

STATEMENT OF COLLABORATION

BETWEEN

**ECHO Ontario First Nations, Inuit and Métis Wellness Mental Health at
CAMH and Uoft**

AND

Participating Community Provider

I. PURPOSE

ECHO Ontario First Nations, Inuit and Métis Wellness is part of ECHO Ontario Mental Health (ECHO ONMH) at CAMH and The University of Toronto (CAMH / UT). ECHO ONMH is a Ministry of Health (MOH) funded project focused on supporting primary care providers to 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 Ontario First Nations, Inuit and Métis and each Community Provider. This collaboration is defined below.

Definitions

Healthcare Resource Team: Our CAMH / UT / Affiliate Hospital mental health team.

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

II. COMMITMENT TO COLLABORATION – THE HEALTHCARE RESOURCE TEAM

In the spirit of collaboration ECHO Ontario First Nations, Inuit and Métis Wellness at CAMH/UT (The Healthcare Resource Team) is committed to working with ECHO participants (The Community Providers). The Healthcare Resource Team offers to do the following:

1. 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 and who serve First Nations, Inuit and/or Métis clients/patients.
2. Discuss de-identified cases presented by Community Providers and provide timely, verbal and written suggestions for care.
3. Provide CME credit at no cost from the Royal College of Physicians and Surgeons and the College of Family Physicians for participating in the sessions and completing post-session feedback forms, surveys and other evaluation activities.
4. Provide appropriate IT user support to facilitate connectivity and participation in ECHO.

III. COMMITMENT TO COLLABORATION – THE COMMUNITY PROVIDER

In the spirit of collaboration, you will be consenting to fully participating in ECHO Ontario First Nations, Inuit and Métis Wellness at CAMH/UT. In order to be designated as an active participant, you agree to:

1. Try to attend at least 60% of the weekly ECHO sessions. Please see the “Participation Notice” below for further information.
2. Provide comments and ask questions (we encourage participation by multi-level teams when possible).
3. Present an anonymized case.
 - You will be asked to sign up for a specific date, and will be sent a form to guide your presentation. When filling out the case presentation form, we ask that you anonymize all client/patient information and avoid the use of direct identifiers (e.g., name, address, email) or indirect identifiers (e.g., unique characteristics, age, family constellation, city, school). Indirect identifiers, when used in combination, may result in the information becoming identifiable which can put at risk the confidentiality of the client/patient. Please only include what is directly relevant to the case consultation. This will reduce the risk of inadvertently disclosing the identity of your client/patient.
4. Completing periodic surveys and other feedback/evaluation tools to help us improve our services.
5. Inform the ECHO Ontario First Nations, Inuit and Métis Wellness team if you would like to invite a guest to the session, so the team can review and ensure appropriate confidentiality forms are signed, if appropriate.

IV. CLIENT/PATIENT RELATIONSHIP DISCLAIMER

Please note that ECHO Ontario First Nations, Inuit and Métis Wellness at CAMH/UT case presentations do not create or otherwise establish a provider-client/patient relationship between any ECHO Ontario First Nations, Inuit and Métis Wellness at CAMH/UT Healthcare Resource Team member and any client/patient whose case is being presented in an ECHO Ontario First Nations, Inuit and Métis Wellness at CAMH/UT session (the “Session”). The Community Provider understands that recommendations from the Healthcare Resource Team do not in any way replace the diligence and professional expertise to be exercised by the Community Provider sites with respect to their clients/patients and any clinical advice given thereto.

V. DE-IDENTIFIED INFORMATION NOTICE AND CONFIDENTIALITY

Please note that no client/patient identifiers are to be used within any ECHO Ontario First Nations, Inuit and Métis Wellness at CAMH/UT session, document, and communication correspondence. At no time shall any identifiable personal information or personal health

information of clients/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 client/patient is inadvertently disclosed in a Session, the disclosing Community Provider shall be responsible for ensuring that the privacy breach is addressed in accordance with the internal privacy policies and procedures of that Community Provider/Organization/Agency.**

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 Ontario First Nations, Inuit and Métis Wellness 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 Ontario First Nations, Inuit and Métis Wellness at CAMH/UT Session.

VI. PARTICIPATION NOTICE

The expectation is that Community Provider participants attend all sessions in a given ECHO cycle. We understand that you may have important commitments, busy days, and emergencies. Please inform the ECHO Ontario First Nations, Inuit and Métis Wellness at CAMH/UT staff as soon as possible if you are unable to make it for a series of Sessions. If your attendance record has 3 consecutive absences without notice, you will be contacted by ECHO Ontario First Nations, Inuit and Métis Wellness 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 Ontario First Nations, Inuit and Métis Wellness 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 Ontario First Nations, Inuit and Métis Wellness at CAMH/UT shares any data/documentation 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 Ontario First Nations, Inuit and Métis Wellness 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 evaluation, 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 Ontario First Nations, Inuit and Métis Wellness 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 indicate your preference to the ECHO Operations Team in the registration form or via email.

VIII. RECORDING, PHOTOGRAPHS, AND GUESTS

The Community Provider understands that the sessions will be recorded by the ECHO team 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 Community Provider understands that they 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 Ontario First Nations, Inuit and Métis Wellness specifically or the overall ECHO ONMH at CAMH/UT initiative. Prior to joining the program, we request that you indicate your preferences around photo use: specifically, whether you wish to be visible in the photos shared, or not. **Please indicate your preference to the ECHO Operations Team in the registration form or via email.** Those who do not share their preference 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

Print Full Name: _____

Signature: _____ Date: _____