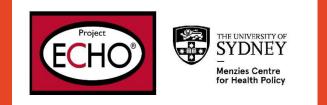
## **Project ECHO Online Symposium**

- Upskilling primary care providers

Wednesday 10 November 2021 1:00pm – 2:30pm (AEDT)

Facilitated by Dr Simone De Morgan and Professor Fiona Blyth



## Outline of the Project ECHO Online Symposium

- 1. Welcome to Country
- 2. Overview of Project ECHO
- 3. Showcase of Project ECHO programs in Australia
- 4. QLD SuperHub
- 5. Pain Management Education Consortium Project – opportunity for support for a Project ECHO program
- 6. Questions for the panel of presenters from the Chat



Please comment and ask questions in the Chat



#### The symposium will be recorded

## **Project ECHO**

Dr Anne Daly APA titled Musculoskeletal and Pain Physiotherapist



# My declarations

WorkSafe Victoria

**Transport Accident Commission** 

Travel costs to Albuquerque were subsidised by the TAC

My time was paid for by WorkSafe and the TAC

## What is Project ECHO



Extension of Community Healthcare Outcomes Model of clinician education Utilises Zoom

Aims to promote management of people in their community rather than in specialist clinics

Aims to transfer knowledge between 'Subject Matter Experts' (hub) and primary healthcare clinicians (spokes)

Acknowledges that spokes are primary care 'Subject Matter Experts'

## **Project ECHO**

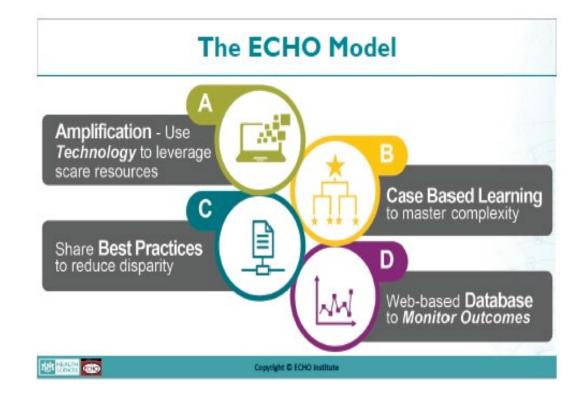
- 2003
- Dr Sanjeev Arora, Gastroenterologist
- University of New Mexico, Albuquerque
- Hep C
- Telementoring or guided practice
- Community of practice



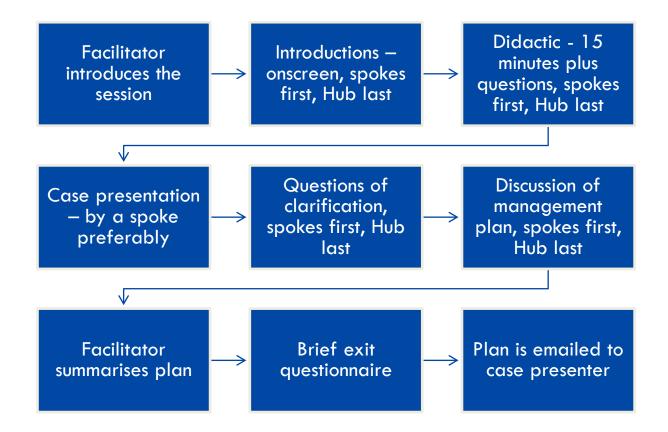


## **Principles of the ECHO model**

All Teach, All Learn



## Anatomy of an ECHO



## **Project ECHO**

### **ECHO Hubs and Superhubs**





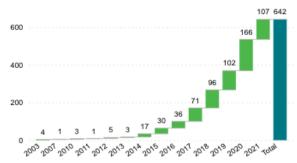
#### **Reach Metrics**

Unique Learners ① 635,230	Organizations 50,084	Cities (1) 9,600	Countries (1)	Hubs 641
Total Attendances 2,680,636	Learning Hours 3,699,120	Sessions 64,442	Programs/Cohorts 4,059	Hub Countries 51

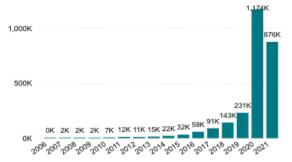
#### Session Metrics

Average Learners	Average Duration
45	79 minutes

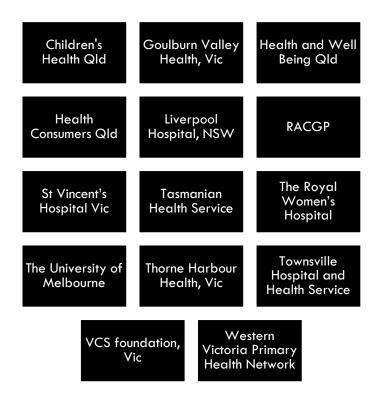




#### Attendances per Year



## **Project ECHO Hubs in Australia**



- Behavioural / Mental health
- COVID 19

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- Infectious disease
  - Paediatrics
- Social welfare
- Palliative Care
  - Autism
- Nutrition and Metabolic diseases
- Refugee health
- Substance use disorders

- Chronic pain
- Cancer prevention & risk reduction
- Cancer screening
- Cancer treatment
- Domestic Violence
- Maternal and foetal health
- quality improvement
- Nephrology
- LGBT health
- Primary care
- Hepatitis C

## Support for Hubs

- ECHO Institute UNM
- Superhubs Children's Health Queensland
- Provide immersion training and ongoing support

## - Asia-Pacific ECHO collaborative

- An ECHO for Hubs to support and mentor them!

### – MetaECHO – conference at UNM

 PERL – Online resource library available after immersion training



## Evaluation of Project ECHO (Persistent Pain) 2020-21 Western Victoria Primary Health Network

Presented by Dr Simone De Morgan

**Senior Research Fellow** 

Menzies Centre for Health Policy and Economics





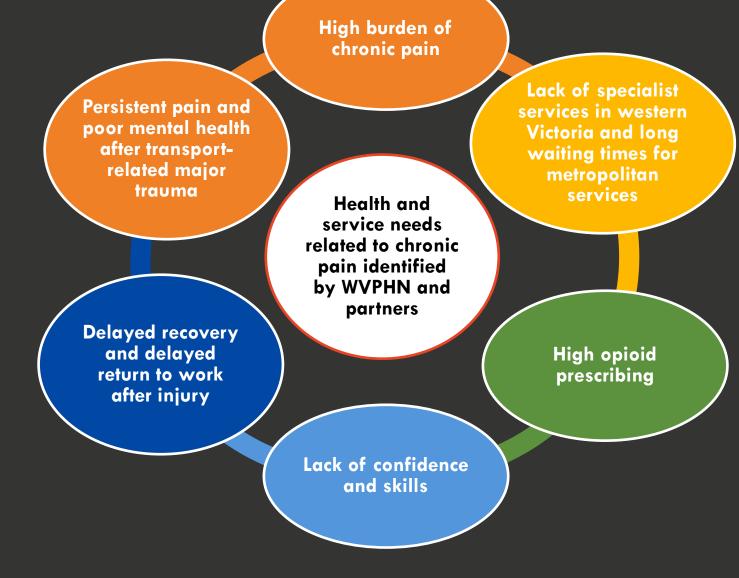
## Research team

### Dr Simone De Morgan, Ms Pippy Walker, Professor Fiona Blyth, and Dr Carmen Huckel Schneider





This evaluation has been commissioned by the Western Victoria Primary Health Network (WVPHN) and partners



### Purpose of the evaluation of Project ECHO (Persistent Pain) Series 2

To develop a program logic that could be applied to other Project ECHO programs

To understand what is working well and how they could improve the program for the next series

To understand the value and impact of Project ECHO for participants

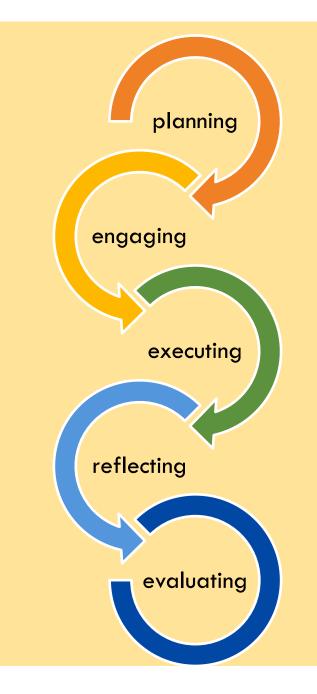
To understand whether Project ECHO is a suitable and effective Workforce Learning Platform for WVPHN

To develop recommendations about how to implement high-quality Project ECHO programs that could be applied to a range of health contexts

## Key findings

## Project ECHO (Persistent Pain) Series 2





#### WVPHN values

- Aligned to WVPHN values and Strategic Directions
  Buy-in of executive staff at WVPHN
- Supported by 'Project ECHO champions' in WVPHN

- Feasible to implement
- Using technology
- Established networks of stakeholders to support
- curriculum, panel and recruitment
- Sufficient resources (staff, IT support, in-kind support from panel)
- Capacity for ongoing quality improvement

#### **Adaptable**

#### - To the local WVPHN context

### Acceptable

# - A high level of satisfaction - content and format of Project ECHO

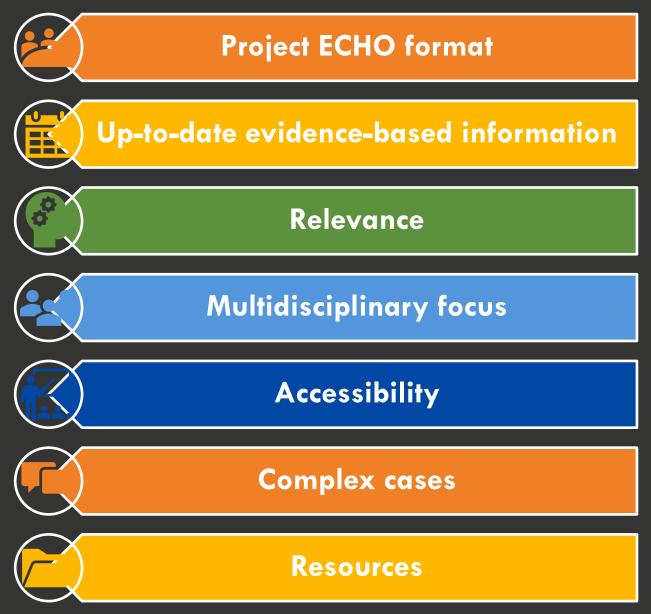
- Attendance met the expectations of WVPHN and partners: 87 health professionals

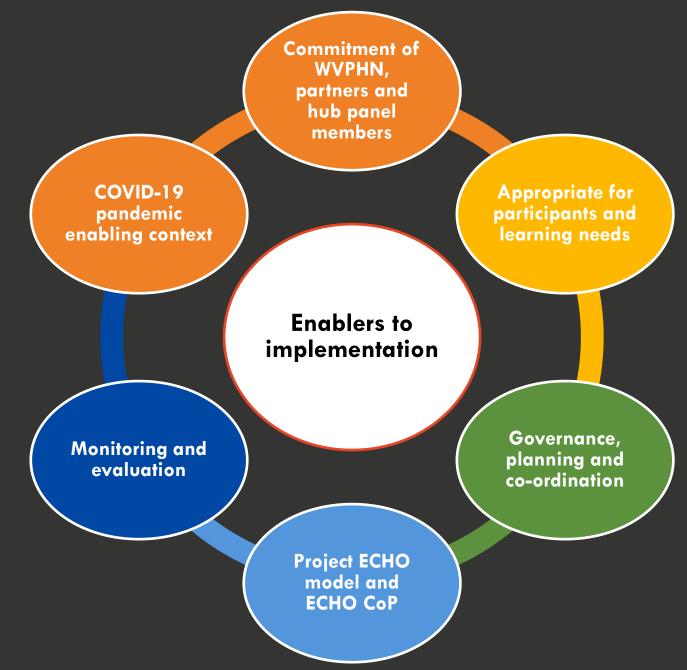
Effective

### Improved:

- perceived knowledge
- confidence
- perceived quality of patient care
- professional support of participants

## **Participants valued**







## Recommendations

Development and implementation of high-quality Project ECHO programs





Connect with me for further information: <u>simone.demorgan@</u> <u>sydney.edu.au</u>

De Morgan S, Walker P, Blyth F, Huckel Schneider C. Evaluation of Project ECHO (Persistent Pain): Final evaluation report. Menzies Centre for Health Policy and Economics, Faculty of Medicine and Health, The University of Sydney, March 30, 2021.

# COVID ECHO and Mental Health ECHO -Western Victoria PHN

Katrina Martin

## COVID-19 and Mental Health ECHO Networks

Katrina Martin – Program Lead Workforce Development Western Victoria PHN

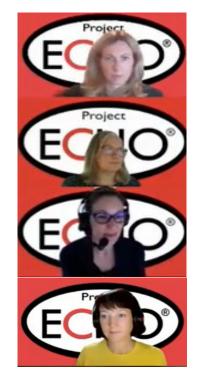
Supporting general practice, commissioning health services into gaps and driving service integration.



An Australian Government Initiative

## WVPHN Project ECHO networks

- COVID-19 ECHO
- Mental Health ECHO
  - Youth mental health network
  - Alcohol and other drug network
  - Domestic and family violence network





## Project ECHO COVID-19



Item	Description	
Aims of the program	<ul> <li>Raise awareness of regional planning relating to COVID-19 testing, assessment and treatment services</li> <li>Help primary care practitioners better understand referral pathways both now and into the future as new services emerge in response to regional planning at local, state and national levels.</li> </ul>	
Commencement date	2nd April 2020	
Frequency	Sessions run weekly, except for school holidays	
ECHO hub panel	Infectious Diseases Physicians	
	<ul> <li>GP and Clinical Editor HealthPathways and COVID Clinical Advisor Western Victoria PHN,</li> </ul>	
	Director of Public Health Units	
Target group	Open to all primary care clinicians	
	Western Victoria	



## Project ECHO COVID-19



Item	Description	
CPD points	RACGP and ACRRM accredited (points per hour)	
Implementation challenges	Very quick time frame to get the ECHO up and running	
	Rapidly evolving pandemic situation	
	Unsure of who would be doing our didactic presentation each week	
	All working from home	
Implementation enablers	All working from home	
	Highly sought-after topic due to COVID pandemic	
	• Facilitator that had just completed the ECHO immersion training and was a GP	
	University of New Mexico – allowed flexibility in delivery due to COVID	



## Project ECHO COVID-19 – Impact data



Item	Description	
# sessions	56 and counting	
# attendees	320 participants registered for the ECHO	
	• Ave attendance = 55	
	<ul> <li>116 GPs (36.3%), Mat &amp; Child Health Nurse (5.9%), (Practice Nurse 5.3%), Practice Managers (4.1%)</li> </ul>	
Impact and outcomes	Series evaluations show self-reported ^ knowledge and confidence	
	Improved health system-response to COVID outbreak	
	<ul> <li>Currently higher than average 1<sup>st</sup> dose and 2<sup>nd</sup> dose vaccination than the rest of Victoria</li> </ul>	



### Comments



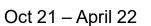
So very thankful for ECHO... I don't know how I would have got through the last 18 months without you!!!... trailblazing!

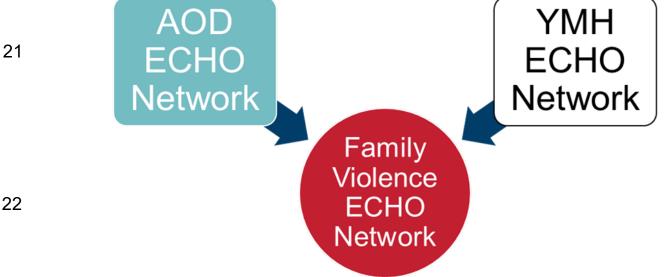
Thankyou so much for stimulating forum. It is also wonderful to connect with our colleagues across the broader community. Excellent. Don't stop!!



### Mental Health ECHO Networks

April 21 – Oct 21







	Youth Mental Health	Alcohol and Other Drugs	Domestic & Family Violence
Aims of the program	<ul> <li>Recognise common mental health and developmental problems relevant to adolescents</li> <li>Undertake a comprehensive mental health history and assessment</li> <li>Relate a young person's emotional and behavioural presentation to their family, social, historical, cultural and ethnic background</li> <li>Through case presentations, determine management options including team care, referral, monitoring and support</li> </ul>	<ul> <li>Differentiate models of care and support afforded by the varied disciplines working in AOD and ways in which to work collaboratively</li> <li>Identify appropriate evidence-based screening and assessment tools</li> <li>Recognise risk factors, at risk populations and presentations that could indicate need for screening for AOD issues</li> </ul>	<ul> <li>Develop an integrated approach across primary care, community services and specialist family violence services to support early intervention for clients requiring support</li> <li>Build skills and expertise of the primary care workforce to appropriately and effectively identify, monitor and provide support to clients who are at risk of or experiencing family violence</li> <li>Build awareness of primary care workforce regarding services and resources available for supporting clients at risk of or who are experiencing family violence for support because and linking clients with this support</li> </ul>
CPD points	RACGP and ACRRM accredited (points p Including GP mental health pd points	er hour)	gpmhSc Biotoc Charmen



	Youth Mental Health	Alcohol and Other Drugs	Domestic & Family Violence
Attendance	<ul> <li>113 participants registered</li> <li>234 attendances throughout series</li> <li>Ave per session = 26</li> </ul>	<ul> <li>86 participants registered</li> <li>184 attendances throughout series</li> <li>Ave per session = 23</li> </ul>	<ul> <li>36 participants registered</li> <li>85 attendances (4 of 8 sessions complete)</li> <li>Ave per session = 26</li> </ul>
Target group	<ul> <li>GPs (18%), Psychologists (17%), Mental health &amp; AOD clinicians and service providers, Primary care nurses &amp; Nurse practitioners, Allied Health professionals, Aboriginal Health Workers and Practitioners</li> </ul>	<ul> <li>GPs (19%), Mental health &amp; AOD clinicians and service providers, Primary care nurses &amp; Nurse practitioners, Allied Health professionals, Aboriginal Health Workers and Practitioners</li> </ul>	<ul> <li>GPs (3%), GP registrars and medical students, Practice Nurses, Nurse Practitioners, Aboriginal Health Workers and Practitioners, and Allied Health professionals including psychologists (16%), social workers, mental health, AOD and domestic violence workers.</li> </ul>



	Youth Mental Health	Alcohol and Other Drugs	Domestic & Family Violence
Partners	WVPHN     Barwon Health	WVPHN     Barwon Health	WVPHN     Safer Families
	University of Melbourne		Barwon Health
ECHO hub panel	<ul> <li>Didactic</li> <li>Psychologists (Barwon Health, Ballarat Health Services, Geelong Clinic)</li> <li>Panel</li> </ul>	<ul> <li>Didactic</li> <li>Psychologist, Barwon Health, SMEs Barwon Health, WRAD</li> <li>Panel</li> </ul>	Didactic <ul> <li>Safer Families researchers, educators</li> </ul> Panel
	<ul> <li>SMEs from RCH, Monash Health, Regional Headspaces, other service providers</li> </ul>	SMEs from local service providers	<ul> <li>SMEs from Barwon Health, Orange Door, Grampians Community Health, Centre for Non-Violence</li> </ul>



	Youth Mental Health	Alcohol and Other Drugs	Domestic & Family Violence
Implementatio n challenges	ECHO coordinators had not undergone ECHO immersion training	ECHO coordinators had not undergone ECHO immersion training	7-day turnaround between YMH & AOD series' completion → DFV series start
	Lead didactic presenter changed roles halfway through the series	Can be difficult to engage GPs in AOD education	Cost
	^ variation in presenters and panel		Evaluating series (8 sessions over 6 months w break for summer)
	Cases	Cases	Cases
Implementatio n enablers	Experienced ECHO facilitator with excellent contacts in health services and universities	Experienced ECHO facilitator with excellent contacts in health services and universities	Curriculum based on Safer Families Readiness Program
	Highly requested topic	WVPHN AOD program helpful with service system contacts	<ul> <li>Funding agreement = presentations and didactic speakers provided</li> </ul>
		Consistent hub and panel members	ECHO team more experienced, able to work independently, procedures and templates in place
		Very engaged CoP	



### **More information**

Contact the WestVic PHN Project ECHO team

- E: <u>echo@westvicphn.com.au</u>
- T: 03 5222 0800

More information on our Project ECHO Networks or to register

<u>https://westvicphn.com.au/events-education/project-echo/</u>



## Pain ECHO - North Queensland Persistent Pain Management Service

Chad Jordan and Dr Hannah Bennet



## WELCOME

**Project ECHO**<sup>®</sup> - *Pain Management* 

Dr Hannah Bennett, Staff Specialist Pain Medicine

**Chad Jordan, Senior Occupational Therapist** 

North Queensland Persistent Pain Management Service (based in Townsville), Queensland Health



nqpm.echo@health.qld.gov.au



Townsville Hospital and Health Service

*I would like to acknowledge the traditional custodians of the land on which we meet. I would also like to pay my respects to Elders past, present and emerging.* 



#### Queensland Pain ECHO - NQPPMS

Commenced July 2020

Running monthly

Kindly supported by THHS – Surgical Service Group

Staffing and budget support from NQPPMS with support from Checkup (2020)



Develop a community of practice – providing support from specialist pain team to primary care

Increase GP knowledge and Confidence to manage patients living with pain issues

Compliment ongoing commitment to service teaching in the GP / primary care / tertiary space



Townsville Hospital and Health Service

Target group: Primary care providers based in Queensland including General Practitioners, Allied health professionals and Hospital based medical officers – special emphasis on rural and remote

Our ECHO Hub Panel: NQPPMS team members— Pain specialist, Senior Psychologist, Senior Physiotherapist, Senior Occupational Therapist, Facilitator (rotating AH Team Leader and Director, Pain Specialist) and ECHO Coordinator (psychologist)



#### ECHO

We have attempted to gain RACGP accreditation – in progress

Future plans to accredit with ACRRM

Encourage – GP presentation of case studies –MBS Case Conferencing item number: 739 (organising) 750 (participating)

Allied Health and Nursing Attendees able to claim – CPD points inline with AHPRA regulations



#### ECHO Participants 2020 /2021

 clinicians across QLD registered for Persistent Pain ECHO Series 2020 - 113 2021 – 59

participants attended (total) 2020 - 28 2021 – 36

Participant disciplines: Allied Health Medical GP liaison officers: GP: Nursing

Half of participants were QLD staff, other half were external

No participant attended all ECHO sessions, most sessions attends was 4/5 by 3x participants (QLD Health staff)

Participants were from across various QLD locations (see map)



Topics:	Responses: (Yes / No)
Introduction to pain - Some history, development of pain science, epidemiology	74% / 26%
Assess and diagnose chronic pain	89% / 11%
Take a detailed history of the patient	69% / 31%
Communicate more effectively, especially with distressed patients	88% / 12%
Support patients to self-manage their care	97% / 3%
Back and musculoskeletal pain, The evidence for treatments, how to explain the diagnostic confusion, red flags and cauda equina, MRI's & imaging	92% / 8%
Non – pharmacological strategies to manage pain	94% / 6%
Neuropathic pain and weird pains e.g. Phantom limbs, CRPS and Trigeminal Neuralgia	89% / 11%
Pharmacological treatments – what does good look like?	92% / 8%
Pain and disability	68% / 32%
Opioids and the analgesic ladder!	83% / 17%
Explaining pain in less than 5 minutes.	82% / 18%
Indigenous people and persistent pain	71% / 29%
Addiction & mental health	88% / 12%
Rural and remote persistent pain	69% / 31%
That physio almost killed me." Why persistent pain is different and what to do about it.	88% / 12%



Topic:	Date:	Presenter:
Impact of new PBS guidelines on opioid prescribing for persistent pain	16/07/2020	Dr Steve Gilbert (Pain Specialist)
Lower back pain	20/08/2020	Jay Whittem (Physiotherapist)
Psychosocial management of persistent pain	10/09/2020	Shereen Gilmore (Psychologist)
Non-pharmacological strategies to manage persistent pain	01/20/2020	Chad Jordan (Occupational Therapist)
Neuropathic pain	12/11/2020	Dr Aman Ahuja (Pain Specialist)
Explain pain	10/12/2020	Dr Hannah Bennett (Pain Registrar)



Topic:	Date:	Presenter:
Assessment of the Pain Patient	26/02/2021	Dr Hannah Bennett (Pain Registrar)
Neuropathic pain	25/03/2021	Dr Aman Ahuja (Pain Specialist)
Pain medications: the basics	23/04/2020	Dr Matthew Bryant (Pain Specialist)
Pain and Disability	27/05/2021	Chad Jordan (Occupational Therapist)
Opioids Ladder	24/06/2021	Dr Mahboubeh Adinehzadeh (Pain Specialist)
Pain Free Imaging and Painful Language	22/07/2021	Bede Ashley – (Physiotherapist)
Fast Track Pain Management – Increasing access to pain management solutions for QLD'ers	19/08/2021	Jay Whittem (Physiotherapist)
Qscript - read-only real-time prescription monitoring system	22/09/2021	Lily Taylor – (Pharmacist)
First Nations Australian Peoples and Pain: we have a lot to learn.	21/10/2021	Dr Matthew Bryant (Pain Specialist)



### Successes

**ECHO Process** 

Improved clinical knowledge of pain management

Improved clinical skills in pain management

Increased confidence in managing complex pain patients

Applying this to every day clinical practice



### Challenges

Telehealth program

Session timing

Case presentation

Advertising

Participant engagement



Formal evaluation of this years ECHO with CHQ ECHO Team and QH project officer to help with planning for future ECHO series

Needs analysis: May need to be re-done to capture needs concisely, have participant needs changed? This will inform the development of future ECHO curriculum

Consideration to co-ordinator time for ECHO;

? co-ordinator role shared between 2-3 people.

Two more staff have under gone immersion training ? More to come

? Engagement with PHN to take on some role for marketing/administration duties



Planning Day organised to plan our ECHO for 2022

Contact us North Queensland Pain Management Townsville Hospital and Health Service 100 Angus Smith Drive, Douglas, QLD 4814 e: nqpms.ECHO@health.qld.gov.au



## Persistent Pain Service (PPS) Project ECHO Tasmanian Health Service

**Megan Willing** 

## PPS Pain ECHO

Royal Hobart Hospital, Persistent Pain Service

## PPS Pain ECHO Program

- ♦ Hosted by the Persistent Pain Service (the only Tasmanian public pain service).
- ♦ Participants
  - ♦ Target clinicians are Tasmanian Primary Health (multidisciplinary) although others can attend. Non THS and THS.
  - \* Distant clinicians Hobart is 'regional', rest of Tas is 'rural & remote'
- \* Hub Team GP, Medical Pain Specialist, Psychologist, Physiotherapist, Nurse and Admin Officer
- ♦ Launched August 2020
- ♦ Every 4<sup>th</sup> Tuesday (Initially was once/fortnight) 8:30 am to 9:30 am

#### Why:

Providing education and support for other clinicians (particularly Primary Health), to see patients is a good use of extremely limited PPS resources and expertise.

### Enablers

#### ♦ Project –

- \* Dedicated time and funding. (time, travel, technology requirements)
- ♦ Clear structure and governance.
- ♦ Plan included
  - ♦ Stakeholder engagement
  - ♦ early recognition of the importance of admin processes.
  - ♦ Hub team training

#### ♦ Support & engagement & passion

- \* Project ECHO Children's Health Queensland & ECHO institute/UNM New Mexico
- \* PPS Director (medical specialist); PPS staff (clinical and admin)
- \* Networks GP Liaison, Tas psychology groups; PHT; Pain Revolution
- ♦ Primary Health individuals through consultation (travel to them).
- ♦ Hub Team are PPS staff on the same page, not 'volunteers', rotate staff.

## Challenges

#### ♦ Tasmanian Health Service signing agreement with UNM

#### ♦ Persistent Pain Service limitations –

- ♦ Limited admin availability for maintaining PPS Pain ECHO 2 hours per session
- ♦ Low FTEs
- ♦ Staffing changes
- ♦ PPS priorities

#### ♦ GP engagement –

- $\, \ast \,$  Limited time to attend and also competition for CPD time
- ♦ Funding for attendance
- ♦ When to schedule ECHO
- \* 'don't need education, just need services'

### Outcomes

107 registrants; approx. 50% have attended. Multidisciplinary and across Tasmania. Now approx. 15 per session.

#### Why they register (ie advertising points):

To improve their confidence and knowledge and skills. Engage in a networking activity. Half of respondents registered to engage with the Persistent Pain Service. **NOT** – CPD points.

#### Appealing-ness of the ECHO format:

	Attendees (n=16)	Non-attendees (n=3)
Case based discussion	93.8%	100%
Capacity to be directly involved in the discussion making	93.8%	33.3%
Directly related to their practice	93.8%	33.3%
Capacity to network	87.5%	33.3%
Tasmanian based program	75.0%	66.6%
Small group size	56.3%	66.6%

Barriers: Time and day; competition for time; cost

#### Pain management outcomes:

- ♦ Beneficial for clinical practice; greater confidence
- ♦ More likely to engage in collaborative team care/ seek input from other professions
- \* Change in how they take Persistent Pain History
- \* Greater medication knowledge and more likely to use non-pharmacological strategies

**Contact:** Megan Willing megan.Lawrence@ths.tas.gov.au

Project ECHO Superhub -Children's Health Queensland and Health Service and the Asia-Pacific ECHO Collaborative

**Perrin Moss** 

Children's Health Queensland pays respect to the traditional custodians of the lands on which we walk, work, talk and live. We also acknowledge and pay our respect to Aboriginal and Torres Strait Islander Elders past, present and future.

Artwork: concept watercolours of *The Glad Tomorrow 2014-2018* a sculptural installation. Artist: Tony Albert, Girramay, East Cape region, Kuku Yalanji, East Cape region

THIN THINK

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### ECHO Superhub and Asia-Pacific ECHO Collaborative

#### Perrin Moss, Program Manager – Integrated Care Phil Nixon and Sarah Baggio, ECHO Network Coordinators

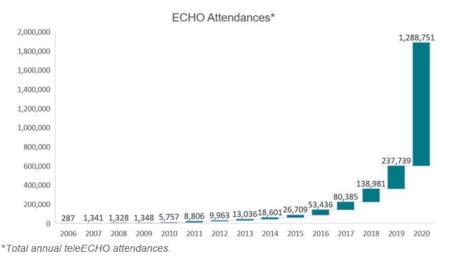




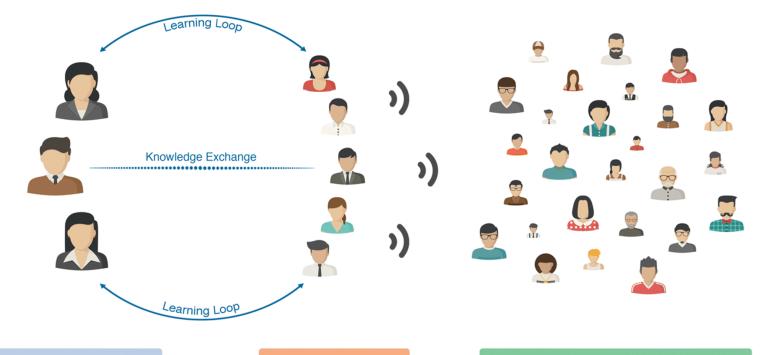
## ECHO's global uptake

- The ECHO model<sup>™</sup> is now being used worldwide to expand access to best practices for those who lack easy access to advice, mentorship and support.
- 600+ hubs globally, 17+ in Australia.





## **ECHO Community of Practice**



#### Subject Matter Experts

- Share knowledge
- Gain new knowledge
- Facilitate a network

#### **ECHO** Participants

- Acquire new knowledge
- Gain confidence
- Join a network

#### People Reached

- Advance equity
- · Increase access to resources
- · Earlier identification of those in need

# What is involved to become an ECHO® hub?

Step 1: Getting ready

Step 2: Immersion Step 3: Launch readiness Step 4: Launch and continuous improvement

## Australia's first Superhub



CHQ became an ECHO Superhub in 2019 with the goal to increase the number of organisations replicating the ECHO model across the Asia-Pacific.

## What is a Superhub?

- An organisation authorised to deliver Immersion training and mentor hubs within the ECHO model<sup>™</sup> and their own local context, while maintaining fidelity to the model and the mission; and
- CHQ is Australia's first ECHO Superhub providing expert training to teams implementing the ECHO model<sup>™</sup> within the Australian context.

	Name	City/State	Country
1	University of New Mexico (UNM ECHO Institute)	Albuquerque, New Mexico	United States
2	American Academy of Pediatrics (AAP)	Chicago, Illinois	United States
3	Children's Health Queensland Hospital and Health Service	Brisbane	Australia
4	ECHO India	New Delhi	India
5	ECHO Ontario	Toronto, Ontario	Canada
6	ECHO Uruguay	Montevideo	Uruguay
7	Highland Hospice	Inverness, Scotland	United Kingdom
8	Hospice UK	London, England	United Kingdom
9	Missouri Telehealth Network	Columbia, Missouri	United States
10	Oklahoma State University Center for Health Sciences	Tulsa, Oklahoma	United States
11	St. Luke's Hospice	Sheffield, England	United Kingdom
12	University of Chicago	Chicago, Illinois	United States
13	University of Texas MD Anderson	Houston, Texas	United States
14	University of Wyoming	Laramie, Wyoming	United States

ECHO Superhubs (Training Centers)

## **Immersion training**

- Mandatory licensing training for new teams seeking to replicate the ECHO model<sup>™</sup> within their organisations;
- Once-off, virtual training delivered by the CHQ Superhub;
- Our Immersion training is delivered virtually via Zoom, over 3x 4-hour sessions, held quarterly.

## Organisations we have trained

- Apunipima Cape York Health Council
- Australasian Palliative Link International
- CHQ (Physiotherapy, Speech Pathology, and CYMHS)
- Darling Downs West Moreton PHN
- Dokotela
- Health and Wellbeing Queensland
- Health Consumers Queensland
- Hunter New England & Central Coast PHN
- Northern Sydney PHN
- Offender Health and Wellbeing, Clinical Excellence Queensland
- Royal Australian College of GPs

- South Australian Medical Education Association
- Sunshine Coast HHS
- University of NSW
- The University of Melbourne
- Thorne Harbour Health
- Townsville Hospital and Health Service
- Western Victoria PHN
- Western NSW PHN
- West Moreton HHS
- Western Australia Primary Health Alliance

With a schedule of other organisations signing up to replicate the model.

## Asia-Pacific ECHO Collaborative



## **Our research interests**

- Integrated Care using ECHO to effect more integrated approaches to care particularly for children and young people;
- Intrapreneurship the 'type' of people who adopt and champion the use of ECHO within and beyond their organisation;
- Executive decision-making to invest in piloting the ECHO model;
- Innovative approaches to research and evaluate the impact of ECHO within various different contexts in Australia;
- The personal and professional experiences of ECHO participants (panellists and spoke learners);
- The development of a national research strategy for ECHO in Australia; and
- The experiences of hub teams replicating the ECHO model in Australia.







## Contact: <u>ECHO.CHQ@health.qld.gov.au</u> or <u>http://echo.qld.gov.au/</u> <u>What is Project ECHO? (video)</u>

## Pain Management Education Consortium Project (DoH 2020-24)

Professor Michael Nicholas, Pain Management Research Institute, University of Sydney

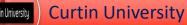
### Pain Management Education Consortium Project (DoH 2020-24)



Pain Management Research Institute, University of Sydney



Menzies Centre for Health Policy and Economics, University of Sydney



Australian Pain Society

National Ageing Research institute



NARI

Bringing research t

Pain Revolution, University of South Australia

Dr Anne Daly, a Project ECHO content expert and consultant for WorkSafe Victoria and TAC



The Menzies Centre for Health Policy and Economics will support <u>one PHN and</u> <u>partners</u> to implement and evaluate a Project ECHO program for chronic pain by:

- Providing planning and implementation advice, building on the learnings of the evaluation of the WVPHN Project ECHO (Persistent Pain) program
- Leading the curriculum development in collaboration with the Pain Management Education Consortium
- Assisting with the recruitment of guest speakers
- Developing the evaluation framework
   & conducting the evaluation



#### **THANK YOU**

After the symposium, please complete the brief evaluation survey (link in the Chat and will also be sent to you) Follow-up with Simone if you would like more information <u>simone.demorgan@sydney.edu.au</u>