

# PROJECT ECHO

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A Health Share of Oregon, Columbia Pacific  
and Oregon Health & Science University  
*partnership*

# Why ECHO?

## (Extension for Community Healthcare Outcomes)

- Initially created at the University of New Mexico to support distant rural health clinics with little access to specialty expertise
- Links specialists with clinic based primary care providers via live video for training and consultation
  - Time efficient for all parties using structured approach
- National, urban, and rural spread in response to PCP need for help with common clinical challenges
  - Hep C, Addictions / Mental Health, Chronic Pain, Rheum...
- Major goal: expand the capacity to safely and effectively treat chronic and complex diseases frequently found in primary care
  - “Force multiplication” for both specialty and primary care, now even more urgent under ACA expansion

# Benefits of ECHO

- Allows PCPs to increase their knowledge and skills in areas that challenge them in a time efficient manner
  - Primary care providers/teams have regular access to “tele-mentorship” from specialists
- Decreases barriers to care; de-monopolizes knowledge
  - Reduces access problems for patients; expands scope of PCPCH, reducing need for sending patients “out”
  - Fosters collegiality and collaboration and improves professional satisfaction
- Promotes evidence based standards of care for better population outcomes

# What do weekly Project ECHO clinic sessions look like?

- Short specialist-delivered ~ 15-20 min didactic presentations (CME provided)
- Primary care physician-delivered real-time case-based presentations (1-2 each session)
- Patient co-management with the specialist and the primary care colleagues participating in the video conference.
  - PCP presents case, questions and recommendations elicited from PCPs and specialist, summary of recommendations provided, follow up presentation date planned
- Specialists' recommendations are provided in written format
- Specialists are available for urgent questions or issues outside of the video conferencing sessions



# ECHO Specialty Clinics Today

This model is being used in 19 specialty areas throughout the United States in these areas:

- Chronic pain and headache management
- Dementia care
- Diabetes and cardiovascular disease
- Hepatitis C
- HIV/AIDS
- Integrated addictions and psychiatry
- Palliative care
- Rheumatology
- Women's health/genomics
- Complex care

# Why is Health Share, Columbia Pacific and OHSU Sponsoring ECHO?

By supporting the creation of the first ECHO tele-mentoring clinic, we hope to:

- Reduce barriers to specialty consultation for primary care around common clinical challenges
- Introduce Oregon to a proven new technology that can help “transform” delivery system relationships in multiple communities
- Increase the resources available to primary care providers to improve both professional satisfaction and patient outcomes

# Experience to Date (1<sup>st</sup> Cohort)

# Operations Cases

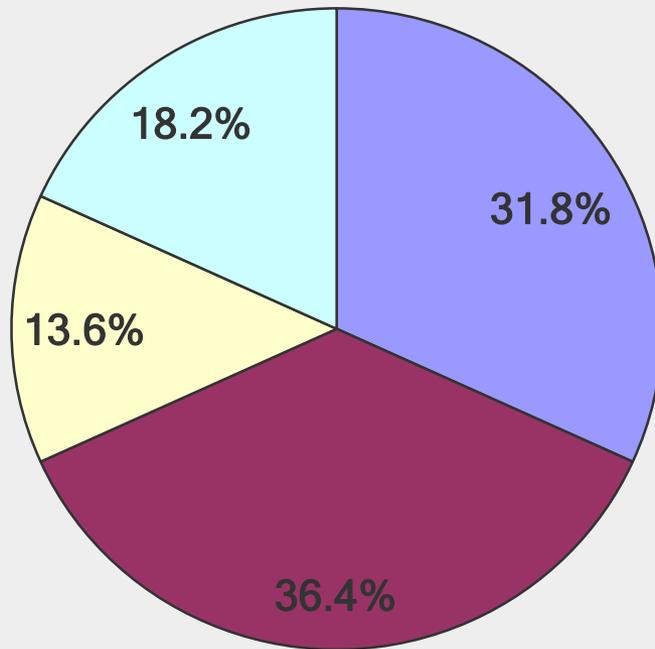
- Launched September 2014
- 52 new case presentations
- 3 follow up presentations
- Cases are becoming increasingly more complex as ECHO matures
- Cohort 2 includes clinics associated with Columbia-Pacific CCO

# Our Partners



# OHSU ECHO Participants Are...

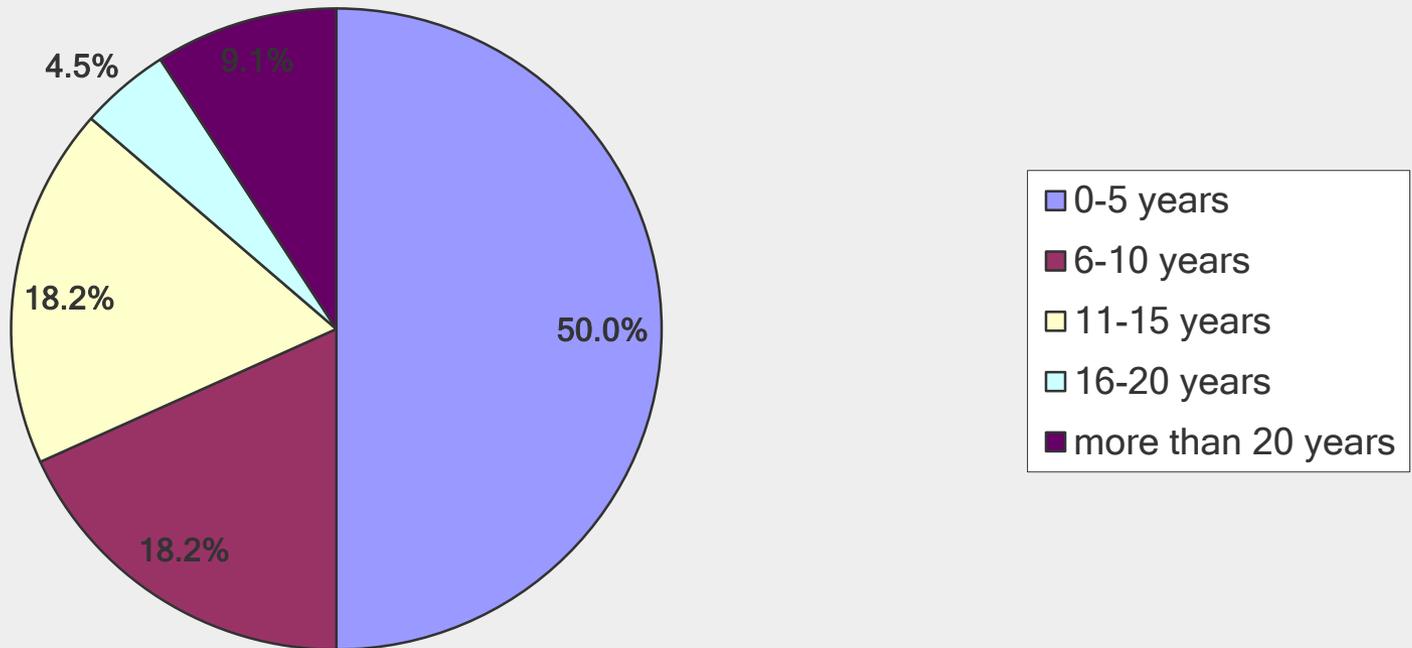
Clinical Role:



- Physician (indicate specialty)
- Nurse Practitioner (indicate specialty)
- Physician's Assistant (indicate specialty)
- Other (please specify role with specialty, below)

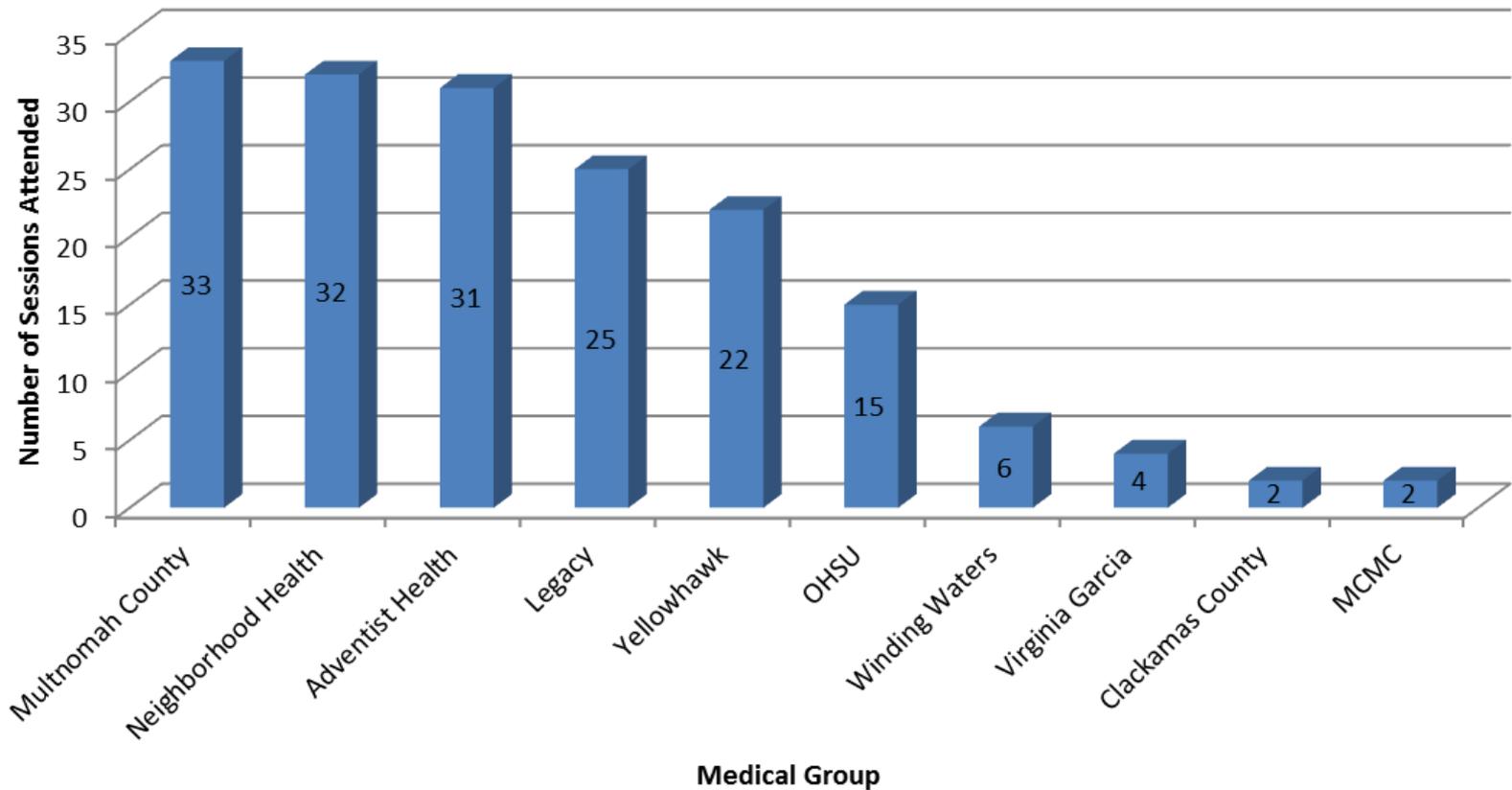
# OHSU ECHO Participants Are...

Number of years in practice at your current level of training:



# Operations

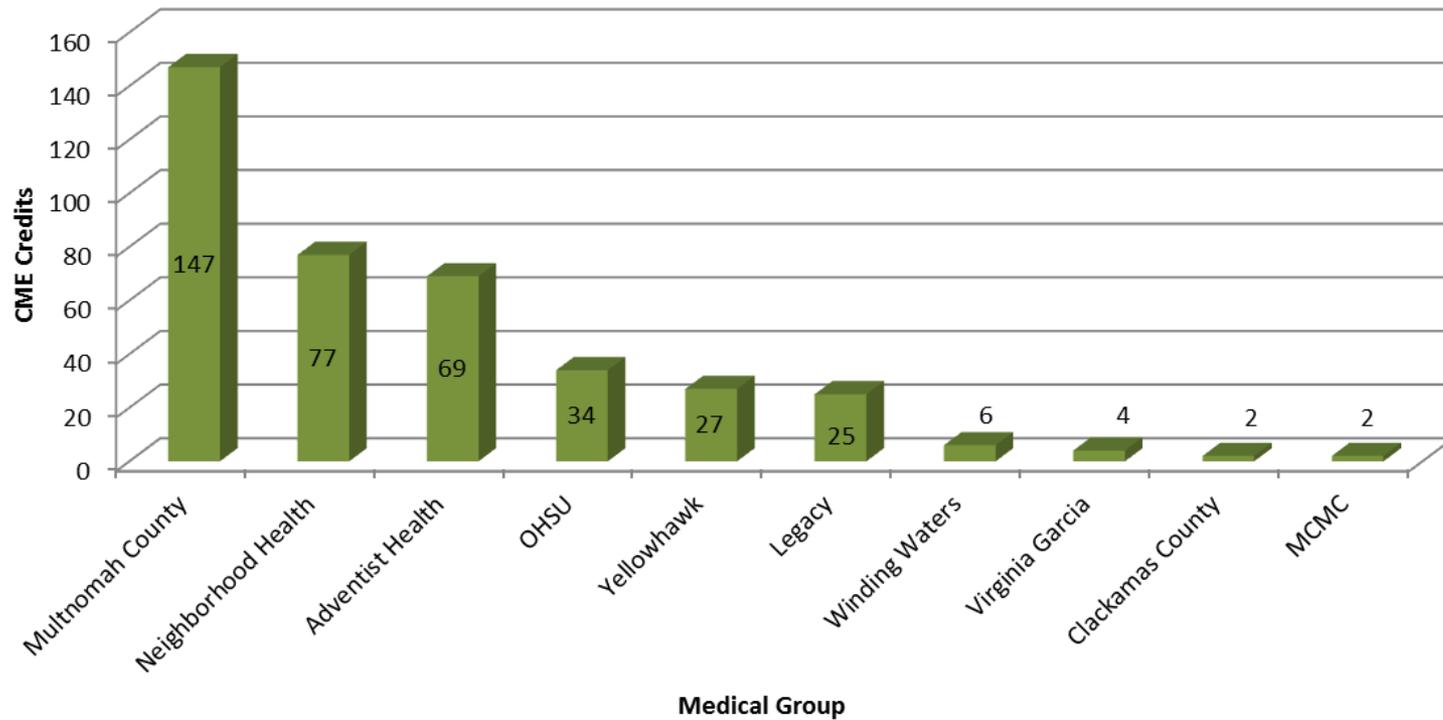
## Participants (at least one per site)



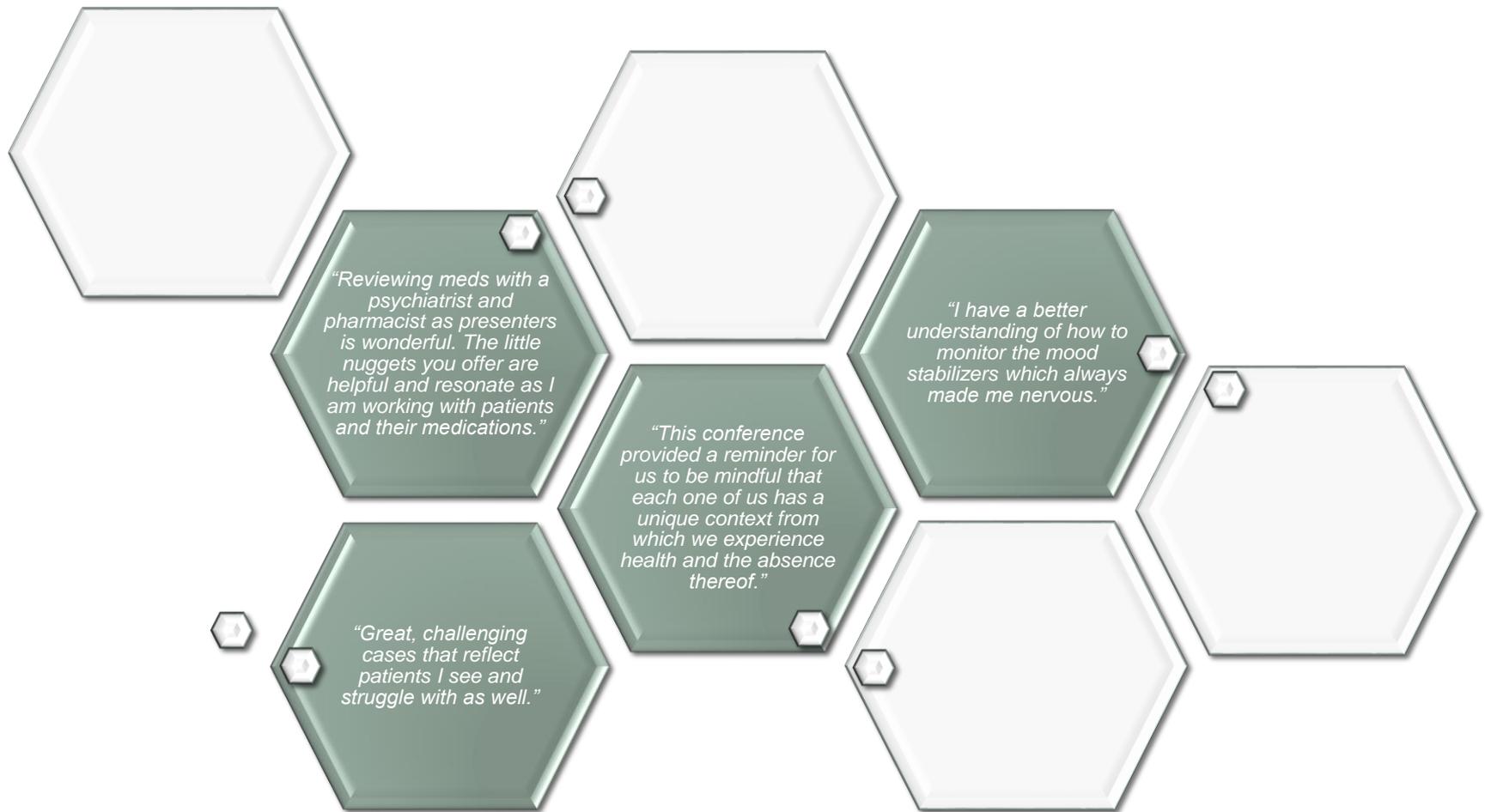
# Operations

## CME Awarded

### CME Credits Awarded



# OHSU ECHO Comments...



# Evaluation Dissemination

Question asked on mid-point evaluation: How many times have you engaged in the following activities to sustain and spread the benefits of participating in ECHO?

	None	Less Than 3 Times	Between 3 & 5 Times	Between 5 & 10 Times	10 or More Times
Conducted a didactic teaching session for my colleagues on screening for mental health disorders	66.67% 12	22.22% 4	5.56% 1	0.00% 0	5.56% 1
Conducted a didactic teaching session for my colleagues on medication management for mental health disorders	61.11% 11	27.78% 5	5.56% 1	0.00% 0	5.56% 1
Conducted a didactic teaching session for my colleagues on non-pharmaceutical management of mental health disorders	72.22% 13	16.67% 3	0.00% 0	5.56% 1	5.56% 1
Provided case consultation for a colleague on a patient with a mental health disorder	5.56% 1	44.44% 8	27.78% 5	11.11% 2	11.11% 2
Changed a clinic policy or procedure to improve care for patients with mental health disorders	61.11% 11	22.22% 4	11.11% 2	0.00% 0	5.56% 1
Convened a multi-disciplinary group within my clinic to discuss improving care for patients with mental health disorders	83.33% 15	11.11% 2	0.00% 0	0.00% 0	5.56% 1

# Year End Data Review

**OHSU NWATTC** (Northwest Addiction Technology Transfer Center) will evaluate the pre-session survey with the mid-session and post session survey to identify any data trends that may be significant to evaluate the efficacy of ECHO.

In particular, changes in provider self-efficacy will be the focus in Year 1. Pharm spend, ED visits, out referrals and hospitalizations will be measured in Year 2.

# Thank You!!!

For more information please contact:

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