Evaluating the Role of Key Learning Theories in ECHO: A Telehealth Educational Program for Primary Care Providers

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What Is the Purpose of This Study?

- To assess the strengths and weaknesses of the University of Chicago ECHO hypertension curriculum by interviewing providers who participated in the 6-month pilot intervention.
- To determine the impact of key learning theory principles on the ECHO model and identify ways in which they can be more effectively incorporated into the hypertension curriculum.

What Is the Problem?

- Patients in underserved communities have high rates of complex, chronic diseases.
- Many patients with complex, chronic diseases are managed by community health center providers, who may or may not have the expertise needed for optimal treatment.
- Limited access to subspecialist care in underserved communities may contribute to worse outcomes among patients with difficult-to-manage diseases.
- New strategies are needed to provide optimal care to underserved patients with complex, chronic diseases.

What Are the Findings?

- Community health center providers who completed the ECHO hypertension curriculum reported more confidence in treating patients with resistant hypertension.
- The key principles of educational theory underlying the ECHO model design (social cognitive theory, situated learning theory, and community of practice theory) were instrumental in the success of the ECHO hypertension curriculum.
- The providers we interviewed suggested several ways in which the learning principles could be more effectively integrated into the curriculum, thereby enhancing the learning environment and magnifying the effect of the program.

Who Should Care Most?

- Community-based primary care providers who care for patients with chronic, complex diseases.
- Patients with chronic, complex diseases who receive care at community health centers.
- Community health advocates seeking novel approaches to enhancing care for underserved populations.
- Local, state, and federal policymakers interested in reducing health care expenses by enhancing the skills of primary care providers and reducing referrals to higher cost subspecialist care.

Recommendations for Action

- Identify the diseases for which patients in underserved communities are most commonly referred for subspecialist care.
- Form partnerships between academic medical centers and community health centers to address the educational needs of community-based primary care providers (PCPs).
- Strengthen these partnerships by building technology-based infrastructure, including videoconferencing, between academic medical centers and community health centers.
- Use social cognitive theory, situated learning theory, and community of practice theory to develop subspecialist-led curricula which address the learning needs of community-based PCPs.
- Implement these curricula to train PCPs and enhance the care of complex, chronic diseases among underserved populations.