

Project ECHO: Increasing Access to Specialty Care in Rural and Frontier Oregon

Oregon Office of Rural Health Conference
October 2, 2019

Maggie McLain McDonnell, MPH
Director, Oregon ECHO Network



Disclosures

Maggie McLain McDonnell has nothing to disclose.

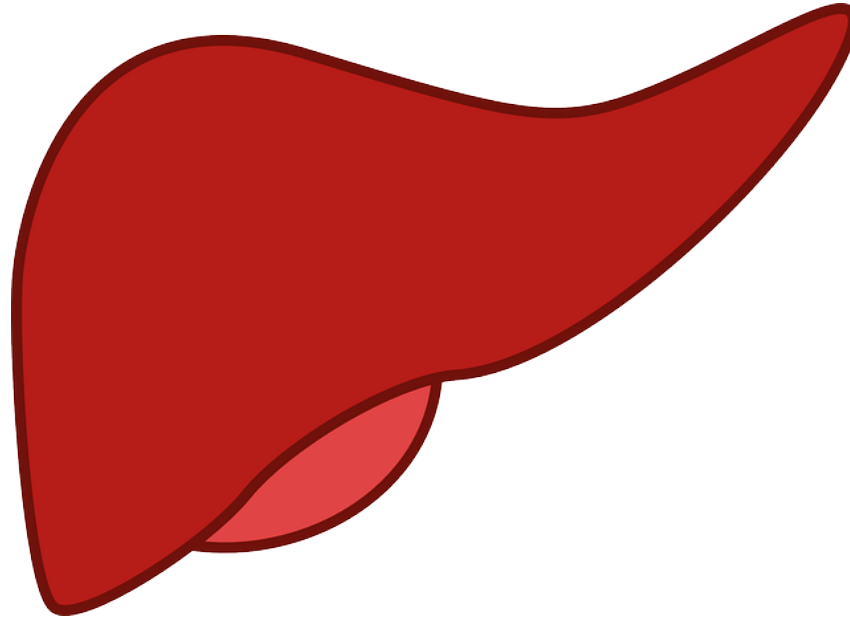
Presentation Goals

1. Briefly describe the ECHO model and how it is different from other types of telemedicine
2. Overview of Oregon ECHO Network
3. Share program overviews and selected findings from Oregon ECHO Network-supported ECHO programs
4. Learn about opportunities to participate

The Beginnings of ECHO: University of New Mexico- 2003

**ECHO= Extension for Community Healthcare
Outcomes**

Problem: 8
month waiting
period to see a
specialist for
hepatitis C



The Project ECHO® (Model Principles)

1. Use Technology (multipoint videoconferencing and Internet) to leverage scarce resources
2. Sharing “best practices” to reduce disparities
3. Case-based learning to master complexity
4. Program evaluation and data tracking



Arora (2013); Supported by N.M. Dept. of Health, Agency for Health Research and Quality HIT Grant 1 UC1 HS015135-04, New Mexico Legislature, and the Robert Wood Johnson Foundation.

“All teach, All learn”

- Clinicians learn from specialists
- Clinicians learn from each other
- Specialists learn from practicing clinicians

Evidence for Project ECHO

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D.,
Paulina Deming, Pharm.D., Summers Kalishman, Ph.D., Denise Dion, Ph.D.,
Brooke Parish, M.D., Thomas Burke, B.S., Wesley Pak, M.B.A.,
Jeffrey Dunkelberg, M.D., Martin Kistin, M.D., John Brown, M.A.,
Steven Jenkusky, M.D., Miriam Komaromy, M.D., and Clifford Qualls, Ph.D.

POPULATION HEALTH MANAGEMENT
Volume 00, Number 00, 2017
© Mary Ann Liebert, Inc.
DOI: 10.1089/pop.2016.0087

Original Article

Telementoring Primary Care Clinicians to Improve Geriatric Mental Health Care

Elisa Fisher, MPH, MSW,¹ Michael Hasselberg, PhD, RN, PMHNP-BC,^{2,3} Yeates Conwell, MD,²
Linda Weiss, PhD,¹ Norma A. Padrón, PhD, MPH,^{4,5} Erin Tiernan, BS,² Jurgis Karuza, PhD, MA,^{6,7}
Jeremy Donath,⁸ and José A. Pagán, PhD^{1,9,10}

Review

The Impact of Project ECHO on Participant and Patient Outcomes: A Systematic Review

Carrol Zhou, MD, Allison Crawford, MD, Eva Serhal, MBA, Paul Kurdyak, MD, PhD,
and Sanjeev Sockalingam, MD, MHPE

National Perspective on Project ECHO

- Over 180 organizations in the U.S. and 35 countries
- Nearly 140 different U.S. program topics
 - Addictions
 - Autism
 - Behavioral/Mental Health
 - Cancer Screening and Prevention
 - Cardiology/Heart Failure
 - Care Transitions
 - Chronic Pain
 - Community Health Workers
 - Hepatitis C
 - HIV
 - Liver Care
 - Neurology
 - Palliative Care
 - Pediatrics
 - Prison Peer
 - Pulmonary/Asthma
 - Quality Improvement
 - Women's Health

Oregon ECHO Network

- **Statewide resource for ECHO programs and services**, e.g. supports participant recruitment, evaluation, IT support, faculty engagement and contracting, curriculum development, delivery of sessions, CME, Maintenance of Certification Part 2
- **Hosted at Oregon Rural Practice-based Research Network (ORPRN)**
- **Hybrid business model** (grants, contracts, OEN Advisory Board)
- **Develop programs that are relevant to the interests of Oregon primary care clinicians and other health professionals** (interest assessment and participant feedback in surveys)



Why Clinicians and Health Professionals Participate in ECHO

Increased Access to
Specialty Expertise

Professional Development

Create Community

Participate from home or
your office

No-Cost CME and
Maintenance of Certification
Credits

Increased Patient Satisfaction

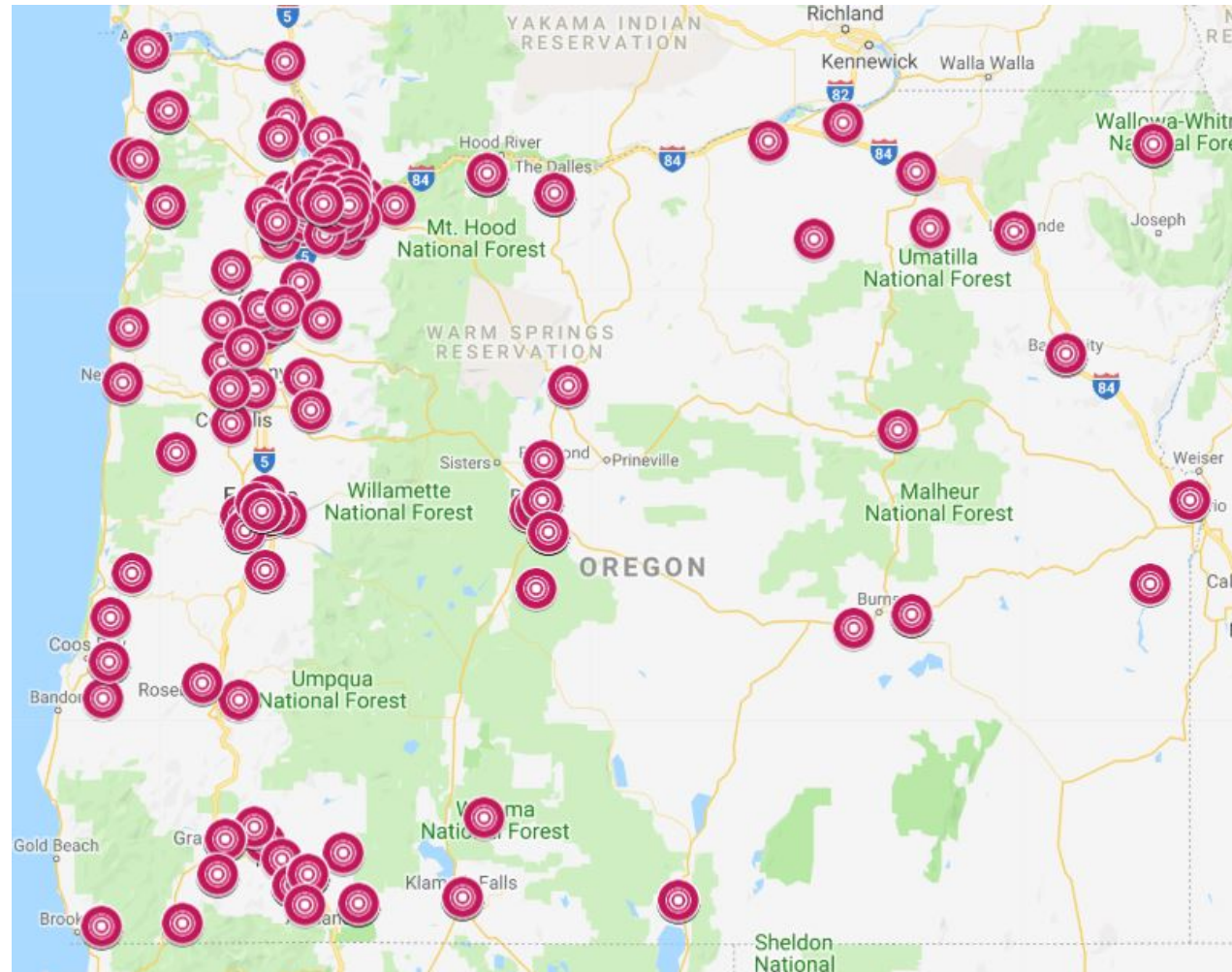
Improves Quality of Care

Map of Participating Spoke Sites Since 2014

Fall 2017- 180 spoke sites

Fall 2018-
240+ spoke
sites

Winter 2019- 300+ spoke sites



15 different
ECHO
topics have
been offered
in Oregon

Adult Psychiatry I and II ECHO Program

Behavioral Health in Oregon

- 35% of Oregon's population lives in rural or frontier areas
- Reduced access to care and integration
 - Up to 6 month wait times
 - A shortage of clinicians
 - Lack of access to “pediatric, adolescent, and geriatric” behavioral health services

Source: 2017 Oregon Office of Rural Health Listening Tour

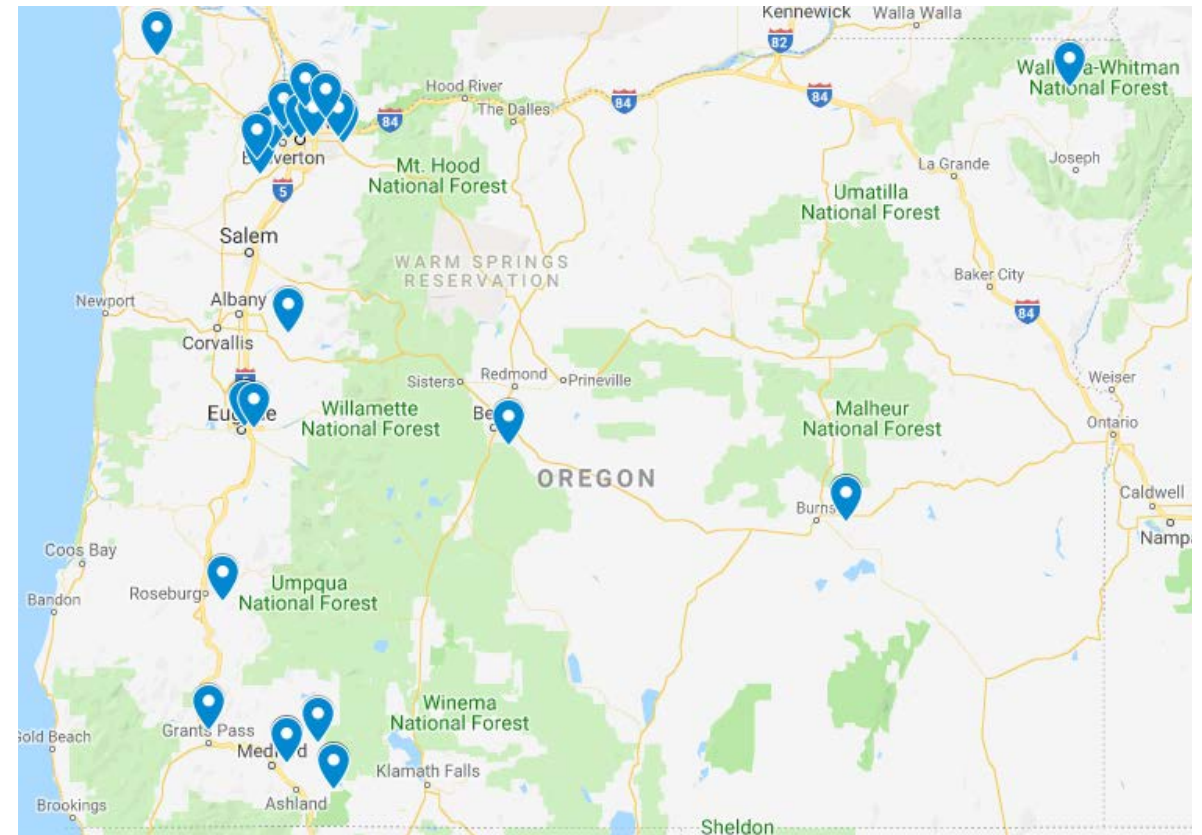
Adult Psychiatry ECHO

- First ECHO in Oregon
- Offered every year since 2014
- Original cohorts were a partnership between HealthShare and OHSU
- Program faculty include Dr. Jonathan Betlinski (psychiatrist), nurse expert, and pharmacist

Adult Psychiatry ECHO

April – June 2019

- **30** participants
- **63%** prescribing clinicians
- **13** counties represented:
Clatsop, Deschutes, Douglas,
Harney, Jackson, Josephine,
Lane, Linn, Multnomah,
Wallowa, Washington,
Yamhill, and Clark County
WA



Case Form



Persistent Pain and Opioid Use Disorder ECHO Case Presentation Form



Provider Name: [Click here to enter text](#)

Patient Gender: [Click here to enter text](#)

Insurance/CCO: [Click here to enter text](#)

Presentation Date: [Click here to enter text](#)

Patient Age: [Click here to enter text](#)

Date of patient's next scheduled appointment with you: [Click here to enter text](#)

Clinical Site/Region: [Click here to enter text](#)

Please complete the patient case form below, including only information relevant to your clinical question(s). You will have 2-4 minutes to present the case.

HPI/Case Summary: [Click here to enter text](#)

Pain Descriptor:

- ☐ Burning
- ☐ Aching
- ☐ Sharp
- ☐ Dull
- ☐ Constant
- ☐ Intermittent
- ☐ Numbness/tingling
- ☐ Other: [Enter text](#)

Pain Location:

- ☐ Head
- ☐ Face
- ☐ Neck
- ☐ Chest
- ☐ Upper Back
- ☐ Lower Back
- ☐ Abdomen
- ☐ Pelvis
- ☐ R Upper Extremity
- ☐ L Upper Extremity
- ☐ R Lower Extremity
- ☐ L Lower Extremity
- ☐ Other: [Enter text](#)

Proposed Pain Diagnosis:

- ☐ Osteoarthritis
- ☐ Facet ~~Arthropathy~~
- ☐ Myofascial Pain Syndrome
- ☐ Rheumatoid Arthritis
- ☐ Visceral Pain
- ☐ Tension Headache
- ☐ Migraine Headache
- ☐ Fibromyalgia (Central Sensitization)
- ☐ Other: [Enter text](#)

Pain Aggravator: (including mechanical, social, psychological, emotional): [Click here to enter text](#)

Pain Alleviator: (including mechanical, social, psychological, emotional): [Click here to enter text](#)

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT? [Click here to enter text](#)

GOALS FOR TREATMENT / PROPOSED TREATMENT PLAN: [Click here to enter text](#)



Per-Session Evaluations

Per Session Attendance

Session #	1	2	3	4	5	6	7	8	9	10	11	12	Average Attendance
Attendance	22	23	25	28	25	27	26	19	19	24	22	16	21

Average Rating Per Question Across Sessions

Scale: 5=Excellent 4=Very Good 3=Good 2=Fair 1=Poor

Stated objectives were met.	4.40
Delivered balanced and objective, evidence-based content.	4.46
There were ample opportunities to ask questions.	4.41
The pace of the session was...	4.30
The organization of the presenter's presentation was...	4.44
The relevance of the presentation to the activity's intended objective was...	4.47
How would you rate your overall satisfaction with today's ECHO session?	4.39

Examples of Changes Participants Planned to Make

“I will spend more time discussing exercise and sleep hygiene before initiating antidepressants. I’ve known about the importance of these as treatment modalities in depression, but will now try to highlight them as just as important as meds in patient’s potential recovery.” – Session 3

“Use non-pharmacological therapy for anxiety. Started today!” – Session 8

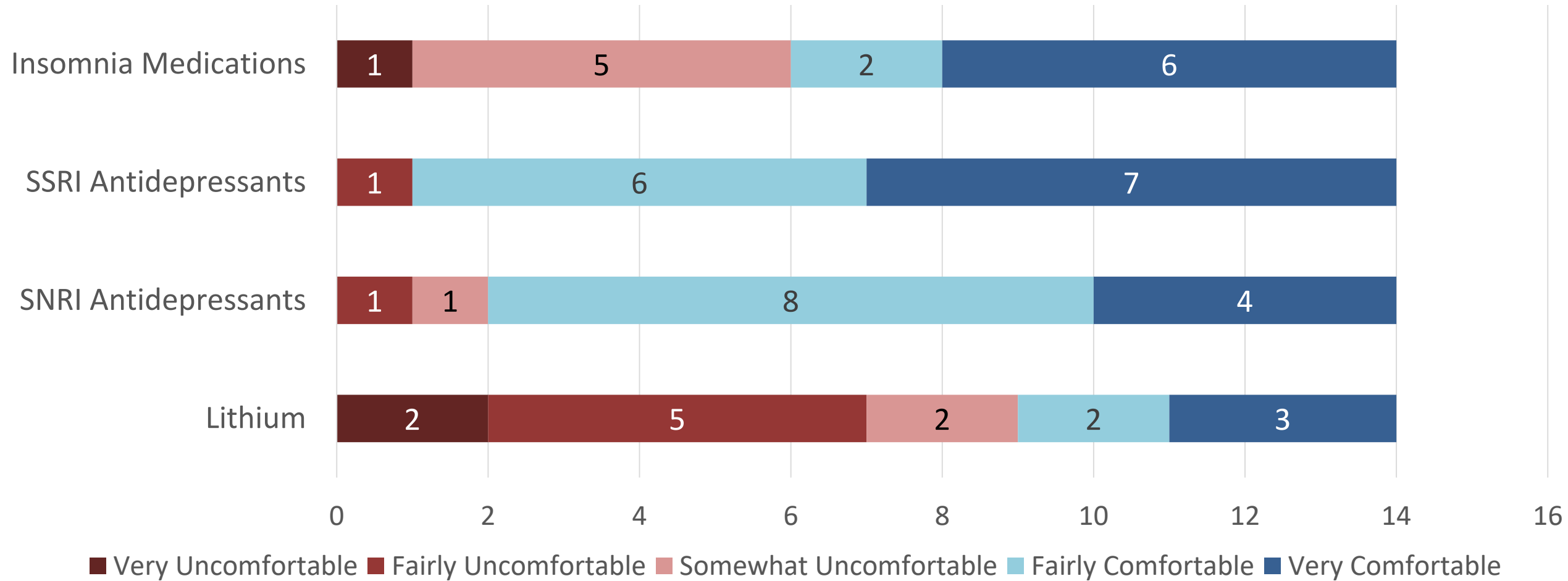
“I was not aware of the different PTSD screening tools, so will start using one of them.” – Session 11

Project Evaluation

Effects, Reach, Benefits, and Learning

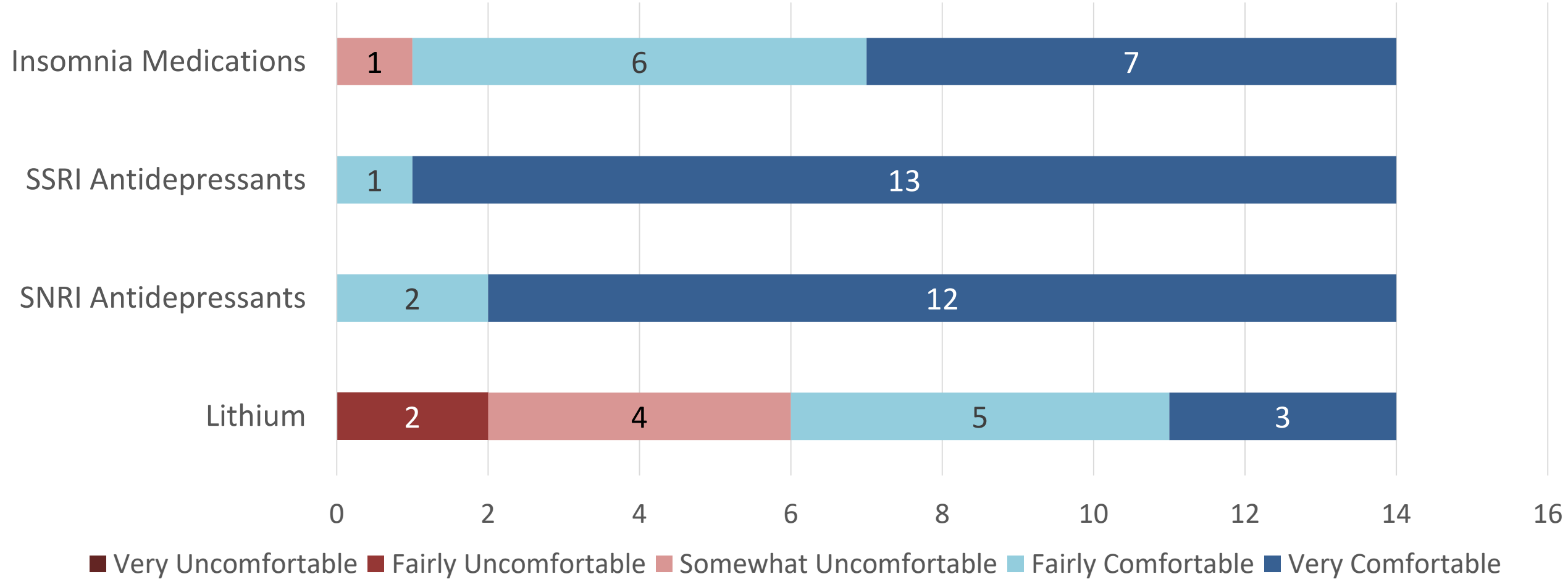
Pre-survey

How comfortable are you prescribing the following medications? (n=14)



Post-survey

How comfortable are you prescribing the following medications? (n=14)

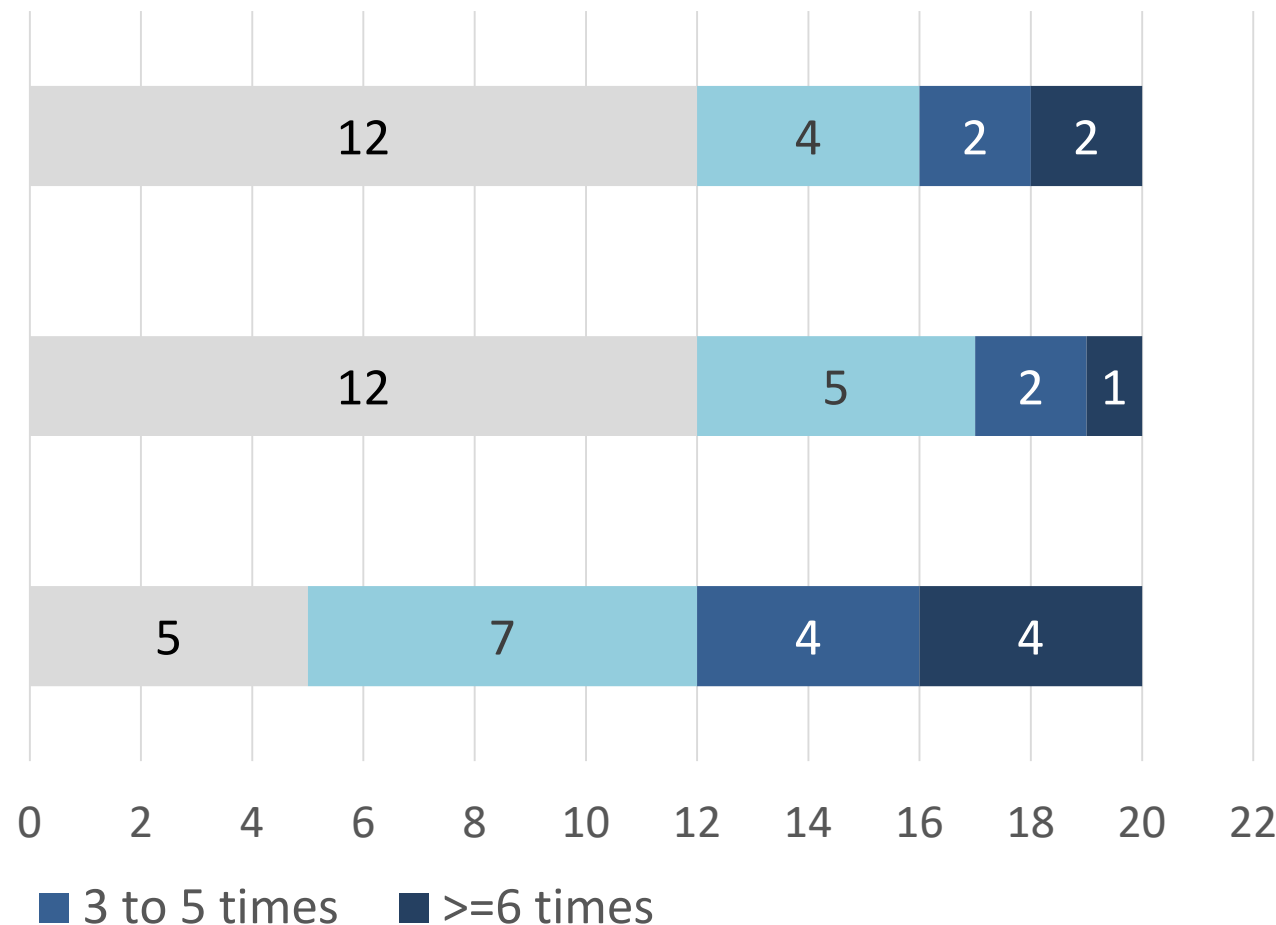


How post-survey respondents shared knowledge gained from ECHO with colleagues. (n=20)

I convened a multi-disciplinary group within my clinic to discuss improving care for patients with mental health disorders.

My clinic changed a policy or procedure to improve care for patients with mental health disorders.

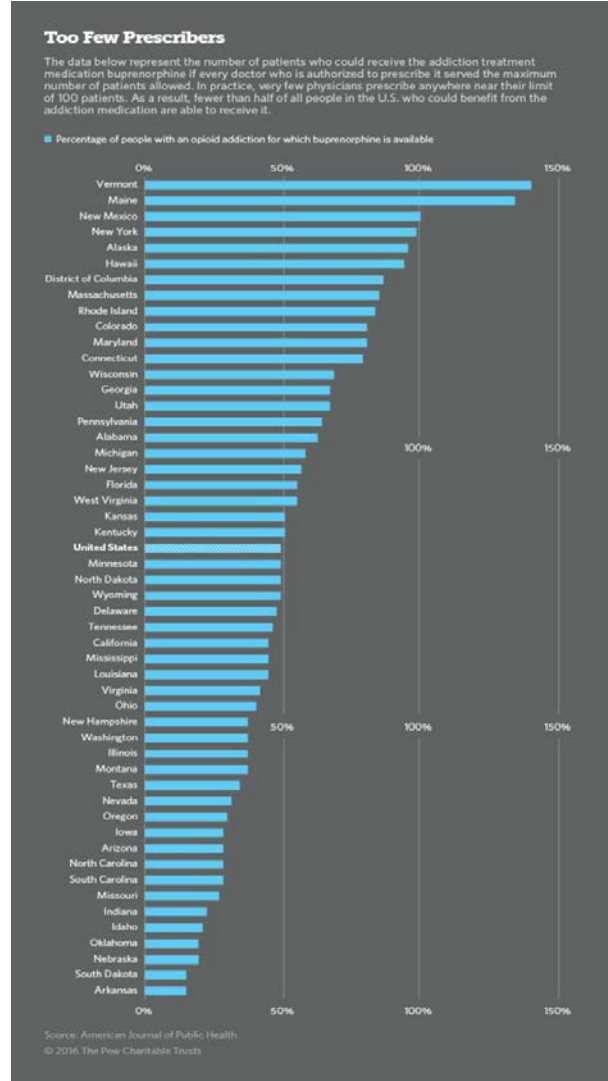
I provided case consultation for a colleague on a patient with a mental health disorder.



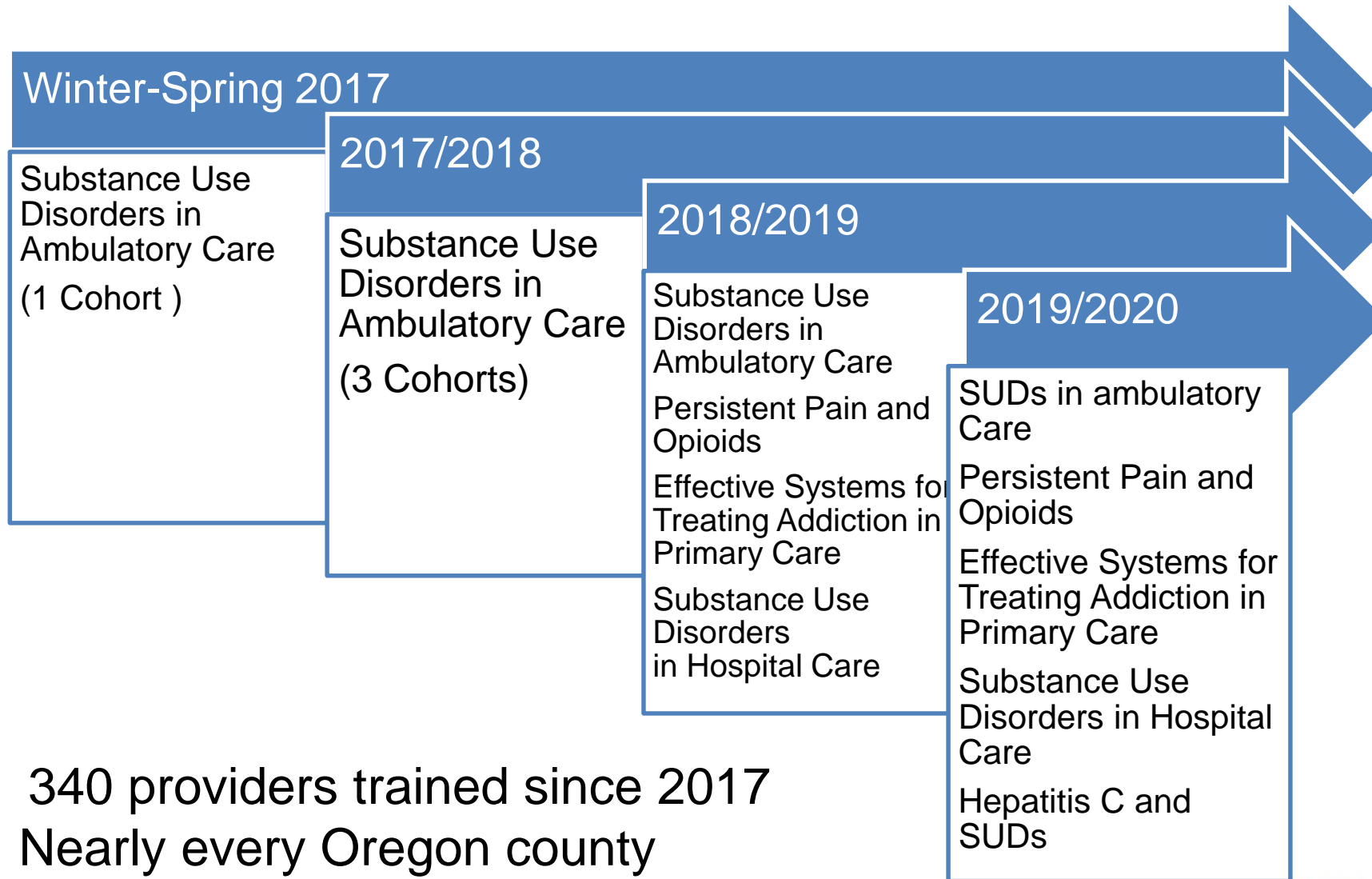
Addiction Medicine ECHO Programs

US →

Oregon →



Project ECHO AM Cohorts



- 340 providers trained since 2017
- Nearly every Oregon county

Substance Use Disorders in Ambulatory Care

- **12 session** program
- The **overall program objective** is to build the capacity and knowledge of clinicians and their teams to diagnose and treat opioid use disorder and other substance use disorders in the primary care setting.

Meet the Faculty

- **Jessica Gregg, MD, PhD. Assistant Professor, Internal Medicine, OHSU School of Medicine**
- Todd Korthuis, MD, MPH. Associate Professor, Internal Medicine. Chair of Addiction Medicine Section. OHSU School of Medicine
- Melissa Weimer, DO, MCR. Chief of Division of Behavioral Health & Addiction Medicine, Albany Acute Care. Medical Director, SPHP Addiction Recovery Center (SPARC). St. Peter's Health Partners. Guilderland, NY. Board Certified in Addiction Medicine.
- John Mahan, MD, FASAM. Psychiatric Medical Director, Jackson County Mental Health. Board Certified in Addiction Psychiatry.
- Sean Mahoney, PWS, CRM, Peer Support Specialist for OHSU Impact Team

Substance Use Disorders in Ambulatory Care

Program topics

- Alcohol use disorder
- Benzodiazepine use disorder
- Opioid use disorder (OUD)
- Methamphetamine use disorder
- Tobacco use disorder
- Other SUDs

Program Reach for SUD in Ambulatory Care

- **100%** of respondents “increased the number of collegial discussions with peers about patients with OUD and other substance use disorders”
- **58%** of respondents reported their clinic “changed a policy or procedure to improve care for patients with OUD or SUD”
- **63%** of respondents “provided 1 or more case consultations for a colleague on a patient with OUD or SUD”
- **37%** of respondents convened a “multi-disciplinary group within [their] clinic to discuss improving care for patients with OUD or SUD at least 1 time”

“I would like to continue to learn more about **chronic pain and abuse** and where we can find the line when we are tapering opioids.”

“**We are not well equipped to address a lot of chronic pain issues in our clinic**, as we do not prescribe pain medications, nor do we have pain groups.”

“I would like maybe more on **pain management issues**. That is why so many people have found themselves on these high doses of narcotics. We need tools to help them manage pain complaints Thank you - I am learning so much from this cohort.”

Chronic Pain & Opioids

- **12 session** program; next offering Winter 2020
- The **overall program objective** is to build the capacity and knowledge of clinicians and their teams to diagnose and treat persistent pain, opioid dependence, and opioid use disorder in the primary care setting.

Meet the Faculty

- **Jonathan L Robbins M.D., M.S., Assistant Professor of Medicine, Division of General Internal Medicine and Geriatrics, OHSU School of Medicine**
- **Catriona Buist Psy.D., Assistant Professor of Anesthesiology and Perioperative Medicine, OHSU School of Medicine**
- **Elizabeth Tiffany, M.D. , Medical Director SATP & Addiction Psychiatry Fellowship Director at Portland VA Medical Center**
- **Amy Maher, M.D., Pain management physician, Asante Physician Partners**
- **Michelle Marikos, Certified Peer Support Specialist, Oregon Pain Guidance**

Chronic Pain & Opioids

Program topics:

- **Understanding and assessing different types of pain**
- Appropriate treatment plans for patients with OUD
- **Evidence-based interventions for persistent pain**
- **Managing opioid tapers**
- Identifying patients who may benefit from buprenorphine products
- Distinguishing between opioid dependence and OUD

Opioid-related Hospitalizations Rising Across US- Oregon Among Sharpest

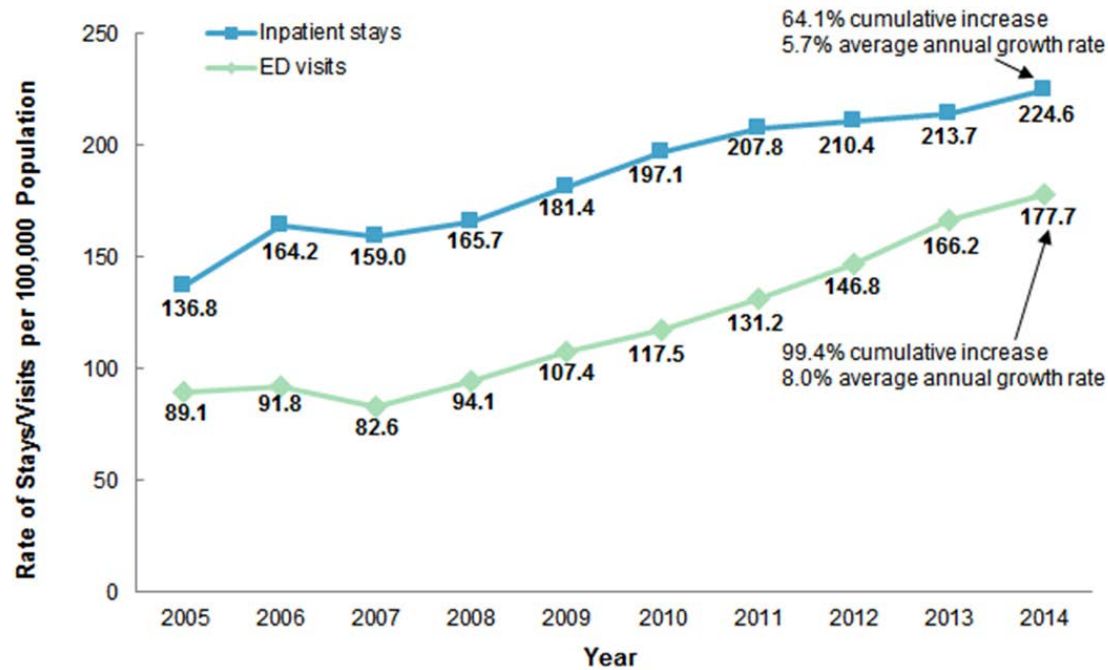
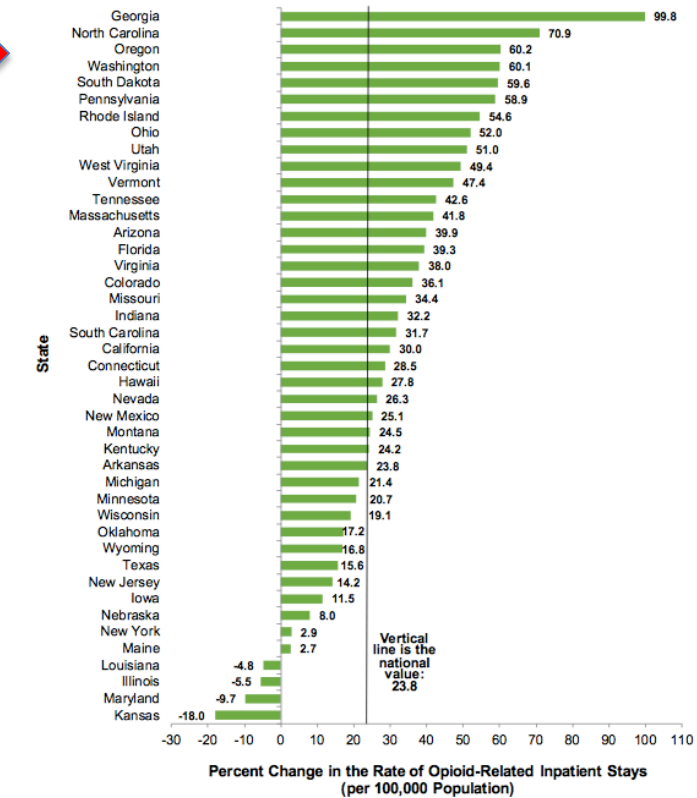


Figure 3. Cumulative percent change in the rate of opioid-related inpatient stays by State, 2009–2014



Substance Use Disorders in Hospital Care

- **12 session** program; next offering winter 2020
- The **overall program objective** is to build the capacity and knowledge of clinicians and their teams to diagnose and treat opioid use disorder and other substance use disorders in the hospital setting.

Meet the Faculty

- **Honora Englander, M.D., Associate Professor of Medicine, Medical Director, Community & Clinical Integration, OHSU School of Medicine**
- Jackie Sharpe, PharmD., BCPS, Clinical Supervisor for Medicine, OHSU School of Medicine.
- Stacey Mahoney., L.CSW, CADC. Social Worker for OHSU Impact Team
- Sean Mahoney, PWS, CRM, Peer Support Specialist for OHSU Impact Team
- Brittney Caldera, R.N., M.S.N., M.B.A. OHSU Nurse Manager

Substance Use Disorders in Hospital Care

Program topics:

- Understanding substance use disorder: Brain disease of addiction
- Medications for opioid use disorder, including buprenorphine and methadone
- **Community SUD treatment settings**
- Acute pain management in a patient with substance use disorder
- Managing active drug use in hospital care
- **Harm reduction and overdose prevention**
- **Trauma informed care**
- **Institutional buy-in for system-level change**

SUD in Hospital Care: Lessons Learned

Participants valued:

- Inter-professional faculty, including peers
 - Modeling approach to patient care, through cases and role play
 - Approaches to stakeholder engagement, health system change
- Education about
 - medication for opioid use disorder
 - community treatment settings
 - skills around managing active drug use during hospitalization
- Practical tools (for example, methadone policies)
- Connection to a community struggling with similar challenges; support when experiencing structural stigma of addiction

Overall Participant Feedback

Changes to Practice: *“Apply concepts to my outdated framework of the ‘chronic pain’ vs ‘opioid dependence’ dichotomy.”*

- *SUD in Ambulatory Care ECHO Participant, Winter 2019*

Like “BEST” about a Session: *“Directing our attention to our own biases, and thinking out our/my choices to keep directing the patient towards harm reduction and greater function.”*

- *Chronic Pain and Opioids ECHO Participant, Fall 2018*

Overall: *“I appreciated the ongoing discussion about harm-reduction and trauma-informed care, both of which I'm passionate about and seem to be bedrock to a healthy MAT program.”*

- *Effective Systems for Treating Addiction in Primary Care ECHO Participant, Winter-Spring 2019*

Overall: *“I love these programs. I couldn't even attempt what I'm doing without this education and insight from experienced practitioners.”*

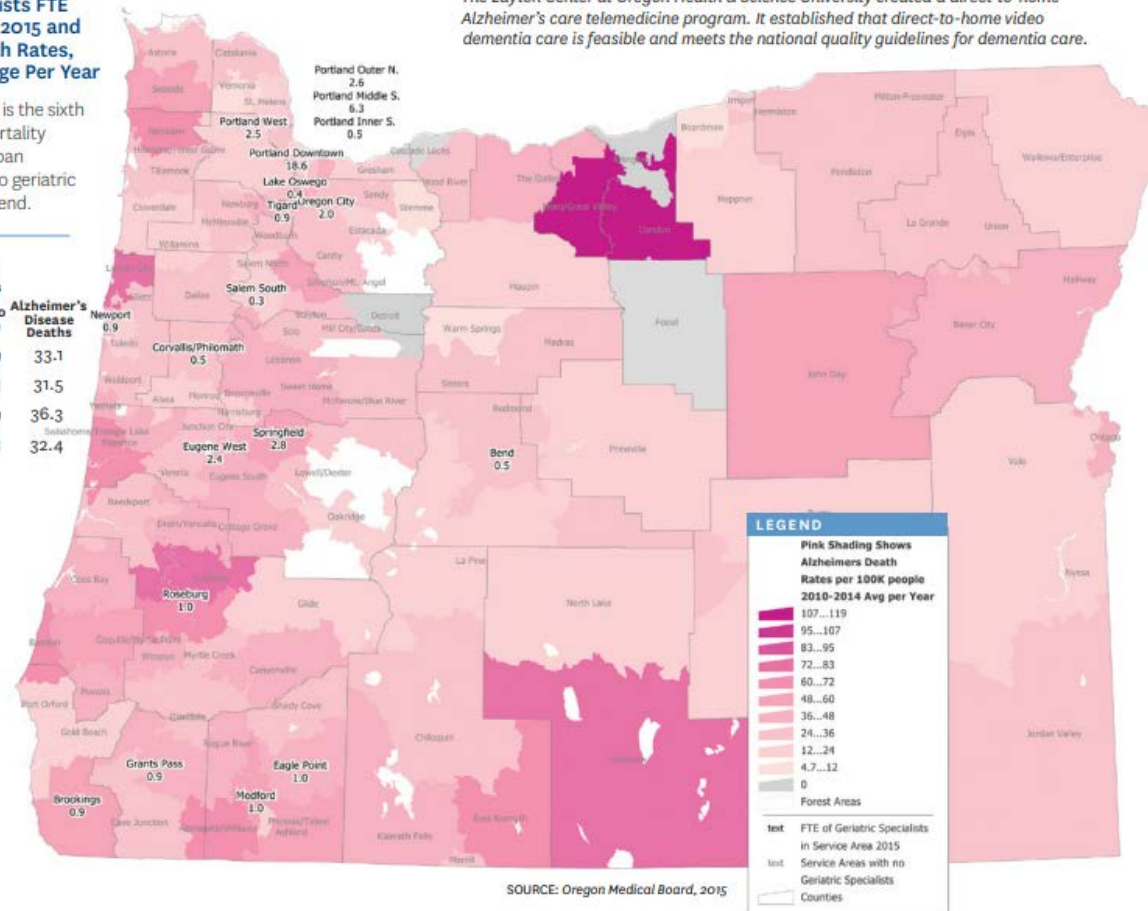
- *SUD in Hospital Care ECHO Participant, Winter 2019*

Geriatric ECHO Programs

ACCESS: Specialists

Alzheimer's Disease is the sixth leading cause of mortality in both rural and urban Oregon. There are no geriatric specialists east of Bend.

The Layton Center at Oregon Health & Science University created a direct-to-home Alzheimer's care telemedicine program. It established that direct-to-home video dementia care is feasible and meets the national quality guidelines for dementia care.



ORPRN
Oregon Rural Practice-Based
Research Network

Geriatric ECHO Programs

Dementia 360 (winter and spring 2019)

- To build or improve systems of care to effectively diagnose and treat dementia in the primary care setting

Geriatrics Behavioral Health in an Age-friendly Health System (fall 2019)

- To build the capacity of primary care clinicians and their teams to diagnose and treat common outpatient geriatric patient care issues

Nursing Facility Behavioral Health

Nursing Facility Behavioral Health ECHO

Overall Program Goals

The overall project purpose is to develop more knowledgeable and skilled nursing facility staff who are better equipped to deliver person-centered care to address their nursing facility residents' mental health concerns and behavioral issues.

Intermediate Goals

Staff will increase their skills to:

- Quickly detect and effectively treat mental health and behavioral care needs
- Employ person-centered interventions
- Recognize unsafe psychiatric medication prescribing
- Perform assessments and create high quality care plans

Resident care outcomes:

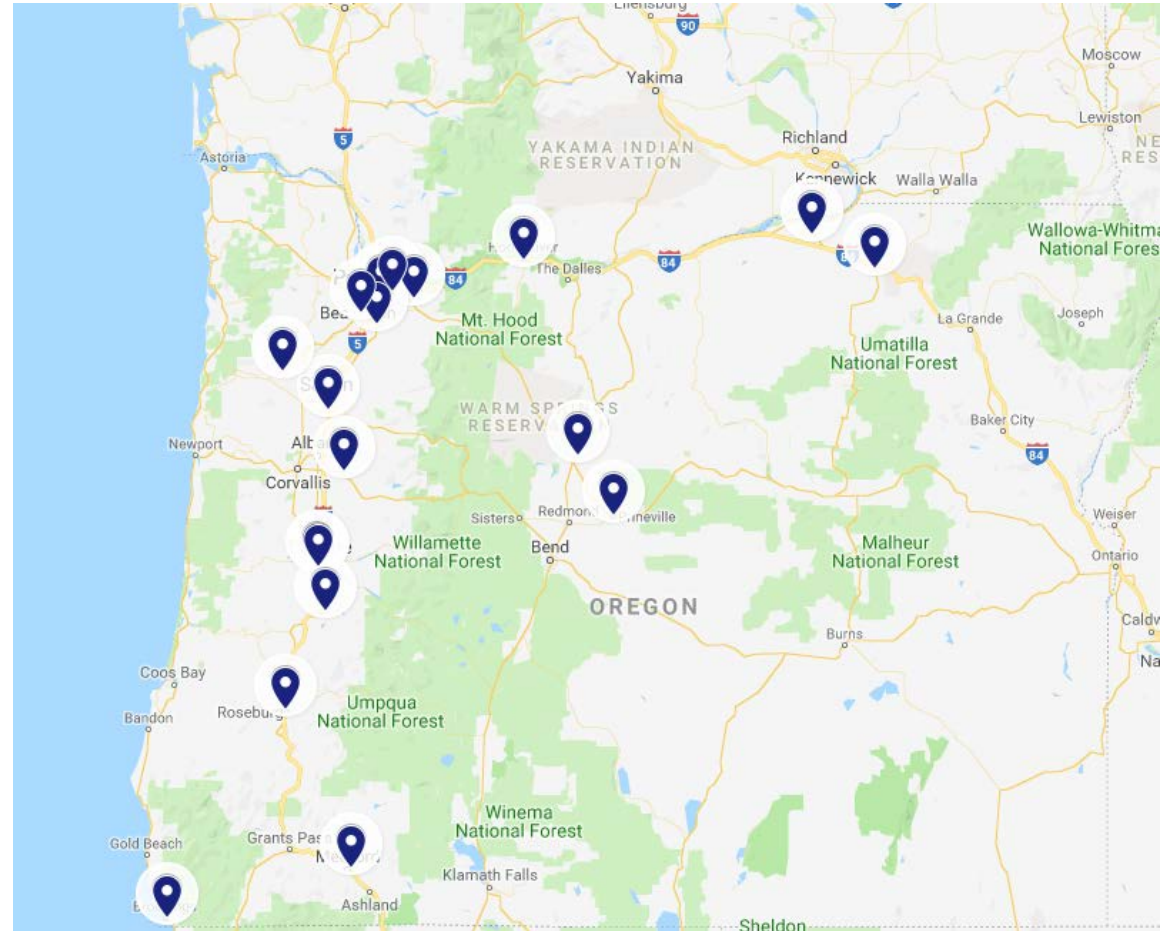
- Improved resident satisfaction
- Increased resident placement stability

Long-term goals

- Reduction in emergency hospital transfers for behavioral crisis
- Reductions in denial of right to return-readmit-involuntary transfer
- Increased willingness by facilities to admit individuals with mental health and behavioral care needs
- Increased staff confidence and satisfaction in providing behavioral care

NFBH General Program Information

- 24 session program
- Engaged 20 nursing facilities (2/3 rural) throughout the state



Meet the Faculty

- **Maureen Nash, MD- Geriatric Psychiatrist, Providence Elderplace**
- Sarah Foidel, OTD, OTR/L- Occupational Therapist, Pacific University
- Janet Holboke, MSW, LCSW- Licensed Clinical Social Worker, GOBHI
- Joanne Rader, RN, MN- Nurse Expert
- Susan S Rose, PhD, PMHNP- Gerontologist and Psychiatric Nurse Practitioner, Legacy

Curriculum Topics

Building Knowledge in Treating Different Conditions

- Behavioral Interventions with People with Dementia
- Types of Dementia
- Personality Disorders in LTC
- **Depression- Pharmacological and Non-Pharmacological approaches**
- **Anxiety**
- **Parkinson's Disease**
- Chronic Neurological Issues with Psychiatric Overlays
- Substance Use Disorder
- Pain and Palliative Care
- **Drug/Drug Interactions and Polypharmacy**

Behavioral Interventions, Communication, and Skill Building

- Behavioral Interventions
- **Working with Challenging Families**
- Maximizing Independence in Self-Care
- Sleep
- Sexuality
- Beyond Bingo: Increasing Participation in Activities
- Communicating with Residents
- Staff to Staff Communications (huddles)
- Loving the Unlovable
- **Creating Purpose**

Case Themes

- Polypharmacy
- Verbal/ physical aggression toward staff
- Repetitive calling out
- Self-destructive behaviors
- Intoxication
- Hoarding
- Delusions
- Sexually-inappropriate behaviors
- Pain
- Mood fluctuations
- Resistance/refusal of care
- Accusations against staff
- Increase in behaviors related to dementia including intrusiveness, resistance to care, medication and delusional beliefs

Case Recommendations-

Did they Make a Difference?

- ✓ Expertise on medications and medication interactions very helpful
- ✓ Useful to get ideas regarding non-pharmacologic interventions
- ✓ Valuable to know other facilities are working through similar challenges
- ✓ Reinforced knowledge and gave staff confidence that they were making the best decisions under the circumstances

Preliminary Post-Program Feedback

Overall most helpful information learned:

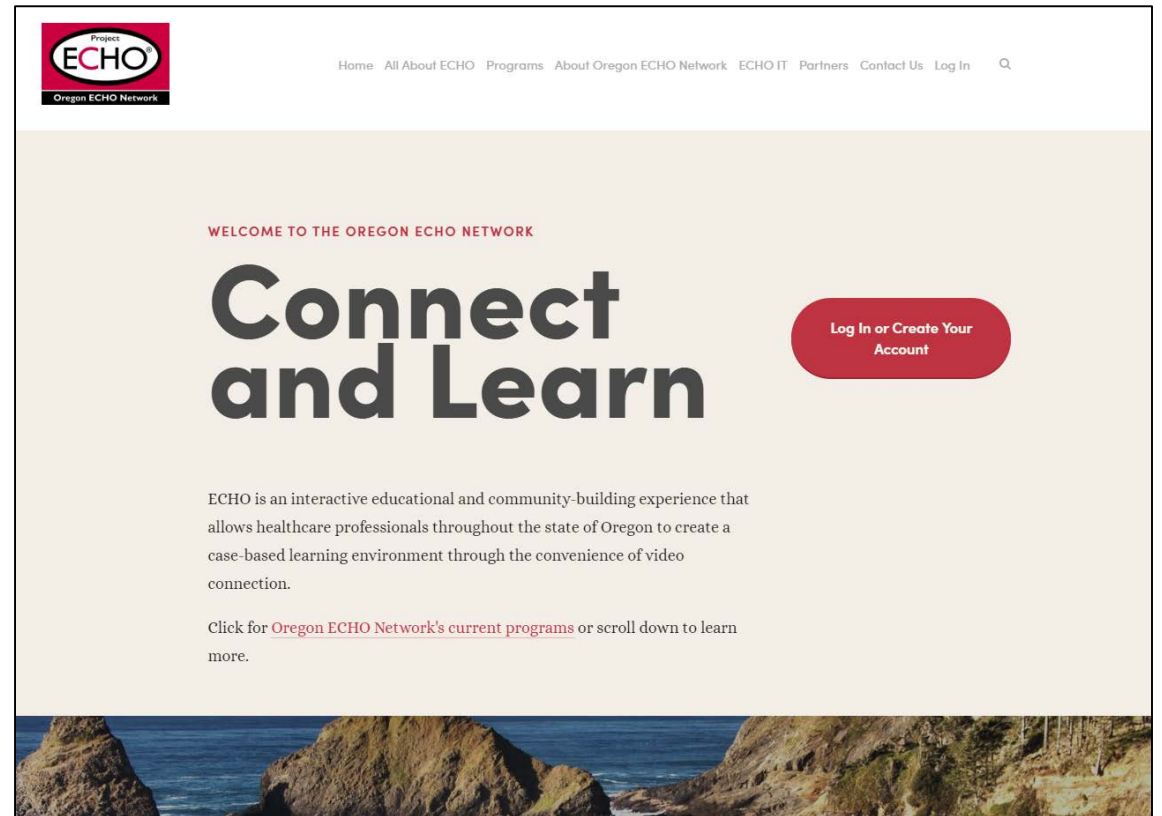
- “Behavioral interventions”
- “Different approaches on modifying physically aggressive behaviors”
- “Drug-drug interactions”
- “I loved when it got more indepth about medications...”
- “I appreciate the summary education notes I use the information & share with co-workers”

How to Get Involved

Learn More & Register

<https://www.oregonechonetwork.org/>

- **Program features include:**
 - Participants are directed to our **Connect website** to register for programs
 - Participant forum with program materials, opportunity to email other participants
 - One time registration process
 - Session reminders and calendar invitations



2020 Programs beginning in January

- **Chronic Pain & Opioids** (Jonathan Robbins and Cat Buist) (16 sessions)
- **Effective Systems for Treating Addiction in Primary Care** (Stacie Andoniadis) (12 sessions)
- **Nursing Facility Behavioral Health** (Sue Rose) (12 sessions)
- **Parkinson's** (Lisa Mann) (6 sessions)
- **Substance Use Disorders in Hospital Care** (Honora Englander) (12 sessions)
- **Pain Management in Dentistry** (Richie Kohli) (6 sessions)

What's Next

- OHSU Addiction Medicine ECHO certificate program
- Further focus on research and additional qualitative methods
- Additional outreach to high need areas

Thank you to our Partners



Contact Information

Maggie McLain McDonnell, MPH

Director of Education

Oregon ECHO Network

Oregon Rural Practice-based Research Network (ORPRN)

mclainma@ohsu.edu

www.oregonechonetwork.org

