Public health's role in ECHO via the experiences of a state department of public health

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Introduction & Program Description

- Georgia: second state department of public health to implement Project ECHO (April 2019).
- Original goal: unite RWPB HIV community in discussing clinical updates and client cases to decrease practice isolation, create a safe space and promote personal and professional growth.
- Implementation success: due to a robust, established, HIPAA compliant, telehealth system throughout GA with support of several individuals within GA-DPH.
- GA-DPH ECHO reach: over 300 individuals from over 100 health facilities within 15 states and 1 other country*.
- GA-DPH ECHO: began with ID and then added acute stroke, cancer registry, viral hepatitis and maternal health; with expected expansion to Palliative Care, DST Cancer, and Lupus.
- Poster goal: show program challenges and successes and its expanded utility within public health, demonstrating why public health has an important role within the ECHO community.
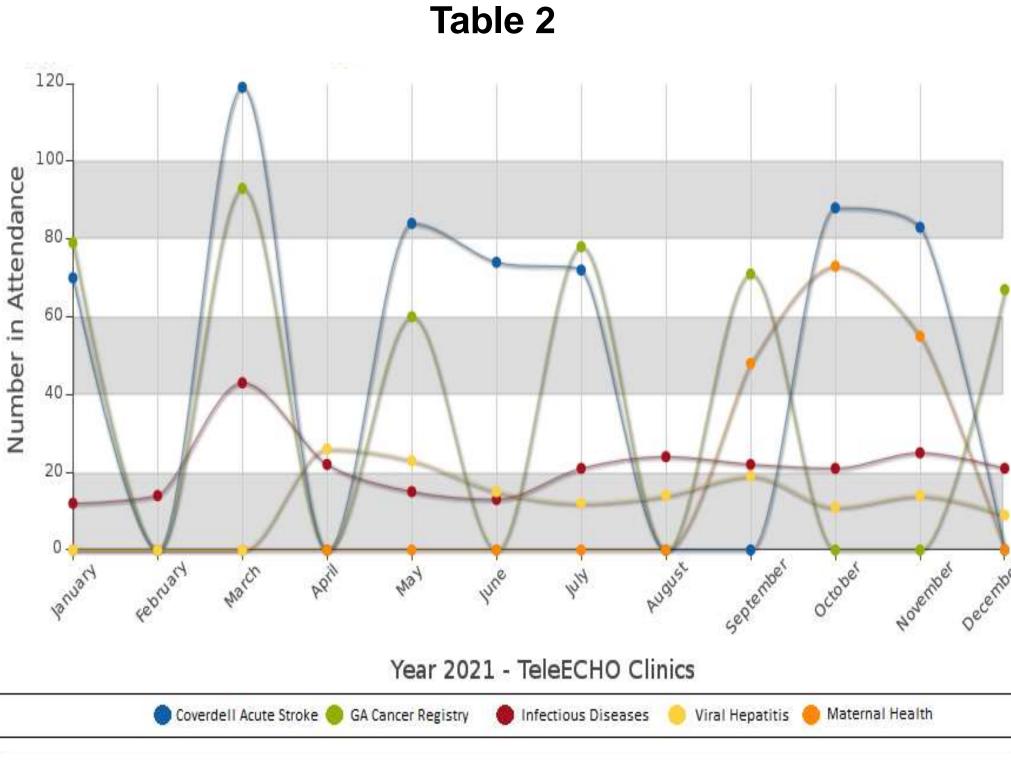
Methods

- iECHO: utilized in extracting demographical and participation from all GA-DPH ECHO sessions from 2019 -2021.
- Data: chosen based on participation over time for each individual ECHO in addition to who was attending sessions while determining variations in attendance.
- Data: charted into tables with iECHO software utilization to construct graphs illustrating trends over time for each ECHO to be analyzed for future expansion and evaluate challenges.
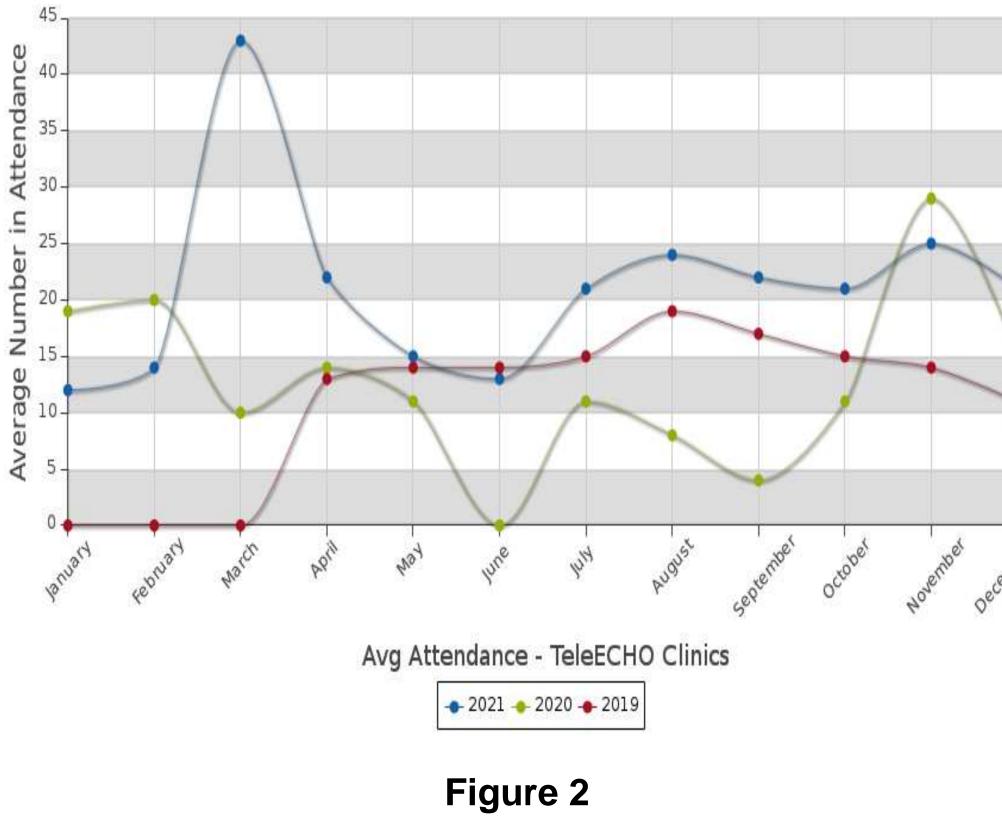
Results

- Data: revealed a steady growth of GA-DPH ECHO, i.e., ID with ~14 attendees per session 2019-2020 to ~19 in 2021.
- Attendance spike: coincided with ECHO initiations of acute stroke and cancer registry January 2021, with March 2021 the most attended month for the three ECHOs existing at the time.
- Viral hepatitis ECHO: initiated April 2021, started quickly with ~21 people per session with more case presentations and didactics vs. other ECHOs in the same timeframe.

ECHO (# of sessions)	Date of Inception	Average Attendees Per Session	Registered Attendees All Sessions	Individual Registered Attendees	Anonymous Attendees All Sessions
Infectious Diseases (33)	Apr. 2019	16.3	466	118	71
Acute Stroke (7)	Jan. 2021	84.3	154	40	436
Cancer Registry (6)	Jan. 2021	77.3	160	92	72
Viral Hepatitis (9)	Apr. 2021	15.9	126	34	17
Maternal Health (3)	Spt. 2021	58.7	152	94	24

Table 1

2021 ECHOs	ID	Stroke	Cancer	Viral Hepatitis	Maternal Health	Total
Physician	17	2	1	7	15	42
Pharmacist	6	0	0	4	0	10
Advanced Practice Registered Nurse	8	6	1	2	6	23
Physician Assistant	3	0	0	0	0	3
RN/BSN	23	19	2	9	22	75
Family Nurse Practitioner	1	0	0	2	0	3
MA/CMA	0	1	0	0	0	1
Licensed Clinical Social Worker/LMHC	0	0	0	1	1	2
Registered Health Information Technician	1	0	14	0	1	16
Other (Public health, anonymous users)	58	12	106	21	49	246
Total	117	40	124	46	94	**421**

Table 2

Figure 1

Figure 2

ECHO (# of sessions)	Case Presentations	Didactics
Infectious Diseases (33)	7	27 by 18 different presenters
Acute Stroke (7)	0	7 by 3 presenters
Cancer Registry (6)	8	5 by 5 presenters
Viral Hepatitis (9)	11, including 1 follow-up case	11 by 5 presenters
Maternal Health (3)	5	3 by 3 presenters
Total (58)	31, including 1 follow-up case	53 by 34 presenters

Table 3

Discussion

- ECHO-like pilot prior to April 2019: unsuccessful from lack of agency resources & community buy-in. ECHO certification offered ECHO community marketing material & toolkit access.
- New marketing strategies, existing division support & resources, support from other ECHO sites (MWAETC) and having an existing DPH Telehealth program was instrumental in establishing and expanding GA-DPH ECHO to share efforts and reach and expanding audience.
- CME: offered with some ECHOs and pending in others, based on needs, with attendance monitored to determine differences between these groups.
- Future outcome data: via chart review of RWPB facilities involved with ECHO to be compared to those not involved.
- Consistent presentations at ECHOs: challenge but hopeful to increase as understanding of ECHO community expands.
- Key lessons learned: engaging the appropriate stakeholders and staff early in the planning process; surveying our ECHO community on topics/content pre-development to keep participants engaged; consider stipends or incentives to recruit subject matter experts to present on specific topics without CME.

Conclusion

- Since April 2019, GA-DPH Project ECHO has gradually grown in attendees participating with a variety of sessions offered and plans for further growth and initiation of new ECHO topics.
- While there have been challenges, there have been far more successes with the development of 5-ECHOs; ultimately it is a marathon, not a sprint, and ECHO communities grow slowly as it takes time to build trust.
- It is our hope that the experiences of GA-DPH ECHO will act as a beacon for other public health organizations to show this platform as an important part of the Project ECHO community.

References

1. Project ECHO. https://hsc.unm.edu/echo/. Accessed January 12, 2022
2. IECHO/GDPH Reports. (n.d.). https://iecho.unm.edu/sites/gdph/.
3. Salgado, S., Felzien, G., Brumbeloe, J. Georgia Leverages Telehealth to Expand HIV Care Management in Underserved Areas. Am J Prev Med. 2021 Nov;61(5 Suppl 1):S55-S59. doi: 10.1016/j.amepre.2021.07.001
4. GA-DPH Project ECHO. Project ECHO | Georgia Department of Public Health. Accessed January 12, 2022

Legend

Table 1: Average and total attendees for each ECHO in addition to date of initiation and total number of sessions. Average number of attendees includes individuals registered with GA-DPH ECHO as well as anonymous (unregistered) users who join via invitation
Table 2: Illustrates credentials of each attendee; 'Other' comprises non-medical staff such public health officials or anonymous users
Figure 1: Graph of participation in 2021 for all five ECHOs with the highest attendance for three ECHOs during March 2021. Sessions scheduled monthly or bi-monthly (representing months with 0 attendance) and are 1-hour in length
Figure 2: Graph of participation for ID ECHO from 2019-2021, noted as the first GA-DPH ECHO, starting 21 months prior to other GA-DPH ECHOs
Table 3: Number of presentations and didactics for the total number of sessions for each ECHO including individual presenters
*AL, GA, FL, IL, IN, MN, MS, NC, NJ, OH, OR, PA, TN, TX, WA, and Ethiopia

Key

- **CME:** Continuing Medical Education
- **DST:** Diagnosis, staging, and treatment
- **GA-DPH:** Georgia Department of Public Health
- **ID:** Infectious Diseases
- **iECHO:** Web-based tool used to manage & audit teleECHO sessions, collect ECHO data, and provide online resources to partners
- **MWAETC:** Mountain West AIDS Education and Training Center
- **RWPB:** Ryan White Part B