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Practice-Changing Research in Complex Care at the American Academy of Pediatrics Conference 2025

In this special Complex Care Journal Club podcast episode, co-hosts Kilby Mann, Kristie Malik, and Kathleen Huth interview presenters of posters relevant to the care of children with medical complexity at the American Academy of Pediatrics 2025 National Conference & Exhibition. Speakers describe their study findings and implications for practice. Dr. Rishi Agrawal discusses the role of the Council on Children with Disabilities in translating research into improved clinical care and advocacy for children with medical complexity.

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Katie Huth *00:03*

Hello and welcome to the Complex Care Journal Club Podcast. My name is Kathleen Huth. I am a pediatrician at Boston Children's Hospital, and your host for this episode. In this podcast series, we seek to discuss emerging evidence in the care of children with medical complexity and its implications for practice. This is a special episode recorded at the American Academy of Pediatrics 2025 National Conference and Exhibition, or the AAP NCE in Denver, Colorado. Within the AAP, the Council on Children with Disabilities, known as the COCWD, leads efforts

to improve health and quality of life for children with disabilities through policy, education and advocacy. With an inaugural COCWD abstract program and poster session at this year's conference highlighting innovations in complex care and disability, we thought this would be a great place to talk about emerging evidence and how it can transform care for children with medical complexity. Kilby Mann, Kristie Malik and I circulated the poster session interviewing presenters about their research. Topics included a virtual handover intervention to support transitions to adult care for youth with medical complexity, an ECHO Learning Collaborative addressing the needs of children with medical complexity in military families, pediatric residents' perceptions of relevance of caring for children with medical complexity and building and sustaining a community based complex care program. After the poster session, we also interviewed Dr. Rishi Agrawal, chair of the COCWD executive committee, to discuss the council's mission and its role in translating research into practice. Let's listen in.

Kilby Mann *01:39*
Hi this is Kilby Mann. I'm here with Prasiddha Partha, and she is going to tell us a little about her work, A Tri-Partnership Virtual Handover Intervention to Optimize Transition to Adult Primary Care for Youth with Medical Complexity. So tell me about your project that you're presenting.

Prasiddha Parthasarathy *01:54*
Thank you so much for the opportunity. So this project that I've been working on is a mixed methods, prospective study under the supervision of Dr. Orkin from the Hospital of Sick Children and University of Toronto in Canada. The crux of this project was to look at how we can optimize the transition to adult care for children with medical complexity, noting that peri-transition tends to be such a vulnerable time for these children. And in so many different demographics of medical complexity, we know that these kiddos experience adverse healthcare outcomes during that time. So we initiated this tri-partnership, virtual handover. So this involved a 45 to 60 minute formal meeting between youth with medical complexity and their caregivers, the complex care team, as well as the adult care provider that was going to continue to take on their care, the family doctor. And they would go through a comprehensive review of a number of different things, including the child's care plan, subspecialist referrals, funding. And the most important and unique part of it was there's the opportunity for a two way street, being able to go back and forth, ensure mutual understanding, and rather than the alternative of providing a discharge summary as a one-way form of communication for handover. We essentially looked at the acceptability, feasibility and integration of our intervention. The intervention was received very positively. There were 20 sittings of this virtual intervention. In terms of the acceptability and feasibility and integration, we had set a priori thresholds of 80%. And for the most part, we were able to achieve that. It was interesting to note that on the topic of family doctors and their ability and willingness to participate in future visits, we didn't quite meet our 80% threshold, and that itself is an interesting part to look at to see what were the barriers. You know, 60 minutes of a family doctor's time is a big ask, right? So to try and see, you know, are there ways we can optimize remuneration and things like that. So there's a lot of interesting future questions. From a qualitative perspective, a number of themes were generated from the interview transcripts. A couple of them, including this intervention was able to encourage mutual understanding, enhance communication, foster confidence. So for a family to see that the complex care team in which they place so much trust placed that trust in the ongoing care provider. I think that was a really cool moment, and then that it informed care planning and offered convenience being a virtual intervention. Of course, we had limitations of our study, being that, transition is this huge process, and so this is one element of a longitudinal process. So I think our limitations is that we looked at this particular kind of limited timeframe. The significance of the study is that this intervention is now the standard of care for a transition process at the Hospital for Sick Children, and has generated evidence supporting the development of a new randomized control trial.

Kilby Mann *04:52*
That is so exciting. I think that point of like digging in a little bit deeper to why, and I wonder if it is the time and compensation. Or for those of us that are in the US, how could we get that time with the primary care providers?

Prasiddha Parthasarathy *05:05*
Exactly. And, you know, I think it's interesting now, there are some avenues, at least in Canada, where family doctors have additional training that they can get for working with adults with intellectual disability or other aspects of medical complexity, and there's a growing need for that capacity and ownership from family doctors. And so really looking at how we can do our part to encourage and make that transition process as smooth as we can is, I think, a really important question.

Kilby Mann *05:37*
Yeah. And I think it's so great that we're talking not just about our care for kids, but talking about lifelong care, the lifespan of care. So really exciting work that you're doing. Is there anything you have attended thus far at NCE that you are looking forward to while you're here?

Prasiddha Parthasarathy *05:54*
Oh yeah, I'm looking forward to all the events today. There was actually a session this morning, on transition to adult care. And so I learned a lot from that in terms of some of the toolkits that are available in optimizing this transition process. And a big takeaway being that this doesn't start at 17 or 18, this starts as early as 12. And even earlier than that, trying to acclimate the family and the child to this process and making that as smooth as possible.

Kilby Mann *06:23*
Absolutely, well thank you so much for your time and enjoy the rest of the conference.

Prasiddha Parthasarathy *06:26*
Thank you so much.

Kristina Malik *06:30*
Thank you for being here. If I could have you introduce yourself and where you are academically located?

Michelle Melicosta *06:37*
So I'm Michelle Melicosta. I am a general pediatrician, and I am the Associate Chief Medical Officer at Kennedy Krieger Institute in Baltimore, and my academic appointment is at the Johns Hopkins School of Medicine, Department of Pediatrics.

Kristina Malik *06:50*
Can you give me a summary of your project?

Michelle Melicosta *06:54*
Our particular ECHO (Extension for Community Healthcare Outcomes) project focuses on children in military families. And for folks who aren't familiar with an ECHO, it's a format where the experts in a certain field, serve as the hosts or the hub, and they conduct a weekly, or bi-weekly, hour-long session with the providers at the community site who will bring cases that are challenging and have a truly bi-directional conversation about those cases. Because they are the subject matter experts on the context in which they're practicing and what the resources are and what the barriers are, and we in the hub are the subject matter experts in our fields. It allows the providers caring for those children to access resources that otherwise would be both a geographic distance away, and as we keep hearing a huge waiting time, often for children to seek care and really come up with some collaborative ideas, things that they can try in their practice with a particular challenging case. And then there's a didactic portion that's usually about 15 to 20 minutes on topics that the participants have selected of being of particular interest to them.

Kristina Malik *08:13*

Can you tell me a little bit more about the specific ECHO you're leading? What's the population and what are the topics you're focusing on?

Michelle Melicosta *08:20*
So my ECHO was on children with medical complexity, and our target audience is physicians taking care of children in military families who have medical complexity, but also other affiliated disciplines. So we had dietitians, we have had psychologists, nurses, nurse coordinators, as well as obviously advanced practice nurses. So it's very multidisciplinary, and our team was also multidisciplinary. So we included psychologists, psychiatrists, pediatricians, rehab and we covered topics including spasticity management, pain management, feeding tubes, nutritional challenges, caregiver stress. And so each of those topics was the theme of a week. And we would have one of our team who had particular expertise in that area, do the didactic and then the participants, knowing ahead of time what the theme was, brought a case that really was presenting a challenge to them in serving their children around that area.

Kristina Malik *09:25*
From your experience with the ECHO. Was there any unique findings or themes from these that you felt like were unique to children with medical complexity in military families?

Michelle Melicosta *09:38*
Yeah, one of the real challenges for military families is how often they move. And as those of us who take care of kids with medical complexity know, it does take a team, right? There's so many people. It's not just your PCP [primary care pediatrician], and so every time you pick up and move, you have to find those resources all over again in the new place where you're located. And it can look different, right? In some health systems, things are dealt with by pediatricians that in another health system, perhaps, are dealt with by a pediatrics specialist, or by a family practice doc. And so what that child's team is going to look like varies depending on where you're settling, and that can be a huge struggle for these families, who, every 2, 3, 4, years are having to build those relationships all over again. Tell their story all over again, get a new set of folks to build mutual trust with over and over. And so I think trying to find ways that we can build communication and collaboration as our families move on to the welcoming team, if you will, and help make that process easier for them, was a theme that came up a lot.

Kristina Malik *10:52*
And do you have any implications for practice from this project that you've learned?

Michelle Melicosta *10:58*
I think one of the biggest implications for those of us who take care of kids with medical complexity on a regular basis is just recognizing and learning to work with providers who are not accessing systems like that, right? If you are in the army base in North Louisiana, you know, and you're hours away from Tulane, you aren't going to have those resources. And so, how do we think outside of our daily practice in an academic medical center, and change what we do to better serve those? And so for me, one thing that was really interesting in the ECHO was just questioning the way we did things, and realizing, oh, hey, wait, we don't have to do it that way. Maybe we could do this, and that would work better for even our own patients who are scattered across Maryland, for example. So I think that was really helpful.

Kristina Malik *12:02*
Is there any other presentation or poster you've seen at the conference that was inspiring your practice change?

Michelle Melicosta *12:09*
Absolutely, I think a theme for me today has been a number of posters and presentations that have recognized the mismatch between the developmental needs of our children and the number of providers practicing in that space, and particularly in rural areas. And so how do we serve those kids? And I have seen, just in this one day, I

saw a poster where they blended traveling to satellite sites with telehealth visits in between. So that hybrid model that was in upstate New York that looked fantastic. There was a model that we just heard the abstract here today about looking at hybrid ways to do telehealth. And then one of our award winners today, who takes her RV around Texas, just all different ways that we are learning to meet families where they are at instead of, you know, we all say we're patient-centered, but we still expect all the patients to come to us. So how do we flip that? So to me, that's really exciting is, how do I flip that in my practice and be able to better serve kids in the communities where they live?

Kristina Malik *13:20*
Thank you so much for speaking with us on the podcast.

Michelle Melicosta: *13:23*
You are welcome. Thank you so much for having me.

Katie Huth *13:27*
Hi my name is Kathleen Huth. I'm here at the COCWD poster hall. I'm here with Dr. Avery Hill, can you tell us about yourself and about your poster?

Avery Hill *13:35*
So my name is Avery and I'm from the University of Utah, and I'm here presenting about pediatric residents self-reported perceptions of relevance as it relates to caring for children with medical complexity. So we interviewed 110 residents, and we asked them, how relevant are these specific activities that have already been determined are relevant to caring for children with medical complexity. How relevant is this to your future career? And we found that over time, residents were perceiving less relevance, that they were saying that these activities, across the board, were not as relevant to their future career. And we're talking things like managing G tube feeds. Fortunately, we did see that there were some groups that were a little more engaged than others. So our future inpatient general pediatricians, they were the ones who perceived the highest relevance, which also is interesting, I think we're seeing residents are treating these kids on the inpatient side, that's where they're seeing them the most, and subsequently are finding that this is most relevant to inpatient gen peds, but then a close second was outpatient gen peds, and then subspecialties, and others were our lowest scoring groups.

Katie Huth *15:00*
What do you think the implications are of your findings and what would be your recommendations for members of care teams and educators in care for children with medical complexity?

Avery Hill *15:09*
I think my biggest takeaway is that as we're seeing people taking less responsibility, or feeling like, oh, this isn't my responsibility as we move forward, ultimately, that responsibility ends up with families. And it's either their job to contact the next specialist to ask for help or figure it out on their own. And so something that I've been working with residents and other learners is just helping them understand, the narrative side of this is what a day in the life looks like, and where it's really easy for me to say, oh, that's not in my siloed lane, if you will, then you should talk with this other person. That adds on 20 minutes of being on hold, that adds on another doctor's appointment, and just is a whole big spiel for the family. Whereas, if I can help them with something, or even if I can just say, I'll send the message to this person, I'll reach out to the specialist for you, that it can save families a lot of time. And then overall, I think, at a broader scale, and just thinking about how policy-wise, we change these things. It does make me wonder, educationally, just how are we teaching our residents, especially now that there's more of a focus on the outpatient side? If we're seeing that people who are going to inpatient gen peds think that they're the ones who are going to be taking responsibility for this more than anyone else, how is that going to shift with recent policy changes as far as how we're teaching residents so that more of that care is happening on the outpatient side?

Katie Huth *16:43*
Sounds like we have a lot of work to do, not only in ensuring that residents are prepared to care for children with feeding tubes, but just that basic sense that it's part of their purview and professional identity as future pediatricians to care for the child and the family. So thank you for doing this important work, and congratulations on your poster today.

Avery Hill *17:00*
Thank you, and thanks for having me.

Kilby Mann *17:04*
Hi this is Kilby Mann, and I'm here with Dr. Pati Notario to talk about the poster she's presenting on our complex care program here at AAP in Denver. So Pati, tell me what your poster's telling us all about.

Pati Notario *17:15*
Thanks for this opportunity Kilby. I am a general pediatrician and also run a complex care program in Montana. We've been open since April of 2018. And so in addition to sharing about our program and how we've set it up, I really wanted the main message of our poster to be that there are ways to make a complex care program outside of a children's hospital sustainable and to really meet the needs of the community that it's built in.

Kilby Mann *17:43*
I think that's great. I've interviewed another group out of Montana for this podcast, and we talked about, just how big Montana is. So I think highlighting the work you've done to really improve care for kids in your state is fantastic.

Pati Notario *17:55*
Thank you. Yeah, it's true. So geographically, Montana is the fourth largest state, but we have the smallest proportion of pediatricians to geographical size. And so pediatricians in our state act as specialists, pretty much. And we've got wonderful colleagues in nursing like nurse practitioners PAs [physician assistants] family practice, who predominantly are the ones that are providing primary care in the state. We do have a good number of children with special health care needs, as well as children with medical complexity, who often have to leave the state for quaternary care. And so what we've tried to do through our program is offer a multi-modal approach. Some of the children in our program see us for primary care, but we also offer consultative services to work with the local primary care teams. Some of the key things that we have found helpful to sustain our program for the many years that we have had it open, is we're embedded within a primary care practice, so that we can make sure that there are 24/7 365, coverage for after-hours call, and so that we can provide the medical home style for our primary care. We've partnered with our state chapter, the Montana AAP chapter, as well as our Department of Public Health, to be able to have a wider reach for education, for primary care providers and other multidisciplinary team members. We were really fortunate to get a CATCH [Community Access to Child Health] grant in 2018 to solidify community partnerships. Because really, to be successful, your complex care program has to meet the needs of the community, and so we've had excellent relationships with family peer groups and with the Family to Family Health Information Center, for example. And then we truly believe in having our complex care team members so that people like our care manager, dietitian, social work, respiratory therapists, pediatric pharmacists, we want them all to build relationship with our families, and also to work to the top of their license, because we can provide more robust care that way. We've also made sure that our complex care plan that we create for each of our families is embedded within the medical record, so that we can make sure that other team members can access the vital information for our families, and we have strong administrative buy-in. Our administrators at the organizational level really seem to understand that children with medical complexity need unique care. And so our funding actually comes through the hospital and through reimbursement. Our

administrators strongly believe in the multidisciplinary team, whether it's CF [cystic fibrosis] or muscular dystrophy care, and that has helped us continue the work that we're doing.

Kilby Mann *20:36*
The fact that you've got so much support, either through your institution or through grants, is really amazing. I think it's good for people to hear about the robust work that is happening and the programs y'all have built there. That there is great care in Montana for kids with medical complexity.

Pati Notario *20:52*
Yeah, absolutely. I think you know, for people who are looking to build a complex care program where they are, really trying to understand the community that you're working in and what barriers families and caregivers are facing, will help you tailor your program to what they need. And that is, I think, the crux of making this as sustainable of an opportunity as possible.

Kilby Mann *21:11*
Totally true. Well, I have loved hearing more about your program. Are there other things at AAP that either you've already attended, or things you're looking forward to?

Pati Notario *21:20*
This is my first time actually attending NCE and I have really enjoyed meeting other people doing complex care work, because as one of the only people in Montana to be doing this work, it's really nice to see nationally what's going on, and I actually look forward to taking this back to Montana. We have our annual educational conference next weekend, so I think I have a lot to share with the team back home.

Kilby Mann *21:42*
Well, thank you so much for taking the time to talk with me, Pati.

Pati Notario *21:45*
I really appreciate it. Thanks Kilby.

Katie Huth *21:49*
I'm here with Dr. Rishi Agrawal, chair of the COCWD (Council on Children With Disabilities) executive committee. Thank you so much for sitting down with me at a busy conference.

Rishi Agrawal *21:56*
Yes, thank you for being here. For all of you listening, we are currently in Denver. We are looking outside the window, and it is a beautiful, sunny day, and we have had an amazing conference here, and I'm really happy to talk a little bit about what we do in the Academy with the Council on Children With Disabilities (COCWD).

Katie Huth *22:16*
Wonderful. So can you start off by telling us a little bit about the council, its mission and its role in translating research into clinical practice?

Rishi Agrawal *22:24*
So the American Academy of Pediatrics is a large organization that is divided up into many different components. So some people interface to through the AAP, through their chapters. And those are geographically-based, but the American Academy of Pediatrics also has what we call CCS or councils, committees and sections, and those groups have a number of different tasks. They may develop policy. They may do education, clinical practice guideline development, advocacy work. There's many different areas of potential collaboration and focus. And of course, much of our work is focused on developing the program for the National Conference and Exhibition where

we are right now. The Council on Children with Disabilities is one of those councils, and the council within the American Academy of Pediatrics has both the functions of a committee which are to develop policy and if you look on the AAP COCWD website, you can see a list of all of our policy statements. A fun fact is that the council has the second highest number of policy statements and clinical reports in the entire Academy. Thanks to the amazing work of so many of our members, we have been unusually productive and that, this policy has created a lot of impact for clinicians. And for those of you who do research, many times we are citing your work, and that is particularly important. But councils also have a task to have member engagement and to do advocacy work. We have staff in the American Academy of Pediatrics that works with our council with whom we can elevate our priorities, and they get communicated to policy makers. And that is one of the real benefits of being part of this council, is that your voice gets elevated to people who are influential in policy. We also do a fair amount of education work, not just in the National Conference and Exhibition, but we also put on virtual events throughout the year. We have a webinar series that in which you can get free CME [continuing medical education] and MOC [maintenance of certification]. We're gonna have four sessions on topics such as coding and billing, on global health and other great topics. So there's really, really a wealth of information. If you are an AAP member and you're not part of the council, you should be part of this council because there are so many benefits, and we also facilitate networking among our membership. Just last night we had a social event, and we had a lot of great networking. And one of the great things about the networking within the AAP meeting is that we network with a broad range of people who have interfaced with children with medical complexity. And the council, you know, is is focused in on all children with disabilities. Now we have a big focus on medical complexity as a part of that, but we also have focus on autism. We have a membership of about 800 people. We have trainees, by the way, trainees are free to join. Those with lived experience can be members. We have a formal liaison relationship with Family Voices. And our group is run by an executive council. I became chair starting July 1. And we have a great diverse executive committee. And our missions are focused in on policy, advocacy and clinical care. Now I didn't mention research, but you know, research is very integral to what we do. I'm extremely excited and proud that at this meeting we had our first abstract program. So we had about 30 great abstracts or so. We had a poster session. And I want to brag a little bit, because our section of the poster hall was the most lively and well attended part of it all. People were so engaged. And they were a great number of projects we had. We had a great number of them on medical complexity. We had some on autism. We had some great, you know, clinical programs, so this is definitely a place where you can present your work. And we also had some amazing platform sessions. And we really saw some very innovative work happening. So it's a great group to be a part of, and I hope you'll all join.

Katie Huth *26:48*
Yeah, we were recording, actually, in the poster hall with a number of the presenters, and so our listeners are certainly going to hear that background noise. And it's just wonderful to see, I think, more opportunities for engagement of COCWD membership in submitting to things like the abstract program and poster session, and also for learners getting involved and networking with the community. You've spoken about how the council bridges those worlds of advocacy in clinical care and practice. Our listeners are really interested in translating research findings into real world clinical settings. And I'm curious, in what ways is the council uniquely positioned to support practice-changing research in complex care, and can you speak to some of the things that can help facilitate that knowledge translation?

Rishi Agrawal *27:33*
Absolutely, for those of you who do research, I ask you to think about what is your why? You know, the reason that you do research is ultimately to change systems and policy and improve care. And the research that you do and the findings that you make need to find a path into implementation, and they need to find a way into clinical practice. And so that part of translating research into changing practice is where the AAP can really fall at the nexus, because here we are very much focused in on action, on developing policy, on doing advocacy, and we have a whole infrastructure to do so. We have opportunities to make collaborations that could help you with your research efforts.

Katie Huth *28:22*
Building on that point about kind of the interface with research. Are there any major gaps that you see in the current research landscape for children with medical complexity and disability that you feel the council should help address or for investigators, prospective investigators that are listening, you know, what areas would you encourage them to pursue?

Rishi Agrawal *28:43*
Well, it's funny, you mention that because just today, I happened to go to a Council of on Health IT meeting, and, you know, one hot topic right now these days is AI. I mean, we know that everywhere, right? AI is, is everywhere. And AI has a lot of potential use cases for our population. Can large language models help us synthesize care plans much more effectively? What do we have to do to get to that next step? Much of complex care is information management, you know, and how do we accurately and efficiently get that information in a sense that it's useful to all the stakeholders that need it? So that that's one potential area where there's, which is ripe for development of science and investigation. How do we potentially use these tools in a family centered and safe way to advocate for services, letters of medical necessity, getting access to public benefits, creating patient facing materials that you know would help translate our medical jargon into something that could be usable to families of varying levels of health literacy? I mean, that seems to me an extremely ripe area for investigation. I would like to see the field move more into tangible, clinical and system-based improvements. I would love to see the field focus more into what actually moves the needle for families. And so I think that the AAP, because it has such a very action-oriented mindset, and there's a lot of people who are interested in various areas that interface, that are intersectional, such as, you know, health IT, health equity. Academically, how can we move the science forward if we are going to be in our own silo and not interface with all of the others who are out there who are doing work that overlaps with ours? So I feel like it's very important for us to be interfacing with others who have a different focus, but a shared mission. We need to integrate and work more with others. And I think that for people to come to meetings like the AAP and help develop this is absolutely critical.

Katie Huth *30:47*
I think that will really resonate with our audience. It's an interprofessional audience, and we have listeners, including advanced practice providers and social workers and therapists and people who have reached out and indicated talking about kind of the literature and how that can translate into practice has been helpful. In particularly the family partnership aspect. You highlighted the role of lived experience and the formal structure that's in place for that to be elevated. I'm just wondering if you have any other comments for our interprofessional audience about, opportunities to engage with the council, to learn from one another, and to move the field forward.

Rishi Agrawal *31:23*
Absolutely so the Academy has a variety of mechanisms that interprofessional individuals can join. So first of all, if you're an advanced practice nurse, there is a mechanism for you to join the AAP. And then you can join our council as a full member. We have a mechanism for those with lived experience to join our council for free. We are discussing other allied health professionals to potentially, you know, be involved as well. So there, there definitely are opportunities for an interprofessional group. I mean, the American Academy of Pediatrics is fundamentally at its core an organization of pediatricians. I do think that as part of the ecosystem of organizations out there and meetings that you might consider attending and ways to develop your own professional development, there is a lot of value in the AAP and its annual meeting.

Katie Huth *32:13*
Well, we appreciate your advocacy in every way, shape and form. So thank you so much for taking the time and for all that you're doing to advance the field of complex care.

Rishi Agrawal *32:21*

Thank you so much.

Katie Huth *32:24*
We've highlighted only a small sample of the emerging research in complex care and disability shared at the AAP NCE. To summarize, these conversations illustrate the breadth of innovation, from new models of care and collaborative training approaches, to education of future pediatricians and sustainability of community programs, all grounded in the shared goal of improving systems and outcomes for children with medical complexity and their families. Kilby, Kristie and I want to thank our speakers for their time during a busy conference and for advancing the field of complex care. And thank you for listening to the Complex Care Journal Club Podcast. We aim to highlight research that has the potential to be practice-changing, that values patient and family engagement, is relevant across disciplines and diagnoses and uses high quality or novel research methods. We invite you to join the conversation by suggesting an article that you would like to see discussed in this podcast using the form provided on the OPENPediatrics YouTube channel. Thank you for joining us.

Resources

AAP Council on Children with Disabilities (COCWD): https://www.aap.org/en/community/aap-councils/council-on-children-with-disabilities/

AAP Experience National Conference Denver 2025 - Conference Schedule: https://aapexperience.org/schedule/

Project ECHO/ECHO Model: https://projectecho.unm.edu/model/