Summer Internship   Report

ECHO INDIA

Building No 76, 2nd Floor, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi 110020

(April 11h – June 10th, 2022)

Submitted by: - Dr. Mitali Yadav

Under the esteemed guidance of Dr. Pankaj Talreja

PGDM (Hospital and Health Management)

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International Institute of Health Management Research, New Delhi

ACKNOWLEDGEMENT

For the ancestors, who paved the path before us upon whose shoulder we stand. This project has been of great significance and importance to me in ways more than I can mention. Apart from its professional importance, it has taught me immensely the spirit with which one has to move ahead with responsibilities. It was indeed my good destiny that I was given a chance to work under such esteemed faculty members.

I take immense pride and pleasure that the study was done under the esteemed guidance of **Dr. Pankaj Talreja** who was a constant source of the much-needed discipline and constructive criticism. His whole hearted helpand support had been pivotal in the completion of this work. It is my profound privilege to offer thanks and utmost gratitude to my mentor who has been my inspiration and has provided me with encouragement and cooperation at all stages. He taught me to carry on things with precision & devotion, I shall always be grateful to him. He being my guide in the present study always met with encouraging words and shaped constructive ideas.

I express my sincere thanks to Mr. Febin Mathew for his valuable suggestions,guidance and help for my research work.

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Abbreviations

ECHO: - Extension for Community Healthcare Outcomes.

MoHFW: - Ministry of Health and Family Welfare.

MoU: - Memorandum of Understanding.

NITRD: - National Institute of Tuberculosis and Respiratory Disease.

TMC: - Tata Memorial Centre.

NHSRC: - National Health System Resource Centre.

NIMHANS: - National Institute of Mental health & Neuroscience.

NICPR: - National Institute of Cancer Prevention and Research.

PSMRI: - Primal Swasthya Management and Research Institute.

SSPHPGTI: - Super Speciality Paediatric Hospital and Post Graduate Institute of Child Health Noida.

JHPIEGO: - John Hopkins Program for International Education in Gynaecology.

INASL: - Indian National Association for the Study of the Liver.

NTEP: -National Tuberculosis Elimination Program.

NVHCP: - National Viral Hepatitis Control Program.

PMJAY: - Pradhan Mantri Jan Arogya Yojana.

NCSP: -National Cancer Screening Program.

NMHP: - National Mental Health Program.

SECTION: I

Organizational Learning

Project ECHO

Project ECHO is a lifelong learning & guided practice that revolutionizes medical education & exponentially increases workforce capacity to provide best-practice specialty care & reduce health disparities. Project ECHO's story launched in 2003. It grew out of one doctor's vision. Sanjeev Arora, M.D., a social innovator, and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, was frustrated that he could serve only a fraction of the hepatitis C patients in the state. He wanted to serve as many patients with hepatitis C as possible, so he created a free, educational model and mentored community providers across New Mexico in how to treat the condition. A New England Journal of Medicine study found that hepatitis C care provided by Project ECHO-trained community providers was as good as the care provided by specialists at a university. Project ECHO mission was to touch 1 million lives globally by 2025. It was expanded to cover over 50+ countries. It has 400+ Hubs and 70+ focus areas. Project ECHO utilizes technology to share knowledge across miles and across disciplines. By leveraging a free web-based platform, ECHO offers access while creating learning collaboratives. During a tele-ECHO session, an interdisciplinary team of specialists meets with participants in sharing best practices and applying case-based learning to improve outcomes.

The heart of the ECHO model is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. By connecting with a subspecialty team of experts and building a community of practice via telemedicine, primary care providers can increase knowledge, and mastery that will inform their practice and benefit their patients. We work with specialists, primary health care providers, mental health care providers, public health officials, schools, and community experts in building environments comfortable for professionals to share knowledge and experiences and learn new skills. Our goal is to improve outcomes by increasing everyone's ability to treat and manage complex health care challenges in their own communities with the right knowledge at the right place at the right time.

What Does The Project ECHO Logo Mean

The Project ECHO logo means Extension for Community Healthcare Outcomes. Project ECHO logo itself says - Moving Knowledge not people.

Mission & Vision of Project ECHO

Mission: - Project ECHO mission is to touch 1 million lives globally by 2025. It was expanded to cover over 50+ countries and it has 400+ hubs and 70+ focus areas.

Vision: - Project ECHO vision is to transform Healthcare and Education in India using the ECHO model.

Goal: - Project ECHO goal is to touch 400 million lives in India and 1 billion lives globally by 2025.

ECHO VALUES

- **Service to the undeserved: -** Committing our efforts to build "a better society, one that is more just and more loving".

- **Democratization of Knowledge: -** Sharing resources, knowledge, time, and talents freely across the organization, the movement, and the world.

- **Trust and Respect: -** Working from a place where we give the best of ourselves, we assume the best of others, and with regard for others.

- **Excellence and Accountability: -** Maximizing our individual and organizational potential, contributing to the best of our ability, seeking to better, and owning our mistakes.

- **Joy of Work: -** Nurturing an environment that allows us each to do what we do best and balance our energy.

- **Team Work: -** Recognizing that achieving our ambitions requires collective contribution and collaborative effort and cultivating a culture where we support each other, pitch in, and work together.

- **Innovation and Learning: -** Fostering continuous evolution and new creative ideas that have the power to change the world through learning and experimentation.

ECHO INDIA

- It is not - for - Profit Trust and was formed in 2008.

- It is legally, financially & operationally independent, yet under the guidance of the ECHO Institute.

- It was set up with a motive to replicate the impact of Project ECHO and tackle complex problems in India through capacity-building programs.

- ECHO India is a signed partner of the central as well as several state governments for running programs for public awareness and preventive health and other healthcare initiatives.

- It was started as a healthcare initiative led by medical doctors, today ECHO India is also applying the versatile ECHO model towards bridging gaps in areas such as education, livelihood, and other sustainable development goals.

- Purpose for set up of ECHO India: -
  1. People need access to specialty care for complex conditions.

  2. Not enough specialists to treat everyone, especially in rural India.

  3. ECHO trains primary care clinicians to provide specialty care services.

  4. Patients get the right care, in the right place, at the right time.

- ECHO India is dedicated to helping transform healthcare in India and has since supported over 100 ECHO hubs, and run over 250 programs in hepatitis C, mental health, ophthalmology, TB, and palliative care, training thousands of providers across the country in the process. It has also formally partnered with health

departments in 7 states to strengthen their healthcare workforce and transform local and national health systems.

- In September 2019, ECHO India signed a Memorandum of Understanding (MoU) with India's Union Ministry of Health and Family Welfare (MoHFW), which enabled leveraging the ECHO platform for several national programs.

- Today, ECHO India Hubs include India's several leading medical institutions like the National Institute of Tuberculosis and Respiratory Disease (NITRD), Tata Memorial Centre (TMC), National Health System Resource Centre (NHSRC) & National Institute of Mental health & Neuroscience (NIMHANS) among other. These Hubs are using the ECHO model to help upskill and support health care providers across India.

- Eminent Partners of ECHO India are:- National Institute of Cancer Prevention and Research (NICPR), National Institute of Tuberculosis and Respiratory Disease (NITRD), National Institute of Mental Health and Neurosciences (NIMHANS), National Human Right Commission (NHRC), Primal Swasthya Management and Research Institute (PSMRI), Super Speciality Paediatric Hospital and Post Graduate Institute of Child Health Noida (SSPHPGTI), John Hopkins Program for International Education in Gynaecology (JHPIEGO), Indian National Association for the Study of the Liver (INASL).

Work Done in ECHO India

I have helped in collecting data for the monthly report & addresses of all 18 HUBs of NHM UP, & also designed the address layout of all 18 HUBS OF NHM UP on a word file, prepared the monthly sheet, and represented it in the form of charts and graphs, observed the sessions, in which I understood the implication of ECHO model, also compiled the tracking IDs of all 18 HUBS of NHM UP in excel sheet supported Mansi in one of the support sessions. In the Lucknow onboarding Session, I have given my input by co-hosting the session and supporting the team. I have blocked the Calendar for iECHO refresher Training. I have prepared my individual weekly report. I have completed the program launch and Hub launch and NHM UP Quality Cell in Master sheet 2022. I have assisted Febin (my mentor in the organization) to design the spokes & hub Testimonial Questionnaire for NHM UP. I have created a Google form for spokes & hub Testimonial Questionnaire for NHM UP Impact stories. I have prepared NHM UP contact list 2022 in the Master sheet. I have prepared a feedback sheet for Siddharth Nagar and Sant Kabir Nagar of the Basti Division of NHM UP. I have edited the Google form for NHM UP spokes & hub Testimonials Questionnaire. I have collaborated all the individual weekly reports in an Excel file. I have read about why ECHO comes under Ayushman Bharat.

LEARNING

I learned all about ECHO, i.e., the difference between the project ECHO and ECHO India, understood the ECHO Model, understood different types of sessions, learned how to work on google sheets, learned how to design the layout for the address of NHM UP in a word file, learned how to view and block the calendar, Learned About how the Onboarding sessions are hosted and how feedback plays an important role in every session to track every single detail about the sessions, Get to know why ECHO comes under Ayushman Bharat: - ECHO comes under Ayushman Bharat to train the maximum number of Health and wellness centres, For the Health and wellness centres, ECHO is one of several programs that will be used to train ASHAs as, for the first time, primary care in India moves beyond reproductive health and vaccination to include screening for non-communicable diseases, geriatric care, and mental health. The ECHO model does not actually provide care to patients, but it dramatically increases access to specialty treatment in rural and underserved areas through the use of teleconferencing. Improvement in my technical skills i.e., MS Excel, and MS Word and learned about the Canva application, I have learned how to do data analysis while working under my mentor's (organization mentor) guidance, and also get to know about the organization culture.

LIMITATIONS

Certain limitations of my study are: -

➢ As the whole study was done online there was no direct reach to the study population.

➢ The time period was limited for the study to understand the proper workflow of ECHO India.

➢ A predefined sample was also one of the limitations.

SUGGESTIONS

➢ While registering on the iECHO platform registration process needs to be simplified so that it can be easily accessible by the trainees.

➢ Before conducting the training session, ECHO India staff should make sure to guide the trainees about the use of the zoom application which is the only platform used for conducting the training session.

➢ Training educators should be co-operative.

➢ The language of the training program should be according to the trainees so that they can easily understand the session and there would be no communication gap during the session.

➢ Time flexibility should be there, i.e., the training program should not be conducted during the O.P.D timing.

CONCLUSION

➢ Despite having a few barriers in the project patient get the right care in the right place at the right time by training primary care clinicians who are the first person to reach the underserved population such as rural areas.

➢ Project ECHO itself says moving knowledge not people which means patients do not need to reach the specialist rather the specialist trains the primary clinicians and the treatment is itself done by the patient's primary clinicians.

➢ People easily get access to specialty care for complex conditions.

SECTION: 2

Research Learning

INTRODUCTION

The ECHO model of tele mentoring: -

4 PILLARS of ECHO MODEL-

ECHO Model is used for capacity building. It has its four principles by which capacity building is done.

1. Amplification - Use Technology to leverage scarce resources. In Amplification, capacity building is done by leveraging technology and amplifying the use of the ECHO model.

2. Best Practices - Share best practices to reduce disparity. In Best Practices, Spokes have best practices from the knowledge shared by experts across the country.

3. Case-based learning - To master complexity. In Case-based learning, spokes gain practical knowledge from real-life cases to manage their patients better.

4. Database to monitor outcomes - Web-based Database to monitor outcomes. It is used to monitor the programs constantly and to collect program data to improve interventions and outcomes. For constantly monitoring the program, ECHO India has its iECHO website, which collects program data and enhances training programs' weaknesses. -

The ECHO model is a tele mentoring, a guided practice model where the participating clinician retains responsibility for managing the patient rather than telemedicine, where the specialist assumes care of the patient.

Recognition for the ECHO Model: - The MoHFW has also incorporated the ECHO model into its revised National Tuberculosis Control Programme (NTCP); National Health Mission (NHM) guidelines for training community health workers; and National Cancer Screening and Mental Health Programmes.

Our hub and spoke model of tele mentoring enables local providers from remote areas to connect as spokes with a hub of domain experts via computer or mobile devices in regular virtual sessions. During these live sessions, spokes are mentored by experts on best practices in their particular domains through a case-based learning approach that benefits each participant and fosters an "all teach, all learn" experience

Key thematic areas: - 1. Healthcare, 2. Education, 3. Livelihood.

1. Healthcare: - The ECHO Model breaks the walls between specialty and primary care. Together, specialists and primary healthcare providers participants in virtual sessions to ensure patients get the right care, at the right place, at the right time.

2. Education: - Empowering teachers, School leaders, and other educators with best practices and teaching approaches to create a cost-effective and collaborative platform of knowledge exchange which is also highlighted as a need in the National Education Policy 2020.

3. Livelihood: - Transforming lives by building producer collectives at a grassroots level and empowering women to be the owners of these entities to create inclusivity. Also, enabling human and dignified living conditions for migrant construction workers in urban areas.

National Programs using the ECHO Model: - The Ministry of Health & Family Welfare (MoHFW) signed an MoU with ECHO India in September 2019 and now several National Programs are leveraging the ECHO platform.: -

NTEP – National Tuberculosis Elimination Program.
NVHCP – National Viral Hepatitis Control Program.
PMJAY – Pradhan Mantri Jan Arogya Yojana.
NCSP – National Cancer Screening Program.
NMHP – National Mental Health Program.

OBJECTIVE OF THE STUDY

To Gauge the effectiveness of Health Training Programs under the umbrella of ECHO India.

METHODOLOGY

STUDY DESIGN: - A Cross-Sectional study design is used to gaze the effectiveness of health training programs.

STUDY POPULATION: - Study was conducted on the CHO i.e., Community Health Officers of the Basti District of Uttar Pradesh.

SELECTION CRITERIA: - Population selection criteria was done by including all the CHOs who have attended the training program and excluding those who were absent during the training program.

STUDY TOOL: - Tool used for the study is Google forms.

METHOD of DATA COLLECTION: - Data is collected by creating and circulating the google form among all the CHOs of the Basti district who were present during the training program.

DATA ANALYSIS: - Data analysis is done by using MS Excel.

RESULTS

Socio-demographic features of the study population are described in Table 1. The total number of CHOs interviewed were 128. The majority of CHOs were in the age group of 20-30 yrs., Around 70% of CHOs were male. More than 80% of CHOs were educated as GNM (General Nursing and Midwifery).

Table 1 - Socio-demographic characteristics of Study Population

(N=128)

| Variables	Study population N=128
Age	
20-30 yrs	99
>30 yrs.	29
Gender	
Male	29
Female	99
Education Status	
BSc Nursing	33
Post Basic Nursing	18
GNM	82

According to 35.2% of CHOs; the training which was conducted for their capacity building is useful and 7% said that it was not useful (figure 1).

Figure 1: Opinion on Training (N=128)


Opinion on Training
N=128
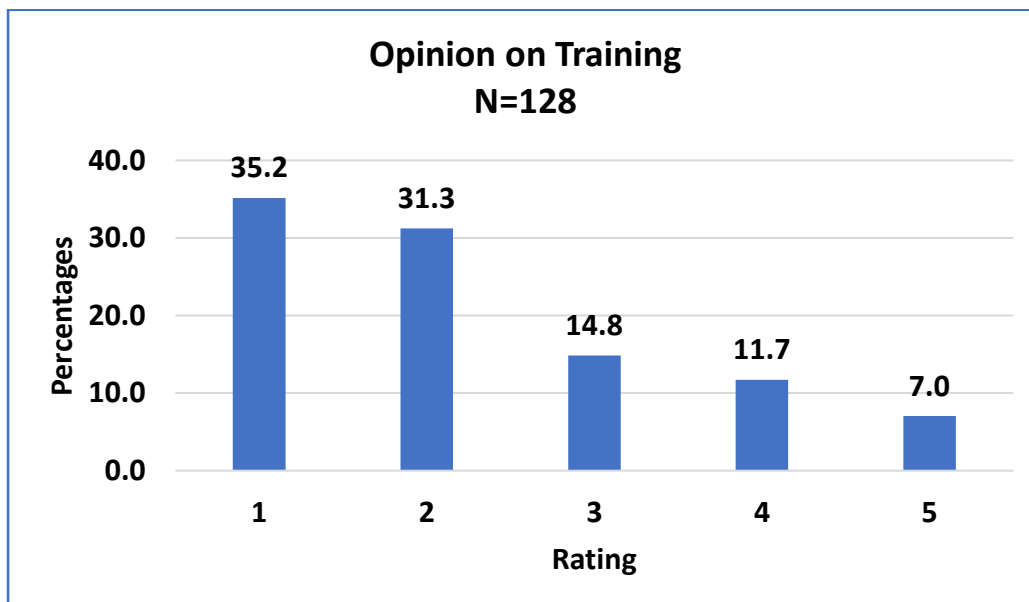
According to 70.3% of CHOs; there were no barriers to learning during the training programs and 5.5% said there were barriers (figure 2).

Figure 2: Barriers to Learnings


Barriers to Learnings
N=128
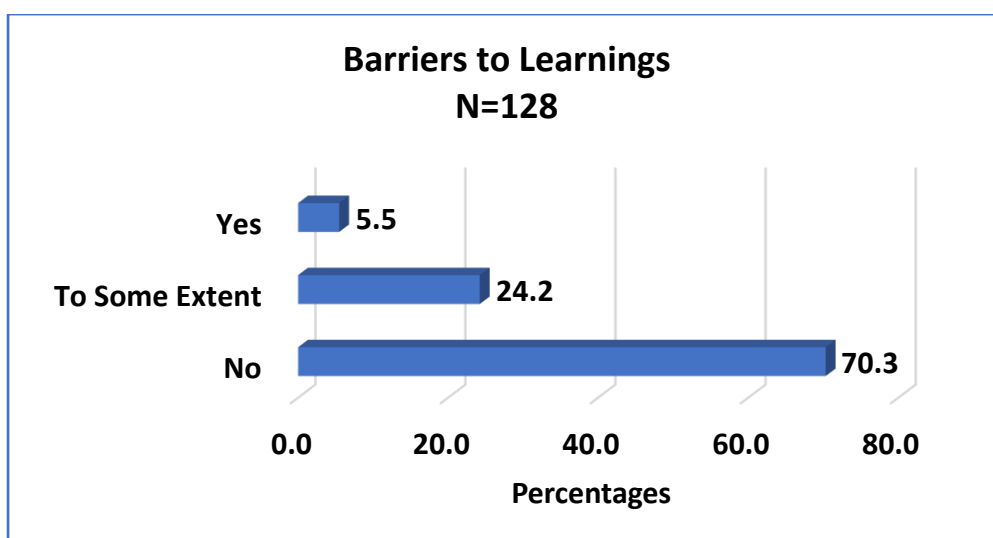
According to 75% of CHOs; the training program which was conducted was appropriate according to their needs and 15.6% said it was not appropriate according to their needs (figure 3).

**Figure 3: Did Training tailor their needs**
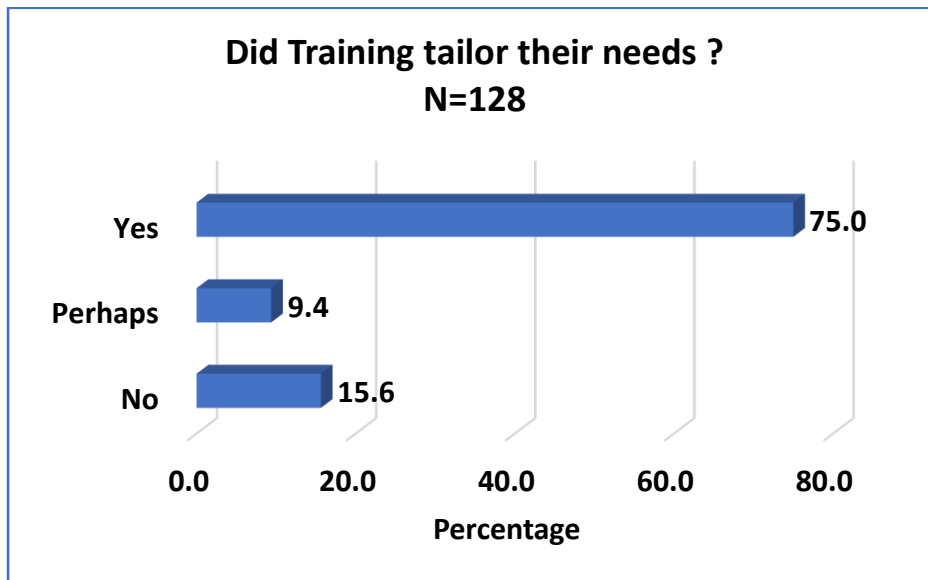
According to 82.8% of CHOs; the training program was easy to understand and 17.2% said it was not easy (figure 4)

**Figure 4: Ease of Understanding of Training**
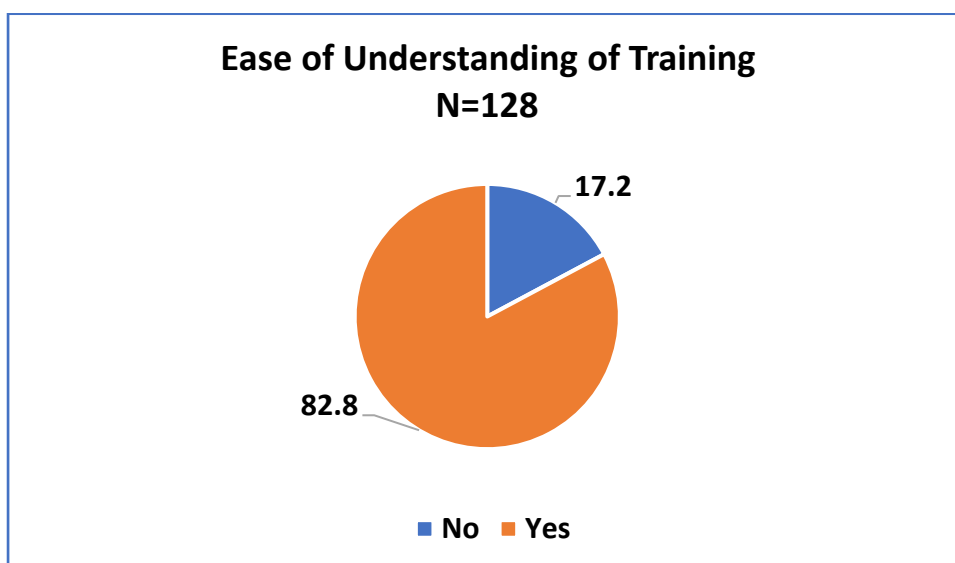
According to 94.5% of CHOs; they gain new knowledge and new learning from the training program and 5.5% said they didn't get any new learning (figure 5)

**Figure 5: New learnings due to trainings**
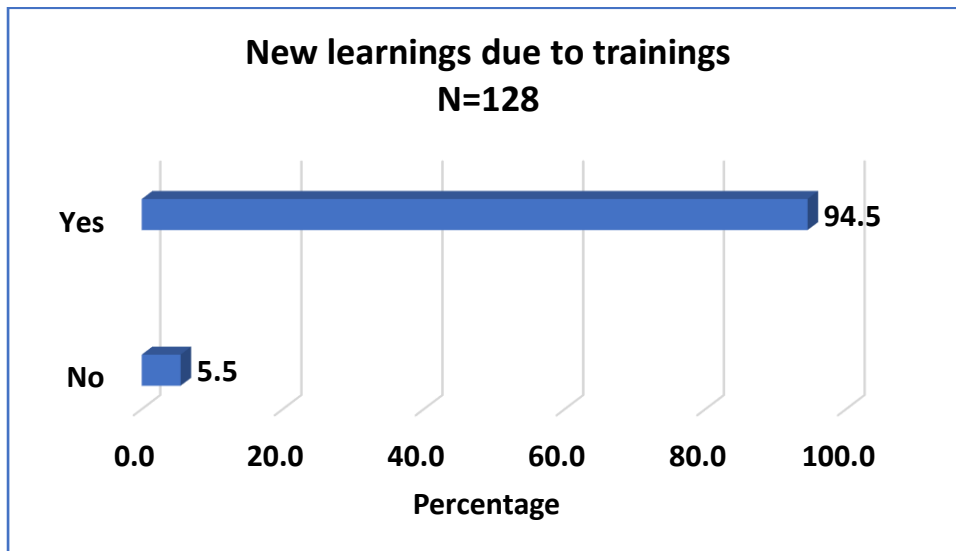
According to 60.9% of CHOs; the Training curriculum needs to be improved and 39.1% think that it doesn't need any improvement (figure 6).

Figure 6: Improvement in Curriculum
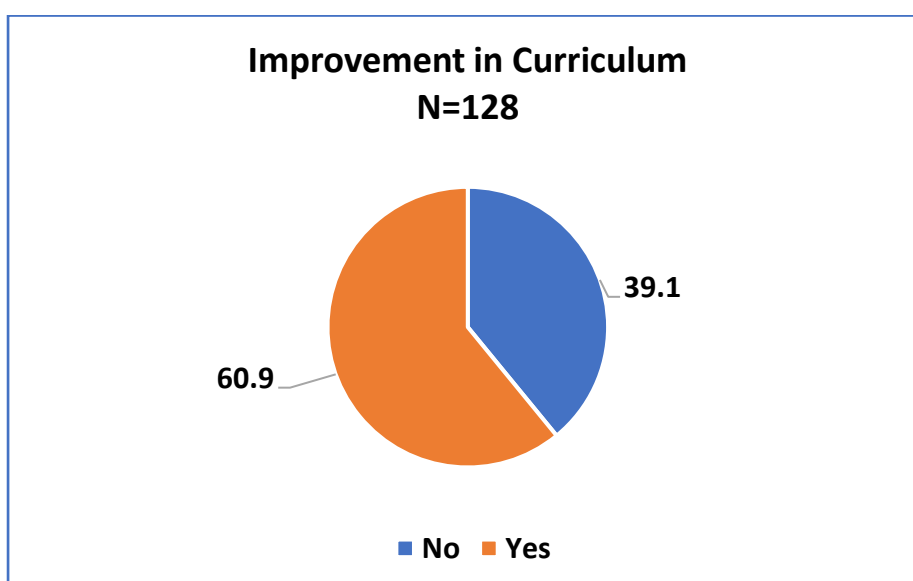
According to 76.6% of CHOs; the ECHO platform is easy to use while 23.4% said it is not easy to use (figure 7).

Figure 7: Ease of use of ECHO platform

Ease of use of ECHO platform
N=128
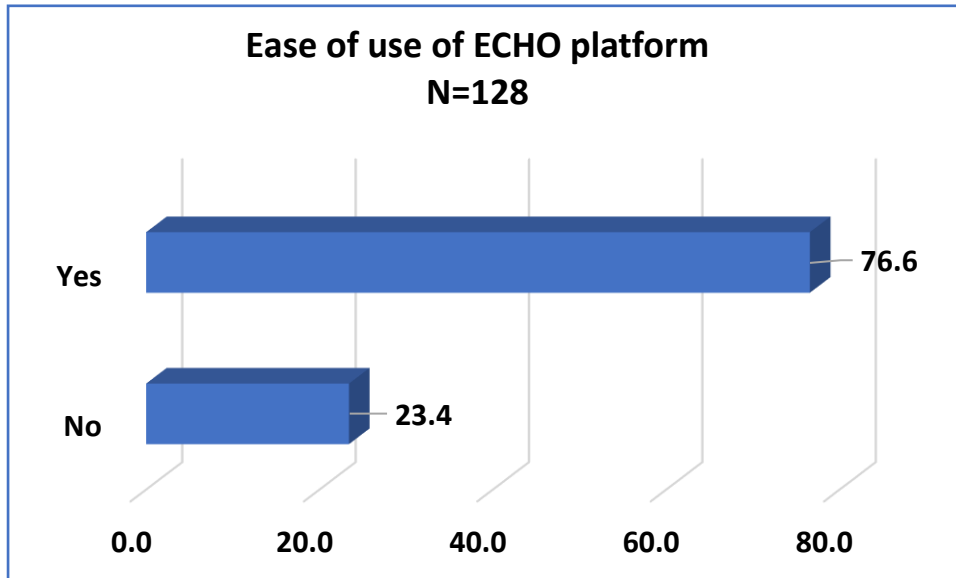
According to 87.5% of CHOs; ECHO can bring a change in the Healthcare system while 12.5% said ECHO can't bring change in the healthcare system (figure 8).

Figure 8: Can ECHO bring a change in healthcare system?

Can ECHO bring a change in healthcare system?
N=128
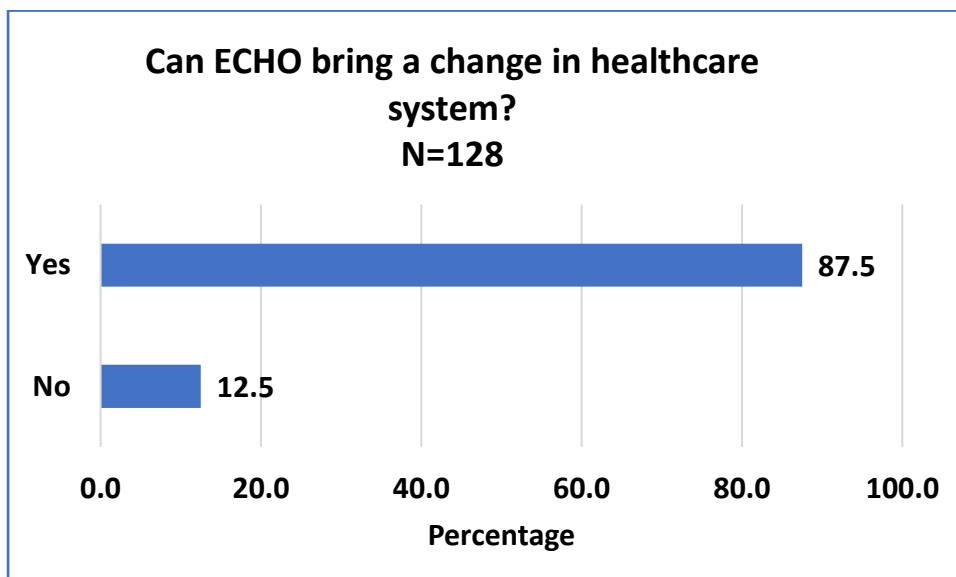
DISCUSSION

ECHO project works on more than 12 domains of health and in India implementation is done in 23 states and it has 21 active government and 33 private hubs. While doing the study I get to know the few gaps which need to be fulfilled for conducting a better training session and also for providing the best healthcare services to the underserved population. While registering on the iECHO platform registration process needs to be simplified so that it can be easily accessible by the trainees. The training program should not be conducted during the O.P.D timing. There should be time flexibility. Sometimes in a few of the training programs, language was not easy to understand due to which there was a communication gap between trainees and experts. Few of the training educators or experts were not supportive during the training. Most of the population think training should be conducted offline for more effectiveness. While attending the training program sometimes various issues faced by the attendees such as poor network issue, and also the gadgets which trainees are using for attending the training session get discharged in between the session.

CONCLUSION

Despite having few barriers in the project patients get the right care in the right place at the right time by training primary care clinicians who are the first person to reach the underserved population such as rural areas. Project ECHO itself says Moving Knowledge, not People which means a patient does not need to reach out to the specialist rather the specialist trains the primary clinicians and the treatment is itself done by the patient's primary clinicians. People easily get access to specialty care for complex conditions.

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ANNEXURE

STUDY TOOLS – Questionnaire

Q.1. Name of CHO?

Answer: - _____

Q.2. Name of Health and Wellness Centre?

Answer: - _____

Q.3. Name of Division?

Answer: - _____

Q.4. Age?

Answer: - _____

Q.5. Gender?

- Male
- Female

Q.6. Educational Qualification?

Answer: - _____

Q.7. In your opinion, Did the Training program bring a change in your knowledge and understanding of Comprehensive Primary Health Care (CPHC) as compared to your previous training?

1. Extremely helpful.
2. Very helpful.
3. Somewhat helpful.
4. Slightly helpful.
5. Not at all helpful.

Q.8. Were there any barriers to learning?

- Yes
- No
- Somewhat

Q.9. Was the training relevant to your needs?

- Yes
- No
- Maybe

Q.10. Was the didactics easy to understand?

- Yes
- No
- Maybe

Q.11. Did you learn something from this training?

- Yes
- No
- Maybe

Q.12. Do you think this course needs to be improved?

- Yes
- No
- Maybe

Q.13. Do you think iECHO platform was easy to use?

- Yes
- No
- Maybe

Q.14. Do you think ECHO can bring a change to the healthcare system?

- Yes
- No
- Maybe
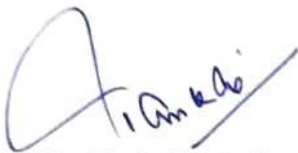
Q.15. What did you like the most about the training?

Answer: - _____

Q.16. Any Additional Comment?

Answer: - _____

Certificate of Approval

The Summer Internship Project titled "**To gauge the effectiveness of Health Training Programs under the umbrella of ECHO India**" at "**ECHO India**" is hereby approved as a certified study in management carried out and presented in a manner satisfactory to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned does not necessarily endorse or approve any statement made, opinion expressed, or conclusion drawn therein but approves the report only for the purpose it is submitted.

Dr. Pankaj Talreja
Controller of Examination
IIHMR, Delhi

FEEDBACK FORM

(Organization Supervisor)

Name of the Student: Dr. Mitali Yadav

Summer Internship Institution: ECHO India

Area of Summer Internship: Healthcare IT

Attendance: 100%

Objectives met: *Understanding the intervention of ECHO India to democratize knowledge in the fields of healthcare, education & sustainable development goals.

* Working with Government & private partners on various focus areas.

Deliverables: Supporting in analyzing the data for team' work for daily & monthly reporting.
* Supporting team members with team related documents & data.
* Observing & Supporting various health related tele mentoring ECHO sessions of Private & government partners.

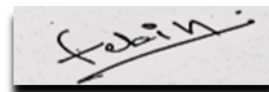**Strengths:** Self – Discipline.
                 Communications.
                 Adaptability.
                 Time Management.

Suggestions for Improvement: Upscaling in using of data management tools.
Deep diving & capacity building in healthcare sector.

Signature of the Officer-in-Charge (Internship)

Date: 20/06/2022
Place: NEW DELHI

FEEDBACK FORM

(IIIMR MENTOR)

Name of the Student: Dr. Mitali Yadav

Summer Internship Institution: ECHO India

Area of Summer Internship: Healthcare II

Attendance: 100%.

Objectives met: The effectiveness of Health Training Programs under the Umbrella of ECHO India.

Deliverables:
- progress report
- people easily get access to specially care for complex conditions

Strengths:
- quick learner
- I am good listener and a disciplined person

Suggestions for Improvement:

Signature of the Officer-in-Charge (Internship)

Date: 25 June 2022
Place: DELHI