

PROJECT ECHO: BRIDGING THE GAP IN HEALTH CARE TO PROVIDE TRAINING, TOOLS, AND SUPPORT FOR RURAL PROVIDERS

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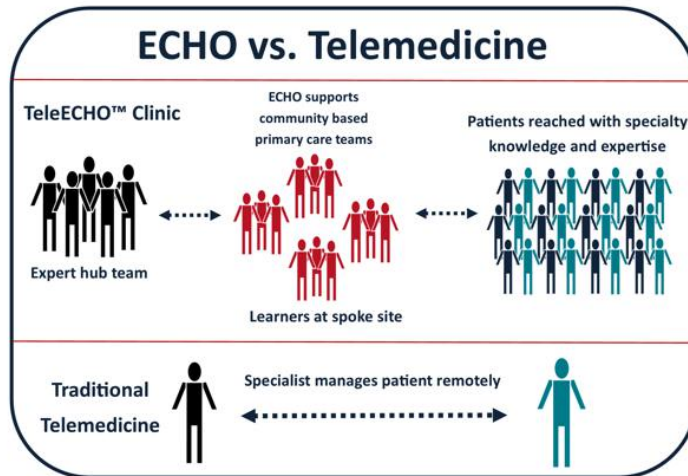
WHAT IS PROJECT ECHO?

Project ECHO (Extension for Community Health Outcomes) was developed in 2003 at the University of New Mexico, School of Medicine to develop the capacity to demopolize knowledge and amplify the capacity to provide best practice care for underserved populations.

What is the Project ECHO Model?

1. Use technology to leverage scarce resources.
2. Share 'best practices' to reduce disparities.
3. Apply case-based learning to master complexity.
4. Evaluate and monitor outcomes.





The ECHO model is not traditional “telemedicine” where the specialist assumes care of the patient, but is instead telementoring, a guided practice model where the participating clinician retains responsibility for managing the patient.

WHY PROJECT ECHO?

- North Dakota’s rural geography creates unique challenges for access to care.
- Resource limitations exist and resources are stretched more and more all the time, with only increasing demand on the foreseeable horizon.
- There is great need for increased access to specialty care in rural and underserved areas
- The Hub and Spoke learning model builds community capacity and improves patient outcomes



People need access to specialty care for their complex health conditions.



There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.



ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.



Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.

PROJECT ECHO LOGISTICS:

WHO:

Hub Team

- Multidisciplinary team of subject matter experts who share knowledge with primary care providers and team members.

Spoke Sites

- All members of the primary care team, including but not limited to:
 - Physicians, APRNs, PAs, nurses, behavioral health providers, social workers, pharmacists, local public health professionals and others.



PROJECT ECHO LOGISTICS:

WHAT:

- Each teleECHO clinic includes:
 - a brief didactic (20-25 min) presentation, on a relevant topic.
 - de-identified case presentation (35 min) from rural primary care team participants.
 - feedback and input from ECHO Hub subject matter experts and peer participants.



PROJECT ECHO LOGISTICS:

WHEN:

- ECHO clinics can take place weekly, bi-weekly or monthly.

WHERE:

- Rural primary care teams participate virtually using the Zoom platform.



PROJECT ECHO: ADDRESSING THE OPIOID CRISIS

- Management of Opioid Use Disorder (OUD) series was established with federal funds from *SAMHSA, State Targeted Response (STR) to the Opioid Crisis grant, administered by the ND Department of Human Services, Behavioral Health Division* to develop a broad and flexible continuum of care delivery specifically to treat opioid use disorders, offering both MAT and psychosocial treatment, to augment the limited resources as effectively as possible.



KEY PARTNERS

- Center for Rural Health
- Department of Psychiatry and Behavioral Health and Science
- Family and Community Medicine, UNDSMHS
- Blue Cross Blue Shield of North Dakota



PROJECT ECHO: ADDRESSING THE OPIOID CRISIS

- OUD TeleECHO Clinics began December, 2017 - April, 2019.
- An average of 13-18 participants from 6-8 spoke sites attended each of the 30 clinics.
 - Of those participants:
 - 18% were from rural locations
 - 82% were from urban locations
 - 25% of all participants were from UND Family Medicine Residency programs



MANAGEMENT OF OPIOID USE DISORDER PARTICIPANTS BY PROVIDER TYPE

Project ECHO Training Participants by Provider Type
(December 2017 – April 2019)

Total Trainings/Clinics	30
Total # Trained*	684
Physicians	209
Physician Assistants	22
Nurse Practitioners	78
Nurses (RN/LPN)	113
Social Workers	26
Addition Counselors	18
Other	218
<small>(PharmD, LRD, MS/MT, PhD, BBA, LPCC)</small>	

* An individual provider can attend multiple trainings and may be counted for each training they have attended under "Total # Trained" – this number does not reflect unique trainees.



CONTINUING EDUCATION PROCESS:

As part of the Continuing Medical Education (CME) requirements, participants were asked, prior to each teleECHO clinic:

- to complete a 3 question test (pre-test) to determine their scope of knowledge on the topic being presented.

After completion of the teleECHO clinic, they were asked to:

- complete the same test (post-test) in order to determine if there were any changes in knowledge after participating.



Continuing Education Process:

Each teleECHO clinic had a unique evaluation based on the learning objectives for each topic.



Information collected.

Overall reaction to:

- Clarity and Organization
- Presenters knowledge
- Application to practice

- Participants knowledge before and after
- Impact on participants knowledge, competence, and practice
- Will the information provided lead to changes in practice

- Level of commitment to making changes



FINDINGS FROM CME EVALUATIONS

- **Was there a change in knowledge?**
 - According to the pre/post test surveys, 40% of participants showed an increase in knowledge

- **Was the training provided applicable to practice?**
 - 32% said training provided was excellent
 - 47% said training provided was very good
 - 14% said training provided was good



FINDINGS FROM CME EVALUATIONS

- Respondents were asked to rate what they felt their level of knowledge was before and after each training.

Before	After
Expert – 6%	Expert – 6%
Very Knowledgeable – 27%	Very Knowledgeable – 51%
Somewhat Knowledgeable – 39%	Somewhat Knowledgeable – 31%
Slightly Knowledgeable – 24%	Slightly Knowledgeable – 12%
Novice – 4%	Novice – 0%



FINDINGS FROM CME EVALUATIONS

- **Participants were asked if they felt that their level of knowledge, competence, and performance increased with training.**
 - 37% felt their knowledge on topic increased
 - 33% felt their competency on topic increased
 - 30% felt that the training would improve their performance



FINDINGS FROM CME EVALUATIONS

- **Will information provided lead to change in practice?**
 - 85% of respondents said they would make changes to their practice after receiving ECHO training.
- **What is your level of commitment to making changes?**
 - 21% said they were very committed
 - 71% said they were committed



COMMENTS FROM PROJECT ECHO MANAGEMENT OF OPIOID USE DISORDER PARTICIPANTS:

- *“We are **just in the process of development** of relationships with community physicians in providing MAT at our facility. This additional information regarding best practice and identifying challenges will be very beneficial in establishing effective coordination of care between providers and our residential and outpatient treatment services.”*
- *“It has **made me more aware** of the extent of the Opioid epidemic in our state and country. Today’s activity is just the beginning of my learning more about opioid use disorder, and what those of us in primary care can do for these patients. I still have a lot to learn.”*
- *“A reminder of why I learned Motivational Interviewing and why I embrace it **nudges me to increase my awareness again** of using it effectively. The discussion brought to mind recent conversations and supervisory clinics I have utilized MI in effectively and not so effectively! It inspired me to do better.”*



COMMENTS FROM PROJECT ECHO MANAGEMENT OF OPIOID USE DISORDER PARTICIPANTS:

- *“I now have a **better appreciation of what treatments are needed**. With this knowledge, we now have a **greater impetus** to get patients connected to the care that they need. It still is a problem getting this care locally...”*
- *“**Understanding that one profession need not be an island** and interdisciplinary care should be included in all that is done for best practice.”*
- *“It’s been **immensely helpful** just to attend ECHO and have the **resources**. We know who we can call and ask questions, and we know we have that backup”*



FUTURE ECHO TOPICS

- Mental Health Technology Transfer Center
- Management of Opioid Use Disorder
- Pediatric Mental Health
- Diabetes
- Palliative Care
- Geriatric Care
- Medical Examiners
- EMS Medical Directors



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**TO LEARN
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