

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 demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world. 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 of 2025. ECHO Institute has no liability for this product. Use of the Zoom software is exclusively limited for Project ECHO activities, as required by UNMHSC's contract with Zoom.
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. Use the program name as per the customized partnership documents signed by both parties. 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 demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world. 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.
 - c. Use case-based learning: guided practice through real-life cases with a multidisciplinary team of subject matter experts to facilitate learning by doing.
 - d. Tracking of data to monitor outcomes. It is understood that evaluation is the most difficult and expensive element of the model, and while Project ECHO encourages use of a HIPAA-compliant centralized database in the evaluation of outcomes, it is not a requirement.
6. Use the trademarked Project ECHO® logo. Replicating partners will use ECHO logo prominently for all ECHO activities, whether printed or online materials, marketing materials or ECHO sessions. For example, it is expected that replicating partners will place a banner of the logo in prominent view of the camera and audience during all ECHO activities.
7. Agree to cite Project ECHO® and the ECHO® model in all publications and written materials describing this work. The use of the trademarked Project ECHO® logo, title and/or model infers appropriate training from experienced faculty and staff at Project ECHO® at UNMHSC.
8. Respect Project ECHO® copyright and intellectual property rights, along with any contracted terms of use, in the use of Project ECHO® didactics, curricula, software, resources and other materials.
9. Use the term "teleECHO™" to differentiate clinic activities from traditional telehealth or telemedicine (e.g. Hepatitis C TeleECHO Clinic; Rheumatology TeleECHO Advanced Training; teleECHO clinics.) We encourage all ECHO® replication partners to continue this differentiation and use the term "teleECHO™" in all written materials and communication.
10. Fully implement and utilize the iECHO clinic management tool to track clinic attendance, didactics, CME, case presentations, etc. This allows all ECHO programs to track the growth and success of the model.
11. Track outcomes (with our assistance and tools, as necessary) and report at least bi-annually on hub activities to whatever extent possible and participate in the sharing of data outcomes with the objective of improving best practices and disease management worldwide. As more sites adopt the ECHO® model, the opportunity for global collaboration, research and data sharing/aggregation exists. Such collaborations should be conducted under separate agreement.
12. Protect patient confidentiality and privacy considerations in all aspects of Project ECHO® operations and management, in accordance with all local, state and federal mandates.
13. Provide feedback to Project ECHO® at UNMHSC via MetaECHO™ and direct communications. Feedback regarding challenges and solutions will be incorporated into Project ECHO® practices and used to improve Project ECHO® replication efforts worldwide. Open and multi-directional communication is highly valued.
14. Collaborate with Project ECHO® on research opportunities when possible. We request the opportunity to review any presentations, abstracts or manuscripts prior to publication.
15. To work with the ECHO Institute to create mechanisms necessary for sharing and aggregating de-identified data for the purpose of discovering and disseminating best practices in different parts of the world, developing

individualized decision-making tools, assessing disease patterns in diverse geographic areas and evaluating the overall impact of the ECHO model on healthcare delivery systems around the world.

Full Partner Organization Name (*replicating Project ECHO® partner organization name*) is committed to this collaboration and working with Project ECHO® at UNMHSC.

Project ECHO, Approved by:

Replicating Partner Organization Representative

Signature: _____

Signature: _____

Printed Name: Sanjeev Arora, MD, MACP, FAGG _____

Printed Name: _____

Title: Director, Project ECHO _____

Title: _____

Date: _____

Date: _____

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