



UNIVERSITY OF UTAH
HEALTH CARE

Project ECHO

Terry D. Box, MD

Medical Director

Leah Willis, MS

Operations Manager



UNIVERSITY OF UTAH
HEALTH CARE



UNIVERSITY OF UTAH
HEALTH CARE

TeleHealth Services

Our Structure

Telemedicine

Provider to Patient
Virtual Visits
eVisits
Digital Health

Project ECHO

Provider to Provider
eConsults
Education



UNIVERSITY OF UTAH
HEALTH CARE

Project ECHO: Mission

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.





UNIVERSITY OF UTAH
HEALTH CARE

Project ECHO: Method

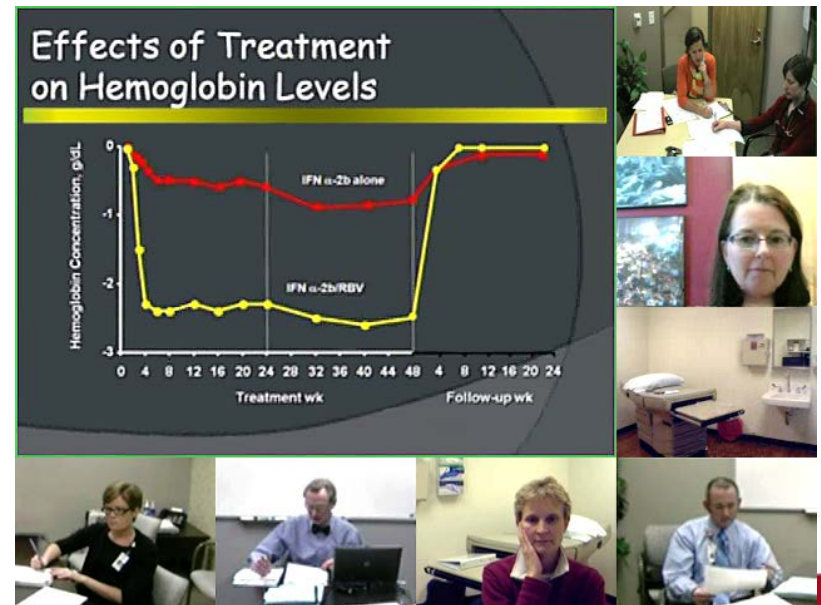
- Use technology (multipoint, interactive video-conferencing via internet) to leverage scarce healthcare resources and build learning communities
- Case-based learning: Co-management of patients with specialists (learning by doing)
- Schedule of “clinical updates” presented by experts in 10-15 minute didactic talks
- 1-1.5 hours of no-cost AMA PRA Category 1 credit per session



The General Process

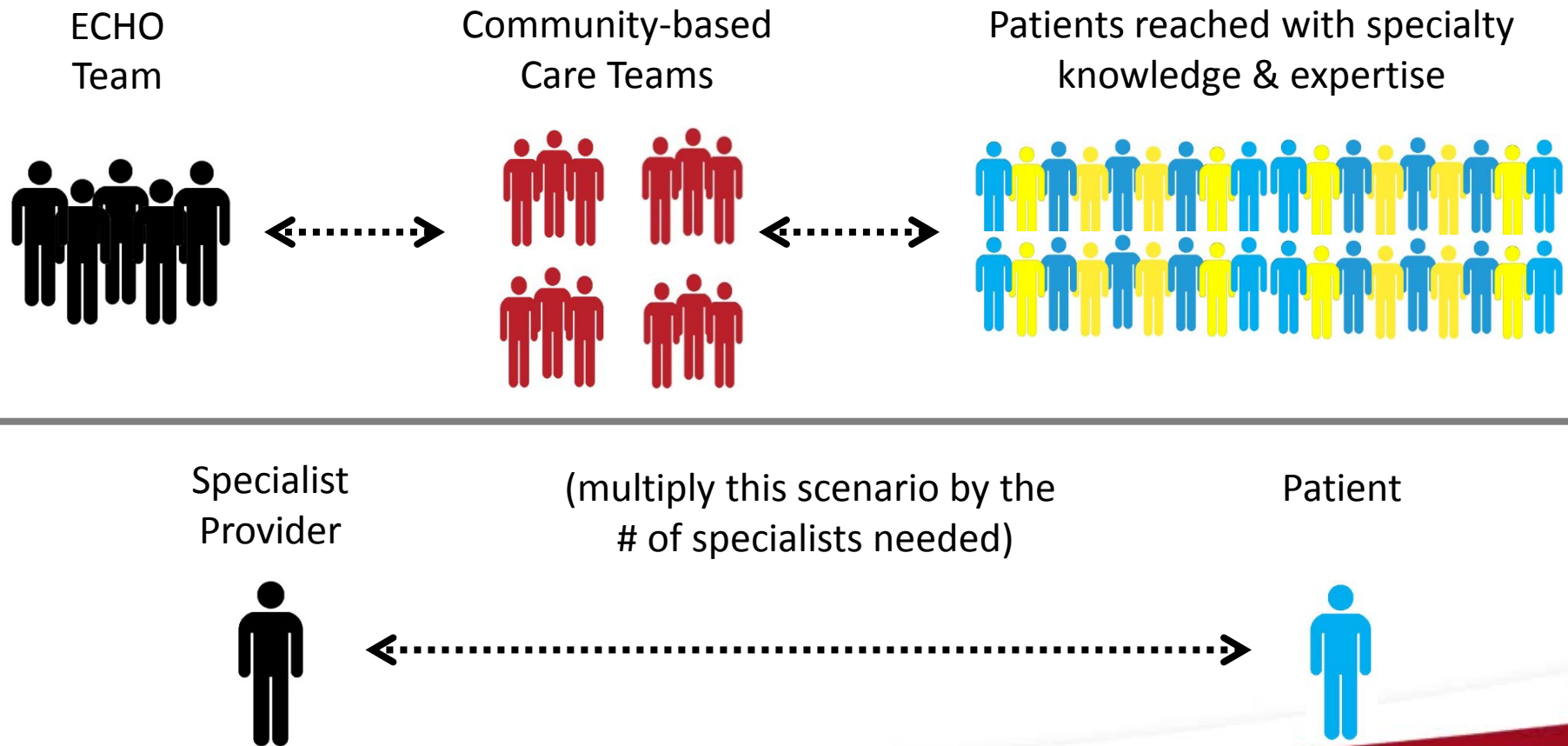
- Identify patient, assign ECHO ID, and track in ECHO ID spreadsheet
- Fill out *initial* case presentation form and send (along with imaging) to Project ECHO
- Attend ECHO session, present patient to group, and receive recommendations, which will be scanned to you
- Treat patient accordingly with newly gained insights
- Re-present patient as necessary using *follow-up* case presentation form





UNIVERSITY OF UTAH
HEALTH CARE

ECHO vs. Referral or Telemedicine



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

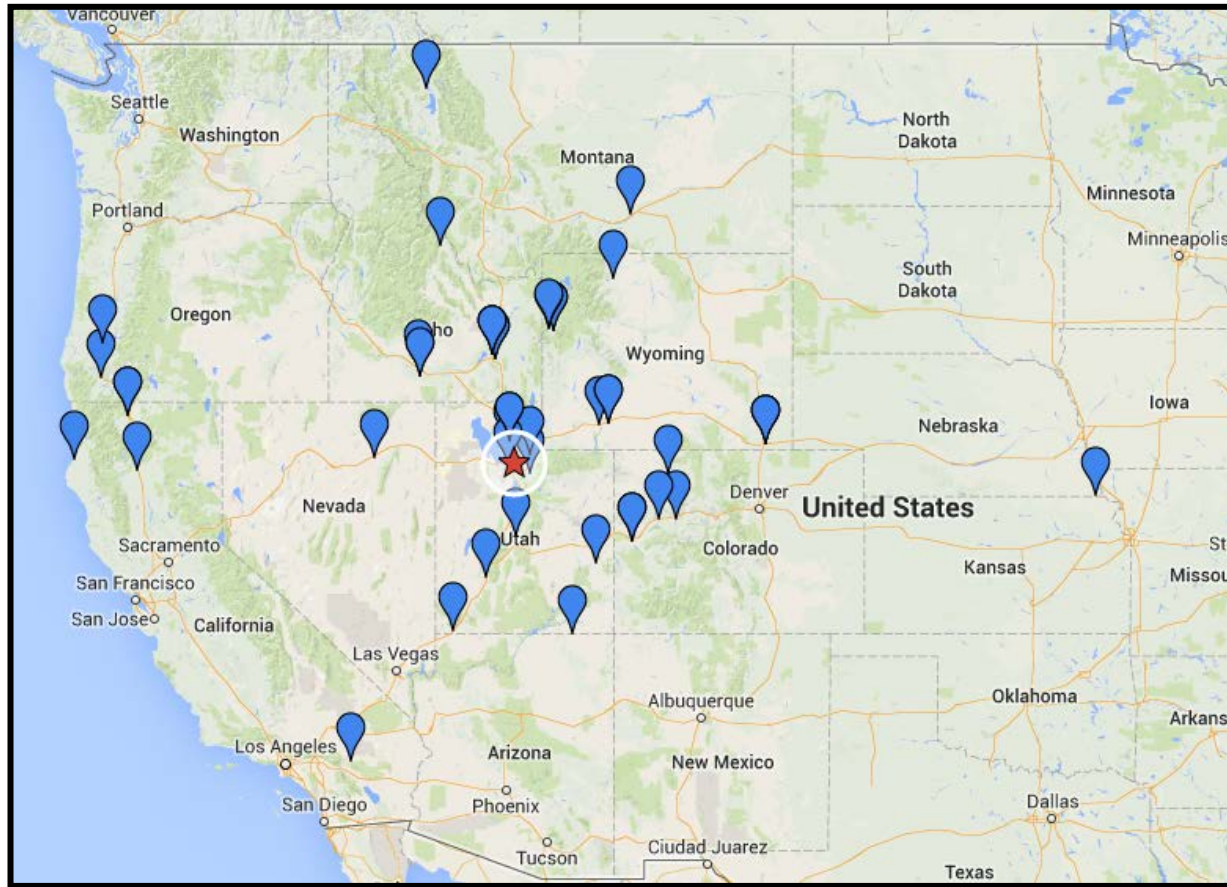


Mentor List

Clinical Area	Primary Mentors/Champions
Hepatitis C	Terry Box, Anthony Dalpiaz, Paula Gibbs
Liver Care	Terry Box, Juan Gallegos, Ray Thomason, Robin Kim, Anthony Dalpiaz
Immune Disorders of the Gut	Kathy Boynton, John Valentine, Jessica Johnson, Anthony Dalpiaz
Behavioral Health	Paula Gibbs, Rae Murphy
Med/Peds Residency ECHO	Mike Flynn, Margaret Solomon, Chief Resident (currently Paige Patterson), various faculty physicians
Interprofessional Education ECHO (DNP program, pharmacy, medicine, wellness coaching, social work)	Sue Cantarini, Susan Hall, various faculty physicians
Headache for Community Clinics	Kathleen Digre, Susan Baggaley, Karly Pippitt, Patricia Jerrant, community clinic providers
Chronic Pain & Headache Mgmt	Scott Junkins, Eric Yelsa, Susan Baggaley, Tamara Dangerfield
Pregnancy Care	Erin Clark, Mike Draper, Jeanette Carpenter, Birth Care Health Care
Counseling Pts w/ Familial Cancer	Amanda Gammon, Saundra Buys, Wendy Kohlmann, DOH, Intermountain
HCV for Community Clinics	Terry Box, Anthony Dalpiaz, Paula Gibbs, Susan Terry, multiple community clinic providers
Nursing Education	Multiple nurses, Outreach & Network Development
Ob Hemorrhage	Erin Clark, DOH, Intermountain



Who participates?




MDs
DOs
NPs
PAs
Pharmacists
Nurses
Midwives
Genetic Counselors
Other Allied Health Professionals
Specialists
Generalists
FQHCs
Private Practices
IHS
Hospitals
Training Programs



UNIVERSITY OF UTAH
HEALTH CARE

“Exceptional Patient Experience”



The N
JOU

HOME ARTICLES & MULTIMEDIA

ORIGINAL ARTICLE

Outcomes of Treatment of Hepatitis C Virus Infection in Primary Care Providers

Sanjeev Arora, M.D., Karla Thornton, Denise Dion, Ph.D., Brooke Parish, Kristin, M.D., John Brown, M.A., Steven N Engl J Med 2011; 364:2199-2207

Abstract Article References

BACKGROUND

The Extension for Community Healthcare Outcomes (ECHO) program was developed to improve access to care for populations with complex hepatitis C virus (HCV) infection. With the use of the ECHO program, training primary care providers in treating HCV infection.

METHODS

We conducted a prospective study of HCV infection at the University of New Mexico (UNM) treatment by primary care clinicians and patients in New Mexico. Patients with HCV infection who had received no prior treatment were enrolled. The primary outcome was response.

Full Text of Methods...

RESULTS

A total of 57.5% of the patients treated at the UNM HCV clinic (84 of


The Opinion Pages

Opinionator

FIXES


The Power to Cure, Multitasking

By DAVID BORNSTEIN JUNE 11, 2014 11:30 AM



Fixes looks at solutions to social problems and why they work.

EMAIL SHARE TWEET SAVE MORE



Today, the solution to hepatitis C, a disease that has killed million people around the world. Most Americans do not know they are infected, which is one of the reasons it remains the leading cause of and liver cancer, resulting in 17,000 deaths each year in the United States and 350,000 deaths worldwide.

In 1990, when drug resistance was just 6 percent, the rate climbed to 45 percent by 2010 (depending on their location). Arora recalled. (New Mexico's efficacy, safety and effectiveness remain a barrier.)

New York Times

Want To Fix Social Enterprise Then Go To The Source

Michael Zakaras

+ Comment Now + Follow


If the ecosystem of social enterprise is drowning out a semblance of mission, then the talk is about redefining doing good. In the process, social enterprise becomes enterprise.

The obsession with growth, which the very definition of social mission; piece, asking how to make property or any other thing.

Of course, all of this is always good, right? Selling social impact.

There is a vital idea – between the lines. They're often redefined rights, or Gramscian 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.

CDC Home

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Morbidity and Mortality Weekly Report (MMWR)

MMWR

Recommend Tweet Share

Expanding Primary Care Capacity to Treat Hepatitis C Virus Infection Through an Evidence-Based Care Model – Arizona and Utah, 2012-2014

Weekly
May 9, 2014 / 63(18);393-398

Kiren Mitruka, MD¹, Karla Thornton, MD², Susanne Cusick³, Christina Orme³, Ann Moore⁴, Richard A. Manch, MD⁴, Terry Box, MD³, Christie Carroll², Deborah Holtzman, PhD¹, John W. Ward, MD¹ (Author affiliations at end of text)

Hepatitis C virus (HCV) infection is the leading reason for liver transplantation and a common cause of hepatocellular carcinoma, the most rapidly increasing cause of cancer-related deaths in the United States (1,2). Of the approximately 3 million persons living with HCV infection in the United States, an estimated 38% are linked to care, 11% are treated, and 6% achieve cure (3). Recent development of highly effective and well-tolerated medications, such as sofosbuvir and simeprevir, to treat chronic HCV infection shows promise in curbing rising HCV-related morbidity and mortality, with the potential to cure >90% of patients. To fully benefit from these new treatments, improvement in linkage to care and treatment is urgently needed. Lack of provider expertise in HCV treatment and limited access to specialists are well-documented barriers to HCV treatment (4,5). In September 2012, CDC funded programs in Utah and Arizona to improve access to primary care providers with the capacity to manage and treat HCV infection. Both programs were modeled on the Extension for Community Healthcare Outcomes (Project ECHO), developed by the University of New Mexico's Health Sciences Center in 2003 to build primary care capacity to treat diseases among rural, underserved populations through videoconferencing and case-based learning in "teleECHO" clinics. To assess the effectiveness of these programs in improving primary care provider capacity and increasing the number of patients initiating treatment, process and patient outcome data for each state program were analyzed. In both states, Project ECHO was successfully implemented, training 66 primary care clinicians, predominantly from rural settings. Nearly all (93%) of the clinicians had no prior experience in care and treatment of HCV infection. In both states combined, 129 (46%) of HCV-infected patients seen in teleECHO clinics received antiviral treatment, more than doubling the proportion of patients expected to receive treatment (3). These findings demonstrate Project ECHO's ability to expand primary care capacity to treat HCV infection, notably among underserved populations.

Project ECHO was designed to build primary care clinicians' capacity to treat chronic, common, and complex diseases through weekly teleECHO clinics called "Knowledge Networks," in which primary care clinicians present their cases, through videoconferencing, to specialists who provide advice and clinical mentoring. Working together and supplemented with short didactic presentations (e.g., on HCV diagnosis and management) by interdisciplinary experts, the community-based providers and specialists manage patients following evidence-based protocols.

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,



UNIVERSITY OF UTAH
HEALTH CARE

Technical Requirements



UNIVERSITY OF UTAH
HEALTH CARE

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

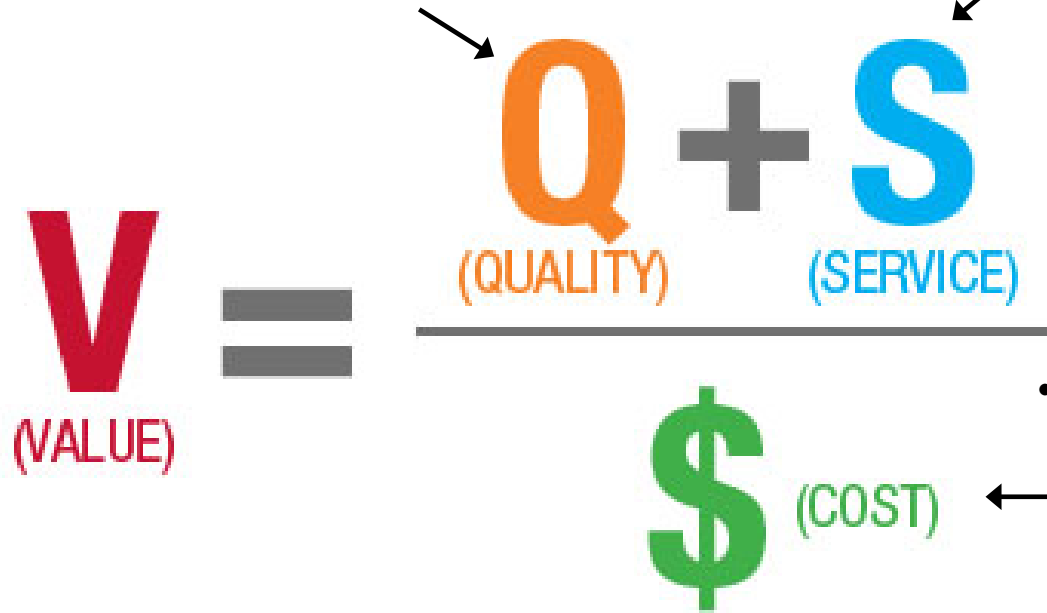


- Costs to health system
- Disparities in health care
- Professional isolation
- Inappropriate/over- utilization of system



- 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



U ECHO: *Making the RIGHT thing to do the EASY thing to do.*



UNIVERSITY OF UTAH
HEALTH CARE

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



For more information:



UNIVERSITY OF UTAH
HEALTH CARE

Project ECHO

Leah Willis, MS

Business Operations Manager

801.587.9875 (Office)

910.750.9259 (Cell)

leah.willis@hsc.utah.edu

echo@hsc.utah.edu

<http://healthcare.utah.edu/echo/>



UNIVERSITY OF UTAH
HEALTH CARE