UNM HEALTH SCIENCES CENTER

Project ECHO®

Project ECHO® (Extension for Community Healthcare Outcomes)

Statement of Collaboration:
Outlining Project ECHO Collaborations with Replicating Partners

The mission of Project ECHO (Extension for Community Healthcare Outcomes) at the University of New Mexico Health Sciences Center (UNMHSC) is to develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes of this treatment. In pursuit of this mission, Project ECHO® faculty, staff and partners have dedicated themselves to de-monopolizing knowledge in order to expand access to best-practice medical care across the United States and globally.

This is a non-contractual agreement outlining the roles and responsibilities between Project ECHO and any partner replicating our innovative model of care. A contractual companion agreement will also need to be signed by replicating organization legal representatives.

In the spirit of collaboration, the ECHO Institute™ offers to/commits to the following programs and tools:

1. Host introductory-level Project ECHO® orientation events in Albuquerque, NM for interested individuals and organizations.
2. Subsequent to orientation, the ECHO Institute will provide a more detailed training in Project ECHO® best practices and tools via an extended visit to the ECHO Institute in Albuquerque, NM, through on-site training or via videoconferencing or asynchronous video modules. These include, but are not limited to:
    a. Disease-specific clinic management
    b. Recruiting community partners
    c. IT tools (hardware and software)
    d. Curriculum resources and training materials, protocols and processes
    e. Research design and evaluation processes, resources and tools
3. Provide use of existing archived teleECHO™ didactics when available.
4. Provide licensed use of IT tools, evaluation tools (both provider and patient-focused) and curriculum materials developed by Project ECHO®.
5. Provide licensed use of Zoom teleconferencing system (within our capacity and licensed use) to approved replication partners without charge through December 31, 2019. ECHO Institute has no liability for this product.
6. Provide licensed use of logos and trademarks.
7. Host an ongoing "metaECHO™," a virtual sharing of programmatic best practices among established and new replication partners using program challenges and successes as case studies. In addition, this will facilitate opening new possibilities for Project ECHO® engagement based on metaECHO™ thinking, including literature reviews and global health challenges.
8. Will create a program of certification or verification of Project ECHO® replication programs demonstrating fidelity to the ECHO® model, as determined by the ECHO Institute.

In the spirit of mutual responsibility, replicating Project ECHO® partners are expected to:

1. Send team leaders (clinicians and/or administrators) to attend the Project ECHO® orientation and subsequent trainings in Project ECHO® implementation.
2. Use the ECHO name as part of the name of any and all projects which are developed in collaboration with or modeled upon the ECHO Institute, ECHO model or Project ECHO® (i.e. Scan ECHO is the Veteran's Health Administration replication project, CHC Project ECHO is the Community Health Center, Inc.'s replication project in Connecticut).
3. Submit proposed project name for approval by the ECHO Institute at UNMHSC. Expressly forbidden is use of the name "ECHO Institute" which is reserved specifically for the Project ECHO at UNMHSC.
4. Follow the mission of Project ECHO® which is to serve the underserved. Using Project ECHO® and its licensed materials for unapproved commercial purposes (such as selling any product or process associated with Project ECHO®) is prohibited. Financial arrangements with local or national payers to sustain the ECHO® project are acceptable, while selling the model or products is not.
5. Implement the four-point ECHO model:
    a. Use technology (teleECHO™ multipoint videoconferencing and the internet) to leverage scarce resources and create knowledge networks.
    b. Improve outcomes by reducing variation in processes of care and sharing best practices.