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**Title**

*Engaging Primary Care Clinicians in Cancer Survivorship Care: Insights from a Pilot Project ECHO in Community Health Clinics*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

Maram Museitif, MPH, CPH, Bijal Balasubramanian, PhD, MBBS, Hilary Ma, MD, Rebecca Eary, DO

**Abstract**

Context: Primary care clinicians (PCCs) play a critical role in the care of patients with chronic conditions and a history of cancer (i.e., cancer survivors), but they often lack the knowledge and training to manage these patients. To address this gap, our team piloted a survivorship care educational series for PCCs using an ECHO (Extension for Community Healthcare Outcomes) model. The series focused on core cancer survivorship topics and included monthly training sessions facilitated by both oncology and primary care experts Objective: Our primary objective was to assess PCCs survivorship care knowledge, training and evaluate the feasibility of delivering survivorship education through monthly ECHO sessions. Study Design and Analysis: We employed a mixed-methods approach, including pre-and post-surveys and semi-structured interviews with participating PCCs. The interviews were transcribed, and thematically analyzed. Setting or Dataset: The ECHO survivorship program was implemented at two Community Health Centers in Houston, Texas. Population Studied: The study included 12 PCCs who participated in the ECHO program. Intervention/Instrument: The ECHO project is a telementoring virtual learning collaborative that connects PCCs in underserved communities with experts. The project consisted of nine monthly sessions, covering relevant cancer survivorship topics such as survivorship care plans. The training was delivered through case-based learning and didactic presentations by a multidisciplinary team that included PCCs and cancer survivorship experts. Outcome Measures: Our findings indicate that the ECHO project improved PCCs' confidence and knowledge in providing survivorship care. Additionally, PCCs reported increased engagement in survivorship care delivery when attending the sessions. However, several PCCs faced scheduling conflicts due to their patient care responsibilities. Results: We conducted qualitative interviews with eight PCCs, revealing that the ECHO project enabled them to provide survivorship care by offering a supportive learning community, access to experts, and resources. Moreover, the interviews highlighted various gaps in cancer survivorship care, emphasizing the ongoing need for education and support to build capacity. Conclusions: The ECHO model is an effective strategy for engaging PCCs in underserved communities. By equipping PCCs with the necessary survivorship care knowledge, skills, and support in community health settings.