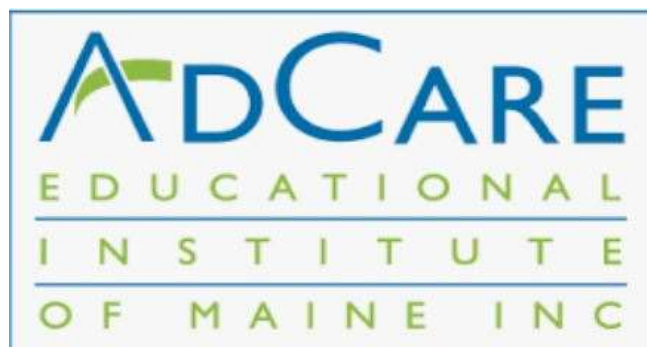


**NEW ENGLAND PTTC PROJECT ECHO
EVALUATION REPORT**

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INTRODUCTION

AdCare Educational Institute of Maine (AdCare Maine) was awarded, in 2018, a five-year cooperative agreement for the New England Prevention Technology Transfer Center (PTTC), AdCare Maine provides training and technical assistance across the continuum of care from prevention to treatment to recovery, while the PTTC network is dedicated to substance misuse prevention science. New England PTTC is developing a diverse program aimed at providing training and assistance in the area of substance risk education and prevention. AdCare Maine and CCEME provide overall administration and coordination for New England PTTC Project ECHO to improve the outcomes of substance risk education and prevention efforts.¹⁻³

PROJECT BACKGROUND

Project Extension for Community Healthcare Outcomes (ECHO) serves as a clinical model which provides tele-education and telemonitoring training to primary health providers from remote communities to enhance workforce capacity, development, and success. A hub and spoke model is used by the Project ECHO to bridge the knowledge gaps between health care professionals/experts at academic centers (hubs) and primary care providers from underserved areas (spoke) through virtual educational clinics scheduled at regular intervals. The project ECHO model has also been widely used and evaluated as effective in non-clinical settings such as education, public health, laboratory science, and quality improvement. The project model was developed using proven adult learning techniques and relies on four key elements: 1) amplification of knowledge by using technology to leverage scarce resources, 2) sharing best practices to reduce disparity especially among rural and under-resourced areas, 3) case-based learning to master complexity and maximize the capacities of healthcare workforce, and 4) use of a web-based database (iECHO) to monitor the outcomes and evaluate project activity and provider satisfaction.⁴

New England PTTC ECHO is different from the original, the broader ECHO, in that it uses a prevention model rather than a clinical one. New England PTTC is a diverse program aimed at providing training and assistance in the area of substance risk education and prevention through virtual events and conferences where experts

regularly meet with a cohort of prevention providers (participants) to engage in case-based discussion and learning enhancing skilled workforce. The New England PTTC is one of the first programs to use this model in substance misuse prevention.⁵ The prevention model applied by New England PTTC team is still appropriate and believed to be as effective as the clinical model (the broader original ECHO) as it maintains the use of the adult learning techniques and the 4 core Project ECHO principles.⁴ Evaluations of Project ECHO programs revealed that the model is effective in terms of the impact on participants and patients' outcomes and the cost.⁶

New England Project ECHO was implemented to promote the capacity and quality of substance misuse prevention programs among New England population. Building the capacity of the New England workforce to decrease substance misuse rates was of vital importance to the population in the region. Findings from the last workforce development survey indicated the lack of adequate educational, training, and/ career development opportunities among NE prevention workforce. Also, the absence of confidence in interpersonal skills (like management, ethics, and strategies for working with diverse communities) and the need for prevention certification were reported. Relevant training and technical assistance are offered by New England PTTC to improve the diversity and capacity of the regional workforce.³

PURPOSE

The purpose of this report is to support AdCare Maine efforts for improving substance use prevention by discussing the effectiveness of New England PTTC ECHO during the last years (from September 2019). The report also includes the analysis of participants data (pre and post evaluation tests) from the current Project ECHO series (leadership/management) to better understand how the program was effective during the period of COVID 19. Logic model was selected as an evaluation framework predicting long term outcomes and future impact of New England PTTC Project ECHO. Further, outcome evaluation was conducted to assess the impact and influence of Project ECHO in New England region in terms of participant perceptions, change in knowledge, application and impact, and participant engagement and satisfaction.

EVAKUATION FRAMEWORK

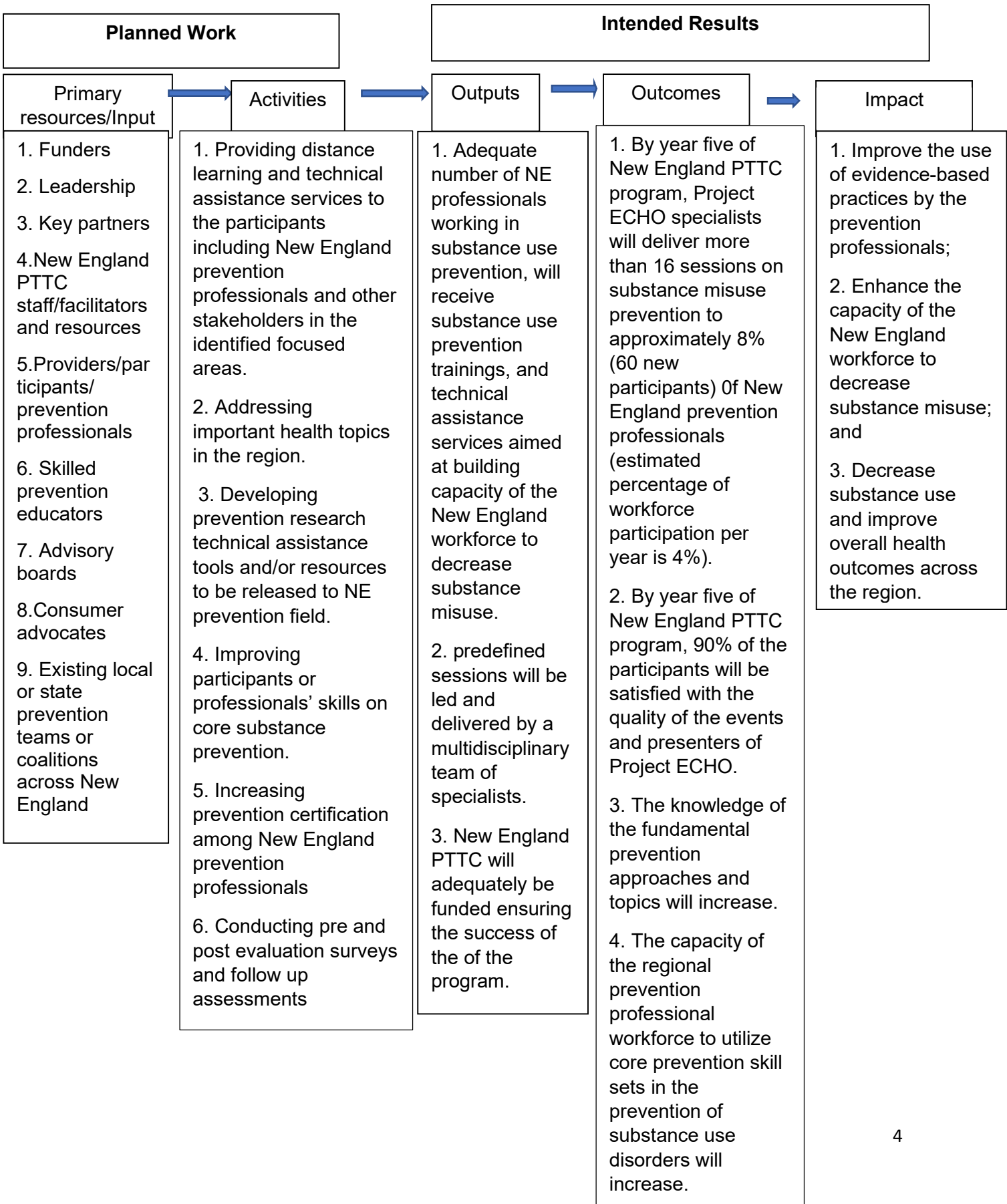
The overall objective of this evaluation is to measure the scope and effectiveness of New England PTTC Project ECHO on the prevention professional workforce and the associated impacts in the regional substance use prevention. The participants satisfaction with the program,

the new gained knowledge, and skills improvements and behavior change among participants will also be evaluated.²

A logic model was developed (**see below**) to depict and better understand the relationships between the major aspects of the project including input, activities, outputs, outcomes and impact. The relations between the resources used to operate the project, the planned activities, outputs, and the predicted outcomes (short an intermediate terms) and long-term impacts (five to six years) were visually presented creating a logic model.⁷

Pre-and post-tests and follow up survey of the Project ECHO series (leadership/Management) were also conducted by New England PTTC to assist with the evaluation of New England ECHO model that would inform evaluation of the larger PTTC model. Data analysis was conducted on the pre and post-test results from **Project ECHO series- Leadership/Management**, to evaluate the project effectiveness in terms of practice adaptation, competency improvement, organizational support and the possibility to adopt the recommended evidence-based practices/approaches. The pre and post-test results analysis involved 20 and 15 participants/prevention professionals respectively (see below).

Logic Model: New England PTTC ECHO Project



PRE-TEST RESTULTS ANALYSIS

Of the 20 participants who completed the pre-test, 7 were from Maine, 6 were from each Vermont and Connecticut, and 1 was from New Hampshire. Most participants reported that this was their first encounter with the Project ECHO model, while 3 individuals reported that they had previously participated in Project ECHO program. Also, as was reported, 11 participants have worked in the prevention field for more than 10 years, two for 8-10 years, one for 6-8 years, two for 4-6 years, two for 2-4 years, and one participant for less than 2 years.

Descriptive statistics was made to describe practice adaptation and organizations readiness to determine project ECHO effectiveness.

Practice adaptation

79% of the participants agreed and 11% strongly agreed that they felt there was a need to adapt their practices (Table 1), whereas 75 % agreed that they felt there was a need for their organization or work place to adapt practice. From these results, we could conclude that New England prevention professions and their organization would support sharing new knowledge in real time towards improving the healthcare workforce capacities across the region.

Table1. Practice Adaptation (New England Region)

Survey Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel there was a need to adapt my practice.			11%	79%	11%
I feel there was a need to for my organization or workplace to adapt practice.			25%	75%	

Organization Readiness

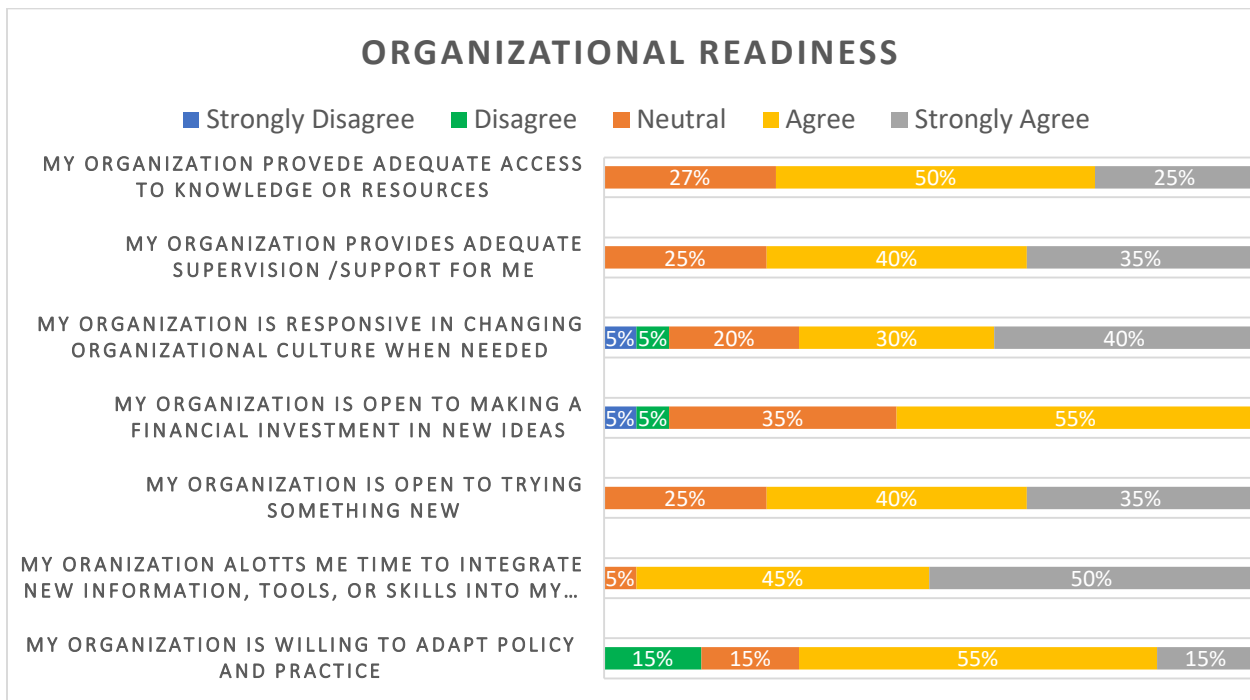
Since this Project ECHO focused on management and leadership within organizations, participants were also asked to assess their organizations in terms of adoption of evidence-based practices, supportive cultures, supervision/support, access to knowledge and resources (Figure 1).

- 55% of the participants agreed and 15% strongly agreed that their organization is willing to adopt policy and practice; 45% of the participants agreed and 50% strongly agreed that their organizations allow for the integrating of the new information, tools, or skills into their work; and 40% of the participants agreed; and 35% strongly agreed that their organizations are open to trying something new.

Conclusion:

This indicates that many prevention organizations in the region have cultures that are supportive of new strategies and policies and integrating new information, tools, or skills to better support the workforce.

Figure 1. Prevention organizations Assessment in New England region



POST-TEST RESULTS ANALYSIS

The analysis was conducted to evaluate New England ECHO model regarding competency improvement, participant satisfaction, project impact, and level of impact.

Competencies Improvements

Likewise, for each participant, the survey assessed/ described the level of the mastery or the competence with information, tools, and/or skills before and after the training/knowledge (project ECHO) was introduced (Figure 2 & 3).

The masteries/competencies of all participants have improved after introducing the ECHO program that might indicate effective, successful intervention.

Figure 2. Percent of participants with competency/mastery pre-training

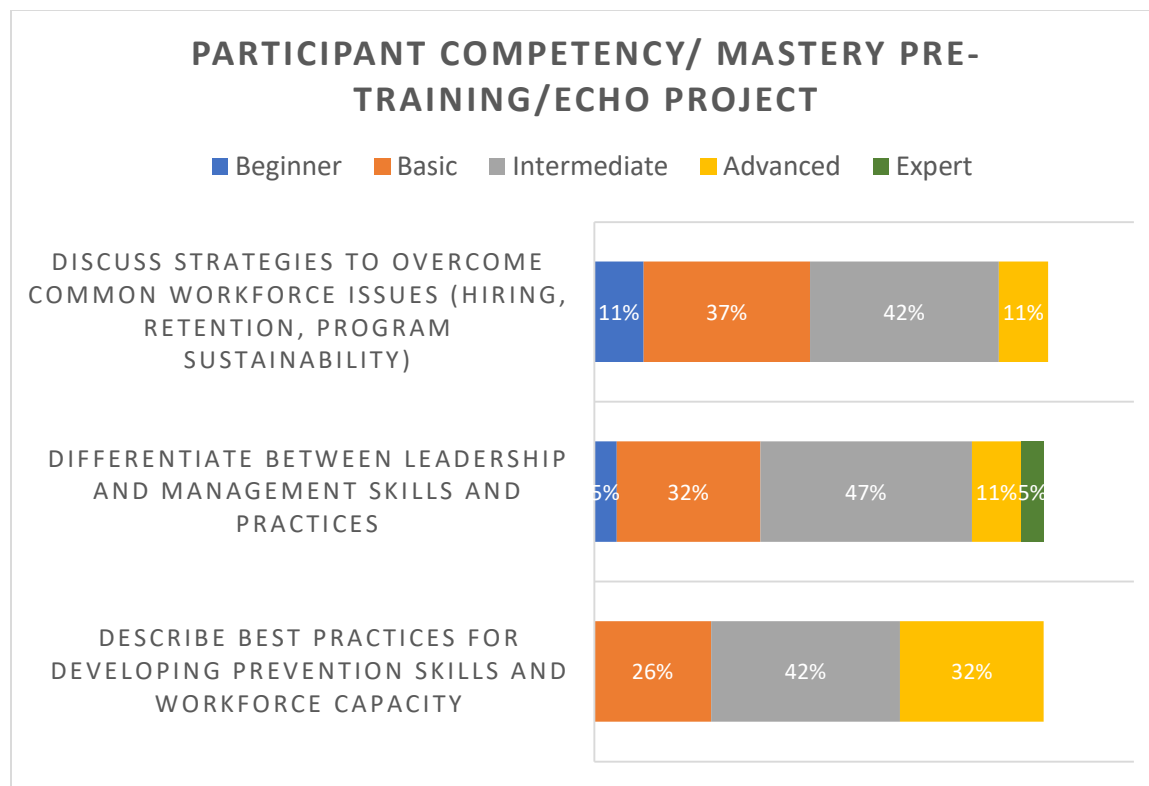
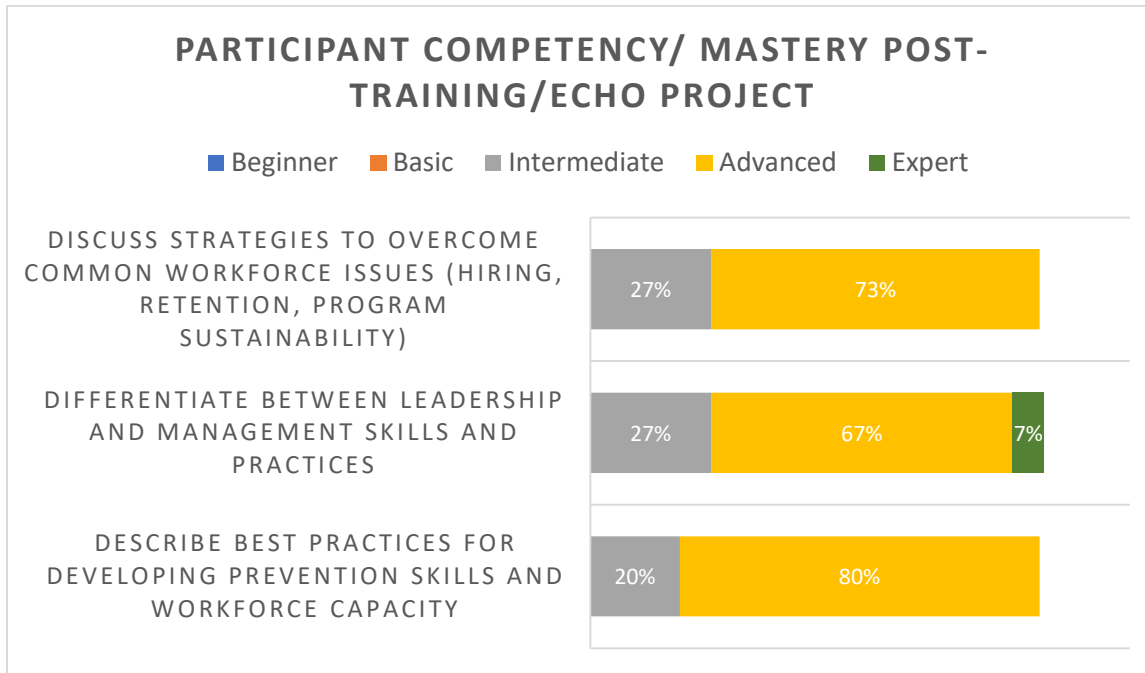


Figure 3. Percent of participants with competency/mastery post-training



Participant satisfaction:

- The training goals of ECHO series (Leadership/Management) related to the information, tool, and/or skills were described as important and very important to the current role by approximately 40% and 60% of the participants respectively;
- 73% of the participants found the series presenters credible in terms of being fully competent and having a high level of expertise relevant to helping trainees achieve the training goals;
- 80% of the participants said that they would participate in a Project ECHO series again;
- All the participants were satisfied with the use of the voice and video as it works well for them building their prevention skills (67% agree, 33% strongly agree).

Conclusion: the participant satisfaction with the model activities was moderate to high.

Project Impact

- The impact of what was learned /gained from this Project ECHO series, on the participants knowledge/skills, is shown in table (4). The analysis revealed that the majority of the participants rated the impact of the program as moderate to profound on almost all the knowledge/ skills gained from this ECHO series indicating successful intervention (table 4).

Table 4. The impact of project ECHO series (Leadership/Management)

Knowledge/Skill	participants responses (%)				
	None	Low	Moderate	Noticeable	Profound/enduring
How you understand prevention needs in your community		27%	20%	40%	13%
What you do to address prevention needs			60%	27%	13%
How you interact with clients	13%	20%	27%	27%	13%
How you interact with stakeholders	7%	13%	13%	53%	13%
How you collaborate with colleagues/ stakeholders		7%	27%	40%	27%

- Further, after the program was introduced, the analysis showed that; 1) all the participants (100%) were surveyed to be confident (60%) or extremely confident (40%) to serve as a local expert for my organization or region or describe best practices for developing prevention skills and workforce capacity; 2) 86% of the participants were rated as confident or extremely confident to use what they have learned to implement new strategies within the next three months and differentiate between leadership and management skills and practices; and 3) 66% were surveyed to be confident or extremely

confident to discuss strategies to overcome common workforce issues (hiring, retention, program sustainability).

- 93% of the participants think that this echo series will have a moderate (53%), noticeable (20%) or profound (20%) positive impact on to their work within the next three months.

Conclusion: the Project ECHO series (leadership/management) has positively impacted almost all participants towards building workforce capacity across the region.

Participants were also asked to share some specific impacts they expect the program to have on their work. Responses included building new relationships to continue their work, developing new ways of improving to successfully address those areas that are harder to reach, harder to accomplish, and transferring this new knowledge and skills into building a successful prevention coalition.

Level of impact

- 67% of the participants agreed and 33% strongly agreed on the fact that there is a large need to implement the prevention strategies provided by ECHO training in their region.
- 60% of the participants agreed and 13% strongly agreed that being part of ECHO has made them more pleased with their work life.
- 40% of the participants agreed and 60% strongly agreed that ECHO gave them a chance to connect to specialists that they may not otherwise
- 47% of the participants agreed and 20% strongly agreed that they feel isolated in their job from time to time.
- 40% of the participants agreed and 33% strongly agreed that they are planning to stay connected with individuals in this ECHO group.

Conclusion: the level of the project impact was moderate to very high among the participants

CURRICULUM SHIFT

The curriculum of the previous Project Echo series (leadership/ management) was influenced by the Coronavirus 2019 pandemic (COVID-19) that shook the entire world. The major changes to curriculum were in December and January when specific

presentations switched to group discussions. Also, supervision is one of the topic which was originally planned to be covered more broadly in January but changed to focus on virtual supervision (held in February due to shortage in time and a presenter conflict) and the related challenges and strategies to supervise effectively due to the pandemic. Further, a few topics which were originally considered covering but either did not have time for or decided not to focus on were: 1) differences between supervision, coaching, and mentorship., 2) preventing burnout., and 3) organizational change strategies.

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