

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Celebrating Ten Years of ECHO Ontario Chronic Pain and Opioid Stewardship

Priority 1 (Research Category)

Pain management

Presenters

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Abstract

CONTEXT: Chronic pain is a common, complex, and costly condition that is managed primarily in primary care in Canada. Extension for Community Healthcare Outcomes (ECHO) is a health professions education model that uses telehealth technology to bridge specialists to community clinicians to disseminate best practices and foster interprofessional collaboration. In 2014, amidst a national opioid crisis and debate surrounding opioid guidelines, ECHO Ontario Chronic Pain and Opioid Stewardship ('ECHO Pain'), the first ECHO in Canada, was launched.

OBJECTIVE: To describe the achievements of ECHO Pain and highlight our research and program evaluation progress over ten years.

INTERVENTION: ECHO Pain started in June 2014 and offered weekly 90-minute sessions that include a didactic lecture followed by a de-identified patient case presentation. The goal of ECHO Pain is to educate, support, and improve chronic pain and opioid management in Ontario's rural, remote, and underserved areas.

OUTCOME MEASURES: ECHO Pain employed a multi-method approach to evaluation, including pre-post questionnaires and focus group discussions. In this study, we present a narrative summary of our program achievements and research in the past ten years.

RESULTS: Since 2014, ECHO Pain has completed 20 cycles for a total of 419 sessions, including 924 participants, 22,600+ hours of Continuing Professional Development (CPD) credits, and 573 case presentations. Over ten years, we have received funding from a variety of sources for program planning, implementation, dissemination, and evaluation.

Top three takeaways from our research: 1) ECHO Pain changes clinical behaviour – quantitative and qualitative data show that clinicians' confidence and knowledge related to pain and opioid management increases and that ECHO Pain fosters a strong community of practice. 2) ECHO Pain attracts those who need it the most – high prescribing physicians not only self-select to attend but prescribe less opioids than peers after attending ECHO. 3) ECHO Pain is equitable – through use of telehealth technology, ECHO Pain provides timely education to clinicians practicing in rural, remote, and underserved communities.

CONCLUSION: ECHO Pain is a robust health professions education model, with impacts provincially and nationally in terms of spread and scale. Over the last ten years, our research group has demonstrated impact on clinicians' knowledge, self-efficacy, competence, and opioid prescribing behaviours.

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