



Conversation 1: Your Opportunity to Ask about Anything You Ever Wanted to Know about Project ECHO: An Informal Conversation with the ECHO Cancer Crew

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Project ECHO staff and Dr. Schmeler facilitated an open discussion about Project ECHO. The most notable points of the discussion are recorded below:

- ECHO Institute Cancer Collaborative: Easy to share resources and best practices for running an ECHO between different hubs - an “ECHOs for ECHOs”
 - Community discussion “all teach, all learn”
 - Toolkit in the works to help share resources better
- Multidisciplinary teams telementoring learners: Have everyone’s perspective represented during ECHO hub design phase, make sure they are all happy
- Setting up ECHO for rare diseases
 - Broaden geographically by topic/disease
 - ECHO could also work to bring smaller groups of specialists together, learn from each other
 - Still important to learn from your community. Example: American Indian community in New Mexico → stigma around colonoscopies outweighed risk of cancer resulting in low screening rates
- Examples of ECHOs for screening
 - Cervical: started as diagnostic → led to learning more about reaching out to community to get people screened
 - How can clinics make this work for them? Challenge: get patients with abnormal results back
 - Adapt Model to lung cancer screening and beyond
- ECHO is a collaborative model to help you problem solve
- ECHO can save you money- cheaper way to educate (no transportation), use resources you already have (grants)
- ECHOs name recognition helps sell project
 - Recognized in state legislature

- ECHO reduces resources/ time waste → cost of no shows
- Launch ECHO about building a program/project, not just a model for patient care

ECHO Value Equation

