

# STATEMENT OF COLLABORATION

#### **BETWEEN**

#### ECHO Ontario Mental Health at CAMH and UofT

#### **AND**

# **Participating Spoke Provider**

## I. PURPOSE

ECHO Ontario Mental Health (ECHO ONMH) at CAMH and The University of Toronto (CAMH / UT) is a Ministry of Health (MOH) funded project focused on supporting primary care providers build capacity in the treatment and management of mental health and addictions through weekly videoconferencing sessions. The purpose of this STATEMENT of COLLABORATION is to continue to develop and foster ongoing collaboration between ECHO ONMH and each Spoke Participant. This collaboration is defined below.

# **Definitions**

Hub: Our CAMH / UT mental health team.

Spoke: Community and primary care providers who participate in ECHO.

# II. COMMITMENT TO COLLABORATION – THE HUB

In the spirit of collaboration ECHO ONMH CAMH/UT (The Hub) is committed to working with community partners (The Spokes). The Hub offers to do the following:

- 1. Discuss de-identified cases presented by Spokes and provide timely, verbal and written suggestions for care.
- 2. Offer weekly didactic presentations via videoconference on a wide range of mental health and addictions issues that are relevant to health care providers from a wide range of disciplines.
- 3. Provide CME credit at no cost from the College of Family Physicians of Canada for participating in the Sessions and completing post Session evaluations, surveys and other evaluation activities.
- 4. Provide appropriate IT user support to facilitate connectivity and participation at CAMH.
- 5. Provide 10 minutes of discussion time at each session for clarification of recommendations, or urgent questions from previously discussed cases. These questions must be sent to key hub staff by email in advance.



#### III. COMMITMENT TO COLLABORATION – THE SPOKE

In the spirit of collaboration, you will be consenting to fully participating in the ECHO ONMH at CAMH/UT. In order to be designated as an active participant, you agree to:

- 1. Attending weekly sessions. Please see the "Participation Notice" below for further information.
- 2. Providing comments and asking questions (we encourage participation by multi-level teams when possible).
- 3. Presenting anonymized case presentations with patient assent.
  - o Providing clinical updates and de-identified outcome data on patients presented.
- 4. Completing periodic surveys and other evaluation tools to help us improve our services to healthcare providers and other partners.

# IV. PATIENT RELATIONSHIP DISCLAIMER

Please note that ECHO ONMH at CAMH/UT case presentations do not create or otherwise establish a provider-patient/client relationship between any ECHO ONMH at CAMH/UT Hub Clinician and any patient whose case is being presented in an ECHO ONMH at CAMH/UT session (the "Session'). The Spoke understands that recommendations from the Hub do not in any way replace the diligence and professional expertise to be exercised by the Spoke sites with respect to their patients and any clinical advice given thereto.

# V. DE-IDENTIFIED INFORMATION NOTICE AND CONFIDENTIALITY

Please note that no patient identifiers are to be used within any ECHO ONMH at CAMH/UT session, document, and communication correspondence. Unique ECHO IDs will be assigned for each case presented at ECHO ONMH at CAMH/UT, and at no time shall any identifiable personal information or personal health information of patients be included in the documents or correspondence between the Hub and the Spoke or as part of the Sessions. If, for whatever reason, personal information or personal health information of a patient is inadvertently disclosed in a Session, the disclosing Spoke clinician shall be responsible for ensuring that the privacy breach is addressed in accordance with the internal privacy policies and procedures of that Spoke.

The parties understand and agree that any information (including, without limitation, case presentation forms and any other relevant documentation or information) received as part of the Sessions shall be kept confidential and only used in connection in the context of the ECHO ONMH at CAMH/UT collaboration and for the purposes described in this statement of collaboration. In addition, it is understood that individual login information and passwords shall



not be shared with any other person or used other than in connection with an ECHO ONMH at CAMH/UT Session.

## VI. PARTICIPATION NOTICE

The expectation is that Spoke participants attend all sessions in a given ECHO cycle. Individuals who attend at least 60% of sessions within a given ECHO cycle will receive a Certificate of Completion at the end of the cycle, indicating their active participation in the program. In the instance of an in-person ECHO bootcamp, all will be invited but we reserve the right to only subsidize the travel and accommodation expenses for those who attend at least 60% of sessions.

We understand that you may have important commitments, busy clinical days, and emergencies. Please inform the ECHO ONMH at CAMH/UT staff as soon as possible if you are unable to make it for a Session, or a series of Sessions. If your attendance record has 3 consecutive absences without notice, you will be contacted by ECHO ONMH at CAMH/UT staff to understand how we can best support your ongoing attendance.

It is expected that participants will adhere to the videoconference etiquette that is included in the orientation package.

## VII. DATA USE NOTICE

The Spoke understands that the following data will be collected for reporting purposes:

- 1. In order to meet our MOH funding deliverables, ECHO ONMH at CAMH/UT collects participant data for quarterly and annual reports that are submitted directly to the MOH. Any public dissemination outside of the MOH is anonymized. If ECHO ONMH at CAMH/UT shares any documents for use outside of MOH reporting, participant name will be removed but the name of the organization will be included. Those working independently will be identified as "Solo Practitioner". Any quotes that may be shared outside of MOH reporting will be identified as "[Profession], [ECHO Name]".
- 2. In order to support quality improvement and quality assurance, the ECHO Ontario Superhub collects participation data for each ECHO program in Ontario, including ECHO ONMH at CAMH/UT. This data allows ECHO Ontario to measure, analyze, and report on the model's reach within Ontario. Your data will be used in reports for quality improvement and quality assurance purposes. If shared for use outside of Superhub reporting, participant name will be removed but the name of the organization will be included.
- 3. In order to support the growth of the ECHO model, the Project ECHO Institute at the University of New Mexico, USA collects attendance for each ECHO program globally, including ECHO



ONMH at CAMH/UT. This data allows the Project ECHO Institute to measure, analyze, and report on the reach and impact of the program internationally. Your participation data, including name, organization name, organization address and ECHO session attendance, will be shared. Aggregated data (at a program level) will be used in reports, for quality assurance/improvement activities, and for decision-making related to new initiatives. If you would like to opt-out of this, please contact a member of our team.

# VIII. RECORDING, PHOTOGRAPHS, AND GUESTS

The Spoke understands that the sessions may be recorded by the Hub for educational and/or evaluation purposes and agrees to ensure that all discussions regarding any cases and individuals are carried out in a manner that ensures anonymity and protection of privacy for the subjects of such discussions. For greater clarity, in the event that any personal information or personal health information is inadvertently disclosed as part of a Session, such information will be edited out of any recording. In addition, the Spoke understands that it shall not be permitted to record any Sessions. If you would like any further information about the research endeavors currently taking place, please contact a member of our team.

The Spoke understands that from time to time the Sessions may be photographed, and such photos may be used by ECHO ONMH at CAMH/UT internally, or may be shared externally on websites or with media outlets for the purposes of describing or otherwise promoting or profiling the work of the ECHO ONMH at CAMH/UT initiative. **Please complete the photo release waiver at the end of this document to indicate your preferences.** Those who do not complete this waiver will have their photographs blurred in group photographs shared externally.

From time to time guests may join an ECHO Session provided that they have obtained approval from the ECHO team, and provided that such guests sign off on a confidentiality agreement prior to the Session. If a guest attends multiple sessions, they will be contacted by a member of our team and asked to fully complete our registration process.

IX.	SIGNATURE	
	Signature:	Date:



A. PHOTO RELEASE WAIVER		Х.	РНОТО	RELEASE	WAIVER
	X. PHOTO RELEASE WAIVER	V	DUCTO	DELEVEE	1A/A I1/ED

I,, agree to be <b>photographed</b> by a representative of ECHO ONMH CAMH /UT. I understand that from time to time the Sessions may be photographed, and such photos may be used by ECHO ONMH at CAMH/UT internally, or may be shared externally on websites or with media outlets for the purposes of describing or otherwise promoting or profiling the work of the ECHO ONMH at CAMH/UT initiative.
I understand and agree that ECHO ONMH at CAMH/UT may share the photograph(s) listed above:
□ Externally with other media sources, online, and in social media
with my name included
without my name
with the following restrictions
List any additional restrictions on the use (optional)
If I have agreed that the photograph(s) may be shared externally, I understand that ECHO ONMH at CAMH/UT will no longer be able to exercise control over its use or distribution.
I also understand that ECHO ONMH at CAMH/UT does not have to notify me when it uses or shares the recording as agreed to above, and I do not have the right to approve the photograph before it is used or shared for the purposes listed on this form.
Signature: Date: