WELCOME!

ACU Presents: Project ECHO

June 19, 2019
12:00pm EST
ACU is a nonprofit, transdisciplinary organization of clinicians, advocates and health care organizations united in a common mission to improve the health of America’s underserved populations by enhancing the development and support of the health care clinicians serving these populations.
ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

- Mariah Blake | Program Manager
  - mblake@clinicians.org
  - 703-562-8819
WEBINAR HOUSEKEEPING

- We are Recording
- Ask Questions
- Have Fun

www.clinicians.org
Changing the World, FAST
The Problem?

Advances in health are not reaching people equally.
This is a national problem

Rural communities losing care

- Less than 8% of all physicians and surgeons are practicing in rural settings.
- Risk of drug overdose, unintentional injury, or death is 50% higher in rural areas.
- At least 85 rural hospitals — about 5 percent of the country’s total — have closed since 2010.

Minorities hit hard

- Black women in the U.S. die of breast cancer at a rate 40% higher than non-Hispanic white women.
- Black men have the highest rates of cancer (587.7 per 100,000 men, between 2007-2011).
- Approximately 30% of total direct medical expenditures for Blacks, Hispanics, and Asians are excess costs due to health inequities.
Specialized knowledge is growing

We need new ways of moving knowledge more quickly
ECHO moves knowledge, not people

- Best practices to reduce disparity
- Case-based learning to master complexity
- Outcomes focused to measure impact
- Technology to spread specialized knowledge
ECHO is all teach, all learn

- Interactive
- Co-management of cases
- Peer-to-peer learning
- Collaborative problem solving
Traditional telemedicine

Specialist manages patient remotely
The ECHO model builds capacity

Creates connection between specialist teams of doctors and primary care

To benefit many patients in many communities
Initially focused on one disease: Hepatitis C

In 2004:

- 28,000 infected with HCV in New Mexico
- Zero treatment of prison population
  2,300 prisoners were HCV positive, representing 40% entering corrections system
- Wait list for Dr. Arora = 8 months
What we learned: ECHO works

- Patient cure rates equal to those of UNM specialists
- Patients stay in communities treated by people they know and trust
- Many more people getting treatment

<table>
<thead>
<tr>
<th>Patient Viral Response</th>
<th>Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 261</td>
<td>n = 146</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minority</td>
<td>68%</td>
<td>49%</td>
<td></td>
<td>p &lt; 0.01</td>
</tr>
<tr>
<td>SVR* (Cure) Genotype 1</td>
<td>50%</td>
<td>46%</td>
<td></td>
<td>ns</td>
</tr>
<tr>
<td>SVR* (Cure) Genotype 2/3</td>
<td>70%</td>
<td>71%</td>
<td></td>
<td>ns</td>
</tr>
</tbody>
</table>

*SVR = sustained viral response
Clinicians felt connected and happier

- Improved clinician self-efficacy
- Diminished professional isolation
- Enhanced job satisfaction
- Increased collaboration

<table>
<thead>
<tr>
<th>HCV Knowledge Skills and Abilities (Self-Efficacy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Clinicians N=25</td>
</tr>
<tr>
<td>Before MEAN (SD)</td>
</tr>
<tr>
<td>Ability to treat HCV patients and manage side effects.</td>
</tr>
<tr>
<td>Serve as local consultant within my clinic and in my area for HCV questions and issues.</td>
</tr>
<tr>
<td>Overall Competence (average of 9 items)</td>
</tr>
</tbody>
</table>

*SVR = sustained viral response
Knowledge is democratized
Project ECHO

People need access to specialty care for complex conditions

Not enough specialists to treat everyone

ECHO trains primary care clinicians to provide specialty care services

Patients get the right care, in the right place, at the right time
Diverse audiences seeing results

**People in rural and underserved communities:**
getting the right care at the right time in their own communities

**Community providers:**
do more to help patients, learn new skills, reduce professional isolation and increase job satisfaction

**Specialists:**
extend their expertise to help more patients, learn directly from community practice

**Federally qualified health centers:**
support their mission, improved quality and efficiency of care, increase provider retention, keep care in the community

**Broader health care system:**
expand access using existing workforce, improved quality and efficiency of care, wide dissemination of best practices
ECHO now reaching a breadth of areas

- Antimicrobial Stewardship
- Autism
- Behavioral Health
- Bone Health
- Cancer
- Cardiology
- Chronic Lung Disease
- Chronic Pain
- Crisis Intervention
- Diabetes and Endocrinology
- Education
- Geriatrics
- Good Health and Wellness in Indian Country
- Hepatitis
- High-Risk Pregnancy
- HIV/AIDS
- Infectious Disease
- Integrated Addictions & Psychiatry
- Laboratory Medicine
- LGBT Health
- Opioid Use Disorder
- Palliative Care
- Pediatrics
- Prison Peer Education
- Quality Improvement
- Rheumatology
- Sexually Transmitted Diseases
- Trauma-Informed Care
- Tuberculosis
Current ECHO Reach in the U.S.
Adopted by over 65 academic medical centers and healthcare organizations
ECHO Hubs and Superhubs: Global
Next step

Attend a virtual introduction or in-person orientation and immersion training

Visit [https://echo.unm.edu/locations/us](https://echo.unm.edu/locations/us) to find an ECHO program near you

Benefits include

• Technical support & resource library
• Connection and collaboration with other hubs and a broader community

Contact
echoreplication@salud.unm.edu
IOWA PCA EXPERIENCE WITH PROJECT ECHO

- Newbies in serving as Project ECHO Hub (started in May 2019)
- Currently serving as a Hub for a MAT ECHO (in partnership with Primary Health Care, Inc.) and Hep C ECHO
- Three PCA staff have attended UNM Project ECHO Immersion training
ISSUES WE WERE TRYING TO ADDRESS THROUGH PROJECT ECHO

- MAT ECHO – partnership with PHC, the Iowa Department of Public Health
- State Opioid Response funds available to support the MAT ECHO in Iowa
- Goal is not to train MAT-waivered prescribers, but to provide a venue to support high-functioning MAT programs and to discuss cases with a Hub team (pain experts, behavioral health, pharmacist, PCPs)
- Participants primarily include health center, substance abuse, and other PCP providers
Hep C ECHO – partnership with IDPH, Gilead Foundation, and National Nurse-Led Care Consortium

Goal is to provide a venue to support PCPs in prescribing Hep C treatment and to discuss cases with a Hub team (infectious disease doc, Hepatologist, behavioral health, pharmacist)

Participants primarily include health centers
FUTURE PLANS

- Reconvening to discuss efficacy to the Project ECHO model, getting feedback from partner agencies and health centers
- Identifying future Project ECHO opportunities
- Determining best staffing model to support Project ECHOs within the Iowa PCA
Sarah Dixon, Senior Director
sdixon@iowapca.org
515-333-5016
THANK YOU!