ECHO Colorado (Extension for Community Health Outcomes) helps democratize knowledge and develops capacity in rural and underserved communities.

Using a model of virtual support, collaborative education and care management, ECHO Colorado empowers front-line professionals to provide the right care, in the right place, at the right time.
Project ECHO currently has over 50 hubs sites globally, operating in over 20 states and in more than nine countries for over 40 distinct common complex conditions.
ECHO Colorado: a statewide system of training and practice support to increase the capacity to manage complex health care problems in primary care settings and to prevent disease in Colorado.
Hubs & Spokes - ECHO provides front-line providers with the knowledge and support they need to care for complicated patients they would otherwise refer out. ECHO Colorado links expert multi-disciplinary teams with providers in local communities. Together, they participate in ECHO sessions, which combine patient case presentations with didactic learning and mentoring.
WHY ECHO?

THE UNDERSERVED PATIENTS

PROBLEM:
Underserved patients have limited access to quality specialist care for common complex conditions.

SOLUTION:
A model that expands access to care by leveraging virtual connection, support and guided practice to build system capacity by empowering primary care providers to care for complex conditions at their local clinic.

In 2003:
Only 5% of New Mexicans infected with hepatitis C were able to access treatment.

In 2015:
80% of New Mexicans infected with hepatitis C have access to the right treatment, at the right time, at the right place.
WHY ECHO?

THE PROVIDER

PROBLEM:
• Want to advance their skills, career and professional relationships.
• Lack access to knowledge and training to provide care for common complex conditions.
• Providers often feel socially and professionally isolated.

SOLUTION:
• Providers engage in a community with like-minded fellow providers and specialists from academic centers.
• Provide care for common complex conditions.
• Receive free CME/CE credits.

Providers participating in ECHO in New Mexico: felt their professional isolation diminish, professional satisfaction and self-efficacy for treating hepatitis C increase.¹

WHY ECHO?

RURAL HEALTH CENTERS

PROBLEM:
• Limited ability to provide care for common complex conditions.
• Difficulties recruiting and retaining community providers.

SOLUTION:
Primary care providers acquire new skills and competencies, expanding access to care. They become part of a community of learners, increasing their professional satisfaction while their feelings of professional isolation decrease.

Through ECHO, rural health centers have a way to expand access to care for complex chronic conditions and serve more patients, while keeping treatment dollars in the community. They also acquire a new tool for recruiting and retaining providers.

A provider in an FQHC in California saw an increase of 38 new HCV patients in one year as a result of participating in ECHO.
ECHO Colorado connects providers with specialists through a scheduled series of interactive sessions.

ECHO creates knowledge networks by linking primary care providers at numerous locations with a team of expert inter-disciplinary specialists, to support them to treat their patient cases. These specialist teams use low-cost, multi-point videoconferencing technology to conduct regularly scheduled sessions with community providers.
How to get started:

1. Connect with the ECHO-CO program center staff at the booth.
2. Register for a series launching this fall.
3. Join our weekly tech support hours to test out Zoom.

Once you connect, you will be able to:

• Gain experience in treating patients with common complex conditions
• Use the latest best practices
• Treat patients in the community, closer to home
• Share your knowledge and experience with others

Contact us at ECHOColorado@ucdenver.edu
Visit ECHOColorado.org
Benefits of ECHO

For the healthcare system at large, the benefits from ECHO are enormous:

1. Better access for rural and underserved patients
2. Reduced disparities
3. Better quality and safety
4. Rapid dissemination of best practices
5. Reduced variations in care
6. Greater efficiency
7. Reduced wait times