

# Flexibility & innovation in application of the ECHO model

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### Presentation transcript

Abraham Maslow famously quoted “If the only tool you have is a hammer, you tend to see every problem as a nail”. This concept, referred to as Maslow’s Hammer or Law of Instrument, refers to an over-reliance on a familiar or favourite tool. As ECHO continues to evolve - should we look at the model as the hammer, or do we need to collectively reframe it as something more than that?

The ECHO model is designed to improve care integration and health outcomes for consumers through an approach that’s innovative, scalable and accessible for professionals. A primary principle of this model is learner-centricity, having sessions tailored around the participating professionals as the key focal point. Thinking beyond curriculums of content, session structure and the method of delivery are significant influencing factors in participant engagement and capacity to attend.

Project ECHO functions as a structured model, but lends itself to innovation and flexibility. Much like the health systems we operate in – there are nuances that need to be considered and adjusted for - as solving health issues is evidently not a one-size-fits-all approach. What works for one group (or system issue) is not necessarily going to work for another. ECHO networks serve as biospheres or microcosms within a broader system, and need to be addressed through targeted approaches that suit the needs of the specific population.

So, what do ECHO variations look like in practice? Adaptations of the standard ECHO model already exist in a number of formats.

A recent publication *Project ECHO Implementation: Guidance from the Field* (2023) reports examples of ECHO adaptation in the US – from Colorado, Southern Illinois University, Oregon and the University of Utah. Formats such as:

- Learning series without case presentations
- Moderated discussions (without didactics or case presentations)
- Pre-recorded lectures, with live sessions focussed on group questions, cases and discussion.
- Knowledge and skill-focussed sessions, with optional community of practice featuring a didactic presentation and case discussion between sessions.
- Module-based curriculum with a single topic for discussion over multiple sessions – aligning cases specifically with the topic.

At Children’s Health Queensland, we also run ECHO networks in a number of formats:

- Continuous and ongoing communities of practice, focussed solely on practical case discussions.
- Cohort ECHOs that run as short ‘blocks’ of 5 sessions, run on a weekly basis. These have a set endpoint, and often repeat again over the course of a year with a new cohort.

- Regionally focussed groups that look at a systems issue in a specific geographic area, tailoring sessions to this group before shifting to a new region and running sessions through a different lens.

Aside from the universal umbrella of ECHO, these model variations all share another commonality. They've considered the suitability of approach for a real or conceptualised audience, and applied innovation and flexibility to create sessions that truly reflect participant need.

The key premise and take-home messaging here is that ECHO as a model is not necessarily prescriptive. It doesn't need to be, and in fact functions better when there's opportunities to adapt based on participant need. Utilise the ECHO model as a framework, but understand there is freedom to operate outside the bounds of a standard session structure. Conceptualise your audience, undertake learning needs assessments, compare approaches, and constantly evaluate – and do all of this with purpose and intent. Ask questions like:

- Is there a genuine need for this ECHO network?
- Who is the audience, and what drives them?
- Would the proposed network help to integrate care and connect professionals in a way that's meaningful for them?
- Would professionals make the effort to join this network purely out of interest, or is there a need to leverage additional components that appeal to the target group? E.g., professional development points, focus on connection and reduced isolation.
- Is the format of a standard ECHO going to work for this group?

Public health is a puzzle with an abundance of practical solutions. Very little can be achieved when trying to push a square peg through a round hole – but tailoring solutions based on the need is going to yield effective results that address specific issues. The ECHO model is a tool within the broader health system, that when utilised effectively can make a real and significant difference on a large scale. The ECHO model is not the hammer, but rather the toolbox that we can access to address a problem in a way that's suitable for the issue, and the participant need.