

# Supporting the Delivery of Coordinated Care for Early Psychosis Intervention Using the ECHO Model

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## OBJECTIVES

1. To recognize the gaps in delivering coordinated care across Early Psychosis Intervention (EPI) programs in Ontario
2. To describe NAVIGATE, a structured service model for EPI
3. To assess the value of the ECHO model as a tool to build capacity and support providers in delivering a structured model of coordinated care in EPI programs in Ontario

## BACKGROUND

Early psychosis intervention (EPI) programs were introduced to reduce barriers to treatment and improve recovery from first-episode psychosis (FEP). However, across programs in Ontario, there has been variability in how services are delivered. NAVIGATE is an evidence-based manualized model of coordinated care for FEP consisting of four key interventions: individualized medication management, psychoeducation and resiliency training, supported employment and education, and family education. NAVIGATE operationalises EPI standards and has been implemented in the Centre for Addiction and Mental Health (CAMH) EPI program.

Project Extension for Community Healthcare Outcomes (Project ECHO) is an educational model that uses videoconferencing to connect a specialist (hub) team with multiple learner (spoke) teams. The ECHO model provides an opportunity to create a community of practice, and to share knowledge of best practices through didactic and case-based learning. In August 2019, a team at CAMH launched Early Psychosis Intervention-Spreading Evidence-Based Treatment (EPI-SET) ECHO, where the ECHO model is being used as a tool to guide implementation of new practices and support the delivery of NAVIGATE in geographically diverse EPI programs across Ontario. EPI-SET ECHO is aimed at creating a community of practice among EPI programs, and at building provider capacity to deliver the different components of NAVIGATE.

## METHODS

Three cycles of EPI-SET ECHO were examined. Participants completed satisfaction surveys in five areas (Enhanced Clinical Practice, Addressed Learning Needs, Reduced Professional Isolation, Recommendation to Others, and Session Satisfaction) after each session, which were rated using a five-point Likert scale. Participants also completed post cycle questionnaires regarding the impact of ECHO on change in practice.

### Participation:

Data were collected regarding participant demographics and attendance.

### Satisfaction:

Weekly satisfaction survey items were rated on a 5-point Likert scale (1=strongly disagree; 5=strongly agree).

**Change in Practice:** Participants are asked if participation in ECHO resulted in a change in your practice on a yes/no scale.

## RESULTS

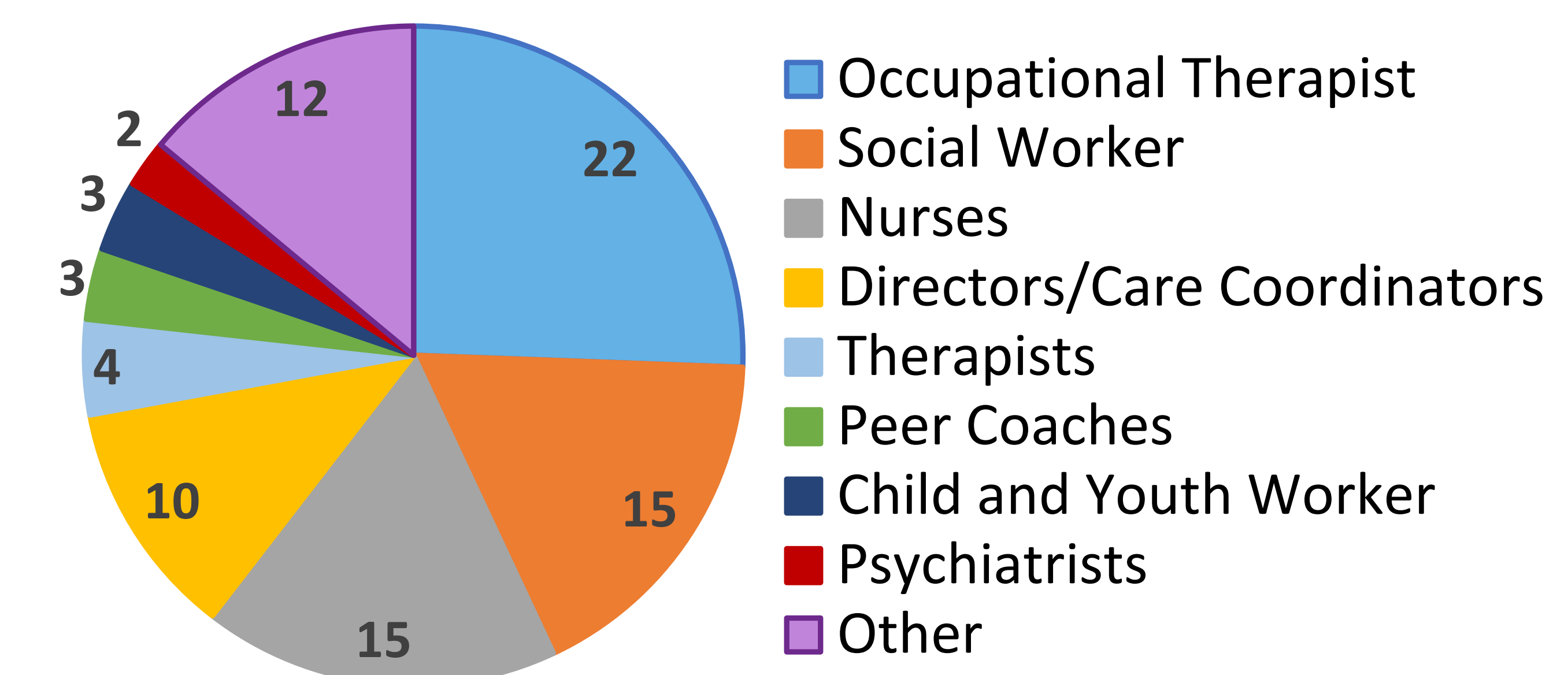
### Participation

Attendance: **86** participants

Mean Attendance: **21.9** per cycle

# of Cycles: **3**

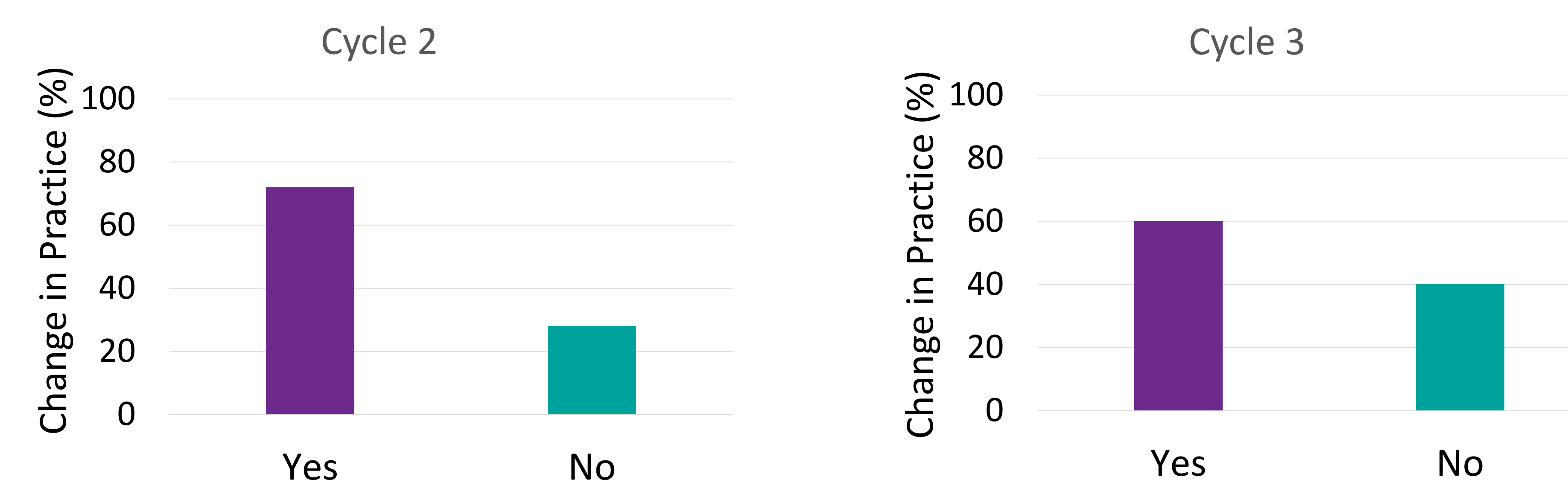
# of Sessions: **53**



### Satisfaction



### Change in Practice



## DISCUSSION

These findings would suggest high participant engagement and satisfaction with EPI-SET ECHO. It also suggests that participation translated into a change in practice for a majority of the participants. ECHO may therefore be a practical model to support the learning of new practices, and to support capacity building in providers delivering a manualized model of coordinated care across EPI programs in Ontario.

### References

1. Kane JM, Robinson DG, Schooler NR, et al. Comprehensive versus usual community care for First-Episode psychosis: 2-year outcomes from the NIMH RAISE early treatment program. *Am J Psychiatry* 2016; 713:362-72.
2. Zhou C, Crawford A, Serhal E, Kurdyak P, Sockalingam S. The Impact of Project ECHO on Participant and Patient Outcomes: A Systematic Review. *Acad Med.* 2016 Oct;91(10):1439-1461.