Project ECHO®

Moving Knowledge, Not People

Sanjeev Arora, MD, MACP
Distinguished Professor of Medicine (Gastroenterology/Hepatology)
Director of Project ECHO
Department of Medicine, University of New Mexico Health Sciences Center

At ECHO, our mission is to democratize implementation of best practices for health care and education to underserved people all over the world.

Founding Goals of Project ECHO

Develop capacity to safely and effectively treat Hepatitis-C (HCV) in all areas of New Mexico and to monitor outcomes.

Develop a model to treat complex diseases in rural locations and developing countries.

The ECHO Model

Use technology to leverage scarce resources

Apply case-based learning to master complexity

Share best practices to reduce disparities

Evaluate and monitor outcomes

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

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

STUDY: 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)

STUDY: 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
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)

STUDY: 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
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.

STUDY: 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

Results of the HCV Outcomes Study

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

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

Principle Endpoint

Sustained Viral Response (SVR): no detectable virus six months after completion of treatment

Conclusions

- Rural primary care clinicians deliver HCV 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 HCV care for New Mexico minorities.

ECHO Adoption Areas

Since the first HCV ECHO in New Mexico in 2003, ECHO has been adopted for use **around the world** with 70+ diseases and chronic health conditions.

1. Adult Oncology
2. Advanced HIV Disease
3. AMR (Advanced Microbial Resistance)
4. Antimicrobial Stewardship
5. Autism
6. Behavioral Health
7. Bone Health
8. Cancer (All Kinds)
9. Cardiology
10. Chronic Lung Disease
11. Chronic Pain
12. Clinical Hepatology
13. Community Medical Response
14. COVID-19
15. Crisis Intervention
16. Critical Care
17. Diabetes
18. Dialysis
19. Drug Resistant HIV
20. Emergency Medical Services
21. Emergency Operations
22. Endocrinology
23. FETP (Field Epidemiology Training Programs)
24. Frontline Medicine
25. Gastroenterology
26. Geriatrics
27. Health and Wellness
28. Health Emergencies
29. Health Engineering
30. Heart Disease
31. Hepatitis
32. High-Risk Pregnancy
33. HIV/AIDS
36. Hypertension
37. IDSR (Infectious Disease Surveillance & Response)
38. Infection Prevention and Control
39. Infectious Disease
40. Integrated Addictions & Psychiatry
41. Internal Medicine
42. Laboratory Medicine
43. Leadership Development
44. LGBT Health
45. Maternal & Child Health and Mortality
46. Menopause Medicine
47. Mental Health
48. Midwifery
49. Multiple Myeloma
50. Neonatal Care
51. Neurology
52. Nursing
53. One Health AMR (Advanced Microbial Resistance)
54. Opioid Use Disorder
55. Oral and Maxillofacial Surgery
56. Oxygen Therapy
57. Palliative Care
58. Patient Safety
59. Pediatric Oncology
60. Pediatric, Adolescent and Young Adult HIV/AIDS
61. Pediatrics
62. Prison Peer Education
63. Primary Care
64. Quality Improvement (All Areas)
65. Reproductive Health
66. Respirators
67. Rheumatology
68. Safe Surgery
69. Sexually Transmitted Diseases
70. Trauma-Informed Care
71. Tuberculosis and DRTB
72. Vaccination
73. Viral Hepatitis

ECHO's Lasting Impact in New Mexico

ACTIVE HEALTH CARE PROGRAMS SERVING NEW MEXICO

+12 **NEW HEALTH ECHOS PLANNED TO LAUNCH BY JUNE 2025**

ACTIVE EDUCATION PROGRAMS SERVING NEW MEXICO

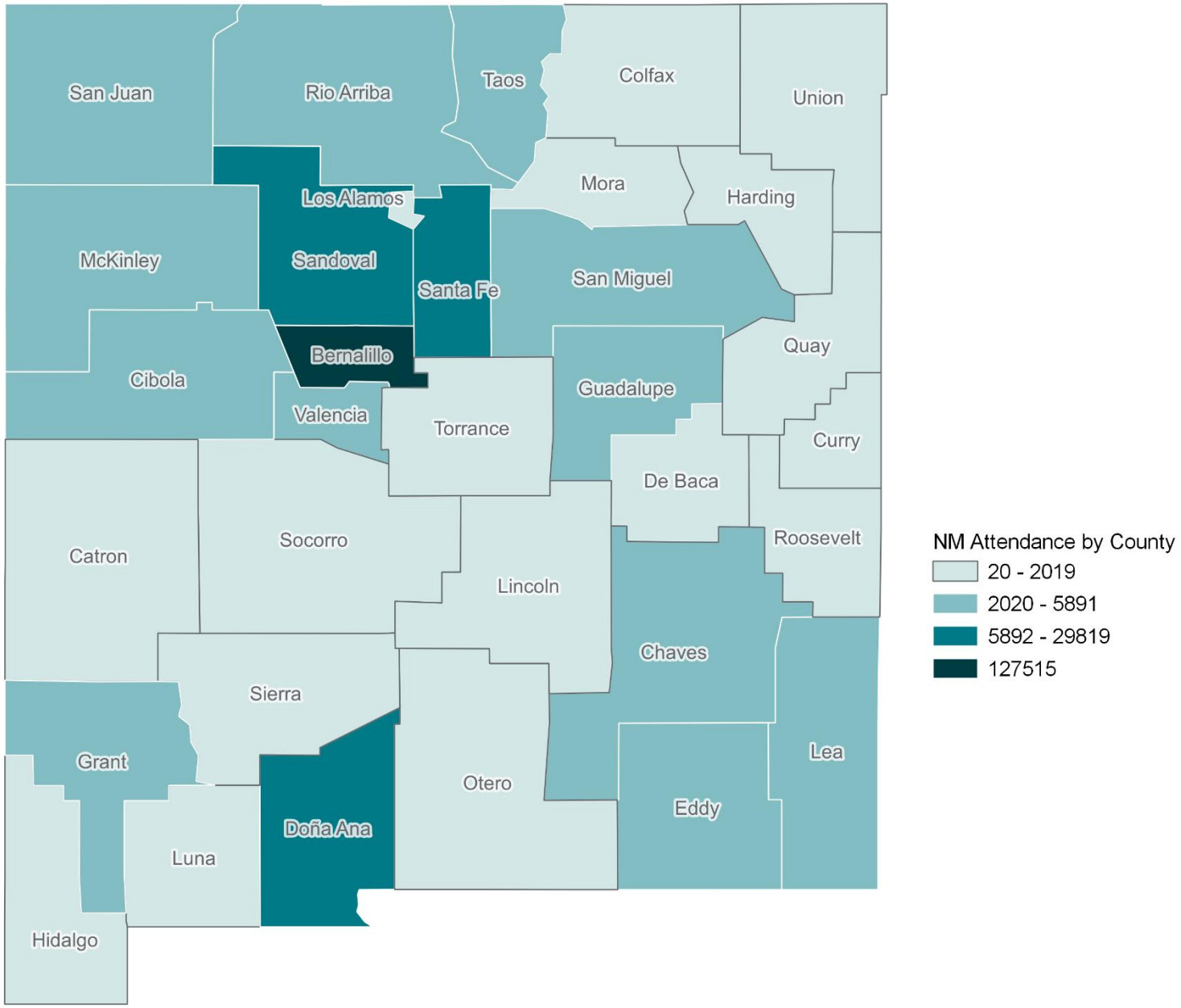
+6 **NEW EDUCATION ECHOS PLANNED TO LAUNCH BY JUNE 2025**

New Mexico Project ECHO Health Programs

ACEs ECHO: Putting Faces to the ACEs	Alcohol Use and Mental Health ECHO Program	Bone Health ECHO Program	Care of the Older Patient ECHO Program	Child and Adolescent Mental Health ECHO (launch Feb 2025)	Colorectal Cancer Screening (NM-CRCS) ECHO Program	Community Health Worker/Peer Support Worker Opioid ECHO Program
Community Peer Education Project (CPEP)	Dermatology ECHO	ECHO for School Based Health Centers	Gender Affirming Care ECHO Program	General Pediatric ECHO Program	HRSA TTELP Clinical Communications ECHO Program	HRSA TTELP Infectious Disease Consult ECHO Program
HRSA TTELP Infectious Disease Office Hours ECHO Program	HRSA TTELP Post COVID Primary Care	Improving Perinatal Health ECHO Program	Maternal Child Health for CHWs	Medicaid Quality Improvement and Hospitalization Avoidance (aka Long Term Care)	Miners' Wellness	Neurology (launching Nov 2024)
New Mexico After Time Served Peer ECHO Council	New Mexico Artificial Intelligence in Medicine ECHO	New Mexico Community Hepatitis C (HCV Community)	New Mexico Corrections Hepatitis C (HCV Corrections)	New Mexico HCV Training for Prescribing Clinicians	New Mexico Palliative Care ECHO	New Mexico Peer Education Project (NMPEP)
New Mexico Probation and Parole Collaborative ECHO Program	NMCD Reentry and Education ECHO (launching Sept 2024)	NM Cancer Survivorship for Primary Care ECHO	NM Detention Centers Substance Use Treatment ECHO	Opioid Crisis and Pain Management	Palliative Care Champions ECHO Program	Reproductive Health ECHO Program
Rheumatology	SafeCare New Mexico ECHO Program	Street Medicine ECHO	Substance Use Disorder in Pregnancy	Supporting Child and Youth Mental Health ECHO Program (Inactive as of Feb 2024)	Syphilis ECHO Program (between cohorts- next launching Jan 2025)	UNM HPB ECHO Progra

New Mexico Project ECHO Health Programs (cont'd.)

- Diabetes Health Equity Community Health Workers
- Diabetes Health Equity DSMES ECHO
- Diabetes Health Equity SDOH ECHO
- Endocrinology ECHO Program
- Salud es Riqueza Diabetes Prevention Training ECHO Program
- Behavioral Health Professional Worforce Resilience ECHO
- Bureau of Indian Affairs and Office of Justice Services Resiliency ECHO
- Climate Change and Human Health ECHO
- HHS/ASPR Project ECHO Clinical Rounds: Patient Care, Clinical Operations, Worforce Training
- Indian Health Services (IHS) HIV
- Museums and Emerging Pathogens in the Americas (MEPA) ECHO
- NM AETC HIV
- Violence Prevention
- Child Ready ECHO
- CIT ECHO Knowledge Network
- ECHO Autism: Advanced Diagnosis
- ECHO Autism: STAT Early Diagnostic Model
- Equity ECHO SeriesThe Ethics of Doing Research with Communities: Advancing Anti-Racist Models
- Integrative Cognitive Rehabilitation Psychotherapy ECHO
- MOUD ECHO
- Primary Care AHEC ECHO Clinic
- Project ECHO for Lobo Littles
- Psychiatric Mental Health Nurse Practitioner (PMHNP) ECHO Clinic
- UNMCCC / NMCCA Community Oncology Working Group
- ECHO for Citizenship Educators
- Downtown Public Safety ECHO
- Nob Hill-University Public Safety ECHO
- VAP Pro Bono Collaborative ECHO

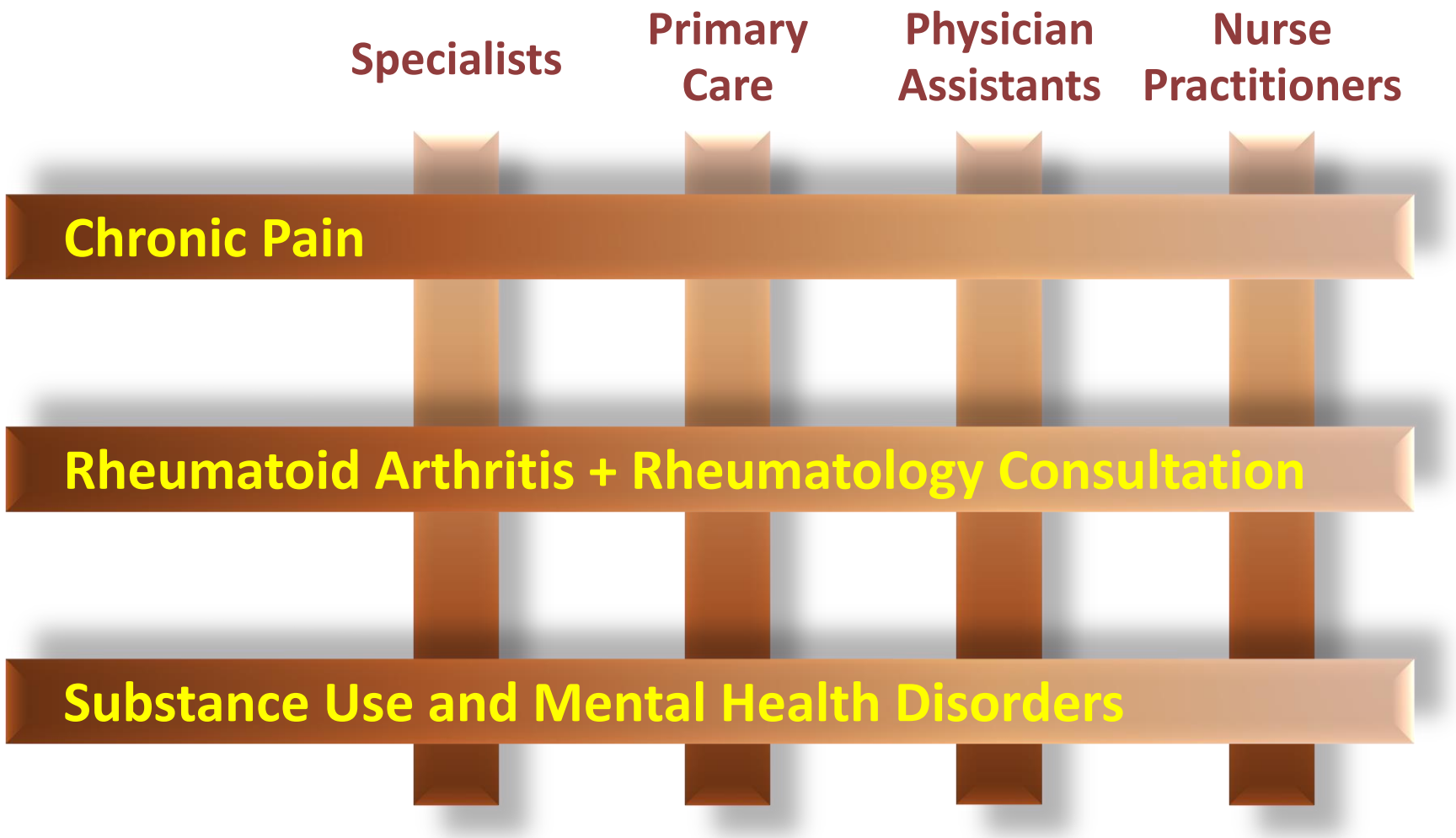


Map of Attendance by first line professionals in ECHO Sessions Across the State

As of 7/31/2024, there have been **more than 260,000** cumulative attendances by at least **22,000** individuals.

Force Multiplier

Use Existing Community Clinicians



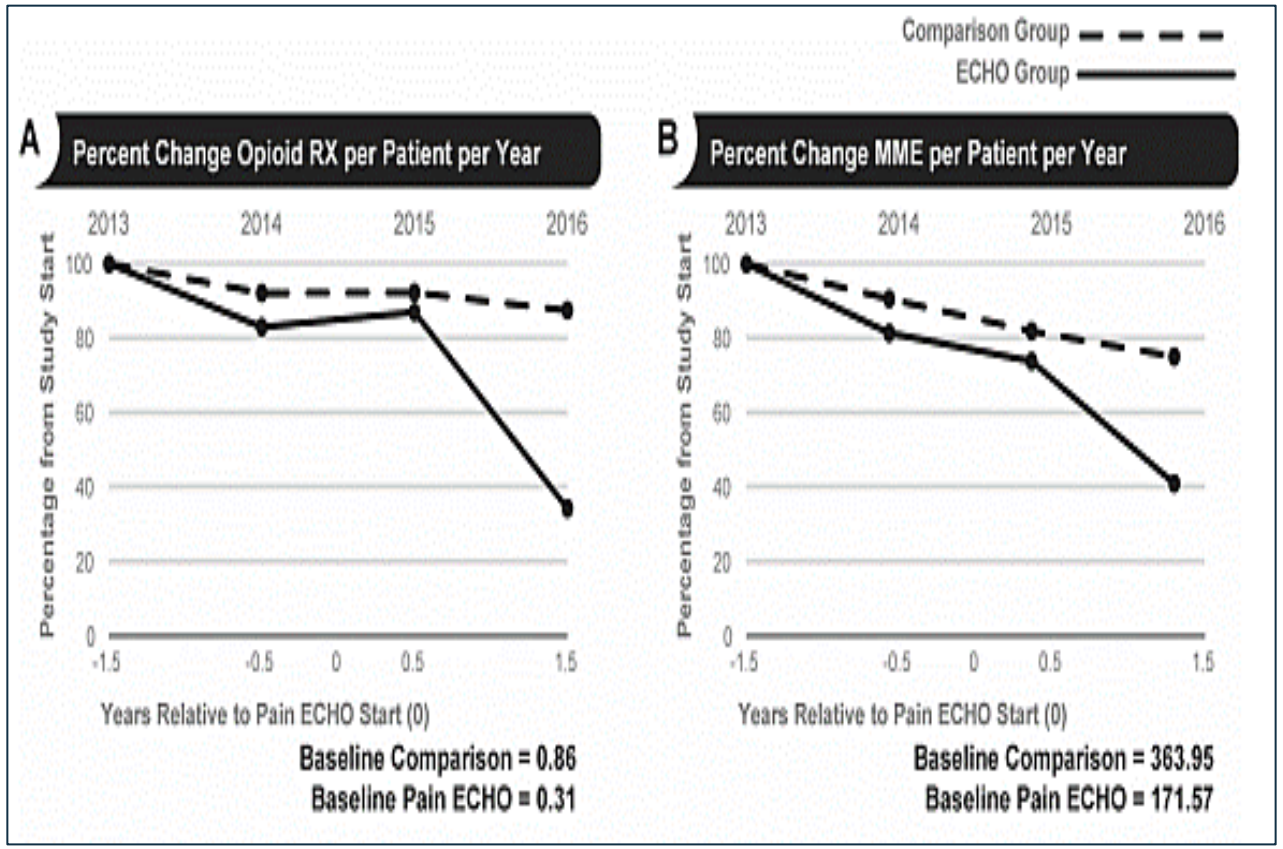
Improved Liver Disease Survival Outcomes

- This study through the Veterans Health Administration (VHA) compared the effect of patients having a virtual VHA SCAN-ECHO visit on all-cause mortality compared with patients with no liver clinic visit (propensity score matched).
- 513 patients who had a SCAN-ECHO visit were identified. As a cohort they were younger, more rural, and had symptoms of more advanced liver disease.
- Propensity adjusted mortality rates showed that a SCAN-ECHO visit was associated with a hazard ratio of 0.54 (95% CI 0.36-0.81, p = 0.003), or a 46% reduced risk of dying, compared to patients with no SCAN-ECHO visit.

Su, G. L., Glass, L., Tapper, E. B., Van, T., Waljee, A. K., & Sales, A. E. Virtual consultations through the Veterans Administration SCAN-ECHO Project improves survival for veterans with liver disease. *Hepatology*. 2018; *68*(6), 2317-2324.

STUDY: ECHO Pain

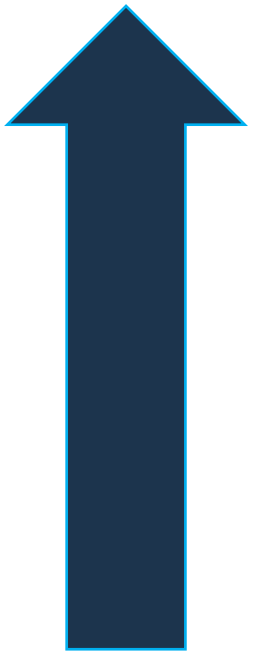
- Intervention group (99 clinics participating in ECHO Pain); Control group (1283 clinics)
- **Method**: Rx counts for [de-identified] patients enrolled with PCC teams from FY 2013-FY 2016.
- The **average annual decline of # of Rx/patient/year decreased 23% for ECHO Pain participants** compared to 9.2% for non-participants (*p*=.004).



Katzman, J. G., Qualls, C. R., Satterfield, W. A., Kistin, M., Hofmann, K., Greenberg, N., ... & Arora, S. (2019). Army and Navy ECHO Pain Telementoring Improves Clinician Opioid Prescribing for Military Patients: an Observational Cohort Study. *Journal of general internal medicine*, *34*(3), 387-395.

ECHO Improves NM Medicaid Patient Care Quality

ENDO ECHO Cohort vs. Matched Propensity Score Control Cohort



Endo ECHO cohort experienced increases in:

- Outpatient visits
- Foot exams
- Eye exams
- Smoking assessments*
- # of annual HbA1c checks*
- Access to best-practice medications
  - Metformin
  - Statins
  - ACE inhibitors
  - Antidepressants

Blecker, S., Lemieux, E., Paul, M. M., Berry, C. A., Bouchonville, M. F., Arora, S., & Billings, J. Impact of a primary care provider tele-mentoring and community health worker intervention on utilization in Medicaid patients with diabetes. *Endocrine Practice*. 2020; *26*(10), 1070-1076.

*Paul, M. M., Saad, A. D., Billings, J., Blecker, S., Bouchonville, M. F., Chavez, C... & Berry, C. A. A telementoring intervention leads to improvements in self-reported measures of health care access and quality among patients with complex diabetes. *Journal of Health Care for the Poor and Underserved*. 2020; 31(3), 1124-1133.

ECHO Improves NM Medicaid Patient Care Quality

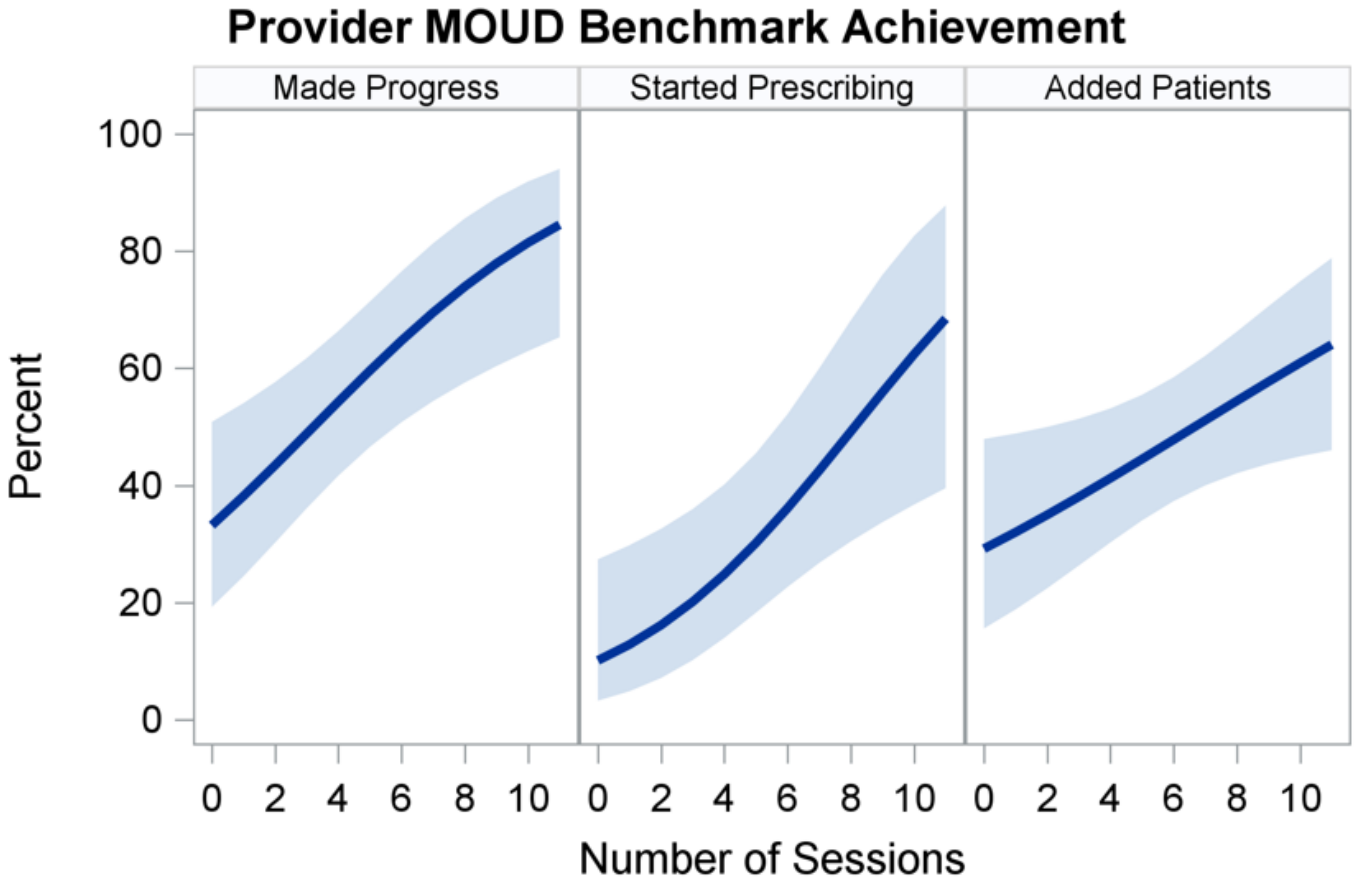
ENDO ECHO Cohort vs. Matched Propensity Score "Controls" in the Community

Endo ECHO cohort experienced decreases in:

- Mean HBA1c levels
- Fluctuations in HBA1c levels
- Inpatient admissions
- Inpatient spending on high-cost services

Blecker, S., Paul, M. M., Jones, S., Billings, J., Bouchonville, M. F., Hager, B... & Berry, C. A. A Project ECHO and community health worker intervention for patients with diabetes. *The American Journal of Medicine*. 2022; *135*(5), e95-e103.
Cantor, J. C., Chakravarty, S., Farnham, J., Nova, J., Ahmad, S., & Flory, J. H. Impact of a provider tele-mentoring learning model on the care of medicaid-enrolled patients with diabetes. *Medical Care*. 2022; *60*(7), 481.

Participation in ECHO is Associated with Expanding Buprenorphine Treatment in Rural Primary Care for Patients with Opioid Use Disorder



Made Progress (N = 79) OR = 1.24 (1.09, 1.42) P = 0.001
Started Prescribing Benchmark | Not Prescribing (N = 60) OR = 1.31 (1.09, 1.57) P = 0.004
Added Patients Benchmark (N = 79) OR = 1.14 (1.02, 1.28) P = 0.025

Julie Salvador, Heidi Rishel Brakey, Rana Alkhafaji, Jesus Fuentes, Magdalena McWethy , Laura Rombach, Rachel Abeyta, Julia Martinez, Andrew Sussman, Orrin Myers
University of New Mexico, Albuquerque, New Mexico, USA

Study Indicates Provider Participation in ECHO Useful Tool for Expanding Patient Access to Buprenorphine

Figure 1. Main Outcomes Among Extension for Community Health Outcomes (ECHO)-Trained and Comparison Clinicians in a Propensity Score–Matched Cohort

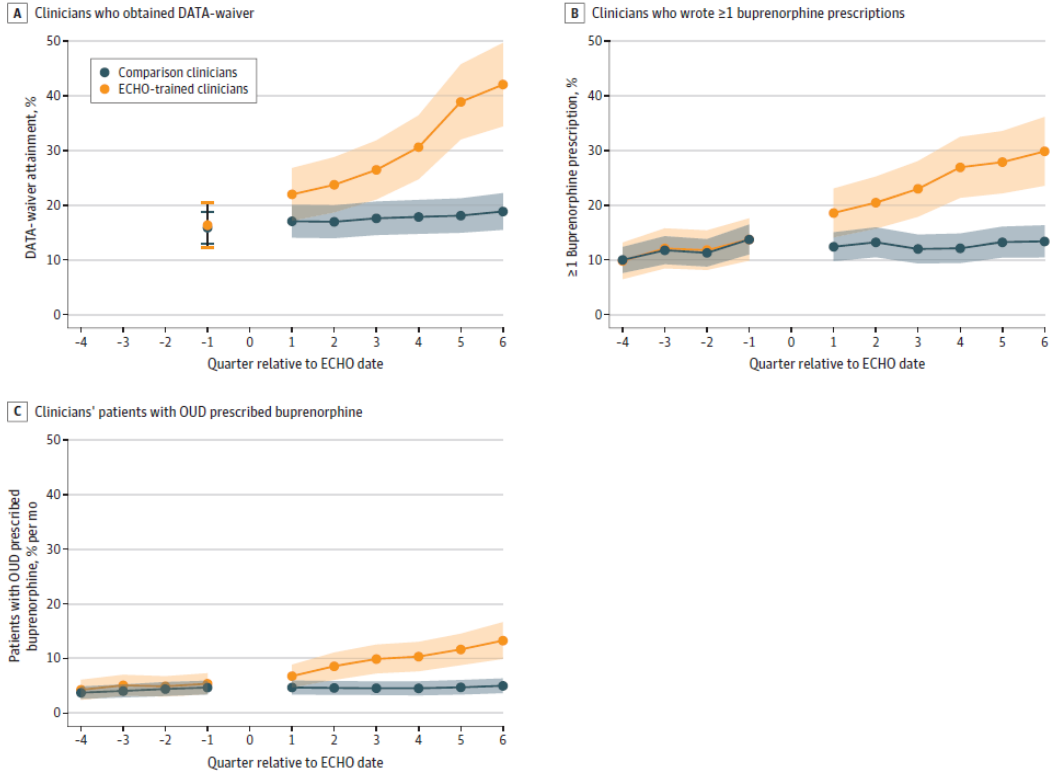
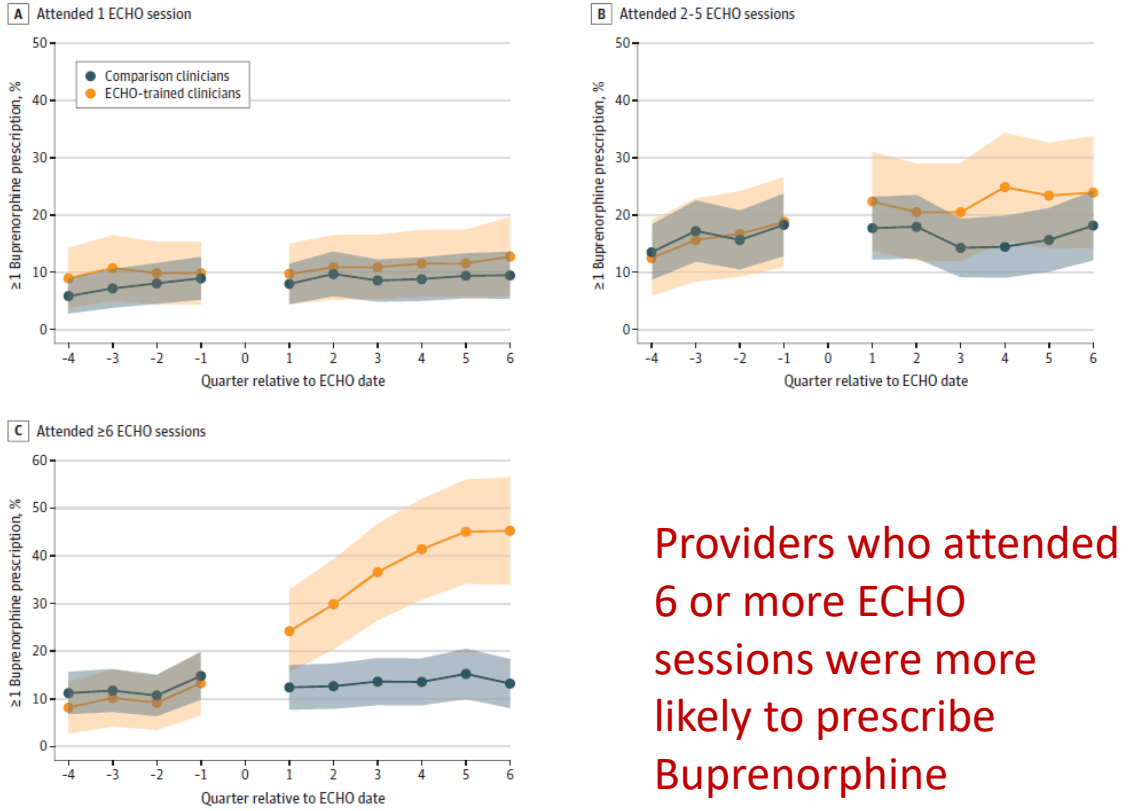


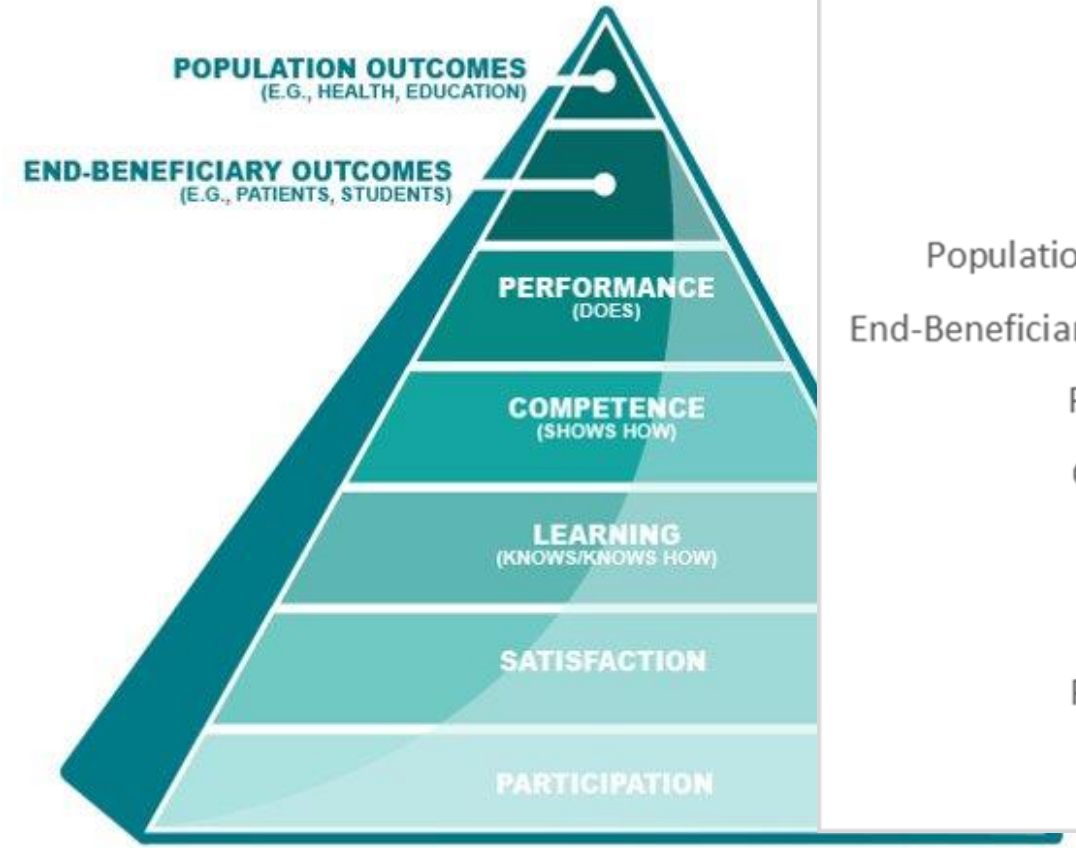
Figure 2. Association Between Project ECHO (Extension for Community Health Outcomes) Attendance and Writing 1 or More Buprenorphine Prescriptions Among ECHO-Trained and Comparison Clinicians in a Propensity Score–Matched Cohort

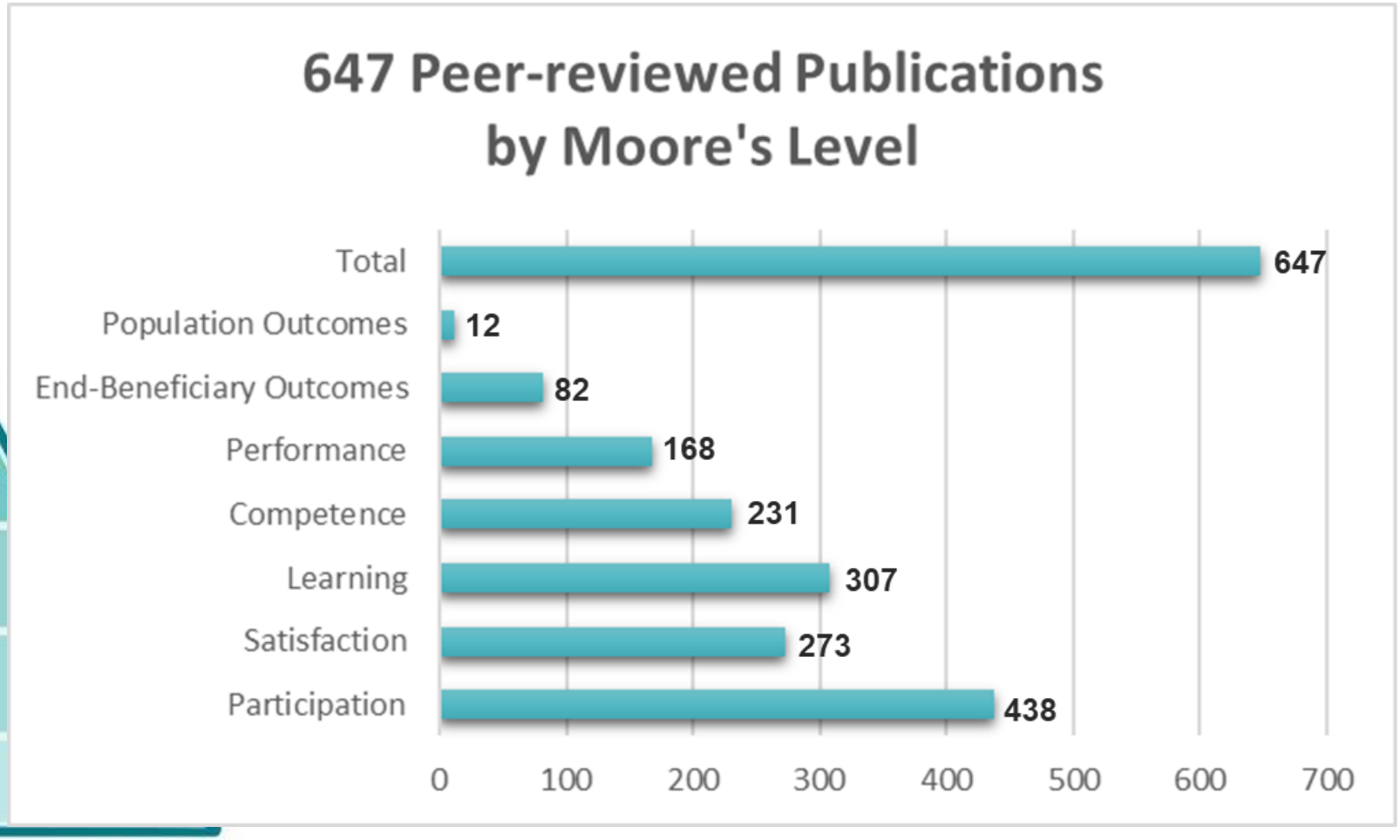


Providers who attended 6 or more ECHO sessions were more likely to prescribe Buprenorphine

JAMA Health Forum. 2022;3(11):e224149. doi:10.1001/jamahealthforum.2022.4149

ECHO Publications by Outcome Levels





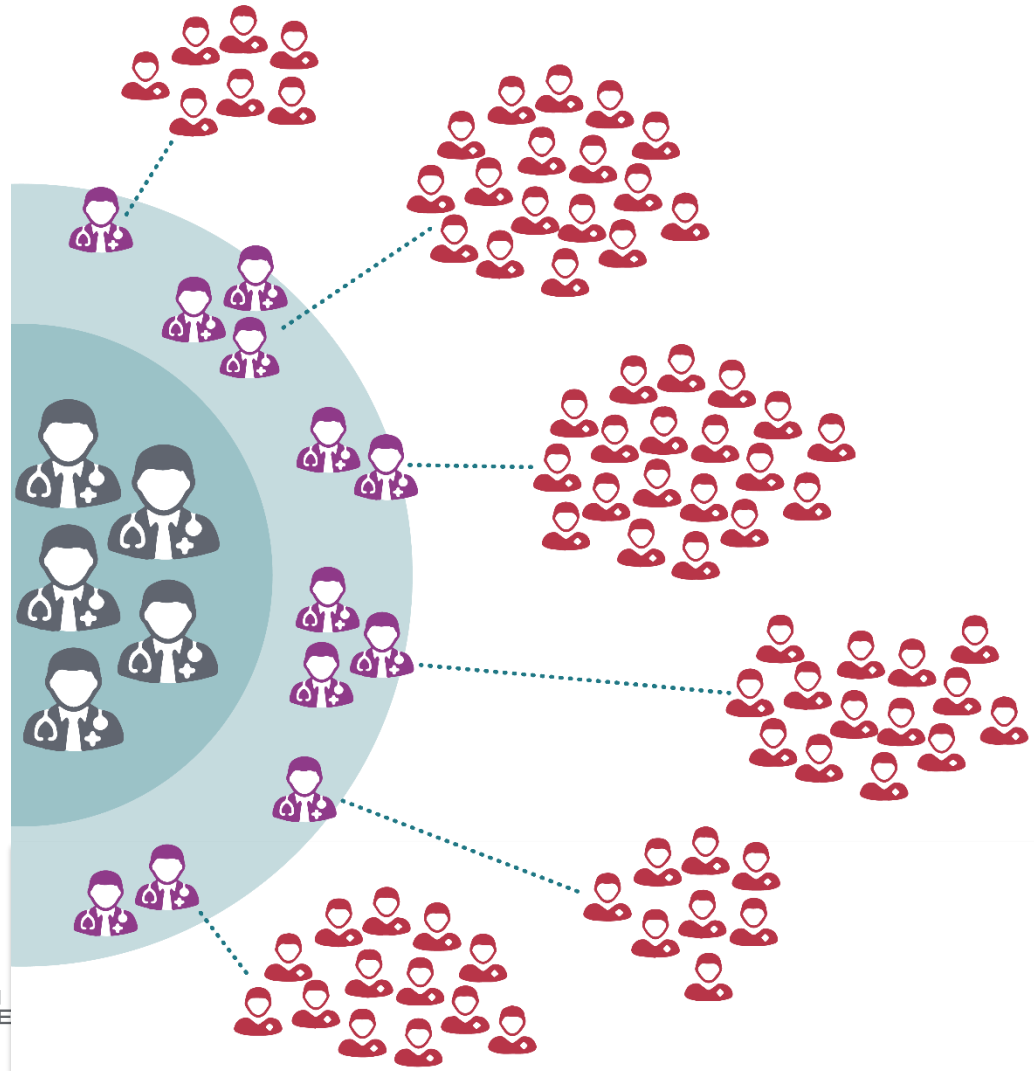
as of 4/1/24

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

Democratizing Implementation of Best Practices

Force Multiplication via Technology-enabled Trusted Human Network



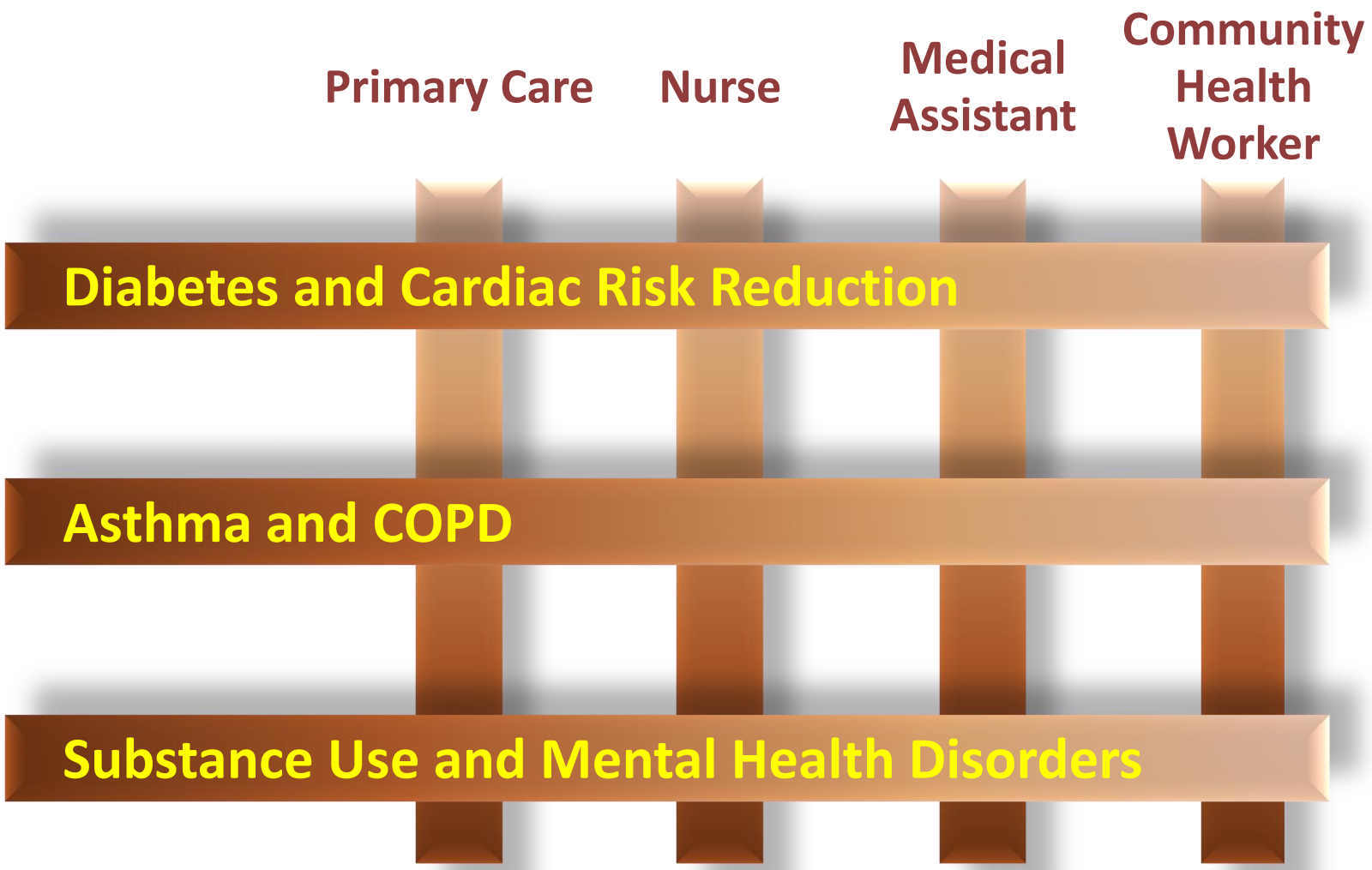
KEY

- iECHO PLATFORM
- EXPERT TEAM
- PRIMARY CARE TEAM
- PATIENTS

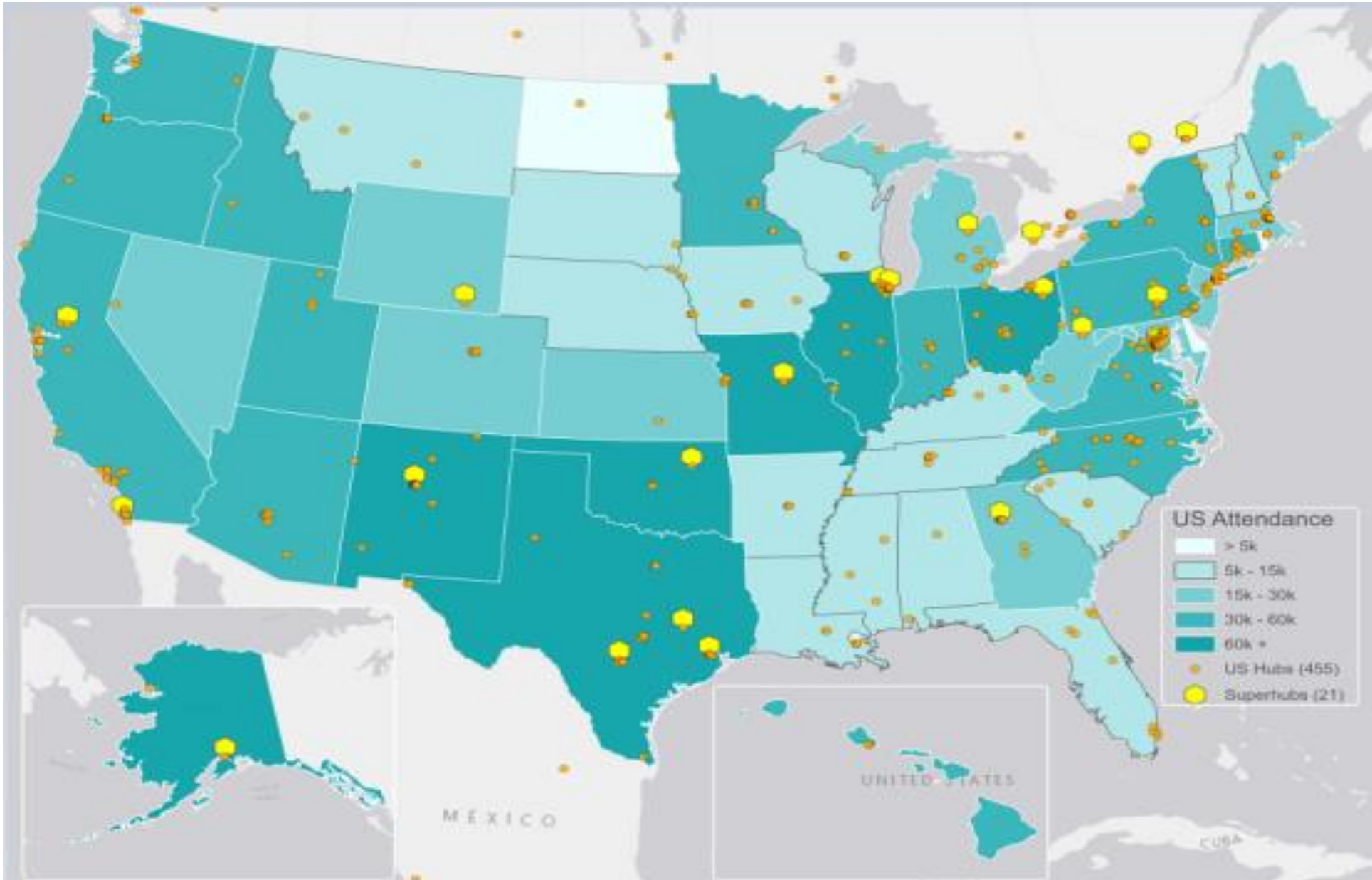
HEALTH SCIENCE

Force Multiplier

Chronic Disease Management is a Team Sport



U.S. Hubs and Superhubs



Ministries of Health in Africa: 20 Signed ECHO Partners

Ministry of Health and Wellness Botswana

Cameroon Ministry of Public Health

Ministry of Public Health of the Democratic Republic of the Congo

Ministry of Health and Public Hygiene Cote D'Ivoire

Ministry of Health, Gambia

Ghana Ministry of Health

Ministry of Health and Public Hygiene of Guinea

Ministry of Health, Lesotho

Ministry of Health and Social Welfare, Liberia

Ministry of Health Malawi

Namibian Ministry of Health and Social Services

Federal Ministry of Health, Nigeria

Republic of Rwanda Ministry of Health

Ministry of Health Sierra Leone

Ministry of Health & Human Services, Federal Government of Somalia

Ministry of Health Sudan

Ministry of Health, South Sudan

Ministry of Health, Community Development, Gender, Elderly and Children, Tanzania

The Republic of Uganda Ministry of Health

The Zambian Ministry of Health

Impact: Decline in transactional costs associated with traditional didactic trainings

Paper 180

Cost of Using Multipoint Video-Technology for National Guidelines Dissemination in Kenya

[1]**B. Mambo**, [1]M. Kimani [2]L. Misiko, [3]K.Owour, [1]A. Wachira, [1]I. Mukui,[1] B. Kigen

[1]National AIDS and STI Control Programme, Ministry of Health, Directorate of Preventive and Promotive Health Services, Nairobi, Kenya. [2]University of Maryland, Baltimore

Using traditional didactic approach for training was associated with an average marginal cost of **$820.29** per participant

Multipoint video technology (HIV ECHO) is drastically cheaper and is more time efficient that the traditional didactic dissemination method

In comparison, the average marginal cost of training using multi point video technology **$20.96** per participant trained

ECHO Partners
Ministries of Health in Latin America and Caribbean

MINISTERIO
DE SALUD

RÉPUBLIQUE D'HAÏTI
Ministère de la Santé Publique
et de la Population

SECRETARÍA EJECUTIVA
COMISCA
CONSEJO DE MINISTROS DE SALUD DE CENTROAMÉRICA Y REPÚBLICA DOMINICANA

GOBIERNO DE LA
REPÚBLICA DE HONDURAS
SECRETARÍA DE SALUD

MINISTRY OF
HEALTH &
WELLNESS

GOBIERNO de
GUATEMALA
DR. ALEJANDRO GIAMMATTEI

MINISTERIO DE
SALUD PÚBLICA
Y ASISTENCIA
SOCIAL

REPÚBLICA DE PANAMÁ
GOBIERNO NACIONAL

MINISTERIO
DE SALUD

Ministries of Health in Asia Signed ECHO Partners

National Institute of Health, the Ministry of National Health Services, Pakistan

Ministry of Health and Sports, Myanmar

Ministry of Health Armenia

KEMENTERIAN KESEHATAN REPUBLIK INDONESIA

Ministry of Health of the Republic of Indonesia

Ministry of Health and Family Welfare
Government of India
सत्यमेव जयते

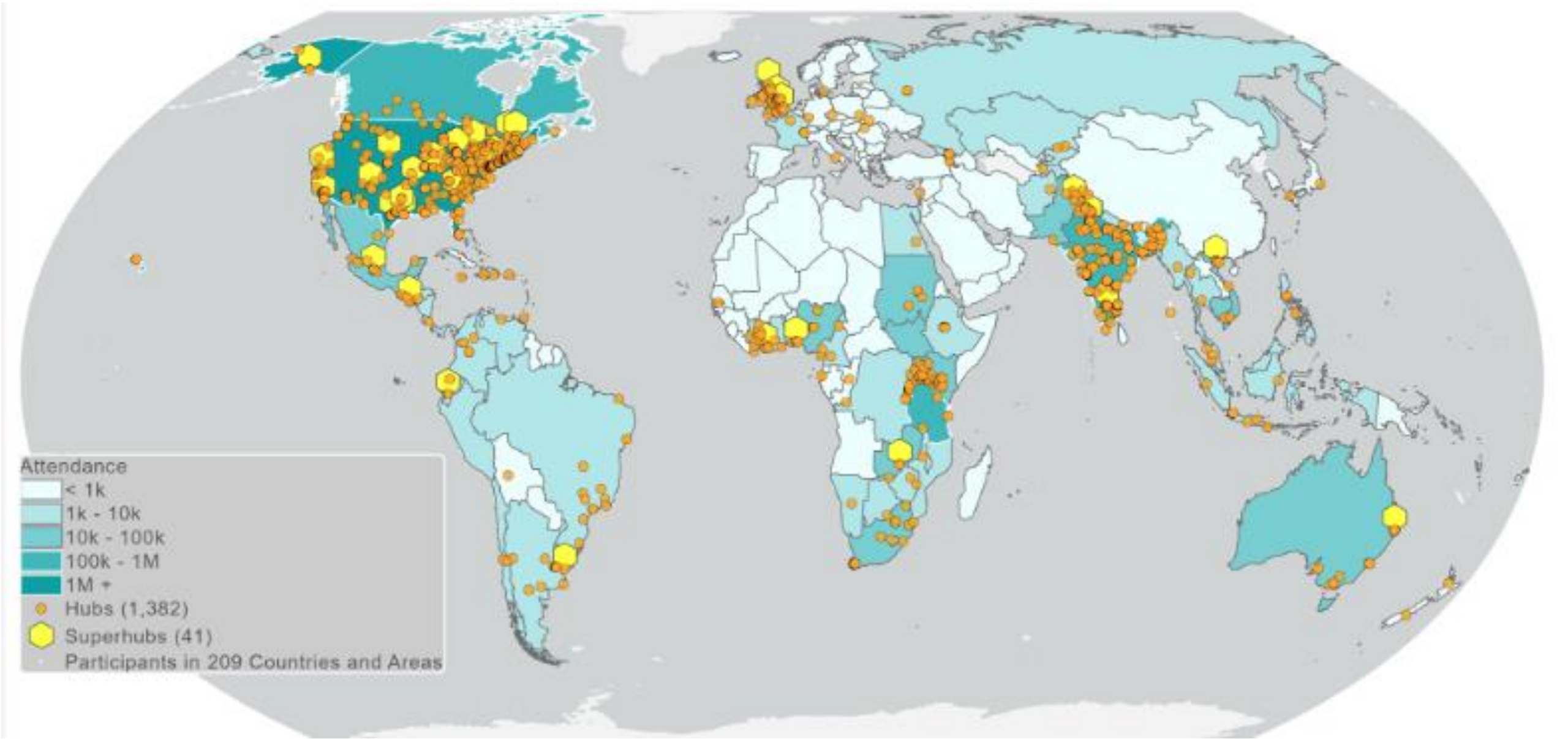
BỘ Y TẾ
MINISTRY OF HEALTH

Ministry of Health of Vietnam

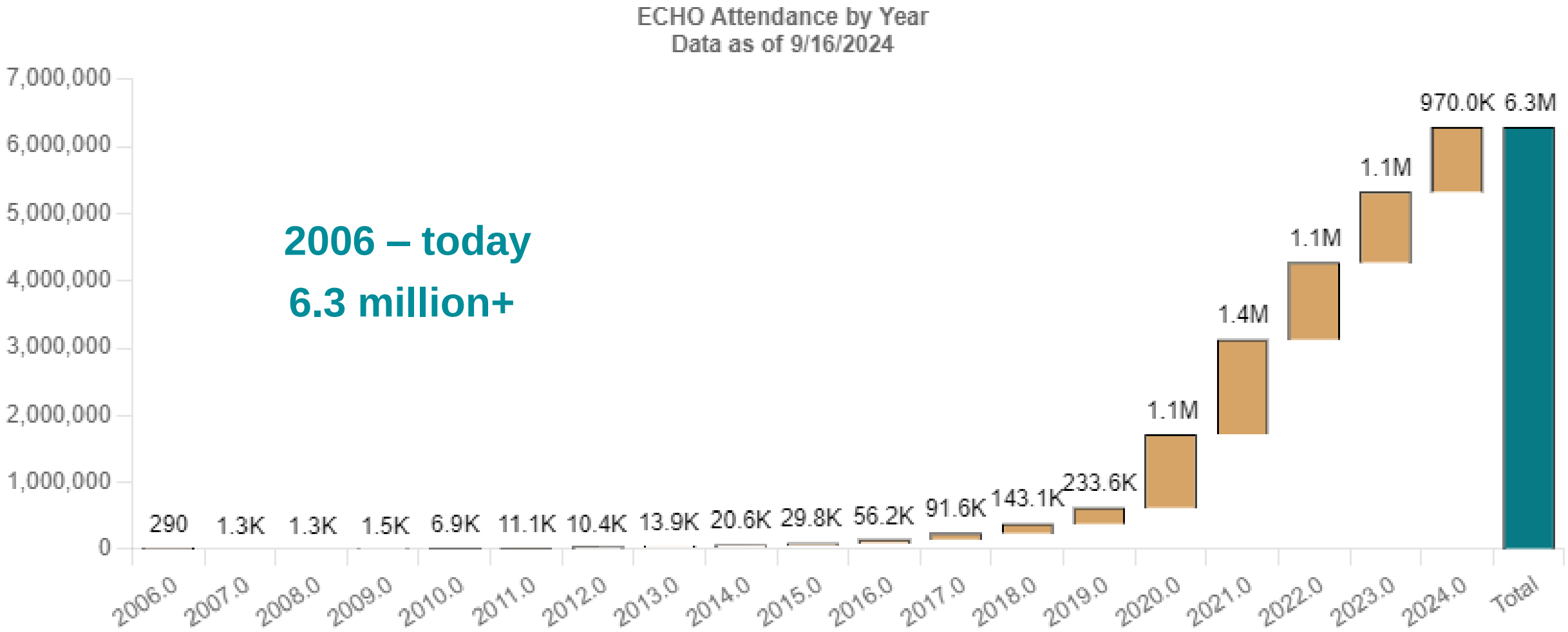
ECHO India Central Programs

With an overarching MoU with the Ministry of Health & Family Welfare (MoHFW), several national-level health care programs have joined the ECHO movement for capacity-building.

Global Hubs & Superhubs



Major Growth In Demand Since COVID 19: Cumulative Attendance Across ECHO Network



Note: Data represents program attendance reported by ECHO Hubs thus far and may not entirely reflect all global ECHO attendance.

Opportunity to Improve U.S. Cancer Care

Across the Continuum of Care

Prevention

- Tobacco cessation
- HPV vaccination
- Hepatitis B vaccination
- Sun safety & skin cancer prevention
- Community cancer intervention & prevention

Screening

- Dermatology
- Breast cancer
- Cervical & colorectal cancer
- Oral & lung cancer
- Pathology best practices
- Training peer and community health advocates

Treatment

- Pain & toxicity management
- Cancer care navigation
- Precision medicine & cancer genomics
- Clinical trial enrollment

Survivorship & End of Life Care

- Palliative care
- Coping
- Health promotion
- Follow-up of cancer survivors
- Caregivers
- Transition from patient to survivor

Cancer ECHO Hub & Spoke Reach: U.S.

THE NETWORK BY THE NUMBERS

200+

Cancer ECHO Hubs

800+

Cancer ECHO Programs

36

Countries

300,000+

Attendances

*Data as of September 2024

Instead of waiting weeks or months, these women are getting follow-up procedures right here, in their community. This is about saving lives."

- Dr. Rose Gowen, OB-GYN specialist, Su Clínica, Brownsville, Texas

echo.unm.edu/initiatives/cancer-echo/

All-Time Cancer ECHO Programs

Cancer ECHOs Around the World

Programs	Countries	Hubs
864	36	246

HEALTH SCIENCES
Project ECHO

University of Texas MD Anderson Cancer Center ECHO Superhub

- **ECHO Hub since 2013**
- **Oncology Superhub** since 2017
- **35+ ECHO Programs & support** for International Gynecologic Cancer Society (IGCS) Programs

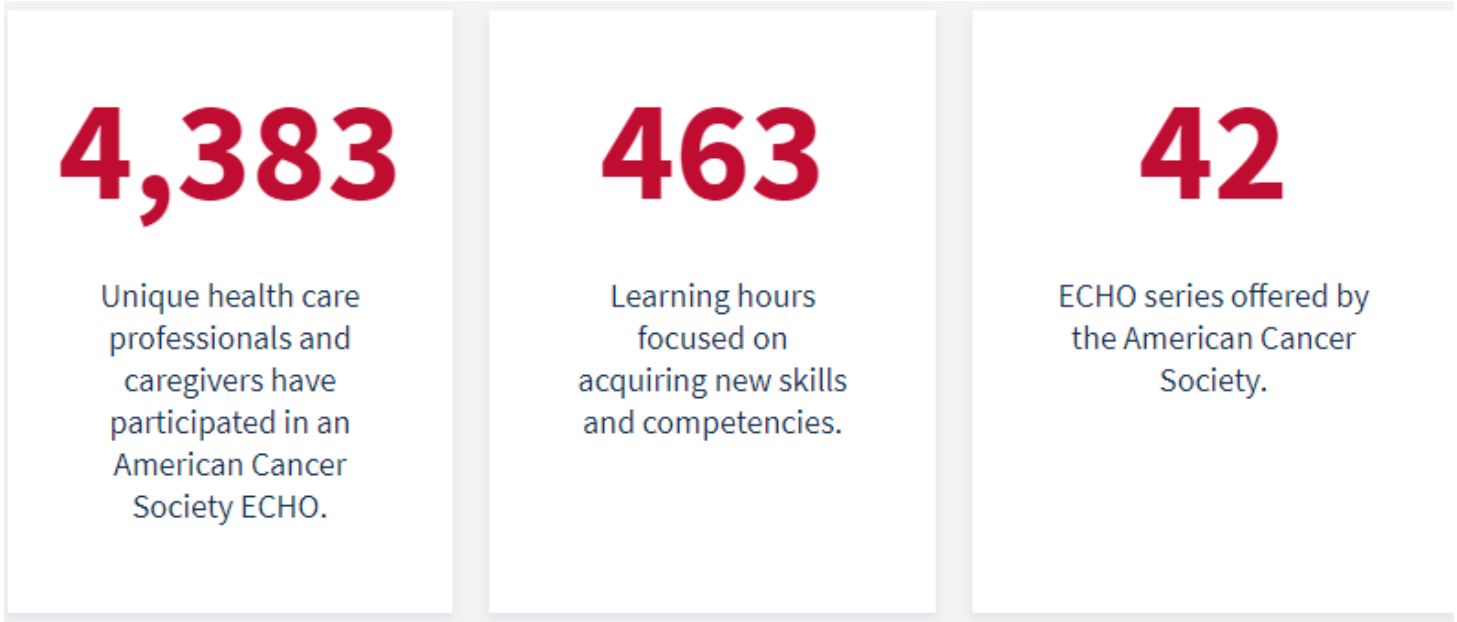
- **Foci**: Gynecologic cancers, breast cancer, head & neck cancers, tobacco cessation, early detection of melanoma, cancer pharmacy, palliative care, radiation oncology, survivorship and many others.
- **Areas served:** US, Africa, Central and Latin America – *programming in English, Spanish, and French.*

Since 2014

MD Anderson's programs have held:
1,105 ECHO telementoring sessions to expand knowledge and skills and to support **2,952** participants in **27** countries.

American Cancer Society

- ECHO Hub since 2018
- ECHO Superhub as of 2023
- **40+ ECHO Programs**
- **Foci**: Bone health, breast cancer, colorectal cancer, lung cancer, health equity, HPV vaccination, LBGTQ+ cancer care, organizational development and strengthening, patient and caregiver support, biomarker testing, and tobacco cessation.
- **Areas served:** US, East Africa – *programming in English and Spanish*
- https://echo.cancer.org/



National Cancer Institute
Center for Global Health

- **ECHO Hub since 2018**
- **Four ECHO Programs + support** for KENCO, ICCP, UICC, and many other ECHO Partners
- **Foci**: APEC Cervical Cancer Screening & Prevention, Africa Cancer Research and Control, Caribbean Cancer Research and Control, Knowledge Summaries for Breast Cancer Control.

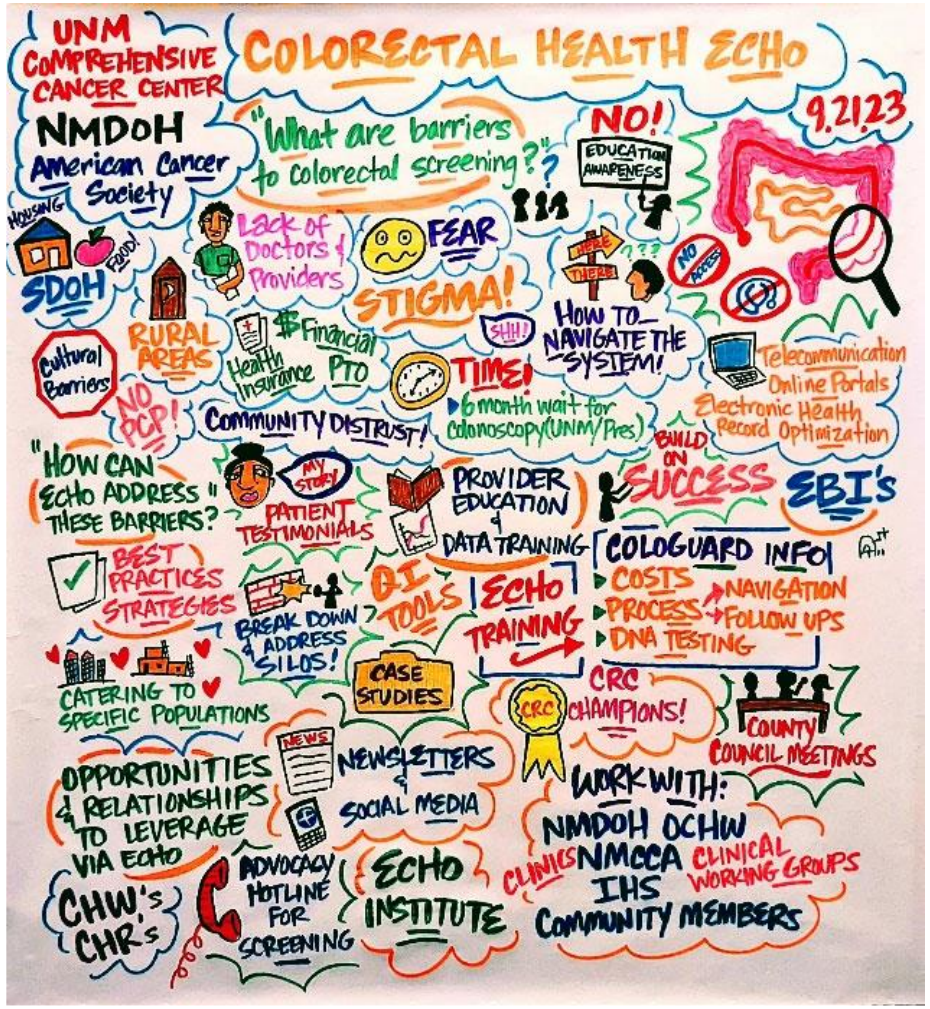
UNM Comprehensive Cancer Center

- **ECHO Hub since 2019**
- **Programs:**
  - NM Colorectal Cancer Screening ECHO
  - Cancer Survivorship for Primary Care ECHO
  - UNM Hepatobiliary (HPB) ECHO
  - FOSTER ECHO (for Clinical Trials Enrollment)
- **Areas served:** U.S.

UNM Comprehensive Cancer Center

NM COLORECTAL CANCER SCREENING ECHO
March 2024 - Present

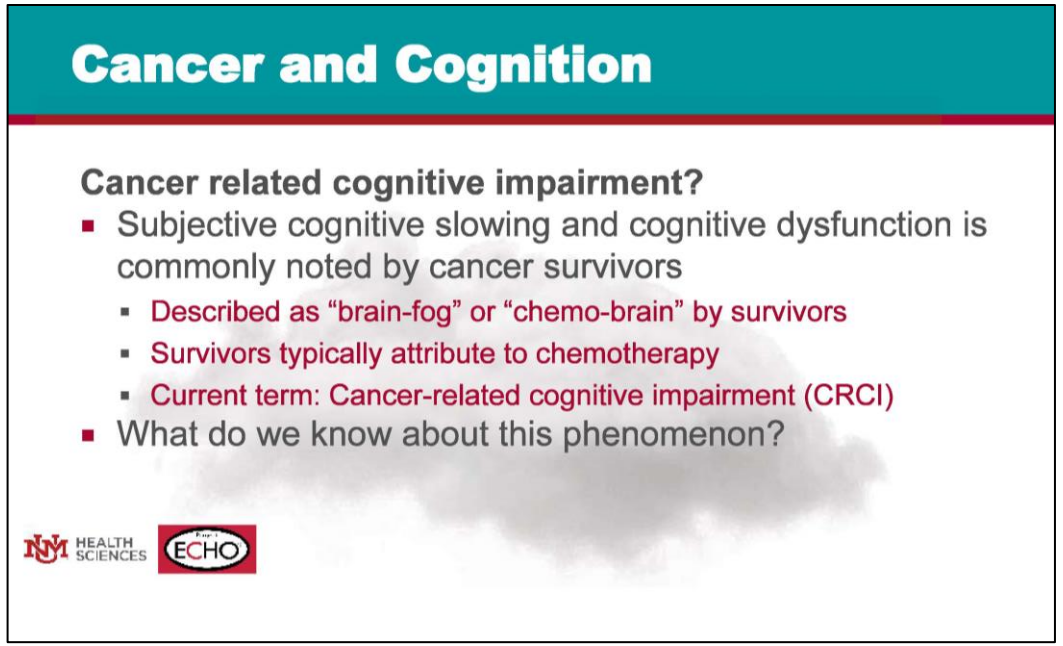
- **Need:** 960 New Mexicans will be diagnosed with colorectal cancer in 2024, 340 of which will die from the disease.
- **Purpose:**
  - Improve delivery and uptake of colorectal cancer screening
  - Ensure diagnostic follow-up
  - Navigate individuals to appropriate treatment services
- **Audience:** Clinicians, staff, and community health workers at medical care clinics across NM



UNM Comprehensive Cancer Center

NM CANCER SURVIVORSHIP FOR PRIMARY CARE ECHO
June 2021 - Present

- **Need: Approx 9,590** New Mexicans are diagnosed with cancer each year, underscoring a need for ongoing clinical monitoring and support to improve survivor quality of life
- **Purpose:**
  - Improve care coordination between cancer treatment, primary care, and other providers
  - Provide ongoing, evidence-based mentorship to support improved clinical and quality of life outcomes for cancer survivors
  - Navigate cancer survivors to essential support resources
- **Audience:** PCPs, nurses, community health workers, patient navigators, psychologists, pharmacists, non-clinical practice staff

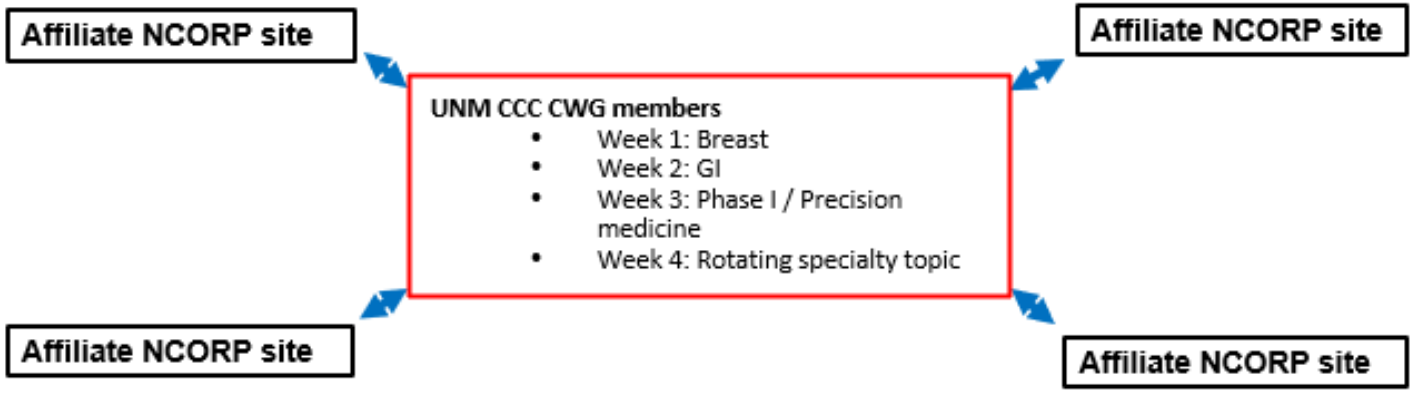


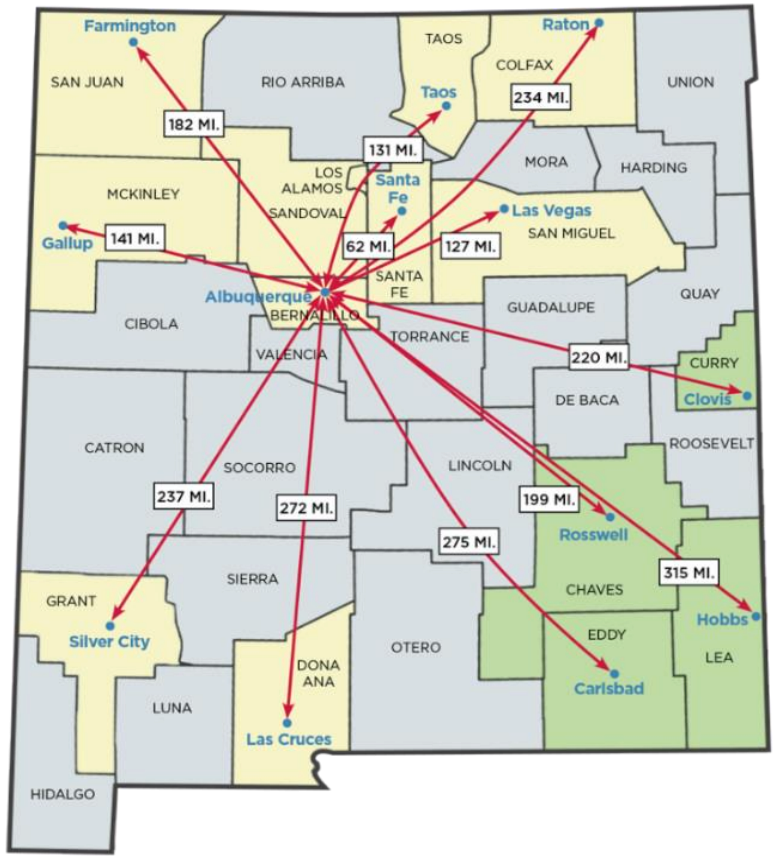
Sample Survivorship ECHO Didactic
Credit: Christopher G. Manschreck, MD

UNM Comprehensive Cancer Center

FOSTER (Facilitating enrollment Of community cancer patientS on Therapeutic clinical trials using project ECHO Resources)
January 2019 – July 2020

- **Purpose:** Facilitate personalized communication between UNMCCC Clinical Working Groups and NM Cancer Care Alliance affiliate sites for community oncology patient enrollment in clinical trials.





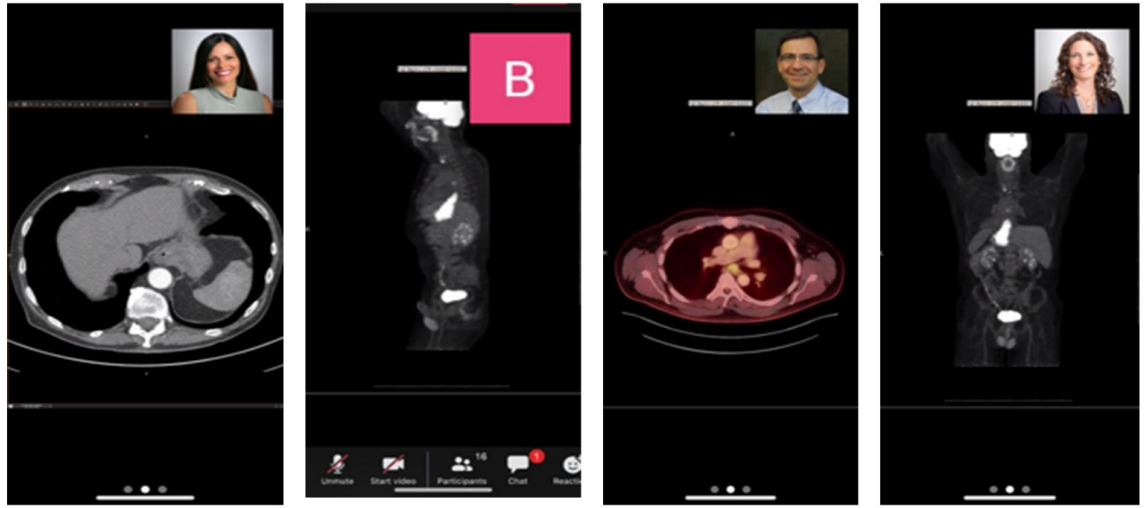
UNMCCC Clinical Sites (Albuquerque, Las Cruces, Silver City) and NMCCA Sub-Affiliate Sites (shown in Yellow). NMCCA Developing Sites in Green.

Credit: Dr. Ursa Brown-Glaberman

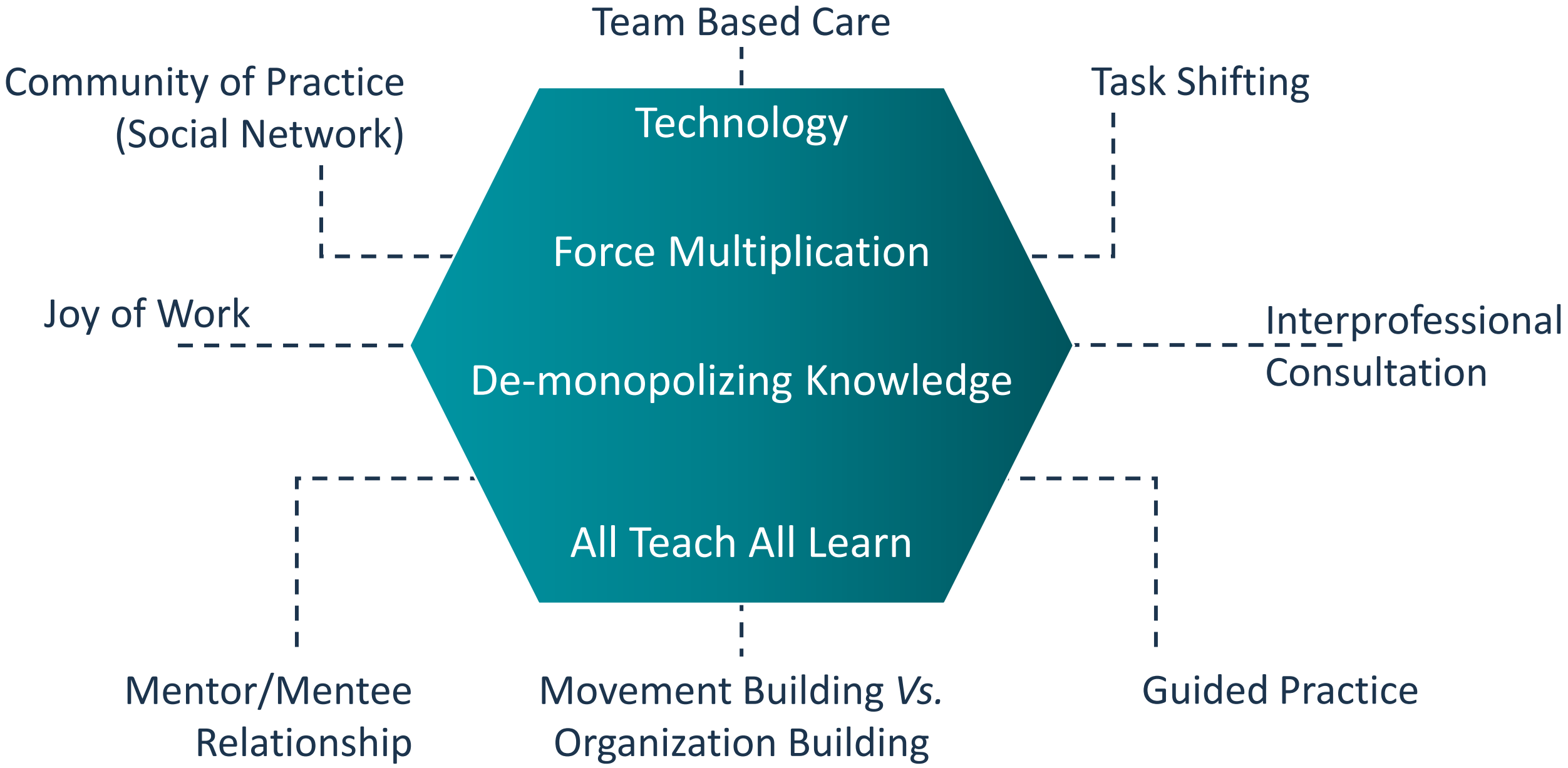
UNM Comprehensive Cancer Center

UNM HEPATOBILIARY (HPB) ECHO
February 2024 - Present

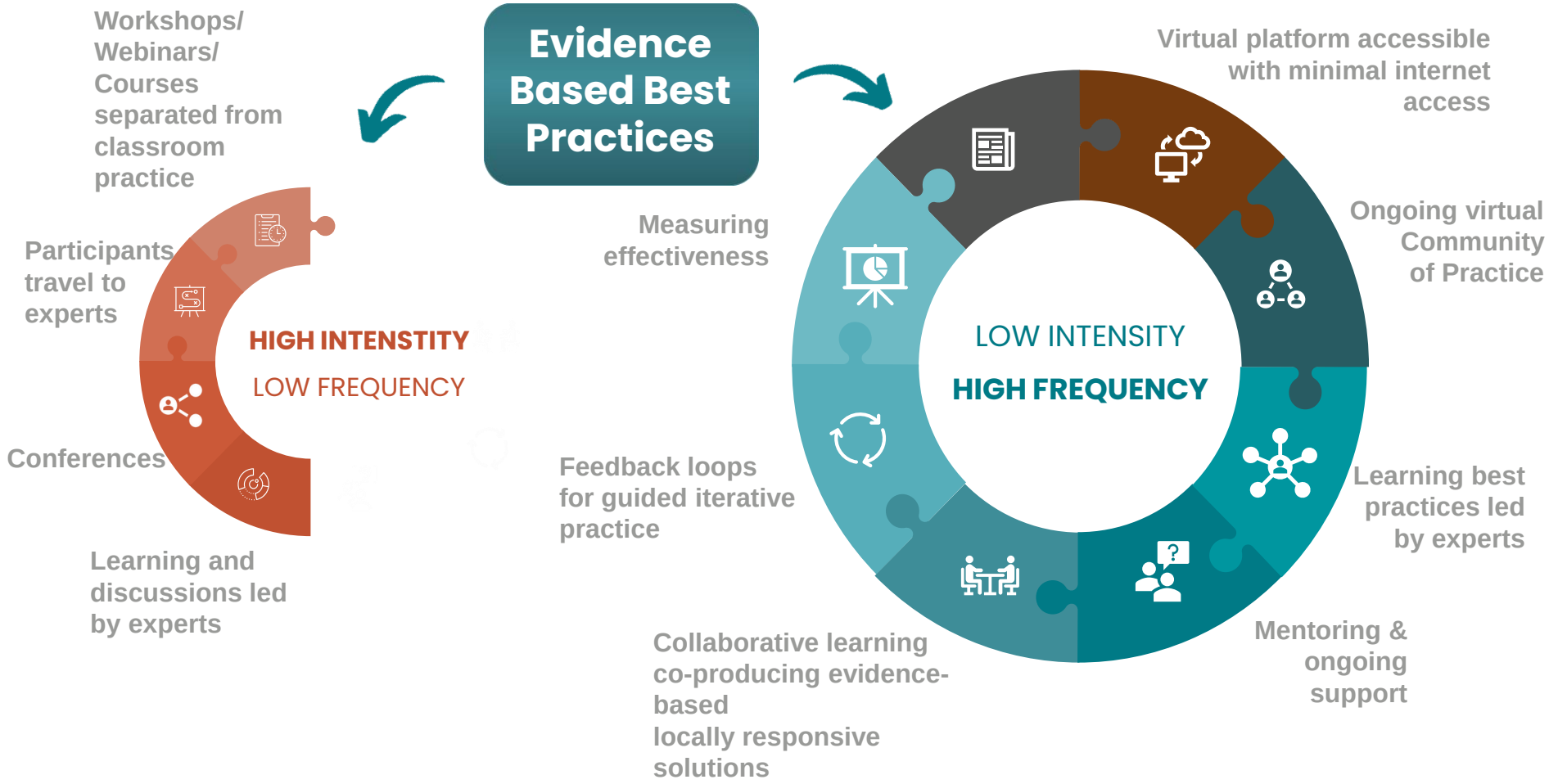
- **Purpose:**
  - Connect community oncologists with multidisciplinary expertise to facilitate timely, best-practice referral for hepatobiliary cancers
  - Develop personalized treatment plans for patients with HPB cancers



What Makes ECHO Work?



Project ECHO Turns Traditional Training on its Head

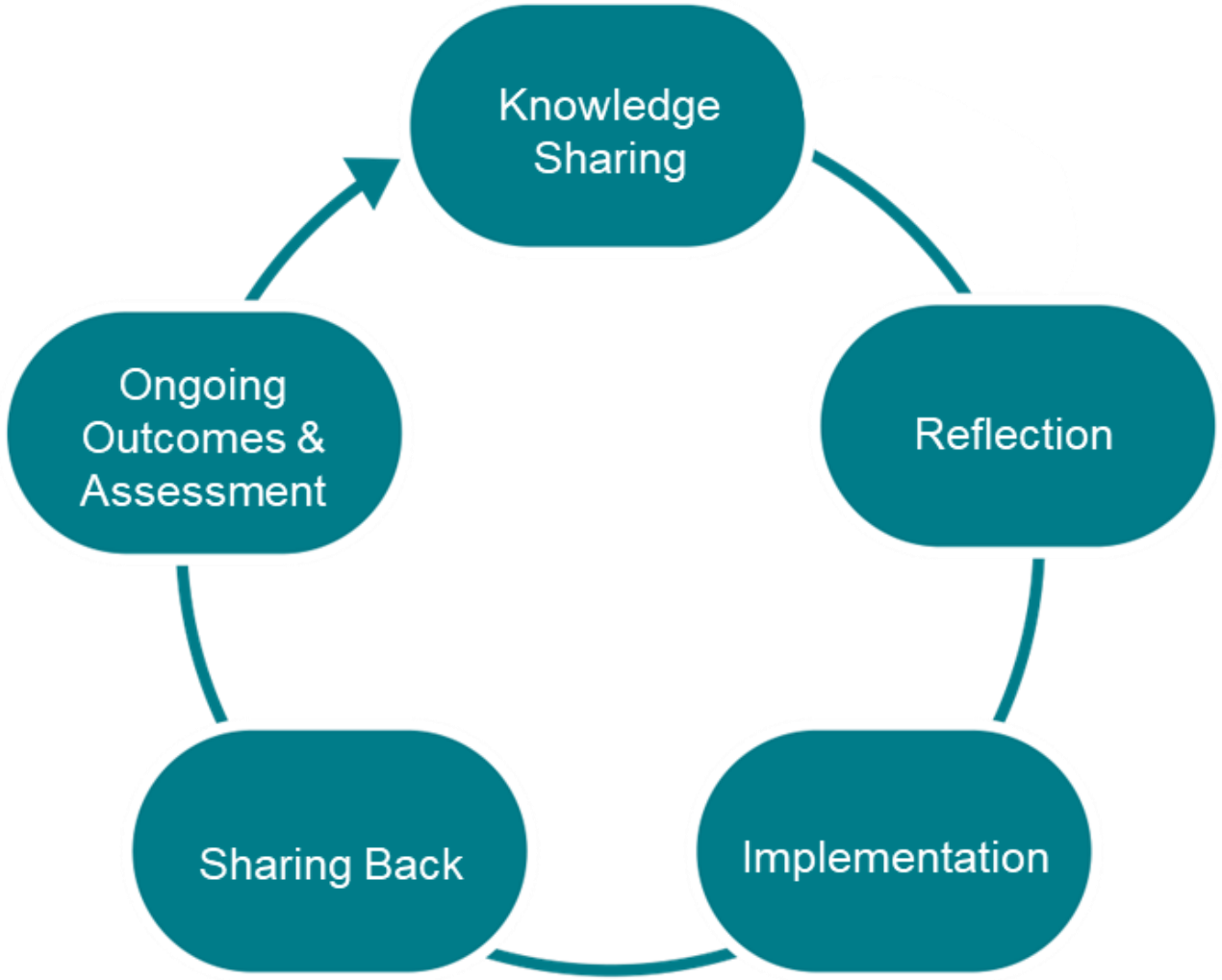


HEALTH SCIENCES

Project ECHO

ECHO Mentorship Builds Deep Implementation Expertise Over Time

THE ECHO CONTINUOUS LEARNING LOOP



HEALTH SCIENCES
Project ECHO

Join Us

To learn more about the Cancer ECHO Initiative:

email us CancerECHO@salud.unm.edu

visit https://hsc.unm.edu/echo/partner-portal/echos-initiatives/bmsf-cancer/