THE TRANSFORMATIVE MODEL IN MEDICAL EDUCATION AND CARE DELIVERY

Project ECHO® (Extension for Community Healthcare Outcomes) helps democratize medical knowledge and develops specialty care capacity in underserved communities. Using a revolutionary model of telementoring—collaborative medical education and care management, Project ECHO empowers front-line primary care professionals to provide the right care, in the right place, at the right time.

https://www.youtube.com/watch?v=VAMaHPtEwk

HIGH IMPACT OUTCOMES

"One to Many" – Leveraging a proven model to significantly increase access to specialty care for common complex conditions

Hubs & Spokes - ECHO provides frontline providers with the knowledge and support they need to care for complicated patients they would otherwise refer out. ECHO links expert specialist teams at an academic 'hub' with primary care providers in local communities – the 'spokes' of the model.

Together, they participate in weekly teleECHO™ clinics, which are like virtual grand rounds, combining patient case presentations with didactic learning and mentoring.

ECHO HUB
Team of Specialists

ECHO SPEKE
Frontline Providers

PATIENT REACH

WHY ECHO?

THE UNDERSERVED PATIENTS

PROBLEM:
Underserved patients have limited access to specialty care for common complex conditions.

SOLUTION:
A model that expands access to care by leveraging telementoring and guided collaborative practice.

In 2003:
Only 5% of New Mexicans infected with hepatitis C were able to access treatment.

In 2015:
80% of New Mexicans infected with hepatitis C have access to the right treatment.
WHY ECHO?

THE PROVIDER

PROBLEM:
• Want to advance their skills, career and professional relationships.
• Lack access to knowledge and training to provide specialty care for their patients.
• Providers often feel socially and professionally isolated.

SOLUTION:
• Providers participate in a community with like-minded fellow providers and specialists from academic centers.
• Providers receive specialized knowledge.
• Providers provide specialty care for common complex conditions.
• Providers receive free CME/CE credits.

In New Mexico:
Providers participating in ECHO in New Mexico felt their professional isolation diminish, professional satisfaction and self-efficacy for treating hepatitis C increase.1

In New Mexico:
More than 76k free CME/CE credits issued.


WHY ECHO?

THE FQHCs

PROBLEM:
• Limited ability to provide specialty care for common complex conditions.
• Difficulties recruiting and retaining community providers.

SOLUTION:
Primary care providers acquire new skills and competencies, expanding access to care. They become part of a community of learners, increasing their professional satisfaction while their feelings of professional isolation decrease.

Through ECHO, FQHCs have a way to expand access to care for complex chronic conditions and serve more patients, while keeping resources in the community. They also acquire a new tool for recruiting and retaining providers.

A provider in an FQHC in California saw an increase of 38 new HCV patients in one year as a result of participating in ECHO.

HOW IT WORKS

ECHO connects providers with specialists through ongoing, interactive, telementoring sessions.

ECHO creates ongoing knowledge networks by linking primary care providers with a variety of specialty clinicians across the nation through telementoring sessions, in which clinicians in medical centers provide real-time consultation and advice to primary care providers across the country.

ECHO sessions typically last one hour and are conducted using videoconferencing technology. During these sessions, primary care providers present case studies and receive feedback from the specialists, who provide guidance and advice on how to best treat their patients.

ECHO trains primary care providers to manage and treat complex conditions, such as hepatitis C, diabetes, and heart disease, enabling them to provide high-quality care to their patients.
Launched in 2003, Project ECHO grew out of one doctor’s vision. Sanjeev Arora, M.D., a social innovator and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, was frustrated that he could serve only a fraction of the HCV patients in his state who needed treatment. He wanted to serve as many patients with HCV as possible, so he created a free, virtual clinic and trained community providers across New Mexico in how to treat the disease.

Today, dozens of teleECHO clinics addressing much more than HCV take place every week—and their reach extends far beyond New Mexico.

Project ECHO currently has over 50 hubs globally, operating in over 20 states and in more than nine countries for over 40 distinct common complex conditions.

**FOR PROVIDERS**

How to get started:
1. Connect with ECHO Institute™ or local ECHO hub.
2. Schedule a quick call with an ECHO representative.
3. Join a teleECHO clinic that suits your needs.

Once you connect, you will be able to:
- Gain experience in treating patients with common complex conditions
- Use the latest best practices
- Treat patients in the community, closer to home
- Share knowledge with others

Contact us at echoreplication@salud.unm.edu or [ECHO hub contact info]

**FOR FQHCs**

How to get started:
1. Connect with ECHO Institute™ or local ECHO hub.
2. Schedule a quick call with an ECHO representative.
3. Join a teleECHO clinic that suits your needs.
4. Clinic leadership will protect providers’ time for participation.

Once you connect, FQHCs will have:
- Increased ability to offer specialty care to common complex conditions
- Better retention of providers
- Reduced feelings of isolation for provider staff
- Use of the latest best practices

Contact us at echoreplication@salud.unm.edu or [local hub contact info]
THE IMPACT

Replication of the ECHO model is achieved through the creation of ECHO ‘hubs’ or regional centers, in which partner sites or ‘spokes’ connect via low cost video conferencing through teleECHO clinics. With ongoing mentoring, these spokes gain specialty expertise and knowledge. Since its initial expansion, the ECHO model has been successfully replicated across the United States and around the globe.

<table>
<thead>
<tr>
<th>76,000+</th>
<th>50+</th>
<th>40+</th>
<th>10+</th>
<th>40+</th>
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</thead>
<tbody>
<tr>
<td>TREATS: CLIENTS PROVIDED FOR PAIN IN NEW PROJECTS</td>
<td>HUB PARTNERS IN THE US</td>
<td>HUB PARTNERS GLOBALLY</td>
<td>COMPLEX CONDITIONS COVERED</td>
<td>COMPLEX CONDITIONS COVERED</td>
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Benefits of ECHO

- Better access for rural and underserved patient
- Reduced disparities
- Better quality and safety
- Rapid dissemination of best practices
- Reduced variations in care
- Greater efficiency
- Reduced wait times

Recognition for Project ECHO

- Awards over 10 major contracts and funding from federal agencies and private foundations, including the U.S. Agency for Healthcare Research and Quality, Department of Defense, Department of Veterans Affairs, the New Mexico Legislature, the Robert Wood Johnson Foundation, the Jerome Leopold Foundation, and many others.

- Wide-ranging media coverage in outlets including the New York Times, Forbes, the Huffington Post, Discovery Channel, and PBS.

- Accomplishments of ECHO have been recognized by the Teresa Heinz and the Heinz Family Foundation, American Telemedicine Association, and the Distance Learning Association.

WANT TO BE PART OF ECHO?

echoreplication@salud.unm.edu or [local ECHO hub contact info]

Visit: http://echo.unm.edu
The Missouri Experience

- MD/legislator visited ECHO Albuquerque
- Sponsored a bill for 6 ECHO hubs: asthma, chronic pain, autism, dermatology, hepatitis C, and endocrinology
- Funded ($1.5 M) by projected savings from the Medicaid transportation budget

Key Purposes

- Safely & effectively treat common & complex conditions in rural & underserved areas
- Decrease treatment delays and the need for patients to travel to see specialists
- Utilize community health care workers to address social determinants, improve adherence and health outcomes
Are you ready for population health?

Changing Landscape of Care

• Integrates practice and community data to improve population health

• Partners with the community to improve population health
Challenges

1) Which cases are worth presenting
2) Having time to abstract the case
3) Carving an 90 minutes out of a day
4) Recruiting new practices

Introduce New Data Sources

1) Insurer (MC) administrative claims
2) Data from community assessments
3) EHR and clinic data, case review
4) Person, family, home (eHealth apps)
Asthma Risk Panel Report Analysis

- Sample analysis – Medical vs Dental patients
- FQHC (521 children w/asthma) only 145 had clinical visits for asthma (1st or 2nd diagnosis)
- FQHC – 376 children w/asthma received dental services, but had no clinical visits for asthma
- Behavioral health – similar problem, some children with uncontrolled asthma are only receiving BH services
The ARPR Spreadsheet

- Sort [Dental<19] by asthma acute care days
- Find all (27) with >1 day in ED or hospital
- Look at the number of steroid, SABA (albuterol) and ICS prescriptions (protective)
- Compare these children to those receiving asthma care in the clinic

Summary Dental Only vs HH

- 15/27 FQHC dental patients with uncontrolled asthma have no medical visits in the year
- 12/27 dental patients with uncontrolled asthma have at least one medical visit somewhere other than FQHC
- FQHC Dental only kids w/uncontrolled asthma defined by >1 asthma ACD

FQHC Dental only vs Clinical

<table>
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<tr>
<th>26/376 (7%) &gt;1 ACD</th>
<th>8/145 (5%) &gt;1 ACD</th>
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<tbody>
<tr>
<td>ACD rate = 3.1 days (80/26)</td>
<td>ACD rate = 2.75 days (22/8)</td>
</tr>
<tr>
<td>17 (5%) received &gt;1 SOS</td>
<td>3 (2%) received &gt;1 SOS</td>
</tr>
<tr>
<td>SOS rate = 4.2/yr (71/17)</td>
<td>SOS rate = 1.9/yr (15/8)</td>
</tr>
<tr>
<td>SABA rate = 6.0/yr (102/17)</td>
<td>SABA rate = 3.8/yr (30/8)</td>
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<tr>
<td>Asthma visits = 29/10, 0/16</td>
<td>Asthma visits = 11/2, 0/6</td>
</tr>
<tr>
<td>EPR3 visit target = &gt;752</td>
<td>EPR3 visit target = &gt;290</td>
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<tr>
<td>Actual visits = 154 (-598)</td>
<td>Actual visits = 164 (-125)</td>
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Community Care

“Asthma Check-up App”

Community Health Care Workers
(school nurse, CHW, home visitor, educators)
Thank you to our funders and partners!

Visit: http://echo.unm.edu

Thank you!