

# WELCOME!

## ACU Presents: Project ECHO

June 19, 2019  
12:00pm EST



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# ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

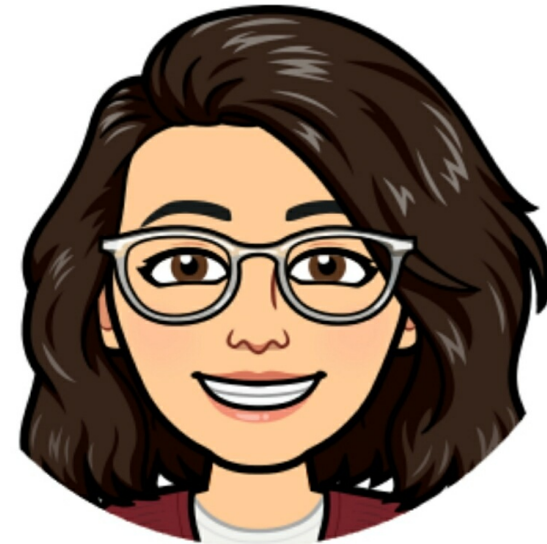
ACU is a nonprofit, transdisciplinary organization of clinicians, advocates and health care organizations united in a common mission to improve the health of America's underserved populations by enhancing the development and support of the health care clinicians serving these populations.



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# ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED

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# WEBINAR HOUSEKEEPING

We are  
Recording

Ask  
Questions

Have Fun



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# CRAIG KENNEDY

EXECUTIVE DIRECTOR



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# Changing the World, FAST





A photograph of a doctor in a white lab coat standing and talking to a woman who is holding a baby. The woman is wearing a grey hoodie and glasses. The baby is lying on a white towel on a table. The background is a blue wall with a framed picture of people dancing and some medical equipment.

# The Problem?

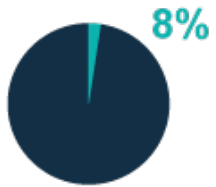
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Advances in health are not  
reaching people equally

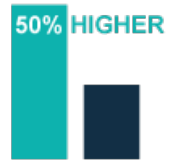
# This is a national problem

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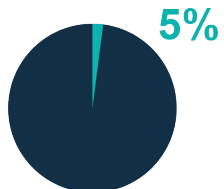
## Rural communities losing care



Less than 8% of all physicians and surgeons are practicing in rural settings.

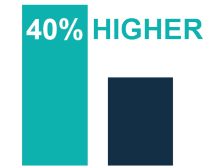


Risk of drug overdose, unintentional injury, or death is 50% higher in rural areas.



At least 85 rural hospitals — about 5 percent of the country's total — have closed since 2010.

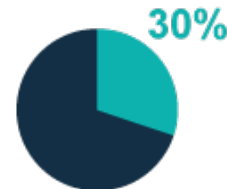
## Minorities hit hard



Black women in the U.S. die of breast cancer at a rate 40% higher than non-Hispanic white women.



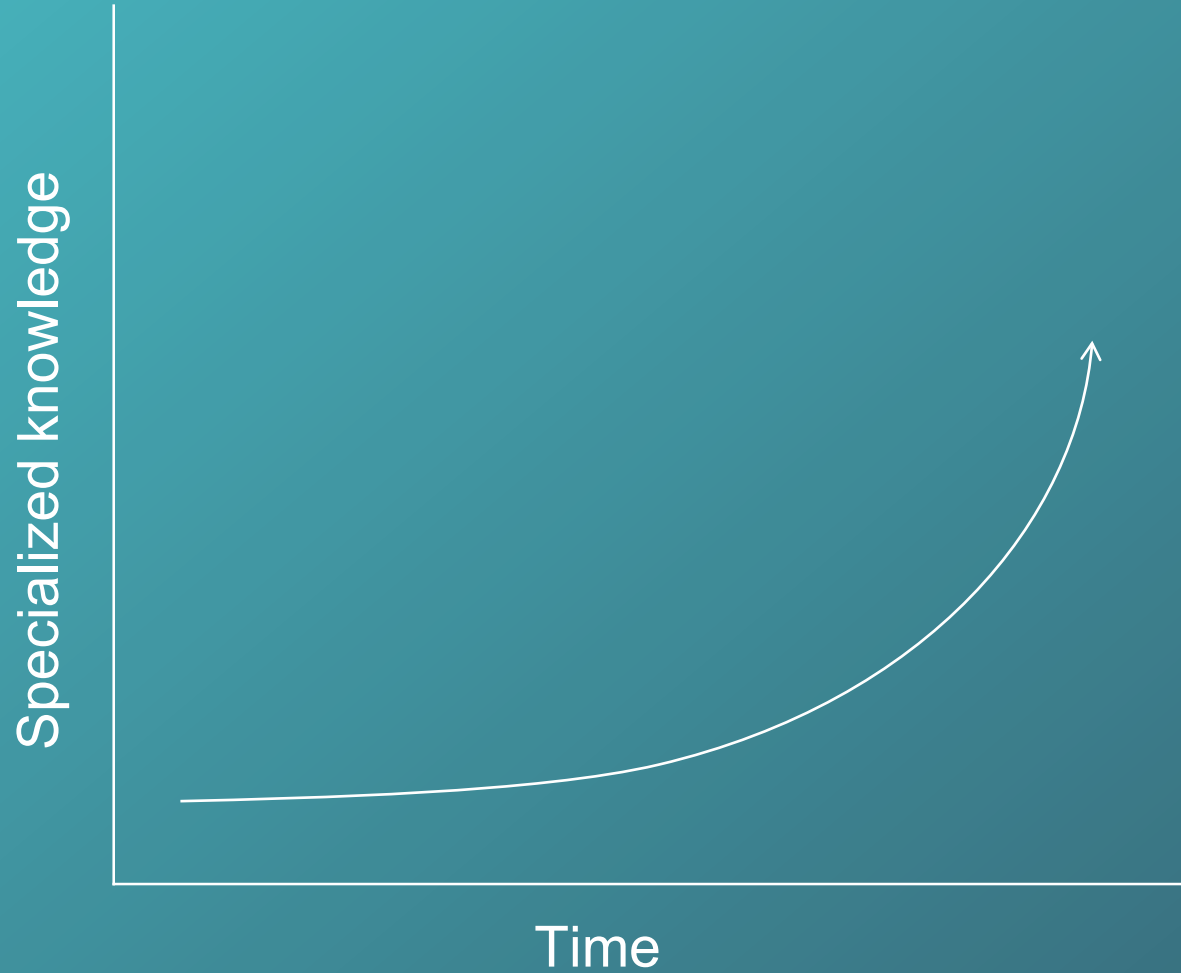
Black men have the highest rates of cancer (587.7 per 100,000 men, between 2007-2011).



Approximately 30% of total direct medical expenditures for Blacks, Hispanics, and Asians are excess costs due to health inequities.

# Specialized knowledge is growing

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We need  
**new ways**  
of moving  
**knowledge**  
more quickly

# ECHO moves knowledge, not people

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# ECHO is all teach, all learn



Interactive



Co-management  
of cases



Peer-to-peer  
learning



Collaborative  
problem solving







1200-1215	Introductions/Announcements	FWH
1215-1230	12.07 B4142	Nirad/iris
1230-1245	Background/History	Mark/Pargo
1245-1255	12.08 12.09	Yovana
1255-1310	12.09 12.10	Nirad/iris
1310-1325	12.11 12.12	Mark/Serena





# Traditional telemedicine



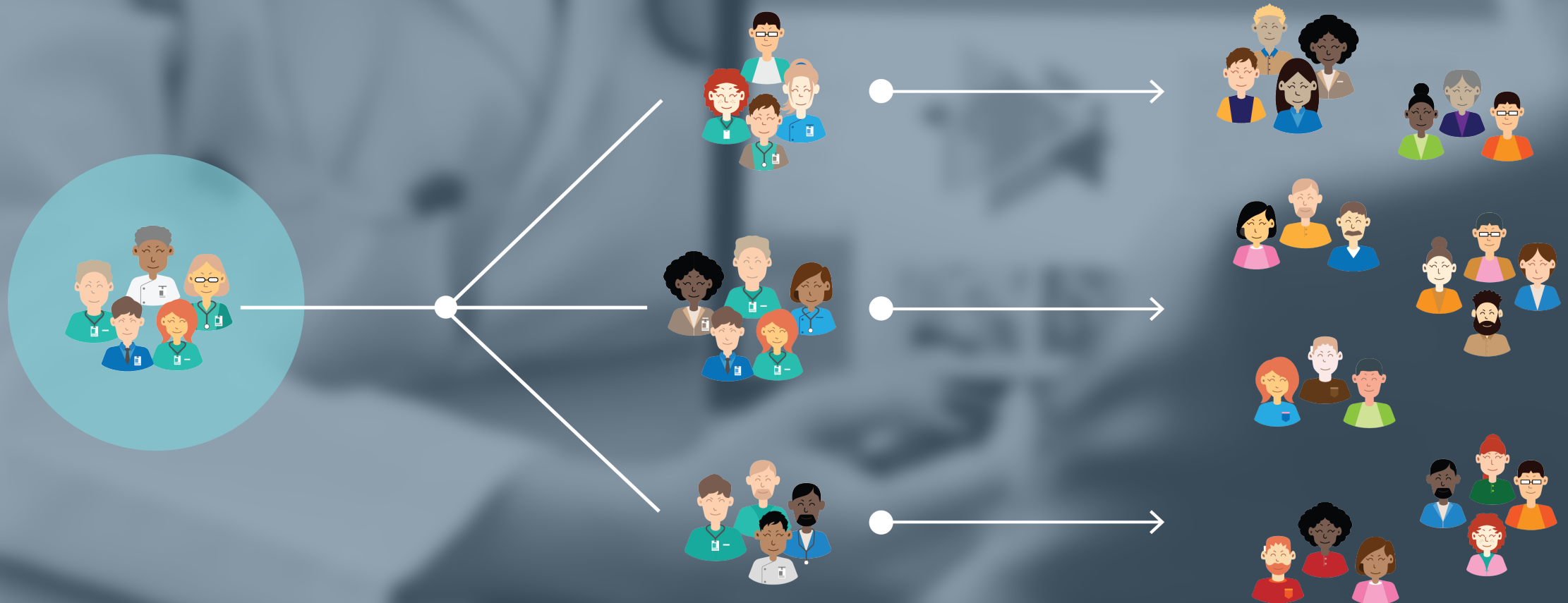
Specialist manages patient remotely



# 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



The NEW ENGLAND  
JOURNAL of MEDICINE

Patient Viral Response			
Outcome	ECHO	UNMH	P-value
	n = 261	n = 146	
Minority	68%	49%	p < 0.01
SVR* (Cure) Genotype 1	50%	46%	ns
SVR* (Cure) Genotype 2/3	70%	71%	ns
*SVR = sustained viral response Arora S. Thornton K., Murate G., et al. N Eng J Med. 2011; 364(23): 2199-207			

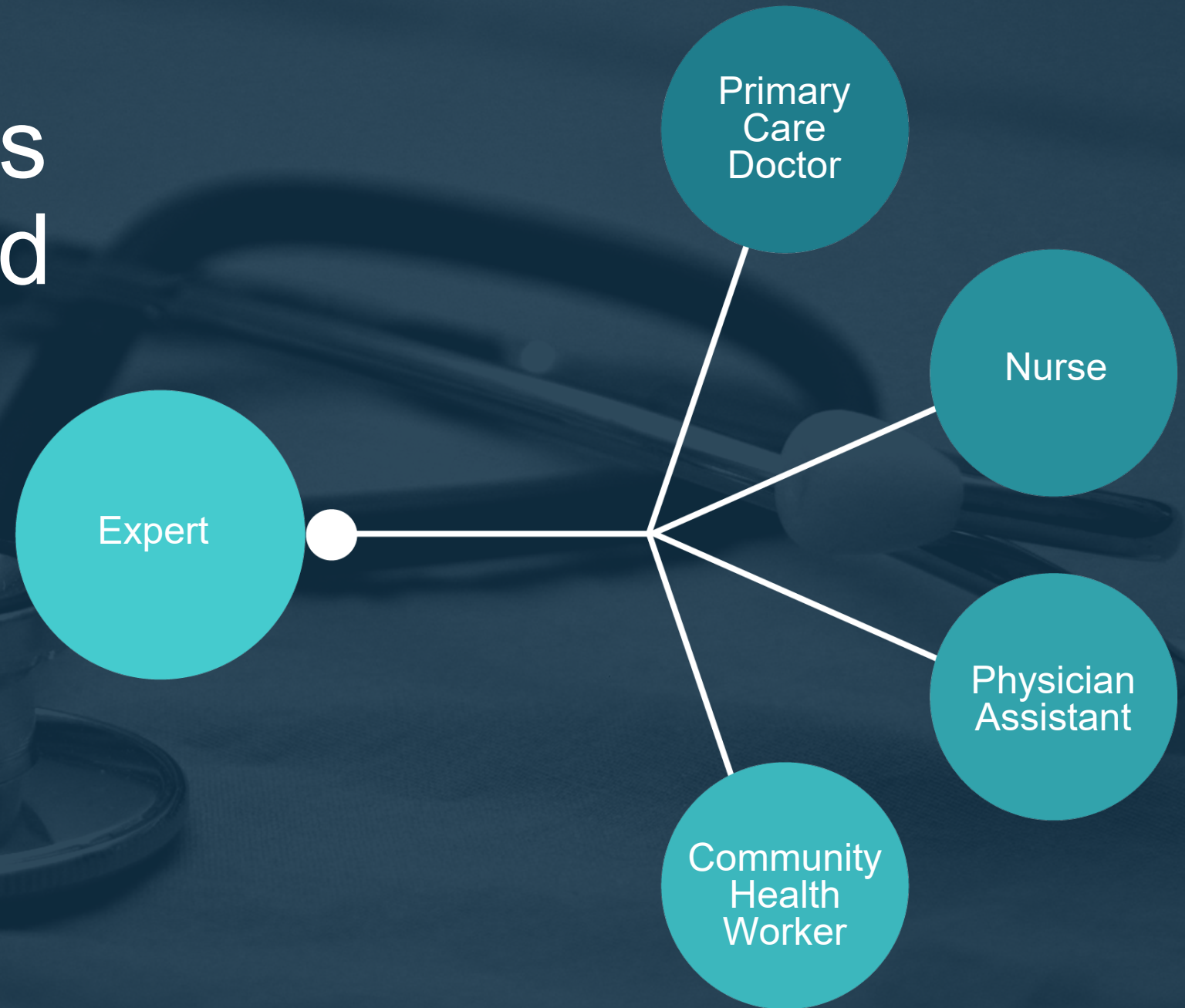
# Clinicians felt connected and happier

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

HCV Knowledge Skills and Abilities (Self-Efficacy)				
Community Clinicians N=25	Before MEAN (SD)	After MEAN (SD)	Paired Difference MEAN (SD) (p-value)	Effect Size for the change
Ability to treat HCV patients and manage side effects.	2.0 (1.1)	5.2 (0.8)	3.2 (1.2) ( $<0.0001$ )	2.6
Serve as local consultant within my clinic and in my area for HCV questions and issues.	2.4 (1.1)	5.6 (0.9)	3.3 (1.2) ( $<0.0001$ )	2.8
Overall Competence (average of 9 items)	2.8* (0.9)	5.5* (0.6)	2.7 (0.9) ( $<0.0001$ )	2.9
<p>*SVR = sustained viral response Arora S. Thornton K., Murate G., et al. N Eng J Med. 2011; 364(23): 2199-207</p>				



| 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

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## **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



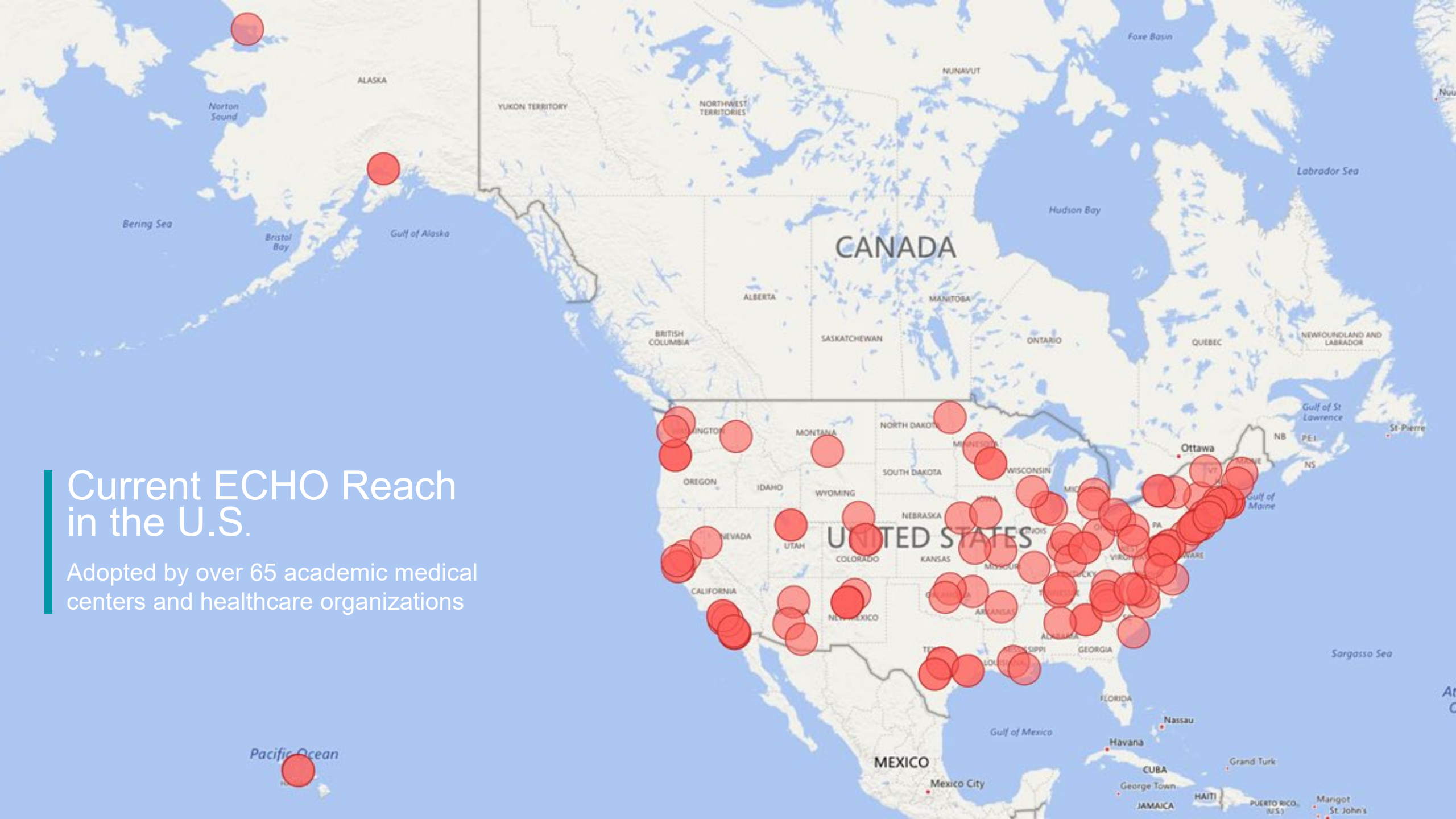
# ECHO now reaching a breadth of areas

- 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

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

Visit <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](mailto: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



## ISSUES WE WERE TRYING TO ADDRESS THROUGH PROJECT ECHO

- 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



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