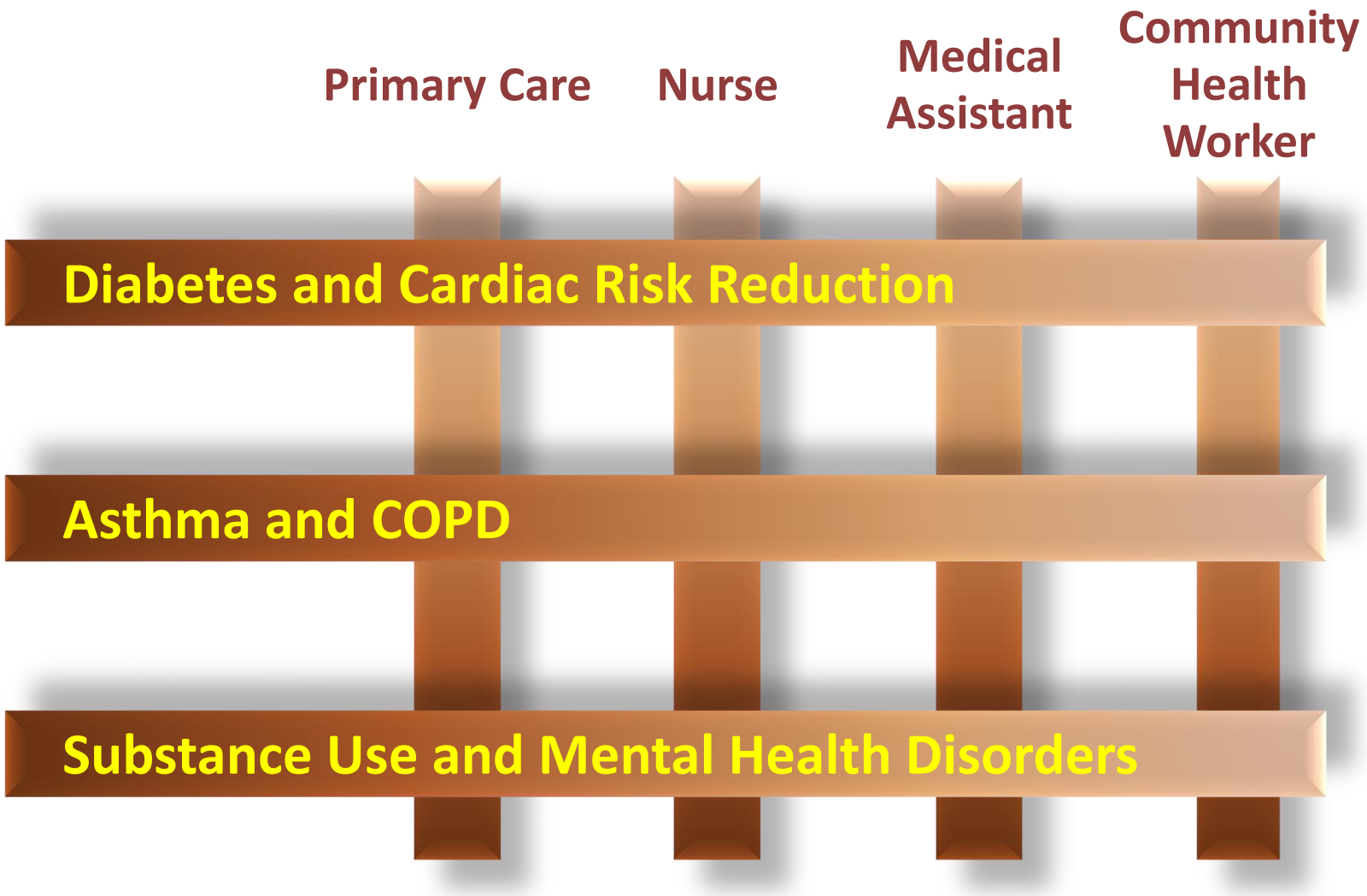
What The Mind Does Not Know The Eye Cannot See



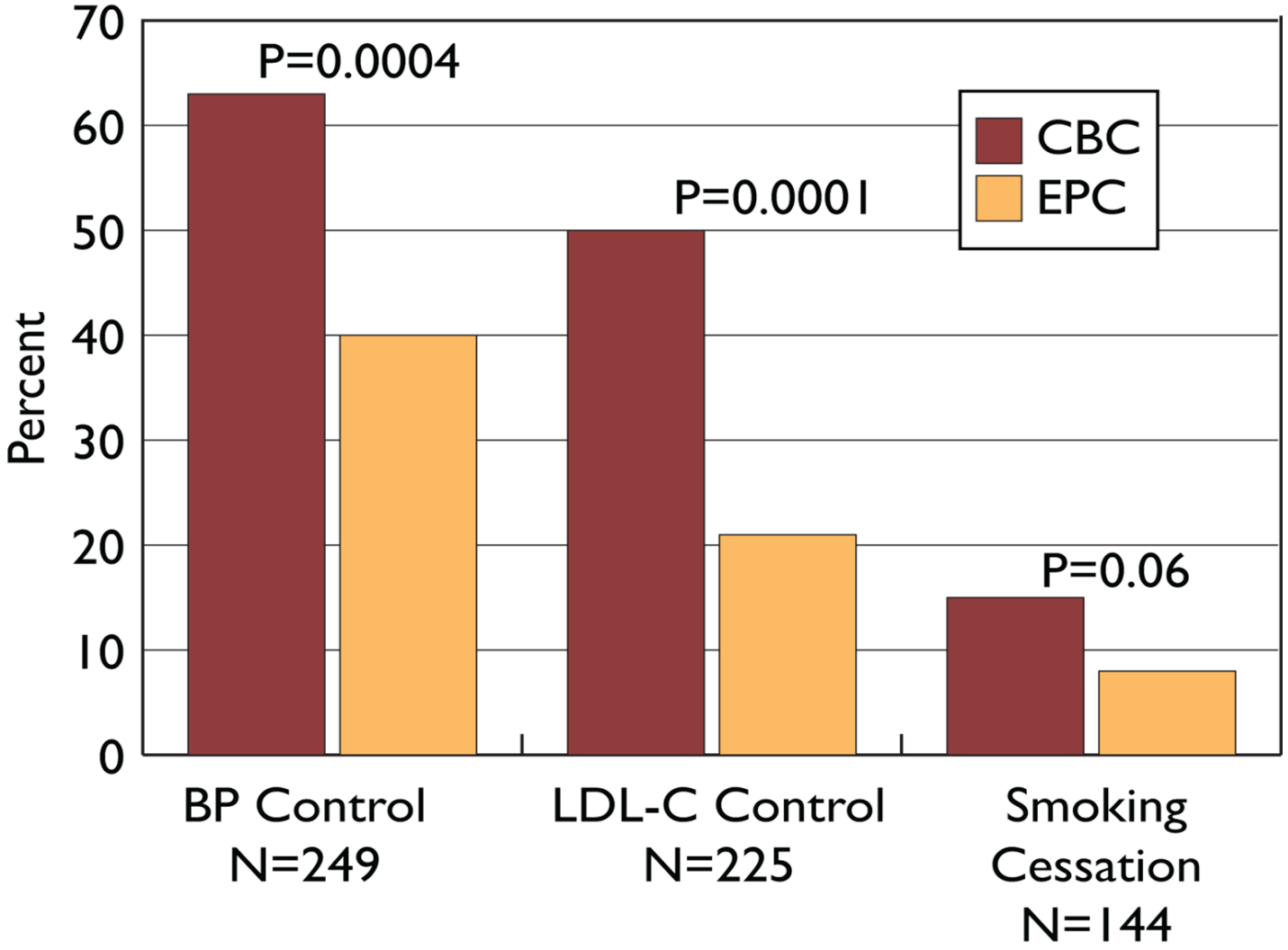
"Expanding the Definition of Underserved Population"

Force Multiplier

Chronic Disease Management is a Team Sport



Community Based Care for Cardiac Risk Factor Reduction was more Effective than Enhanced Primary Care



Becker, D.M., Yanek, L.R., Johnson W.R., et al. *Circulation*. 2005;111:1298-1304.

Why is a CHW Intervention Effective?

- Live in Community
- Understand culture
- Appreciate economic limitations of patient and know community resources available to patient
- Often know family and can engage other social resources for patient
- Spend more time with patient

ECHO CHW Training
Multiple Tracks

- **CHW Specialist Training**
  - **CREW:** Diabetes, Obesity, Hypertension, Cholesterol, Smoking Cessation, Exercise Physiology
  - **CARS:** Substance Use Disorders
  - **ECHO Care™:** Complex Multiple Diagnoses
  - **Obesity Prevention:** Diet, Exercise, Motivational Interviewing

- **Prison Peer Educator Training**

Diabetes Specialty CHW Program

- **Narrow Focus — Deep Knowledge**
- **Standardized Curriculum**
  - 3 Day Onsite
  - Webcam/Weekly Video Based Clinics
    - Diet
    - Exercise
    - Smoking Cessation
    - Motivational Interviewing
    - Gentle Nudges
    - Finger Stick
    - Foot Exam
  - Ongoing support via knowledge networks
  - Part of Disease Management Team

Community Health Workers in Prison

The New Mexico Peer Education Program

Pilot training cohort, CNMCF Level II, July 27-30, 2009

First day of peer educator training
Photo consents on file with Project ECHO® and CNMCF

Graduation Ceremony of First Cohort

The New Mexico Peer Education Program: Pilot training cohort, CNMCF Level II, July 27-30, 2009

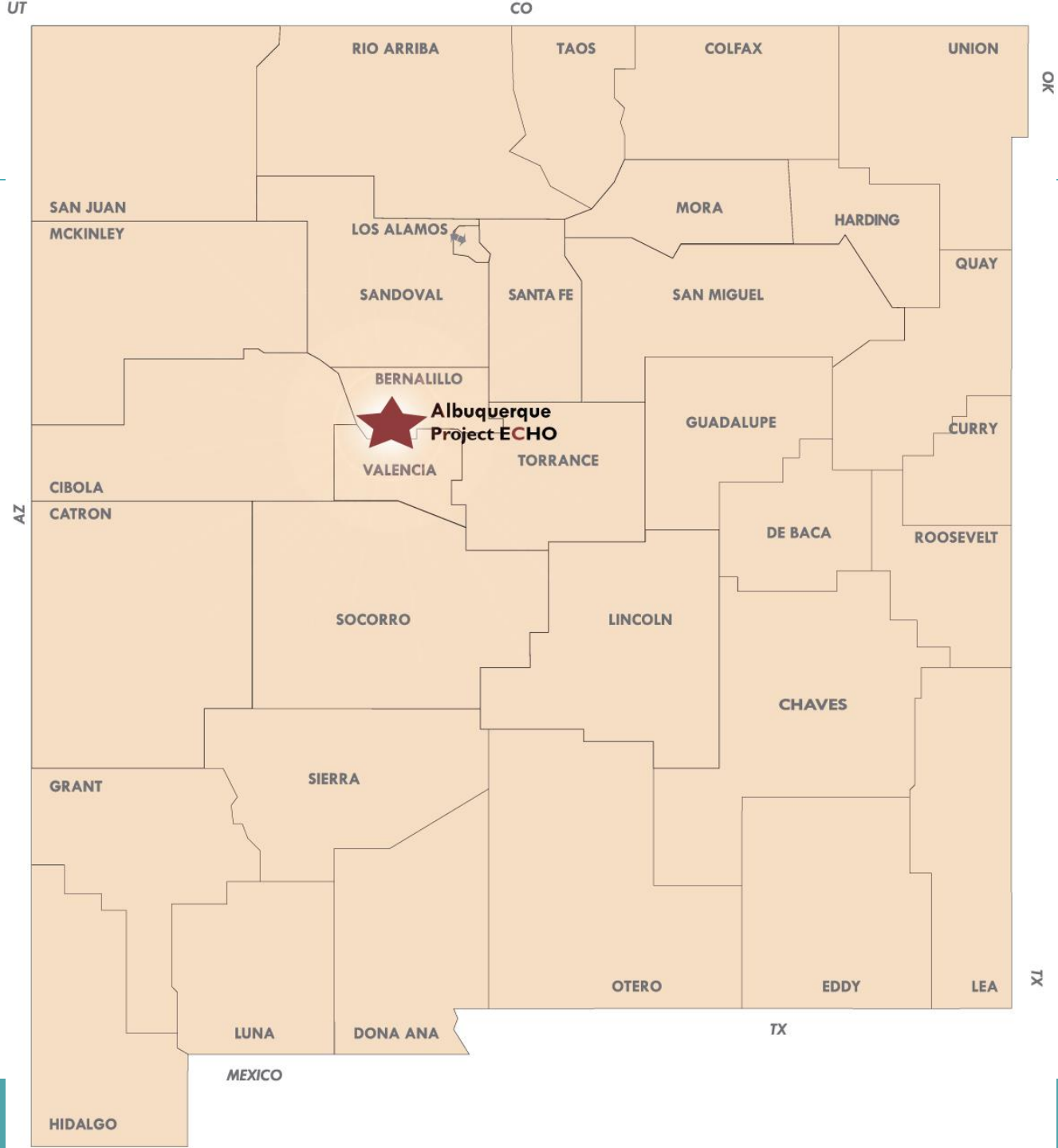

Graduation as Peer Educators

Photo consents on file with Project ECHO® and CNMCF

Potential Benefits of the ECHO Model

- Quality and Safety
- Rapid Learning and best-practice dissemination
- Reduce variations in care
- Access for Rural and Underserved Patients, reduced disparities
- Workforce Training and Force Multiplier
- Improving Professional Satisfaction/Retention
- Supporting the Medical Home Model
- Cost Effective Care- Avoid Excessive Testing and Travel
- Prevent Cost of Untreated Disease (e.g.: liver transplant or dialysis)
- Integration of Public Health into treatment paradigm

Democratize Knowledge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Albuquerque
Project ECHO
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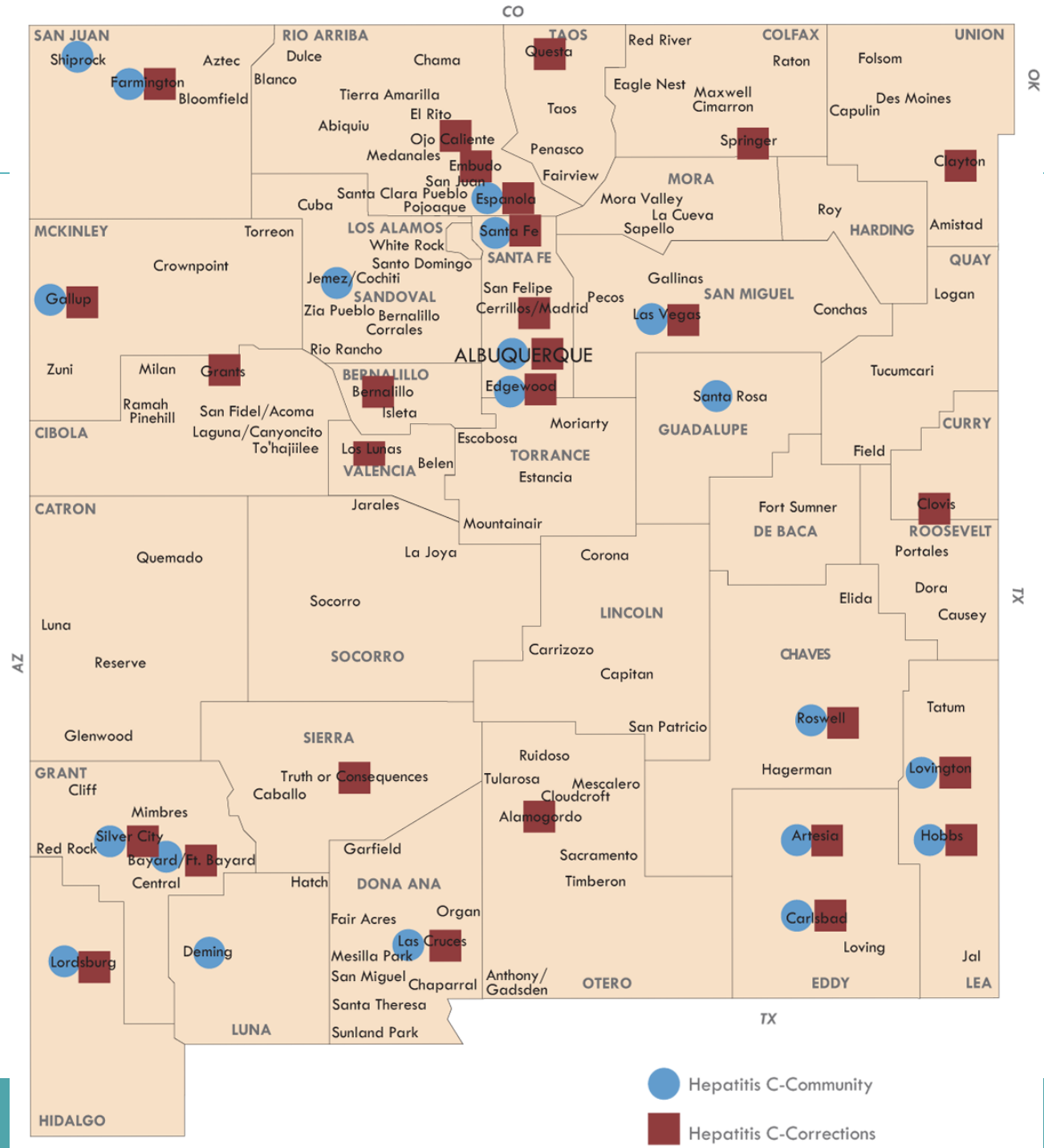
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Fairview
COLFAX
Raton
Eagle Nest
Maxwell
Cimarron
Springer
UNION
Folsom
Des Moines
Capulin
Clayton
MORA
Mora Valley
La Cueva
Sapello
Roy
HARDING
Amistad
QUAY
Logan
MCKINLEY
Torreon
Crownpoint
Gallup
LOS ALAMOS
White Rock
Santo Domingo
Jemez/Cochiti
SANDOVAL
Zia Pueblo
Bernalillo
Corrales
Rio Rancho
Santa Fe
SANTA FE
San Felipe
Cerrillos/Madrid
Pecos
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Zuni
Milan
Grants
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Bernalillo
Isleta
Edgewood
Ramah
Pinehill
San Fidel/Acoma
Laguna/Canyoncito
To'hajiilee
CIBOLA
Los Lunas
VALENCIA
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Moriarty
TORRANCE
Estancia
Santa Rosa
GUADALUPE
Tucumcari
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LINCOLN
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Carrizozo
Capitan
CHAVES
Roswell
Tatum
Glenwood
SIERRA
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Ruidoso
Truth or Consequences
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Tularosa
Mescalero
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Hagerman
Lovington
GRANT
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Mimbres
Silver City
Red Rock
Bayard
Ft. Bayard
Central
Garfield
Hatch
DONA ANA
Sacramento
Timberon
Artesia
Hobbs
Organ
Fair Acres
Las Cruces
Mesilla Park
Deming
Lordsburg
San Miguel
Chaparral
Anthony/
Gadsden
OTERO
Santa Theresa
Sunland Park
LUNA
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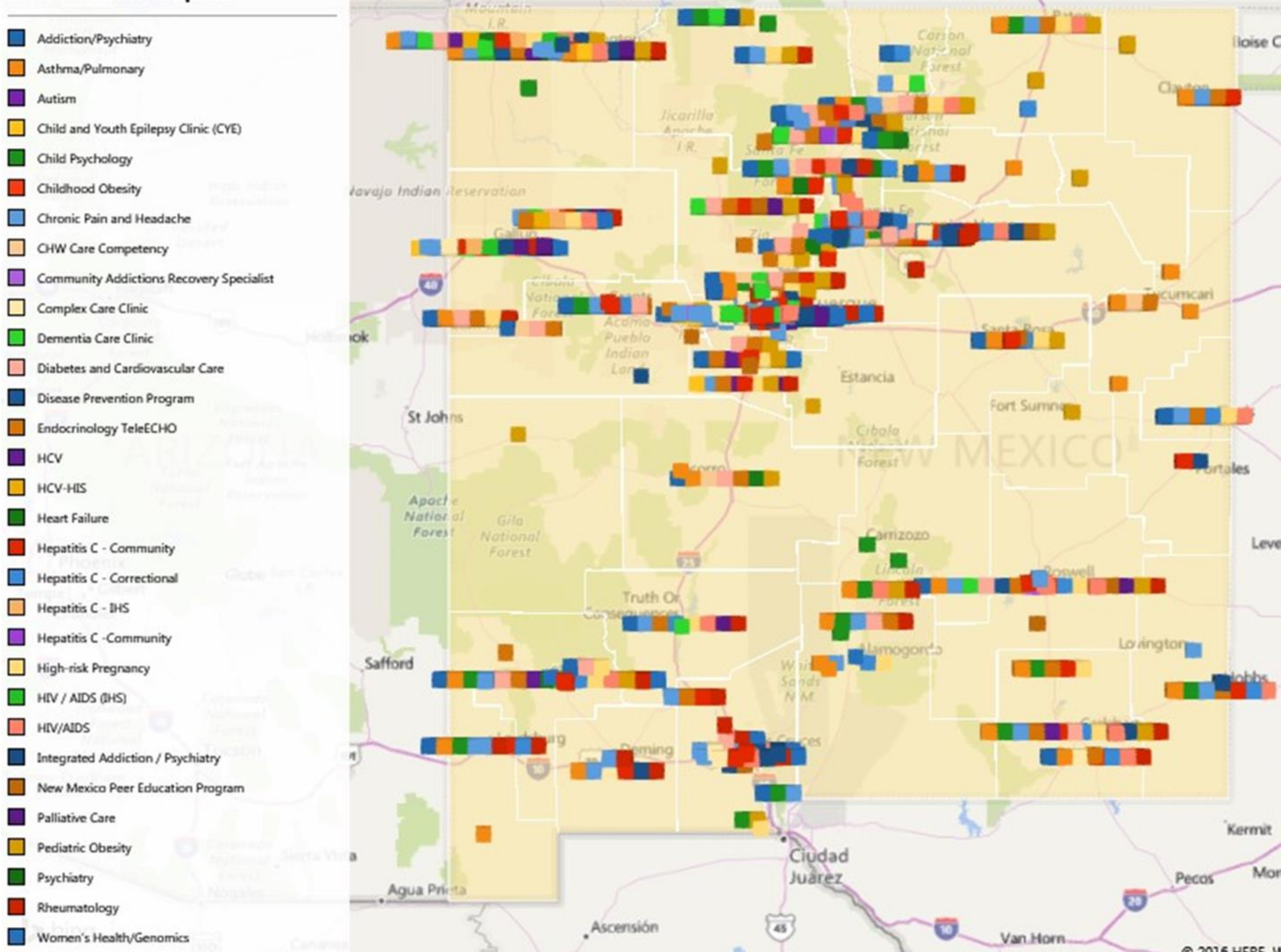
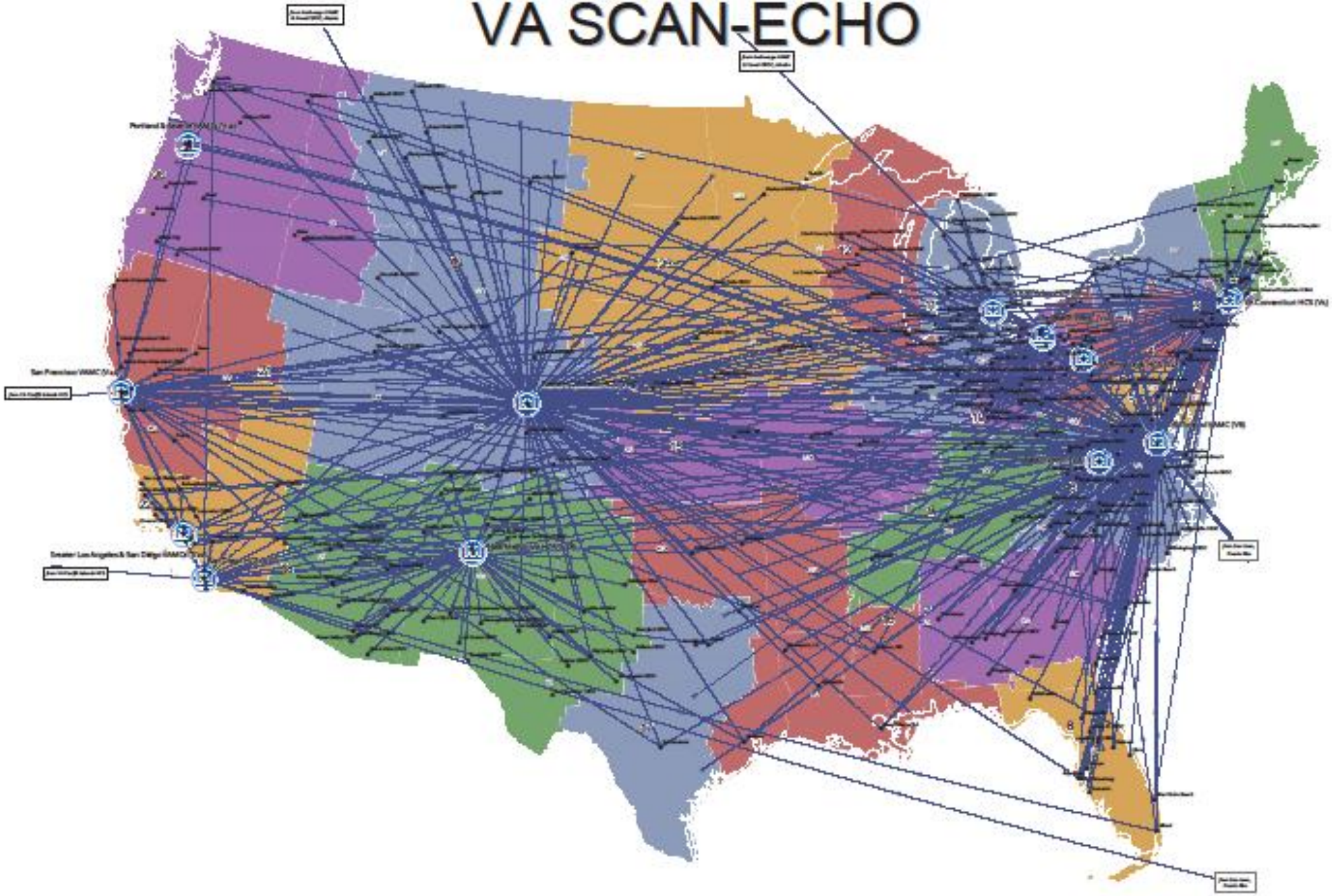
LEA
HIDALGO
Hepatitis C-Community
Hepatitis C-Corrections

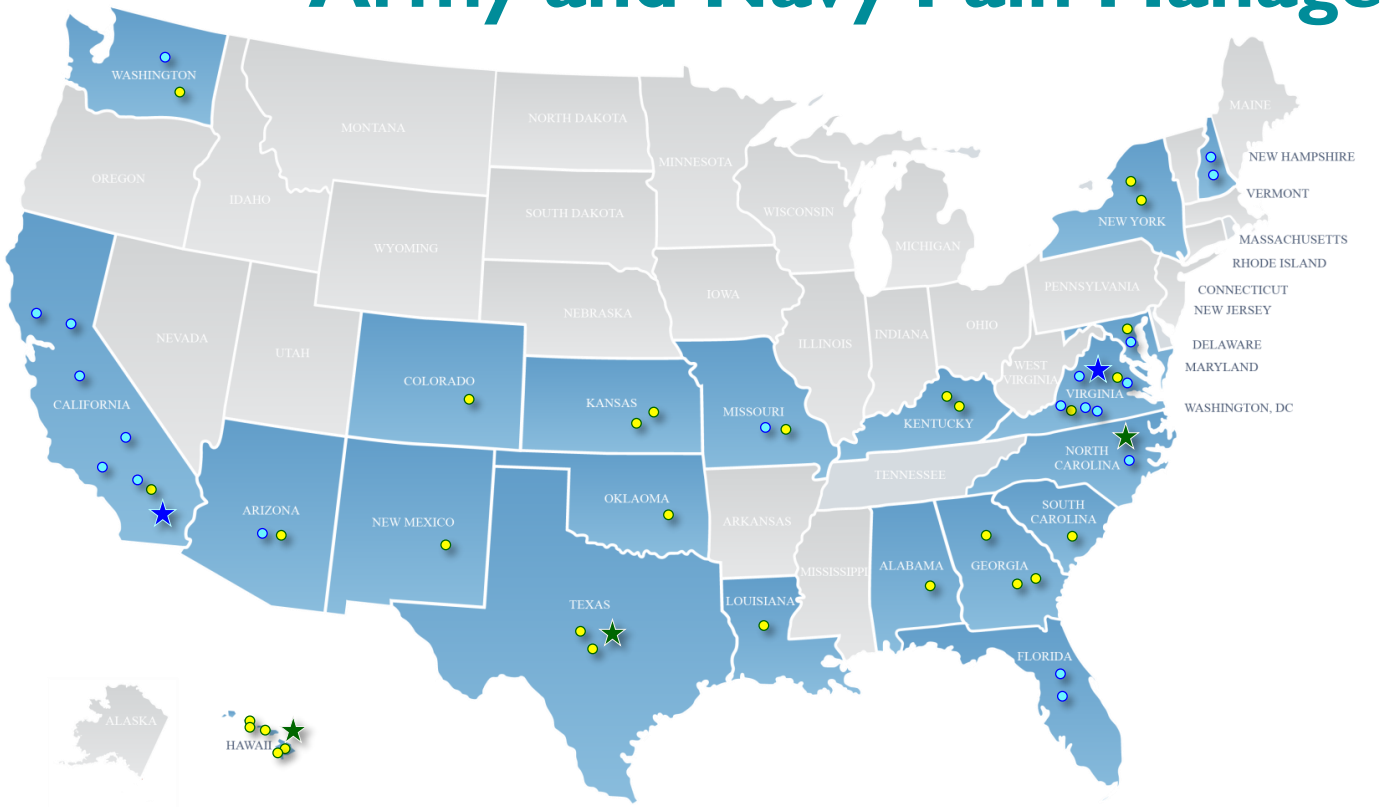
ECHO Hubs and Spokes: State of New Mexico



VA SCAN-ECHO



Army and Navy Pain Management ECHO Clinics



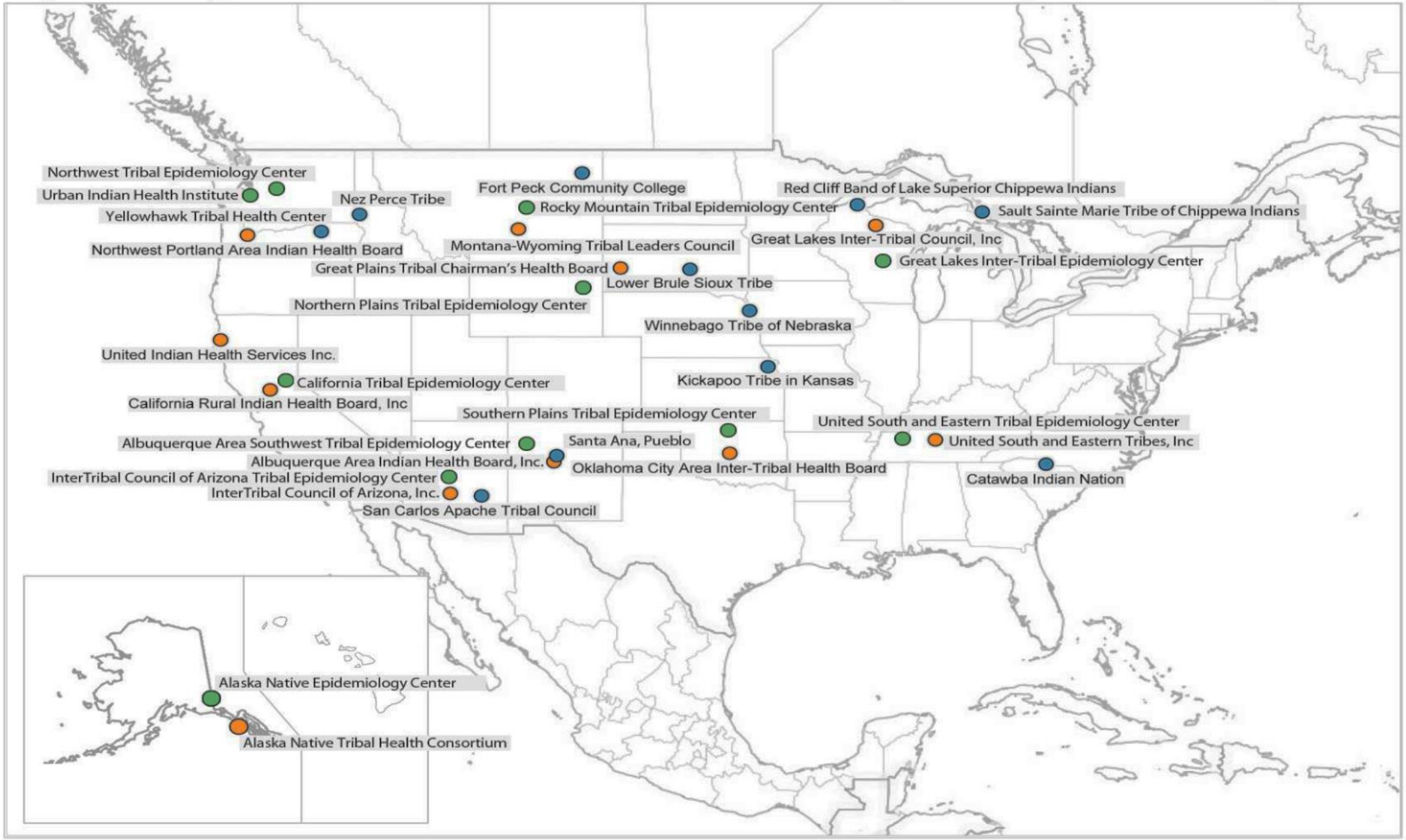
★ **Army ECHO Hubs:** Regional Health Command-Europe (RHC-E) – Landstuhl, Germany | Regional Health Command-Central (RHC-C)-Joint Base San Antonio-Brook Army Medical Center – TX | Regional Health Command-Pacific (RHC-P)-Tripler Army Medical Center – HI | Regional Health Command-Atlantic (RHC-A) – Ft. Bragg, NC

- **Belgium:**
  - Brussels
  - Supreme Headquarters Allied Powers Europe (SHAPE)
- **Germany:**
  - Grafenwoehr
  - Hohenfels
  - Katterbach
  - Landstuhl Regional Medical Center (LRMC)/FHC
  - LRMC/IMC
  - Stuttgart
  - Wiesbaden
  - Vilseck
- **Italy:**
  - Livorno
  - Vicenza
- **Japan:**
  - Camp Zama
- **South Korea:**
  - Camp Casey
  - Camp Humphreys
  - Camp Carroll
  - Camp Walker
  - Brian Allgood Army Community Hospital/ 121st Combat Support Hospital
- **Alabama:**
  - Redstone Arsenal
- **Arizona:**
  - Fort Huachuca
- **California:**
  - Fort Irwin
- **Colorado:**
  - Colorado Springs
- **Georgia:**
  - Fort Gordon
  - Fort Benning
  - Ft. Stewart
- **Hawaii:**
  - Schofield Barracks (Family Medicine and Troop Medical Clinic)
  - Adult Medicine Patient Centered Medical Home (PCMH) Tripler
  - Family Medicine PCMH Tripler
  - Warrior Ohana PCMH
  - VA Pain Clinic
- **Kansas:**
  - Fort Leavenworth
  - Fort Riley
- **Kentucky:**
  - Fort Knox
  - Fort Campbell
- **Louisiana:**
  - Fort Polk
- **Maryland:**
  - Fort Meade
- **Missouri:**
  - Fort Leonard Wood
- **New Mexico:**
  - White Sands Missile Range
- **New York:**
  - Fort Drum
  - West Point
- **Oklahoma:**
  - Fort Sill
- **South Carolina:**
  - Fort Jackson
- **Texas:**
  - Fort Bliss
  - Fort Hood
- **Virginia:**
  - Joint Base Langley-Eustis
  - Fort Lee
- **Washington:**
  - Madigan Army Medical Center

★ **Navy ECHO Hubs:** Navy Medicine East (NME)- Naval Medical Center (NMC) Portsmouth, VA | Navy Medicine West (NMW)- Naval Medical Center San Diego (NMCSD), CA

- **Arizona:**
  - NH Yuma
- **California:**
  - NMCSD Naval Training Center
  - NH Lemoore
  - NH Twentynine Palms
  - NH Camp Pendleton
  - Naval Air Facility El Centro
  - Naval Air Station North Island
- **Florida:**
  - Naval Hospital (NH) Jacksonville
  - Naval Air Station Jacksonville
- **Maryland:**
  - NHC Pax River
- **Missouri:**
  - Behavioral Health Clinic (BHC) Boone
- **North Carolina:**
  - NH Camp LeJeune
- **New Hampshire:**
  - BHC Portsmouth NH
  - Navy Safe Harbor
- **Virginia:**
  - NMC Portsmouth (Case Management, Pain Clinic, Physiatry, Internal Medicine)
  - BHC Oceana
  - TriCare Prime Clinic (TPC) Chesapeake
  - TPC Virginia Beach
  - 633rd Medical Group-Langley

Comprehensive Approach to Good Health and Wellness in Indian Country Awards (DP14-1421PPHF14) **/22 awards



**These awards are financed solely by Prevention and Public Health Funds.


U. of Washington
Univ. of Idaho
Washington St. DoH
OHSU
VA Portland
Indian Health Board
Billings Clinic
U. of North Dakota SoM
St. Gabriel's Health
Hennepin HC
U. of Minnesota
Wayside Center
U. of Wisconsin SoM
Michigan Neurosurgical
Superhub: Chicago
Wisconsin DoH
Superhub: AAP
American Academy of Pediatrics
U. of Chicago
U. of Wyoming
Superhub: Wyoming
U. of Nebraska
Children's Hospital in Omaha
U. of Colorado
Intermountain HC
U. of Utah
U. of Nevada
VA Eastern Colorado
Primary Health Care
Cincinnati Children's Hospital
Kansas U. Med. Ctr.
Fairbanks S. of Public Health
Missouri Telehealth
Indiana U.
Superhub: MTN
Intl. Gynecologic Cancer Soc.
Southern Illinois Univ.
Vanderbilt Univ. MC
Oklahoma State U.
Cherokee Nation
Superhub: ECHO
New Mexico PED
Carrie Tingley Hosp.
Presbyterian Health Services
Envision UNM
Parents Reaching Out
U. of Oklahoma HSC
Health Choice
UNM CDD
NM Office Med. Inv.
U. of New Mexico
HealthInsight
Family Voices
AR Children's Research Inst.
4 Breath 4 Life
East Tennessee State
Compassion for Life
Children's Healthcare
CDC
Georgia AAP
University of Alabama
American Cancer Soc.
St. Joseph's Hospital
U. of Arizona
UC Davis
VA San Francisco
UC San Francisco
Children's Hospital of Oakland
UC Los Angeles
VA Los Angeles
UC Irvine
LA Net
NAVMED West
VA San Diego
Intl. Liver Centers
Migrant Clinicians Network
TMF Health Quality Inst.
DoD RHC Central
USAF Diabetes Ctr of Excel.
MD Anderson
Baylor U.
Superhub: MD Anderson
Dyslexia Resource Center
Ochsner Health System
Maniilaq Association
University of Alaska Anchorage
Alaska Native Medical Center
DoD RHC Pacific
U. of Hawaii
MaineHealth
U. of Vermont
Better Health for NY
Maine Quality Counts
Lurie Ctr for Autism
Beacon Health
NYC Health Hosp.
Partners HealthCare
SUNY
Boston Medical Ctr
Fenway
Joslin Diabetes Ctr.
U. of Rochester
VA Ann Arbor
Harvard U./Beth Israel
VA Cleveland
Hartford Health
UMass Memorial
WNYC
U. of Michigan
VA Connecticut
Community Health Ctr
Yale University
NEOMED: Ohio
CEI - New York
Westchester MC
U. of Pittsburgh
Trinitas RMC
HRSA Ryan
Ohio Medical Directors
ICAPCU South Sudan
Marsh Univ.
Charles Med.
LiveOnNY
WV Science Inst.
VCU
RWJP
U. of Cincinnati
Children's Hosp. of Phil.
U. of Virginia MC
Johns Hopkins U.
Kennedy Krieger
Ntl. Cancer Inst.
Ntl. Osteoporosis Foundation
University Research Co.
School-Based Health Alliance
VA Richmond
NAVMED East
Community Care Network
UNC at Chapel Hill
Wake Forest BMC
DoD RHC Atlantic
Mountain Area Health Ctr.
Greenville Health
U. of South Carolina
Key: ECHO Hub Type (138)
Superhub (6)
Hub (123)
U.S. DoD Hub (6)
U.S. VA Hub (9)
Key: US State Shading
ECHO impact (44)
Awaiting ECHO impact (6)
ECHO Hubs and Superhubs: United States
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ECHO Consortium and Partners

Republic of Namibia Ministry of Health and Social Services

PEPFAR

CDC

Centers for Disease Control and Prevention (CDC)

US Headquarters

CDC Namibia

Elizabeth Glaser Pediatric AIDS Foundation

EGPAF

I-TECH International Training & Education Center for Health

International Training & Education Center for Health Namibia

UNM School of Medicine

Project ECHO

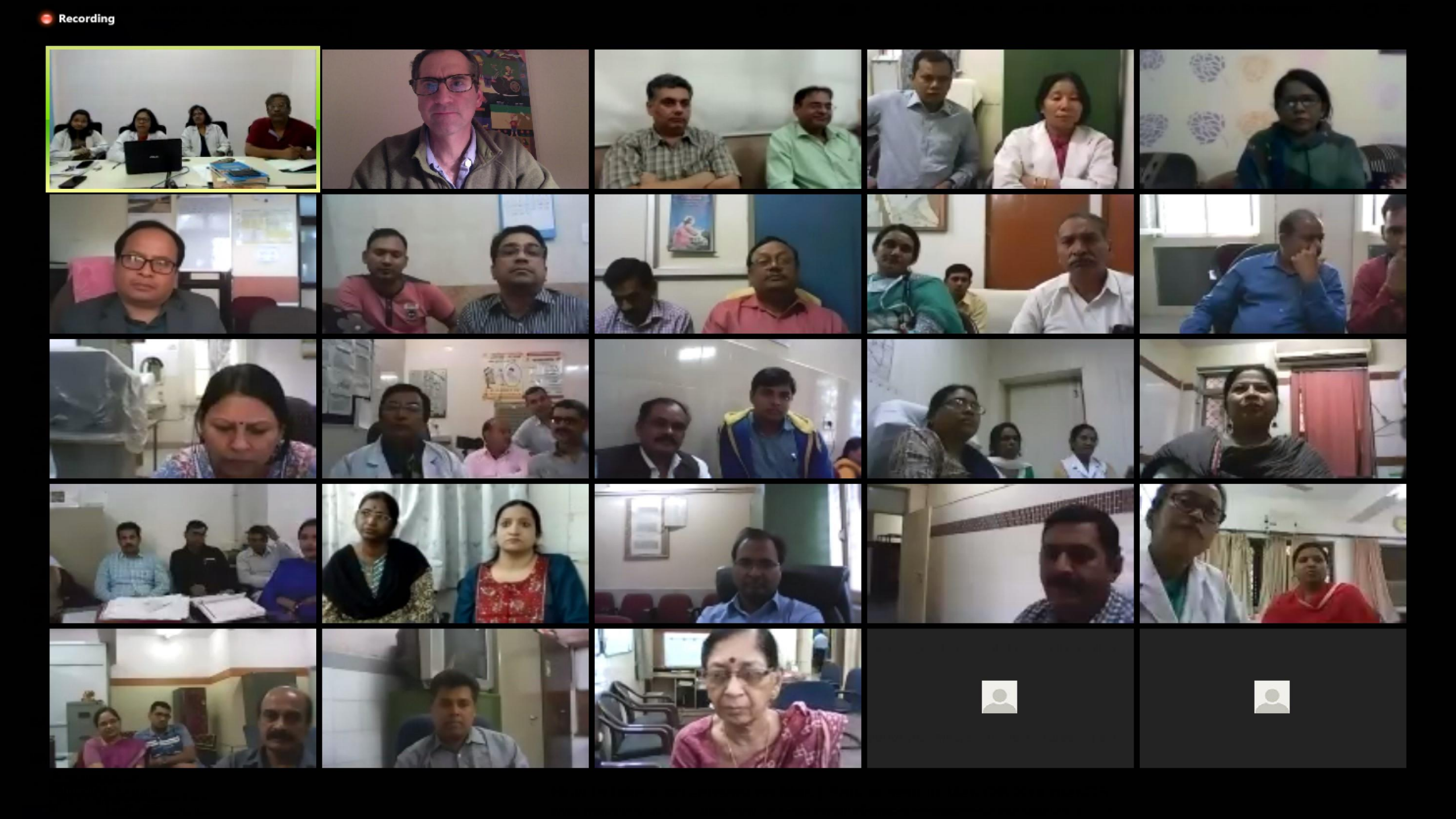
The University of New Mexico

University of Washington

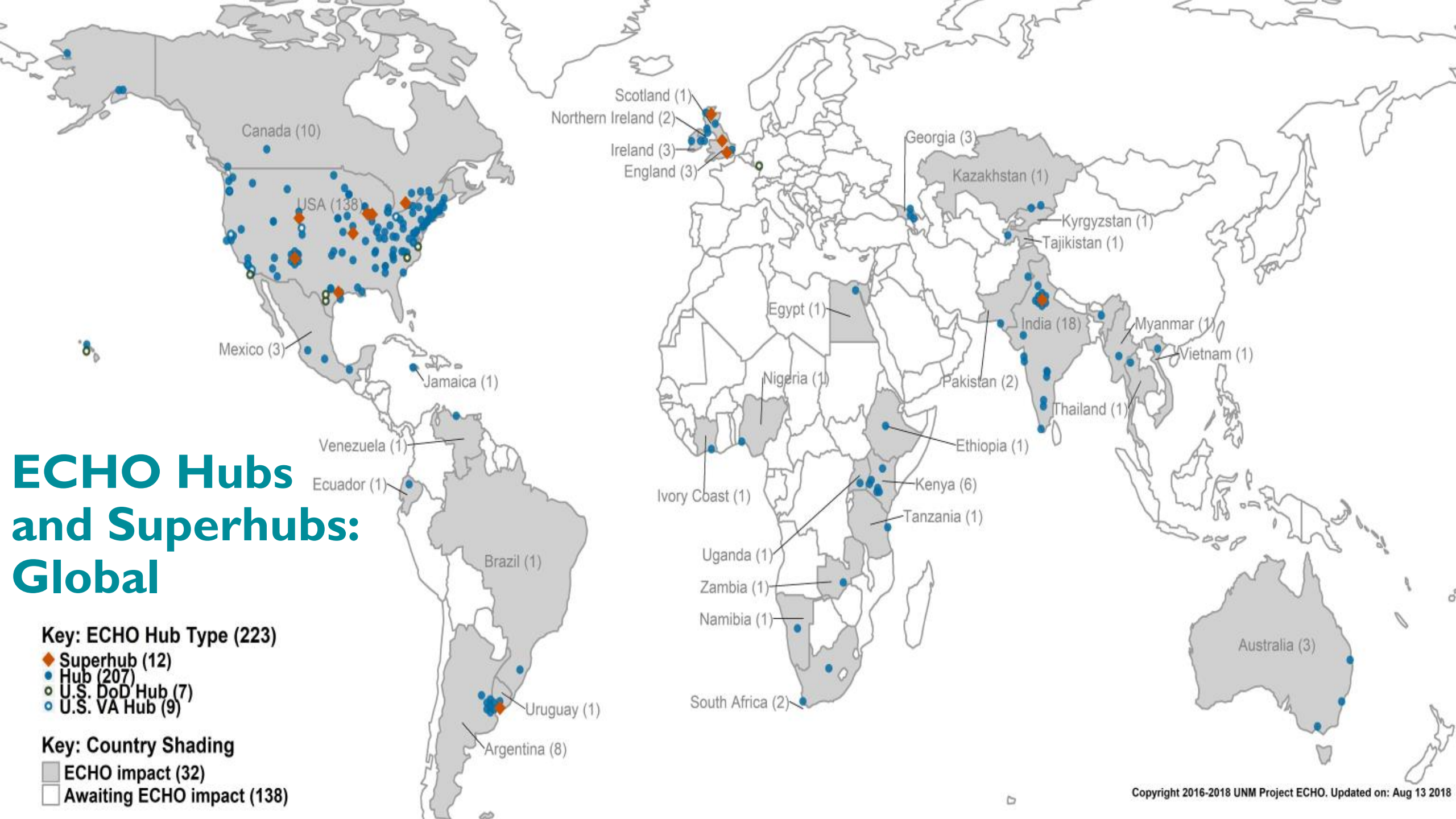
University of Washington


Recording
Speaker View
Exit Full Screen
MoHSS Hub
Hambex
1/2
1/2
Unmute
Stop Video
Invite
Participants
34
Share Screen
Chat
1
Record
Leave Meeting


Vietnam NTP
Cần Thơ


Recording

ECHO Hubs and Superhubs: Global



Cancer: Significant gains, persistent disparities

- While U.S. cancer death rates have declined overall between 1999-2015, stark disparities persist:
  - Cancer death rate for African-Americans is 25 percent higher than for whites
  - Hispanic and Latino patients are more likely to be diagnosed with cancer at later, more dangerous stages of the disease
- A recent study in the journal *Cancer* (August 20, 2018) shows that these disparities particularly affect children:
  - Of 32,000 childhood cancer patient data analyzed, black children were 38-95% more likely to die of nine cancers studied, and Hispanic children were 31-65% more likely to die
  - Socioeconomic status as well as race/ethnicity is a factor, demonstrating that kids living in high-poverty, under-resourced neighborhoods have greater cancer risk

Sources: "Why are Black and Latino Kids More Likely to Die of Certain Cancers?" August 20, 2018 (www.npr.org); Kehm R, Spector G, Poynter J, et al. "Does Socioeconomic Status Account for Racial and Ethnic Disparities in Childhood Cancer Survival?" *Cancer*, August 20, 2018 (epub ahead of print); NIH National Cancer Institute Surveillance, Epidemiology, and End Results Program (https://seer.cancer.gov)

Uses of ECHO in Cancer

1. Prevention: Smoking Cessation, HPV vaccination, HCV Treatment, HBV Vaccination and Treatment, sun safety and skin cancer prevention
2. Screening and Early Detection: Dermatology, Breast, Cervical, Colorectal Cancer, Oral and Lung Cancer
3. Pathology Best Practices
4. Cancer Care Navigation
5. Updates in Treatment: Getting the science to the community
6. Tumor Boards
7. Precision Medicine and Cancer Genomics
8. Pain and Toxicity Management
9. Survivorship
10. Palliative Care
11. Population Health: Effective Community Cancer Intervention and Prevention Program Management

The "ECHO Act"(Expanding Capacity for Health Outcomes Act)

Passed House/Senate by unanimous vote, November-December 2016
Signed into law by President Barack Obama, December 2016

Asks the Secretary of Health and Human Services to study the impact of Project ECHO on:

Conditions	Mental and substance use disorders, chronic diseases and conditions, prenatal and maternal health, pediatric care, pain management, and palliative care
Workforce	Implementation of public health programs, including those related to disease prevention, infectious disease outbreaks, and public health surveillance
Public Health	Health care workforce issues, such as specialty care shortages and primary care workforce recruitment, retention, and support for lifelong learning
Rural and Underserved Populations	Delivery of health care services in rural areas, frontier areas, health professional shortage areas, and medically underserved areas, and to medically underserved populations and Native Americans

Co-sponsors

Utah
- Hatch(R)

Hawaii
- Schatz (D)

Texas
- Burgess(R)

California
- Matsui(D)

Louisiana
- Sen. Bill Cassidy (R)

New Mexico
- Sen. Martin Heinrich (D)
- Sen. Tom Udall (D)
- Rep. Michelle Lujan Grisham (D)

Massachusetts
- Sen. Elizabeth Warren (D)

Oklahoma
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Minnesota
- Sen. Al Franken (D)

Tennessee
- Sen. Lamar Alexander (R)

Mississippi
- Sen. Roger Wicker (R)

Texas
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- Rep. Kay Granger (R)

Washington
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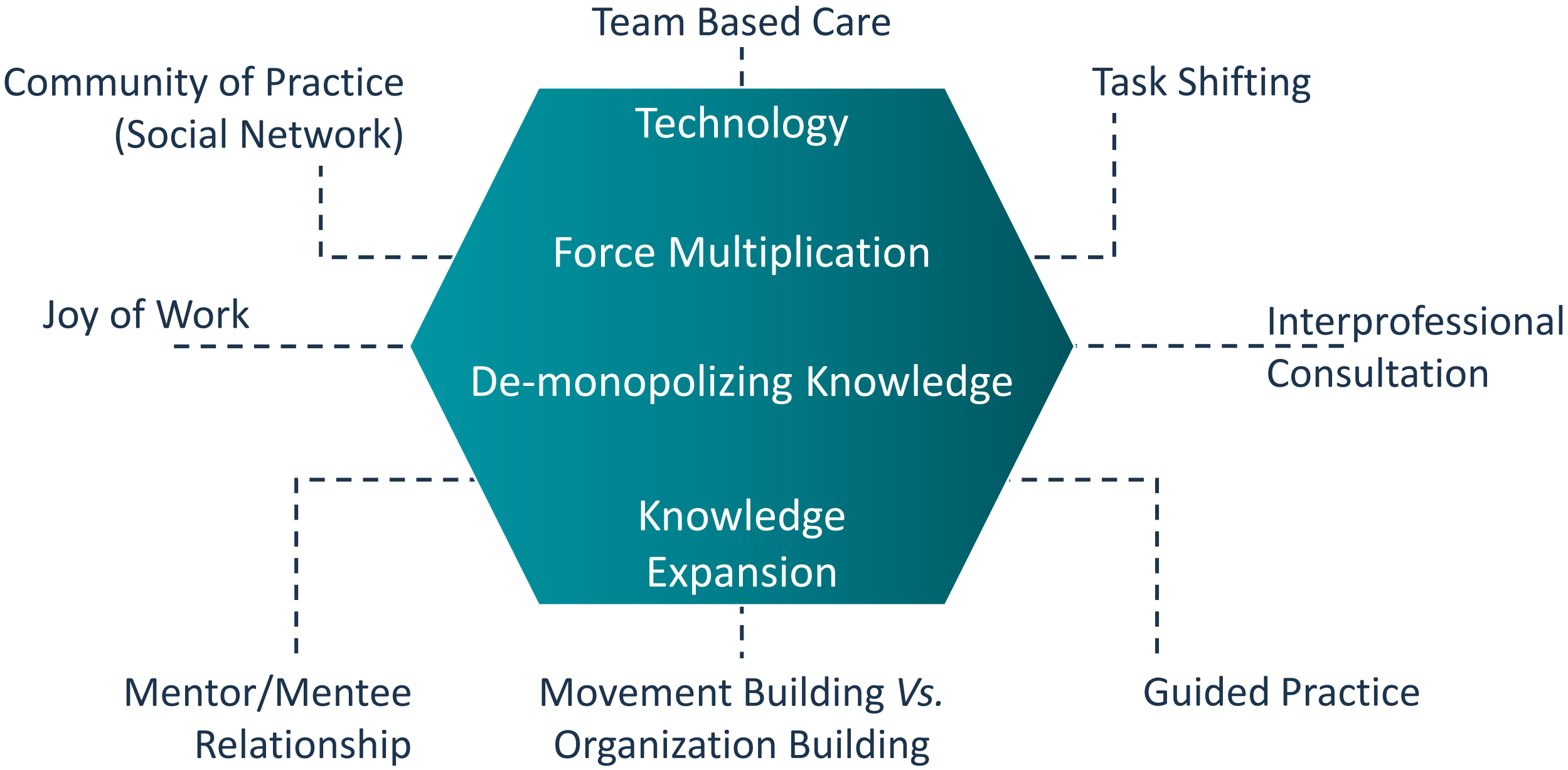
- Sen. Patty Murray (D)

Montana
- Sen. Steve Daines (R)
- Sen. Jon Tester (D)

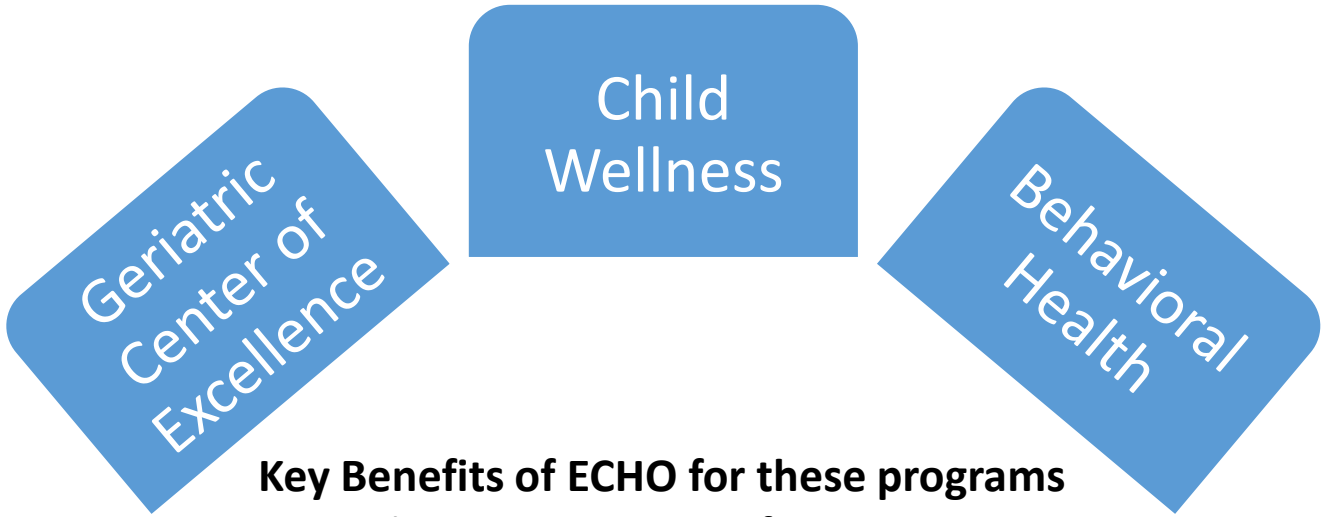
Virginia
- Sen. Mark Warner (D)

Wyoming
- Sen. John Barrasso (R)

What Makes ECHO Work?



ECHO Programs Included in 3 HSC Priority Initiatives



Key Benefits of ECHO for these programs

Expanding Access to care for patients

1. Increasing knowledge for providers and knowledge networks
2. Connecting rural providers with resources and experts
3. Increased provider satisfaction and retention