PROJECT ECHO®: ACCELERATING COLLECTIVE WISDOM

As a global health care company, Merck & Co., Inc., Kenilworth, NJ, USA, known as MSD outside the United States and Canada, has an important responsibility to increase access to medicines and vaccines, and a commitment to help reduce the burden of disease around the world. As part of that commitment, the company’s Foundation is supporting a new partnership with Project ECHO® (Extension for Community Healthcare Outcomes) through a US$7 million grant over five years (2017-2021) to expand the replication of Project ECHO® in India and Vietnam and help improve access to specialty care for complex, chronic conditions among underserved populations.2

This partnership aligns with Sustainable Development Goal (SDG) number three – Good Health and Well-Being – one of 17 SDGs unanimously adopted in 2015 by all the member states of the United Nations. The SDGs represent the greatest global effort to improve the lives of all of the world’s population.1

THE NEED FOR PROJECT ECHO® IN INDIA AND VIETNAM

Difficulty Accessing Health Care Services
Throughout Asia, many patients have difficulty accessing the health services they need, particularly for chronic or complex conditions. This is due to many factors, including an insufficient number of skilled or adequately trained health care professionals. Southeast Asia and South Asia have significantly fewer doctors, nurses and midwives per capita than developed nations.3 This region also has limited access to specialty services, making it challenging for many communities and residents to obtain specialty care for complex or chronic conditions like mental health illnesses, tuberculosis, HIV, hepatitis C and diabetes.4 Patients often must travel long distances to get specialty care, and the cost of these services can be prohibitive.5

Challenges to Integrating Patients into the Health System
In rural areas of this region, much of the health care workforce is comprised of primary care providers (PCPs), community health workers (CHWs) and other grassroots health networks that focus mainly on basic primary care.4 These frontline health workers often do not have sufficient knowledge and skills to provide their patients with the right care at the right place and the right time. Providing patients with best-practice care becomes difficult or impossible, without the necessary training and ongoing support that a wide range of health workers need to treat patients with complex diseases.

Project ECHO® Provides a Solution
Project ECHO® works to expand knowledge and build capacity, providing a cost efficient way to address local challenges by leveraging local expertise via ongoing telementoring and guided practice. The ECHO model™ provides the necessary knowledge and tools to health care providers in their own communities, so they can become a critical frontline health care workforce while maintaining responsibility for managing their complex patients.6 Primary care providers and CHWs trained through the ECHO model™ can together provide care that is safe and effective, thereby increasing access to quality health care in these remote communities.
THE ECHO® MODEL

What is the ECHO Model™?
Project ECHO® is a telementoring solution that improves capacity and expands access to preventive and specialty care for rural and underserved urban populations by transforming the way knowledge and education are delivered.7

The ECHO model™ trains frontline health care workers in how to care for complex and chronic conditions, and provides access to care for underserved populations. Specifically, it seeks to:

1. Use technology to leverage and amplify scarce health care resources via creation of a virtual “hub and spokes” knowledge-sharing network;
2. Disseminate “best practices” among care providers to reduce disparities in access to high-quality care;
3. Apply case-based learning and ongoing guided practice to help primary care providers master the complexity of treating chronic and complex conditions;
4. Evaluate and monitor outcomes for quality improvement and impact assessment.

Moving Knowledge instead of Patients: How the ECHO Model™ Works
Project ECHO® links multidisciplinary medical specialist teams at an academic hub with multiple primary care providers through teleECHOTM clinics around the world. These clinics allow experts to mentor and share their expertise via case-based learning across a virtual network, training primary care providers to treat patients with complex conditions in their own communities – patients they would otherwise refer elsewhere.7 PCPs learn from the specialists, as well as each other, as new clinical best practices emerge.8

By sharing knowledge through multi-point video conferencing, the ECHO model™ removes the patient burden and cost of travel to specialty care sites or long waits to see specialists. Currently, the ECHO model™ has been implemented at over 110 “hubs” around the world, including more than 70 U.S. sites and more than 50 global sites located in more than 20 countries.9

ABOUT THE PARTNERSHIP

Given the substantial need to improve the delivery of health care throughout India and Vietnam, Project ECHO® has four central goals over the next five years:

- Further develop ECHO superhubs (training sites) in India to provide technical assistance for ECHO projects throughout Southeast and Southern Asia;
- Develop and expand ECHO hubs (specialty teams at academic medical centers or other care centers) across India and Vietnam in targeted disease areas: hepatitis C, tuberculosis, HIV, diabetes, mental health illnesses and other non-communicable diseases;
- Establish ECHO hubs in India and Vietnam to develop and implement training programs for CHWs to further improve the quality and availability of treatment and care; and
- Document the impact of the ECHO model™ on improving access to specialty care for patients in rural and underserved areas in India and Vietnam.

Project ECHO® plans to evaluate the impact and outcomes of the ECHO model™ to determine its success in improving access to best-practice specialty care for patients – particularly those with complex, chronic conditions – in rural and underserved areas in India and Vietnam. This evaluation will aid in the continued improvement of the replication of the ECHO model™ in India, Vietnam and around the world.

6. UNM School of Medicine/Project ECHO. “Model.” http://echo.unm.edu/about-echo/model/
8. UNM School of Medicine/Project ECHO. “Project ECHO: A Revolution in Medical Education and Care Delivery.” http://echo.unm.edu/
9. UNM School of Medicine/Project ECHO. “ECHO Hubs and Superhubs: Global.” http://echo.unm.edu/locations-2/echo-hubs-superhubs-global/