Our Structure

Telemedicine
- Provider to Patient
- Virtual Visits
- eVisits
- Digital Health

Project ECHO
- Provider to Provider
- eConsults
- Education
The mission of Project ECHO® is to reduce healthcare costs and improve outcomes by expanding the capacity to provide cost-effective, best-practice care for common and complex healthcare needs of patients in rural and urban underserved areas.
Project ECHO: Method

• Use technology (multipoint, interactive video-conferencing via internet) to leverage scarce healthcare resources and build learning communities

• Case-based learning: Co-management of patients with specialists (learning by doing)

• Schedule of “clinical updates” presented by experts in 10-15 minute didactic talks

• 1-1.5 hours of no-cost AMA PRA Category 1 credit per session
The General Process

• Identify patient, assign ECHO ID, and track in ECHO ID spreadsheet

• Fill out initial case presentation form and send (along with imagining) to Project ECHO

• Attend ECHO session, present patient to group, and receive recommendations, which will be scanned to you

• Treat patient accordingly with newly gained insights

• Re-present patient as necessary using follow-up case presentation form
ECHO vs. Referral or Telemedicine

ECHO Team

Community-based Care Teams

Patients reached with specialty knowledge & expertise

Specialist Provider

(multiply this scenario by the # of specialists needed)

Patient
Clinical Areas Served

- Hepatitis C (October 2011)
- Advanced Liver Care (August 2013)
- Immune Disorders of the Gut (June 2014)
- Behavioral Health (August 2014)
- Med/Peds Residency ECHO (August 2014)
- Interprofessional Education ECHO (March 2015)
- UU Community Clinics Headache ECHO (March 2015)
- Chronic Pain & Headache Management (April 2015)
- Pregnancy Care (June 2015)
- Counseling Pts w/ Familial Cancer (July 2015)
- UU Community Clinics HCV ECHO (August 2015)
- Nursing Education (September 2015)
- Ob Hemorrhage (October 2015)
In the Pipeline...

- Osteoporosis
- PM & R
- Adult Spinal Deformities (Neuro surg & Ortho)
- Pulmonology: IPF
- Support for global programs
<table>
<thead>
<tr>
<th>Clinical Area</th>
<th>Primary Mentors/Champions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C</td>
<td>Terry Box, Anthony Dalpiaz, Paula Gibbs</td>
</tr>
<tr>
<td>Liver Care</td>
<td>Terry Box, Juan Gallegos, Ray Thomason, Robin Kim, Anthony Dalpiaz</td>
</tr>
<tr>
<td>Immune Disorders of the Gut</td>
<td>Kathy Boynton, John Valentine, Jessica Johnson, Anthony Dalpiaz</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Paula Gibbs, Rae Murphy</td>
</tr>
<tr>
<td>Med/Peds Residency ECHO</td>
<td>Mike Flynn, Margaret Solomon, Chief Resident (currently Paige Patterson), various faculty physicians</td>
</tr>
<tr>
<td>Interprofessional Education ECHO</td>
<td>Sue Cantarini, Susan Hall, various faculty physicians</td>
</tr>
<tr>
<td>Headache for Community Clinics</td>
<td>Kathleen Digre, Susan Baggaley, Karly Pippitt, Patricia Jerrant, community clinic providers</td>
</tr>
<tr>
<td>Chronic Pain &amp; Headache Mgmt</td>
<td>Scott Junkins, Eric Yelsa, Susan Baggaley, Tamara Dangerfield</td>
</tr>
<tr>
<td>Pregnancy Care</td>
<td>Erin Clark, Mike Draper, Jeanette Carpenter, Birth Care Health Care</td>
</tr>
<tr>
<td>Counseling Pts w/ Familial Cancer</td>
<td>Amanda Gammon, Saundra Buys, Wendy Kohlmann, DOH, Intermountain</td>
</tr>
<tr>
<td>HCV for Community Clinics</td>
<td>Terry Box, Anthony Dalpiaz, Paula Gibbs, Susan Terry, multiple community clinic providers</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>Multiple nurses, Outreach &amp; Network Development</td>
</tr>
<tr>
<td>Ob Hemorrhage</td>
<td>Erin Clark, DOH, Intermountain</td>
</tr>
</tbody>
</table>
Who participates?

- MDs
- DOs
- NPs
- PAs
- Pharmacists
- Nurses
- Midwives
- Genetic Counselors
- Other Allied Health Professionals
- Specialists
- Generalists
- FQHCs
- Private Practices
- IHS
- Hospitals
- Training Programs
“Exceptional Patient Experience”

The Power to Cure, Multitasking
By DAVID BORSTEIN
JUNE 11, 2014 11:30 AM

Ten years ago Dr. Sanjay Arora had sequenced the hepatitis C virus genome. Now he’s part of a team that’s developing a cure for the disease.

Today, the solution is in sight. Three major companies have introduced effective new treatments. The World Health Organization has estimated that 170 million people have hepatitis C, a disease that infects the liver and can cause cirrhosis and liver cancer, resulting in 700,000 deaths each year in the United States and 350,000 deaths globally.

In 1990, when drug treatment for hepatitis C was first approved, the cure rate was just 6 percent. By 2009, it had climbed to 45 percent (depending on the patient’s genotype). Dr. Arora said he was “thrilled” when he learned the cure rate had increased to 90 percent.

The obsession over finding a cure is understandable. Arora said he was motivated by the social mission, which is why he started the Arora Foundation. He has been able to award grants to support research and to provide funding for clinical trials.

There is a vital idea. It’s that people are often motivated by something that is of value to them—whether it’s a social mission, a family member, or a loved one. In this case, the social mission is the cure for hepatitis C. The foundation has awarded $10 million in grants to researchers and clinicians working on a cure. This has led to new treatments and increased public awareness of the disease.

Of course, all of this good work can only happen if the patients are willing to participate. And that’s where the social mission comes in. Just as the cure for hepatitis C is important, so is the patient and what they’re willing to do for their own health.

There are other reasons why the social mission is important. It’s not just about the patients. It’s about the community, the doctors, and the nurses who work with them. And it’s about the future. If we can find a cure for hepatitis C, it will not only benefit those who are infected, but it will also set a precedent for finding a cure for other diseases.

From September 30, 2012, to February 28, 2014, ECHO programs in Utah and Arizona recruited providers serving populations at increased risk for HCV infection (e.g., persons born during 1945-1965) and in areas with a shortage of HCV specialists. Providers with an interest in treating HCV infection and access to videoconferencing technology (e.g., access to a webcam and software provided by Project ECHO) were eligible to participate. Utah targeted community-based providers in seven neighboring states (Oregon, California, Idaho, Utah, Montana, Wyoming, and Colorado) with an estimated population of 10 million, one and the same, and in fact they frequently come into conflict. Our failure to see the distinction means we’re more likely to do what’s best for our organization, and not necessarily what’s best for the world.
Technical Requirements
Leveraging Internet Availability =
A Simple Solution to a Complex Problem

- Access to best-practice care for patients leading to better outcomes
- Individualized consultation for providers
- Capacity of health system to manage common and costly conditions

- Costs to health system
- Disparities in health care
- Professional isolation
- Inappropriate/over-utilization of system
• Evidenced-based best practices
• Monitoring outcomes, disseminating results
• Exceptional patient experience

↑ Capacity & ↑ access
• Support for providers in Utah and the Intermountain West
• Relationships with U specialists

ECHO: Making the RIGHT thing to do
the EASY thing to do.
Barriers to Growth & Sustainability

1. Specialists are not compensated for the time they spend training community providers

2. Community providers are not compensated for the time they spend consulting with specialists

3. We lack necessary evidence/data to effectively demonstrate value

4. Staffing always a concern with rapid growth
Current Funding & In-kind Support

- UUHC
- UUMG
- Department Chairs/Division Chiefs
- Administrative Directors
- Grants
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