

**File. No. Z-15015/16/2018-NHM-I**  
**Government of India**  
**Ministry of Health and Family Welfare**

**Nirman Bhawan, New Delhi**

**Date: 18<sup>th</sup> October 2018**

To,

1. Additional Chief Secretary/Principle Secretary/Secretary (Health) – All States/UTs
2. Mission Director (National Health Mission) – All States/UTs

**Subject: Use of ECHO Platform – regarding.**

Dear Madam/Sir,

I am writing to you regarding the tele-mentoring platform - **Extension for Community Healthcare Outcomes 'ECHO'**, which can be used for capacity building for Comprehensive Primary Health Care.

As you are aware, provision of expanded range of services under CPHC would require capacity building of service providers and program managers. Moreover, there is need for continuous clinical mentoring and handholding of service providers. Considering the scale for such mentoring of service providers in Primary Health Care team, use of tele mentoring platforms would be very helpful.

Project ECHO is a web based mentoring and distance learning model delivered through creation of hub-and-spoke knowledge-sharing networks (the "hub" being the central unit led by experts and "spokes" being remote participants). This model is used to provide training and post training mentoring support to the service providers through periodic sessions focused on case sharing and problem-solving approach.

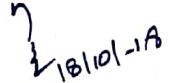
ECHO has entered into an MoU with NHSRC to support states to roll out ECHO. This model has been implemented by institutions like – National Institute of Cancer Prevention & Research and National Institute of Tuberculosis & Respiratory Diseases for training of Medical Officers. For capacity building under CPHC, few states are currently in process of implementing ECHO model. In the state of Uttar Pradesh, King George's Medical University,

Lucknow has been identified as ECHO hub and Tele-ECHO clinics for Medical Officers at Primary Health Centres have been conducted. The experience of these clinics has been encouraging so far.

I urge you to use this platform for capacity building under CPHC. For this, a hub (e.g. Medical Colleges) can be identified which has essential prerequisites- IT infrastructure and team of experts for conducting the clinics. Along with this, a dedicated coordinator would be required at hub site. Concept note regarding the use of ECHO platform and details of IT and HR requirements are attached for your reference.

You may contact for information about the state plan and names of probable hub sites, at [drguptagarima@gmail.com](mailto:drguptagarima@gmail.com) and [harsha25.hsj@gmail.com](mailto:harsha25.hsj@gmail.com)

Yours faithfully,



(Dr. Manohar Agnani)  
Joint Secretary, Policy  
011-23061723

Copy to:

- 1) Additional Secretary and Mission Director, National Health Mission, Govt. of India
- 2) Executive Director, National Health Systems Resource Centre

## Concept Note for scaling up of capacity building for CPHC using platform of ECHO

### Background

Comprehensive Primary Health Care is one of the two components of Ayushman Bharat, under which an expanded range of services is expected to be provided at Health and Wellness Centres (HWC). Services related to non-communicable diseases, mental health, ENT, eye care, oral health, elderly, palliative health care and basic emergency & trauma services would be provided at upgraded sub centres and primary health centres, in addition to existing services of reproductive child health and communicable diseases. The service providers at these Health and Wellness Centres would be trained for service delivery in this expanded range of diseases and conditions. Health and Wellness Centres located at sub centre would also have an additional human resource, i.e. a Mid Level Health Provider to provide services.

Under CPHC, universal screening, prevention and management of common NCDs and cancers (Hypertension, Diabetes, Oral cancer, Breast cancer and Cervical cancer) has been rolled out in 2016, as the first step. In order to deliver these services effectively and with assured quality, training of all cadres of service providers i.e, ASHAs, Multi Purpose Workers, Staff nurses and Medical Officers is planned through a cascade model of trainers. The training has been completed in several districts and screening is underway in significant number of facilities across states. Primary health care team members would be trained in newer package of services, viz. mental health, oral health, palliative care etc.

The health system has thus far focused on selective primary health care (RCH and few communicable diseases) and thus program managers as well as service providers are relatively better oriented to these services. However, for provision of expanded range of services, regular handholding and capacity building, including clinical mentoring would be crucial in addition to one-time skill based modular training.

ECHO provides such a platform to enable continuous capacity building of healthcare providers at all levels of health system including, specialists, doctors, paramedical professionals, mid-level health providers and frontline workers. Along with regular refresher trainings, such mentoring and evaluation would help in delivery of quality services. The tele-mentoring model would be useful in conducting trainings on large scale as the number of HWCs increases. MoU has been signed between NHSRC and ECHO trust, India for working jointly for this purpose.

In the first ECHO immersion session held at Delhi, eight hub sites were trained and out of which one site- KGMU, Lucknow has started conducting ECHO clinics. The experience with these clinics has shown that, this platform helps in capacity building of Medical Officers in these newer service packages. Moreover, it helps them in troubleshooting and provides a platform for continuous medical education. Scaling up of this capacity building initiative across states would further expedite the service delivery under CPHC. Thus, following proposal is developed for scaling up capacity building initiatives using ECHO platform.

## Objectives

1. To establish ECHO hubs in states, preferably at Medical Colleges, which will train service providers at HWCs.
2. To develop a standardized calendar for TeleECHO clinics (two sessions per month) for first phase (one year).
3. To develop a plan for activities between ECHO clinics.
4. To support participants in case identification and discussion.

## Goal

1. To operationalize at least one ECHO hub in every state preferably in Medical College, in collaboration with state NHM

## Roles and Responsibilities

- 1) NHSRC-
  - To facilitate establishment of hubs in states in coordination with state NHM
  - To provide guidelines and modules for developing didactics to the hubs.
  - To develop the schedule for ECHO sessions
  - To develop standard lecture format for MLHPs and frontline workers (ASHAs and MPWs)
  - To collaborate with other institutes which have implemented ECHO
- 2) ECHO, India-
  - To assist states in establishing hubs at identified sites
  - To orient program managers- NHM and hub team in using ECHO
  - To support hubs in operationalization of TeleECHO clinics
  - To develop monitoring and evaluation framework for assessing the clinic activities
  - To develop uniform template for case presentation
- 3) State NHM-
  - Identification of a nodal person for coordinating with hub
    - a) To identify and list the facilities (HWCs) and participating Medical Officers, Mid-level Health Providers and Staff Nurses, and coordinate with the hub for operationalizing the TeleECHO clinic.
    - b) Attending and conducting clinics for program orientation for CPHC
    - c) Streamlining the didactic based on health system context of the state, prior to the clinic in collaboration with Hub.
  - To support IT infrastructure requirements and ECHO coordinator at hub sites through NHM PIP.
  - Conduct review meetings with hub site
- 4) Hub site-
  - To develop didactic for ECHO clinics for MOs
  - Conduct at least two ECHO clinics in a month as per the schedule provided

- Evaluate the performance of participants at spokes periodically.
- Provide regular reports of clinics to state NHM

#### Financial requirement

- IT infrastructure at hub site and spokes, and salary of ECHO coordinator by State NHM (Checklist for HR and IT requirements at hub attached as Annexure 1 and TOR of ECHO coordinator attached as Annexure 2)

#### Implementation plan

1. Map institutes in states- preferably medical colleges and identify sites required according to number of HWCs in the state (PHCs and SHCs).
2. Assess the HR and IT infrastructure at the proposed site.
3. Ensure the following steps to establish hub at identified site
  - a. Identification of hub staff- ECHO lead, subject matter experts, ECHO coordinator, IT staff
  - b. Recruitment of ECHO coordinator (TOR at annexure 1)
  - c. Setting up the IT requirements
  - d. Orientation of hub team in using ECHO.
4. Coordinate with state NHM for identification of facilities (spokes) followed by communication with respective district officers
5. Ensuring availability of required infrastructure at spokes (using NHM funds)
6. Orientation of spokes in using ECHO through tele platforms.
7. In the first phase, Medical officers would be trained in essential services to be delivered under Comprehensive Primary Health Care. Subsequently, Mid Level Health Providers would also be trained in CPHC services using this platform.
8. MOs and MLHPs, who have undergone face-to-face training for universal screening of NCDs initiative, would be trained and mentored using ECHO in the initial phase and later additional services will be included.
9. ECHO clinics for ASHAs to be initiated in 2-3 states on pilot basis.

## Annexure 1: ECHO Hub Checklist

### Human Resources

		Available – Yes/No	In house /contracted from other organization	Remarks
1	ECHO Coordinator			
2	IT Consultant			
3	Specialists at hub/ arranged from other institutions for conducting sessions on-			
a	Non communicable diseases			
i	Hypertension			
ii	Diabetes Mellitus			
iii	Oral Cancer			
iv	Breast Cancer			
v	Cervical Cancer			
vi	COPD			
b	Maternal health			
c	Child Health			
d	TB			
e	Vector borne Diseases			
f	any other			

### Infrastructure

		Available - Yes/No	Remarks
1	Television		
2	Conference camera		
3	Speaker cum microphone		
4	Laptop/ Desktop for IT station		
5	Broadband connection (upload and download speed of at least 8 mpbs)		
6	Laptop for Facilitator- to present didactic, case presentation, agenda etc.		
7	Power back up		

## **Annexure 2: Roles & Responsibilities of a Clinic Coordinator**

A clinic coordinator, facilitates and enhances the day-to-day operations of the TeleECHO clinic. Serve as a liaison between hub and spoke participants, as well as other stakeholders.

The brief roles and responsibilities of a clinic coordinator could be broken down as-

- 1. Before the Clinic**
- 2. During and After the Clinic**

### **Roles & Responsibilities Before the Clinic:**

- Prepare a spoke list
- Prepare an expert list
- Assist in developing the agenda, curricula and didactics
- Prepare Patient Cases
- Prepare iECHO Spark records
- Prepare and send clinic communications
- Assist with participants connection
- Collect material (didactic and case presentations)
- Distribute material
- Assist guest presenter
- Setting up the IT equipment for the clinic

### **Roles & Responsibilities During and After the Clinic:**

- Record clinic activities
- Monitor participants communications
- Draft recommendations during clinics
- Take minutes of the meeting
- Follow-up communications
- Take attendance
- Assist in hardware and software troubleshooting
- Assist in other IT support e.g. muting/unmuting, recording the clinic, etc.
- Evaluation of performance by spokes using provided formats
- Providing reports of clinic activities to state NHM

### **Desired Skills & Qualification:**

- Must have clinical background (AYUSH, MBBS, BDS, Pharmacy) with MPH/MHA.
- Must have good communication skills-written & spoken (English mandatory)
- Must have good knowledge of basic computer work (Power Point, Excel, Word and E-mail)