Mapping Integrated Care Cases in Australia

Title of the project: Project ECHO®

Location: Children’s Health Queensland’s ECHO Hub site is located at the Centre for Children’s Health Research in South Brisbane, Queensland, Australia.

Project Partners
Clinical Excellence Queensland (formerly Clinical Excellence Division), Queensland Department of Health (funded through the Integrated Care Innovation Fund)
Children’s Health Queensland Hospital and Health Service
University of New Mexico
Brisbane North Primary Health Network
Brisbane South Primary Health Network
1. SUMMARY

Project ECHO® is a hub and spoke model of interprofessional education, which seamlessly integrates advice from multiple disciplines in the training of primary care providers. This disruptive innovation in specialty care was developed at the University of New Mexico (UNM). CHQ is an official replication partner of UNM, and the first paediatric hub site in Australasia. CHQ are implementing Project ECHO® to empower primary care providers to better manage a range of common, chronic paediatric conditions.

The key lesson for implementation has been close collaboration between CHQ and the primary care community in determining relevant content and in recruiting participants.

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**Further information:**

Children’s Health Queensland’s Project ECHO site:
project-echo/

University of New Mexico’s Project ECHO site:
https://echo.unm.edu/
2. BACKGROUND

What are the aims and objectives of the Project?

Project ECHO® was initially implemented to upskill general practitioners (GPs) in the management of children with Attention Deficit Hyperactivity Disorder (ADHD). The target population for the original project was children and young people aged 6-18, throughout Queensland, with ‘stable’, uncomplicated ADHD, without significant comorbidity.

Specific goals of the ADHD project included:

• delivering care for children and young people with ADHD in a community setting, closer to home, rather than hospital outpatient departments; and

• providing wrap-around parenting and behaviour management support for families.

A secondary objective of the project was to determine whether this model would be effective and sustainable if implemented for other conditions. This will be assessed by evaluation of:

• set up costs associated with implementing Project ECHO®;

• ongoing costs of delivering a Project ECHO® series;

• barriers and facilitators to implementing Project ECHO® in an Australian context; and

• determining which factors are important for sustainability and scale up, and whether these differ across geographic settings.

How did the Project come to being and what are the significant milestones?

• CHQ, in partnership with Brisbane North and Brisbane South Primary Health Networks, was awarded a grant of over $1.1M from the Department of Health’s Integrated Care Innovation Fund in 2016 to implement a web-based, inter-professional, primary care capacity-building program, Project ECHO® (August 2016).

• Project ECHO® Hub launched by CHQ for the management of ADHD (May 2017).

• Interim evaluation of the project demonstrated high satisfaction with the model, and much interest in expanding the program was generated within CHQ and by external stakeholders.

• Additional funding of $287k provided by the Queensland Department of Health to stimulate expansion of the Project ECHO® hub (January 2018). This enabled expanding into other paediatric conditions besides ADHD.

• Primary Health Network (PHN) funding was acquired to deliver a Early Years ECHO® series for six months (January 2018). This was the first time a PHN had funded CHQ to deliver a program.

• Paediatric Overweight and Obesity Series launched (February 2018). This series was funded through a university grant.

• Paediatric Foot Anomalies Series launched (February 2018). This series was funded from within the normal operating budget of CHQ’s physiotherapy department.
2. BACKGROUND

- Early Years Series launched for the PHN (March 2018).
- Philanthropic grant of $90k awarded to develop an Indigenous Health series (June 2018).
- Kids Behavioural and Mental Health Series launched using an underspend in the initial grant (July 2018).
- Refugee Kids Series launched, also funded from an underspend in the initial grant (July 2018).
- Paediatric Persistent Pain series launched. This series was funded from within the normal operating budget of the Queensland Children’s Hospital persistent pain team (July 2018).
- Paediatric Type 1 Diabetes. This series was funded from within the endocrinology department (February 2019).

How is the project funded, managed and governed?

The original grant of a $1.1M was funded by the Queensland Department of Health’s Clinical Excellence Queensland (formerly Clinical Excellence Division) over two financial years, 2016-17 and 2017-18.

A Project Governance Committee was established to oversee the implementation of Project ECHO®, with executive representation from the partnering organisations (CHQ, QLD Health, Primary Health Networks). The committee met monthly for the first 18 months of the implementation. Oversight from the University of New Mexico was provided by regular videoconference and observation of the ECHO® series.

CHQ’s Medical Director of Integrated Care is also the Director of Project ECHO® and reports on progress of ECHO® to the Integrated Care Clinical Advisory Group. The Advisory Group ensures alignment with CHQ’s Integrated Care Strategy.

How is care organised and delivered to users and patients in local communities?

The ECHO® model does not actually “provide” care to patients. Rather, it exponentially increases access to specialty-level care in rural and underserved areas by empowering front-line clinicians with the knowledge and support they need to manage complex patients. It does this by engaging clinicians in a revolutionary model of telementoring, collaborative education and case presentations. Primary care providers are the participants at the ‘spokes’ and a multidisciplinary team of experts makes up the ‘hub’. It is an interprofessional model of education, based on the principle of All Teach and All Learn. Participants and experts learn from, about and with each other as a virtual community of practice develops.

As the ECHO® model expands world-wide, it is helping to address some of the healthcare system’s most intractable problems, including inadequate or inequitable access to care, rising costs, systemic inefficiencies, and unequal or slow diffusion of best practices.

ECHO® presents an opportunity to exponentially expand workforce capacity to treat more patients sooner, closer to home, using existing resources. At a time when the health care system is under mounting pressure to do more without spending more, this is critical.

During the 2017-18 FY, 58 care providers (including GPs, practice nurses, and psychologists completed training in the ADHD series).
How is the project being taken forward in the future?

Children’s Health Queensland has applied to become a Superhub, which is an organisation licenced by the University of New Mexico to train other ECHO\textsuperscript{®} Replication partner organisations.

CHQ will participate in Superhub training at the University of New Mexico in March 2019.
3. EVIDENCE

What is the evidence related to improvements in the experience of service users?

- **Project ECHO®** is a movement to demonopolise medical knowledge and amplify the capacity to provide best practice care to underserved people (whether due to geography, poverty, poor health literacy, or another reason) all over the world.

- **Project ECHO®** began in New Mexico, USA, to meet local healthcare needs of patients with Hepatitis C. The model has now grown to over 220 hubs globally, and has expanded to cover more than 60 conditions or problems.

- A landmark study published in the New England Journal of Medicine in 2011 demonstrated that patients with Hepatitis C treated by ECHO-trained primary care providers (GPs, nurse practitioners or health workers) achieved equivalent health outcomes to those patients managed by specialists in the tertiary hospital.

- There are multiple examples of the secondary benefits Project ECHO® has achieved during its global expansion. Those that have been published are linked on the University of New Mexico’s Project ECHO® website: https://echo.unm.edu/about-echo/research/

What is the evidence related to positive influences on care and health outcomes to individuals and/or communities?

Early evaluation of CHQ’s ECHO® series for ADHD has shown:

- Increased GP self-efficacy in managing children with ADHD across all domains of management

- High degree of satisfaction with this model of learning

- During the 2017-18 FY, 58 care providers (including GPs, practice nurses, and psychologists completed training in the ADHD series).

What is the evidence related to impact on reducing the unnecessary utilisation of care facilities (e.g. of hospitals and long-term residential homes), or the growth in use of alternatives (e.g. domiciliary care; care in the home; self-care)?

GPs trained using **Project ECHO®** are likely to provide most of the ongoing care for their patients with ADHD, including provision of repeat prescriptions and routine monitoring, within their practice. This community care is much more cost-effective than hospital outpatient department management, which historically was the only option.

What is the evidence that suggests the project has been able to secure a more cost-effective or sustainable care solution when caring for vulnerable people and communities through integrated community care?

Primary care is more cost effective than hospital outpatient care. Families also benefit through reduced time lost from work/school, and reduced travel time and expense.
3. EVIDENCE

Has the project ever been, or is it currently subject to a research and evaluation study?

CHQ's Project ECHO® pilot (ADHD series) is being evaluated by the Australian Centre for Health Services Innovation (AusHSI), Queensland University of Technology. Evaluation is due by mid 2019 and will cover:

- Patient outcomes
- GP outcomes (self-efficacy)
- Implementation outcomes
- Cost-effectiveness
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The core mission of IFIC Australia is to develop capacity and capabilities in Australia and the Asia Pacific Region in the design and delivery of integrated care. IFIC Australia seeks to achieve this by providing a platform to develop and exchange ideas and promote activities in the region in keeping with IFIC’s mission.

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