WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of Personalized, Proactive, Patient-Driven Care

Deciding if an Approach Is Worth Using: The E.C.H.O Mnemonic Clinical Tool



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

WHOLE HEALTH: CHANGE THE CONVERSATION Deciding If an Approach Is Worth Using: The ECHO Mnemonic Clinical Tool

An important question that frequently arises for many clinicians as they explore the role of unconventional therapies in conventional practice is, "How do I decide if a therapy is worth using?" One helpful tool you might use is the ECHO mnemonic. The four letters in the word ECHO stand for:

• Efficacy and Evidence.

What does the research tell us about how well the intervention works?

• Cost.

Is the therapy cost effective? How much would a patient have to pay out of pocket for this therapy? Would services be covered at all by insurance or other social programs?

• Harm.

What does the research tell us about the potential for harm? How well can a given therapy mesh with other therapies a patient is currently receiving? Potential dietary supplement-drug interactions are of particular importance.

• Opinions.

Does the therapy match the personal opinions, beliefs, and culture of the person who will be using it? Where are they getting the information that is informing their opinions?

All four components of ECHO are equally important. They are simply arranged in the order that they are so as to spell a memorable word, not according to priority.

In daily practice, the majority of practitioners focus on efficacy, costs, and potential harms, but often opinions (the clinician's and the patient's) are not given full consideration. However, a therapy's success often correlates with how strongly the patient believes in its effect. Matching treatment to patients' belief systems increases their engagement in their care. If it is not clear from the research that any one therapy is superior, outcomes will be better if clinicians have a larger selection of treatments to draw from; more options can mean more flexibility and a better chance of making care personalized. Similarly, it can be useful to hold therapeutic modalities to a higher standard with regard to safety if they are relatively more invasive or have a higher risk of complications. In addition, it is important to ask whether trying a given complementary approach could inappropriately delay the receipt of a proven conventional treatment that is available.

WHOLE HEALTH: CHANGE THE CONVERSATION Clinical Tool: Deciding If an Approach Is Worth Using—The ECHO Mnemonic

In truth, how much you draw complementary therapies into your practice is subject to a certain amount of negotiation with your patients. Patient surveys indicate that CAM providers are especially capable of empowering patients,^{4,5} and patients report having an enhanced sense of control over their health after CAM sessions.⁶

To see the ECHO applied to a patient vignette, see the Introduction to Complementary Approaches educational overview.

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health? Browse our website for information on personal and professional care.

http://projects.hsl.wisc.edu/SERVICE/index.php

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References

- 1. Bingel U, Wanigasekera V, Wiech K, et al. The effect of treatment expectation on drug efficacy: imaging the analgesic benefit of the opioid remifentanil. *Sci Transl Med.* 2011;3(70):70ra14-70ra14.
- 2. Lussier M-T, Richard C. The motivational interview in practice. *Can Fam Physician*. 2007;53(12):2117-2118.
- 3. Waters D, Sierpina VS. Goal-directed health care and the chronic pain patient: a new vision of the healing encounter. *Pain Physician*. 2006;9(4):353.
- 4. Barrett B, Marchand L, Scheder J, et al. Themes of holism, empowerment, access, and legitimacy define complementary, alternative, and integrative medicine in relation to conventional biomedicine. *J Altern Complement Med.* 2003;9(6):937-947.
- 5. Shinto L, Calabrese C, Morris C, Sinsheimer S, Bourdette D. Complementary and alternative medicine in multiple sclerosis: survey of licensed naturopaths. *J Altern Complement Med.* 2004;10(5):891-897.
- 6. Cartwright T. 'Getting on with life': the experiences of older people using complementary health care. *Soc Sci Med.* 2007;64(8):1692-1703.