

2023 Forum on Aging in Rural Oregon

Expanding Parkinson's Education to Rural Primary Care Practices Through Project ECHO

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Thank you to our partners:



Financial Disclosures

Dr. Neukam has no financial disclosures

Session Objectives

Understand what the Oregon ECHO network is

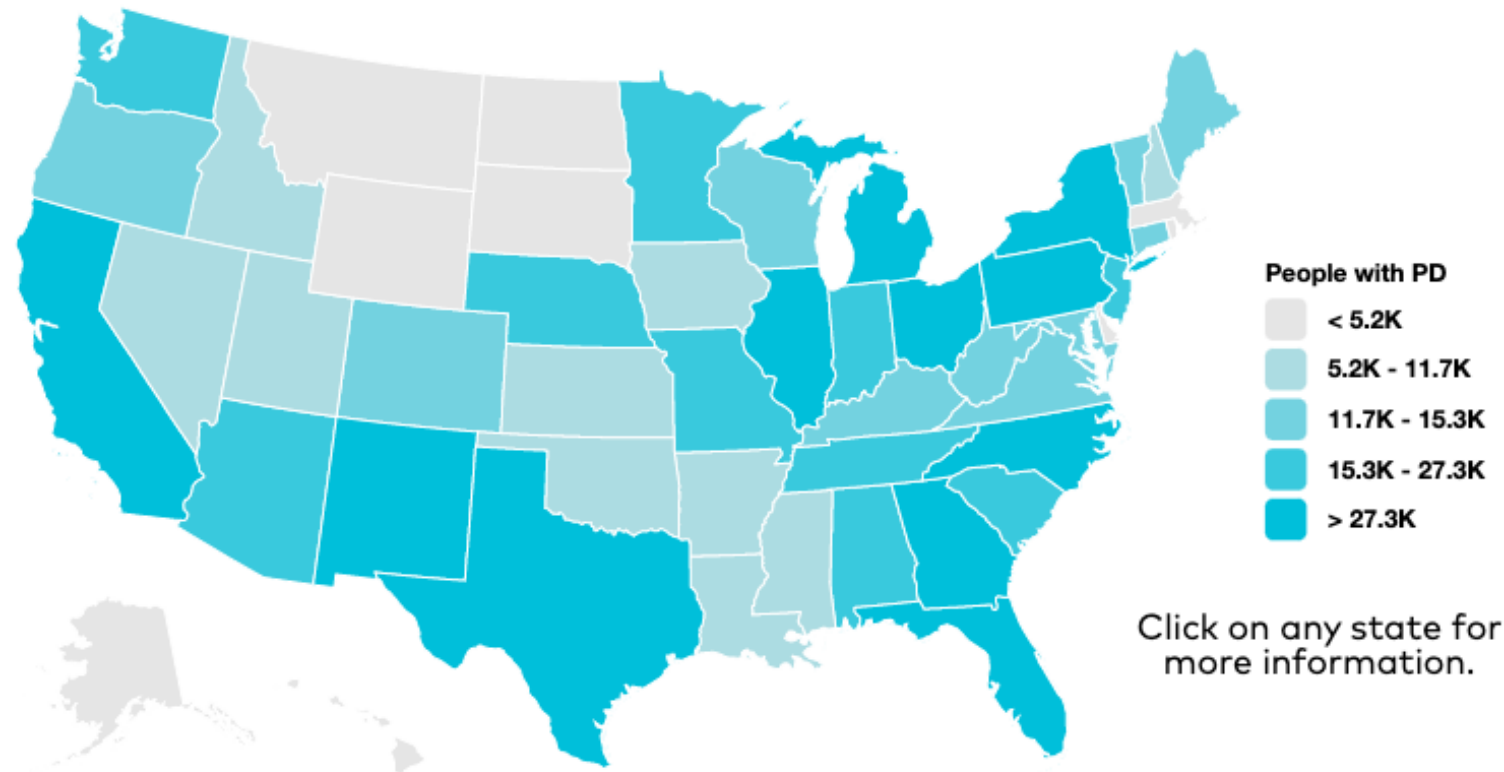
Demonstrate the benefits of participating in the Parkinson's Echo

Identify opportunities for rural practice sites (you!) to participate
future Parkinson's ECHOs

The Dilemma

- ~1 million people are living with Parkinson's
- 2nd most common neurodegenerative disorder (after Alzheimer's)

Parkinson's Prevalence by State



In Oregon:
13,350 people with
dx of Parkinson's

- The **prevalence rate** of Parkinson's Disease has grown **more than 50%** in the span of **five years**
- **1.2 Million** people will be living with Parkinson's by 2030 and **2 million** by 2060

EXHIBIT 1: PREVALENCE RATE OF PARKINSON'S DISEASE
(PER 10,000 ADULTS, AGES 30-64)

5.5

2013

53%

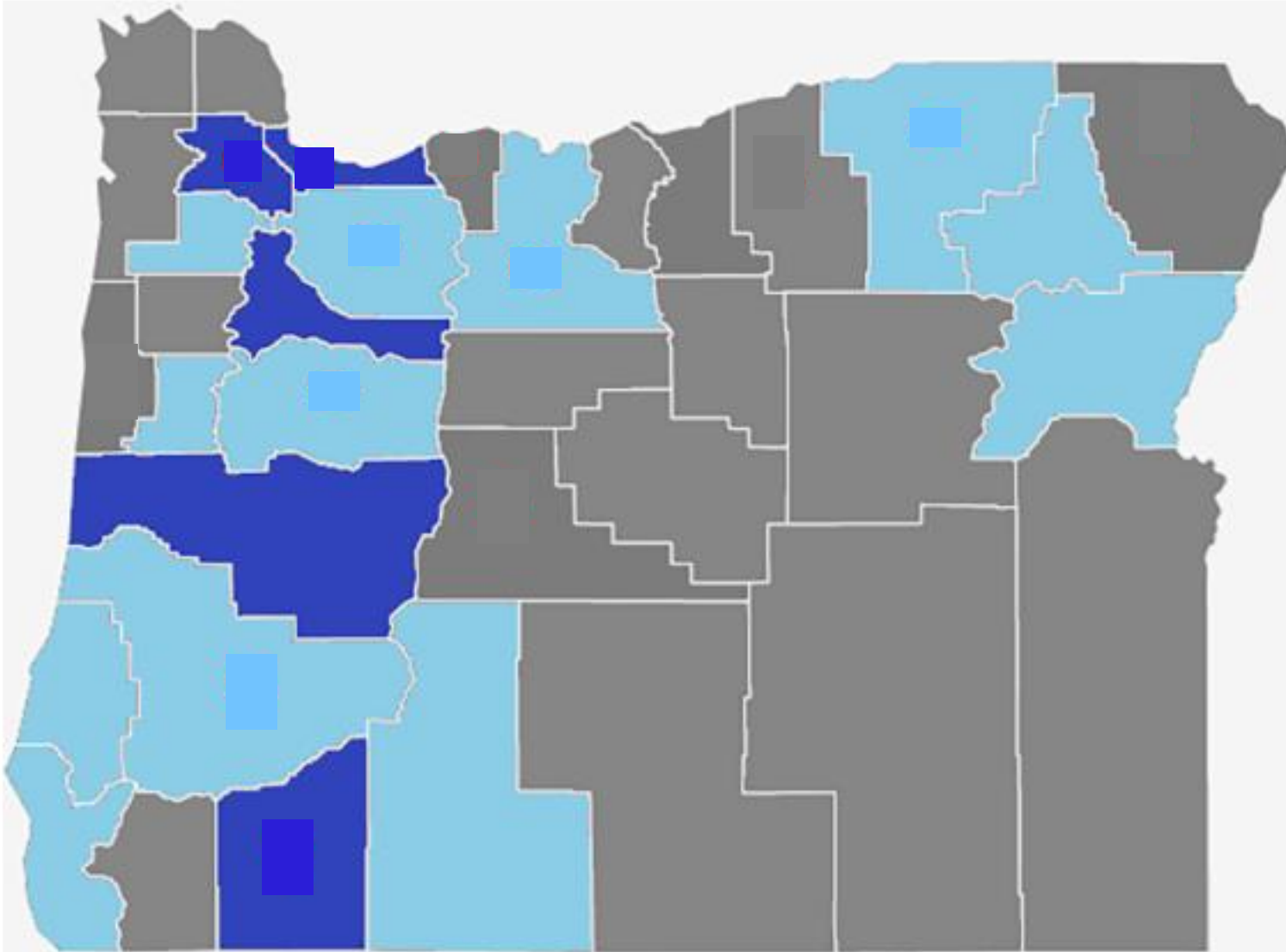
8.4

2017

"Watch Out!"

~my neurologist
friend

Set up for Success?



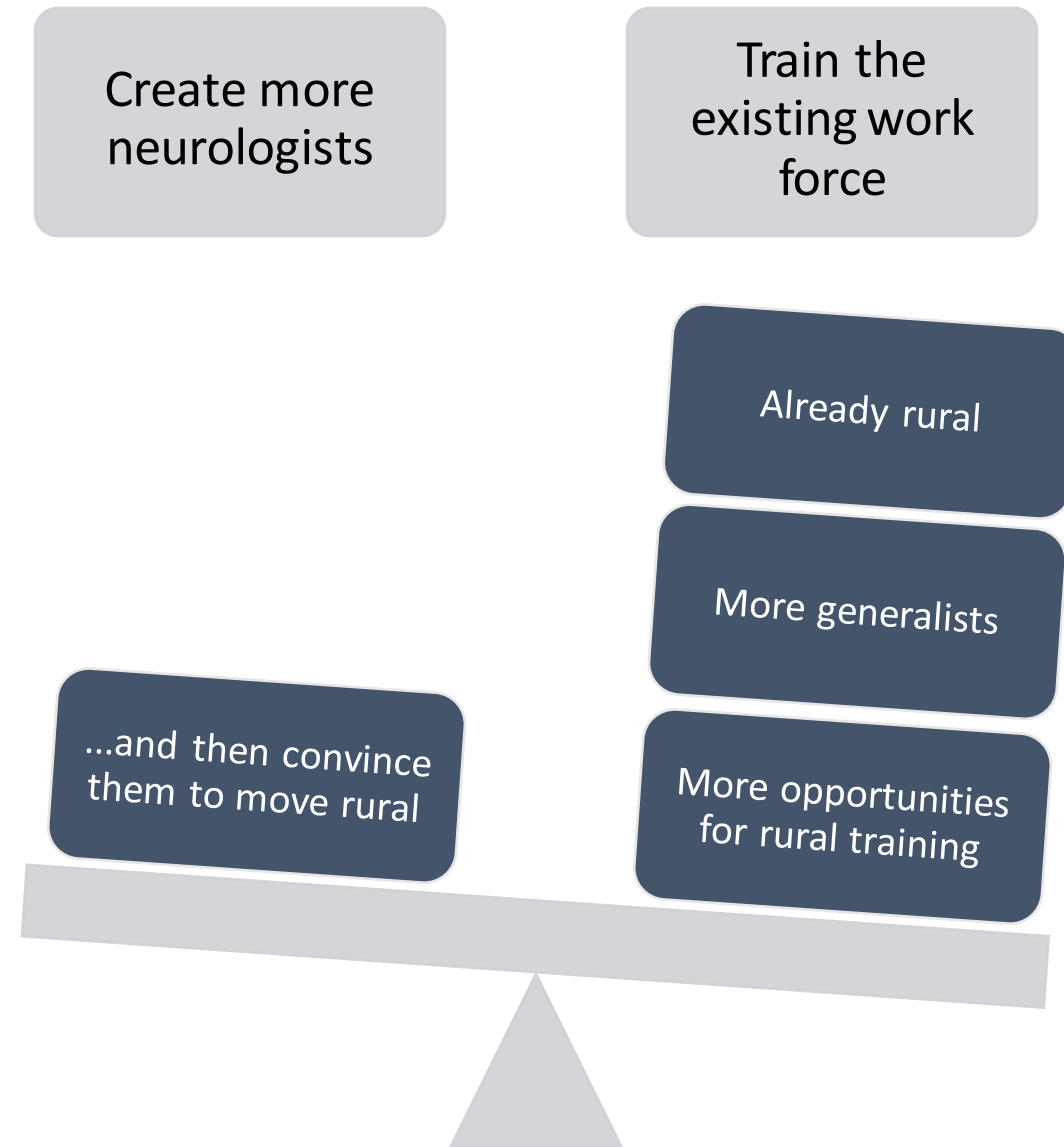
Neurologists in Oregon:

- Portland Metro Area
- The Dalles
- Pendleton
- Bend-Redmon
- Salem/Corvallis
- Eugene
- Medford-Ashland-Grants Pass
- Klamath Falls

PD Specialists in Oregon:

- Portland Metro Area (13)
 - Providence, Legacy, Kaiser, OHSU/VA
- Salem (1)
- Eugene (2)
- Bend (1)

How to fill the void...



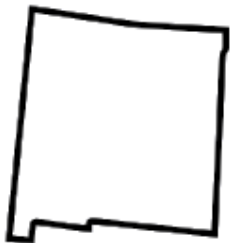
Objective 1: Understand what the Oregon ECHO Network is



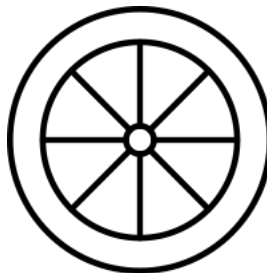
**Moving Knowledge Instead of
Patients and Providers**

What is Project ECHO?

(Extension of Community Healthcare Outcomes)



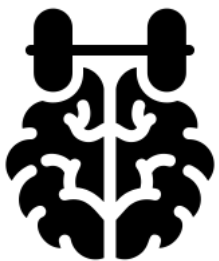
Founded: University of Mexico 2003



Specialist team “**Hubs**” &
Practice team “**Spokes**”



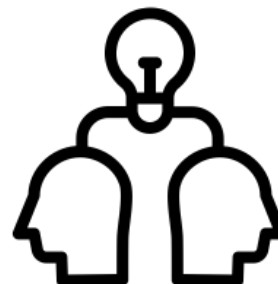
Tele-mentoring program



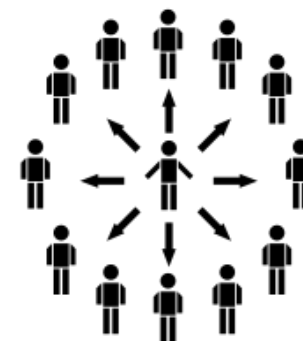
Confidence and skill
building to **manage**
common conditions
frequently referred to
specialists



15-20 minute didactic
presentations with
case-based learning



“**Move knowledge**
rather than patients”



Builds on
“**Force Multiplier**”
effect

Use **technology** to leverage scarce resources



Case-based learning to master complexity

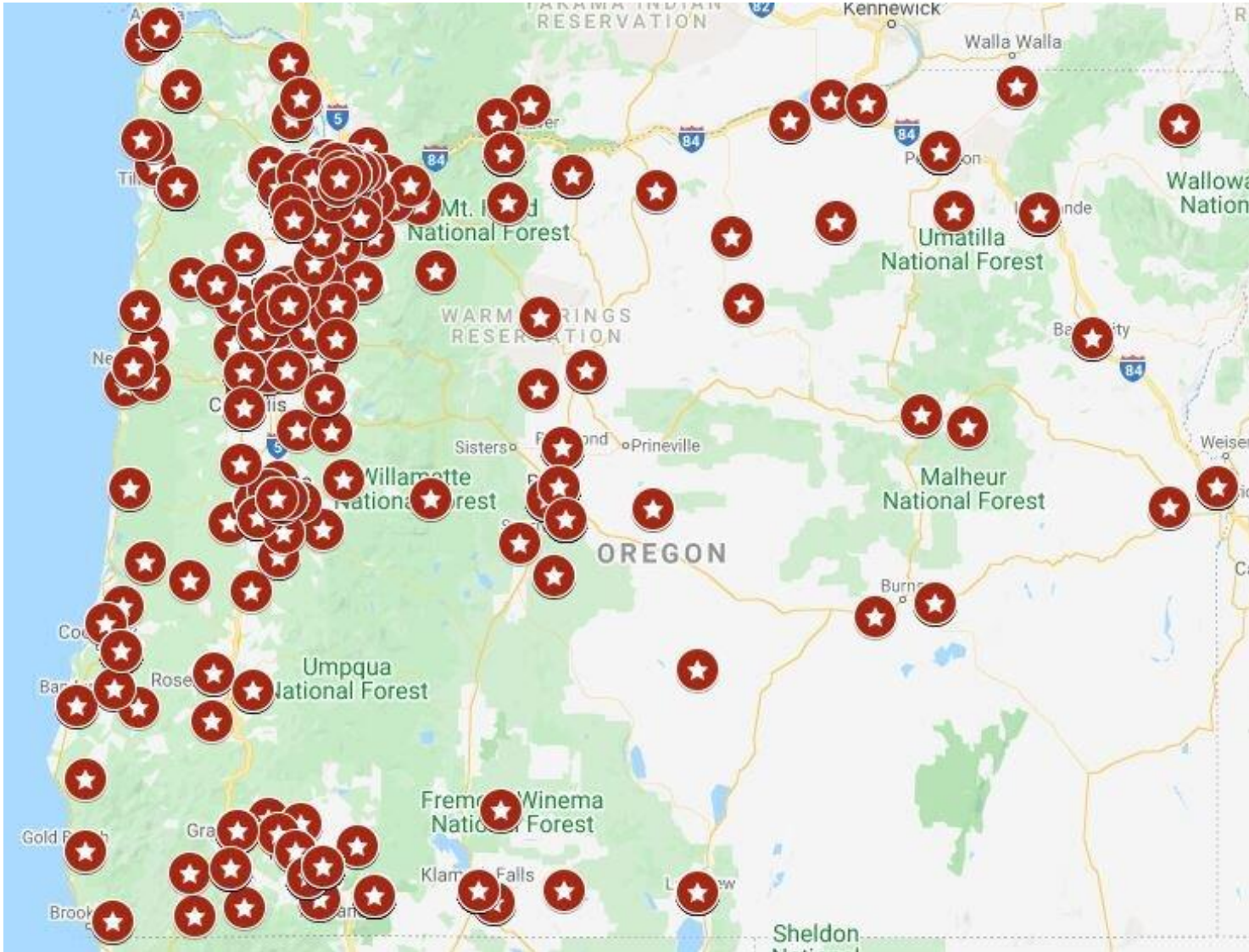
Program evaluation and **data** tracking

Sharing **“best practices”** to reduce disparities



All teach, all learn

Who is participating?



Sample Existing and Past ECHO Topics:

Substance Abuse

Whole Person Diabetes Care

Nursing Facility Behavioral Health

Gender Affirming Care

Employee Well being

Colorectal Cancer Screening Outreach

Chronic Pain and Opioids

Hepatitis C

Dementia

Age Friendly Health Care

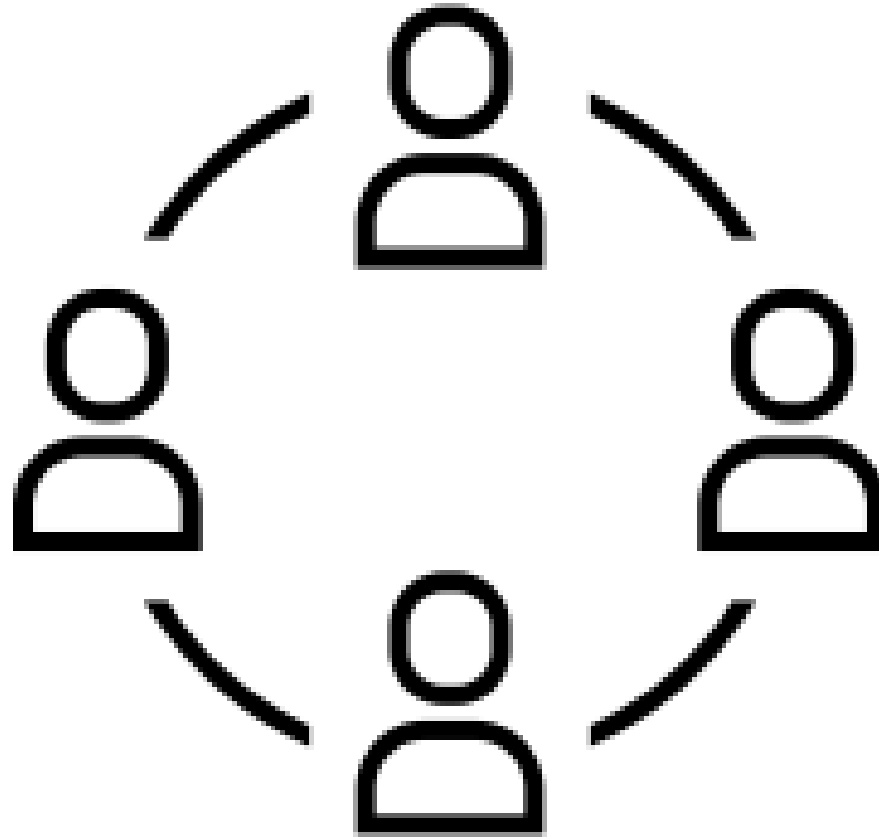
COVID in Nursing Facilities

And more!

ECHO Network:

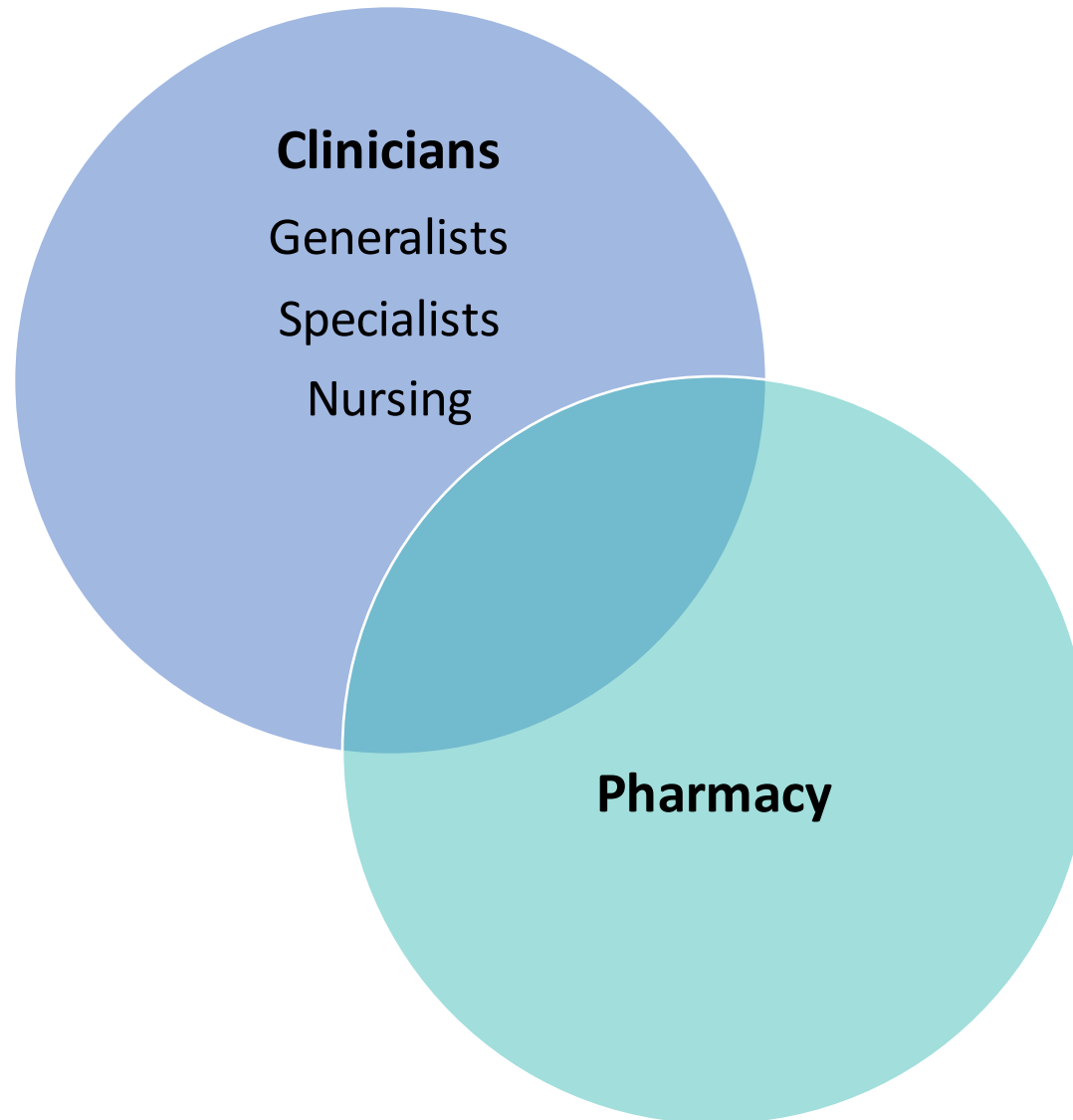
www.oregonechonetwork.org

So you want to run an ECHO...

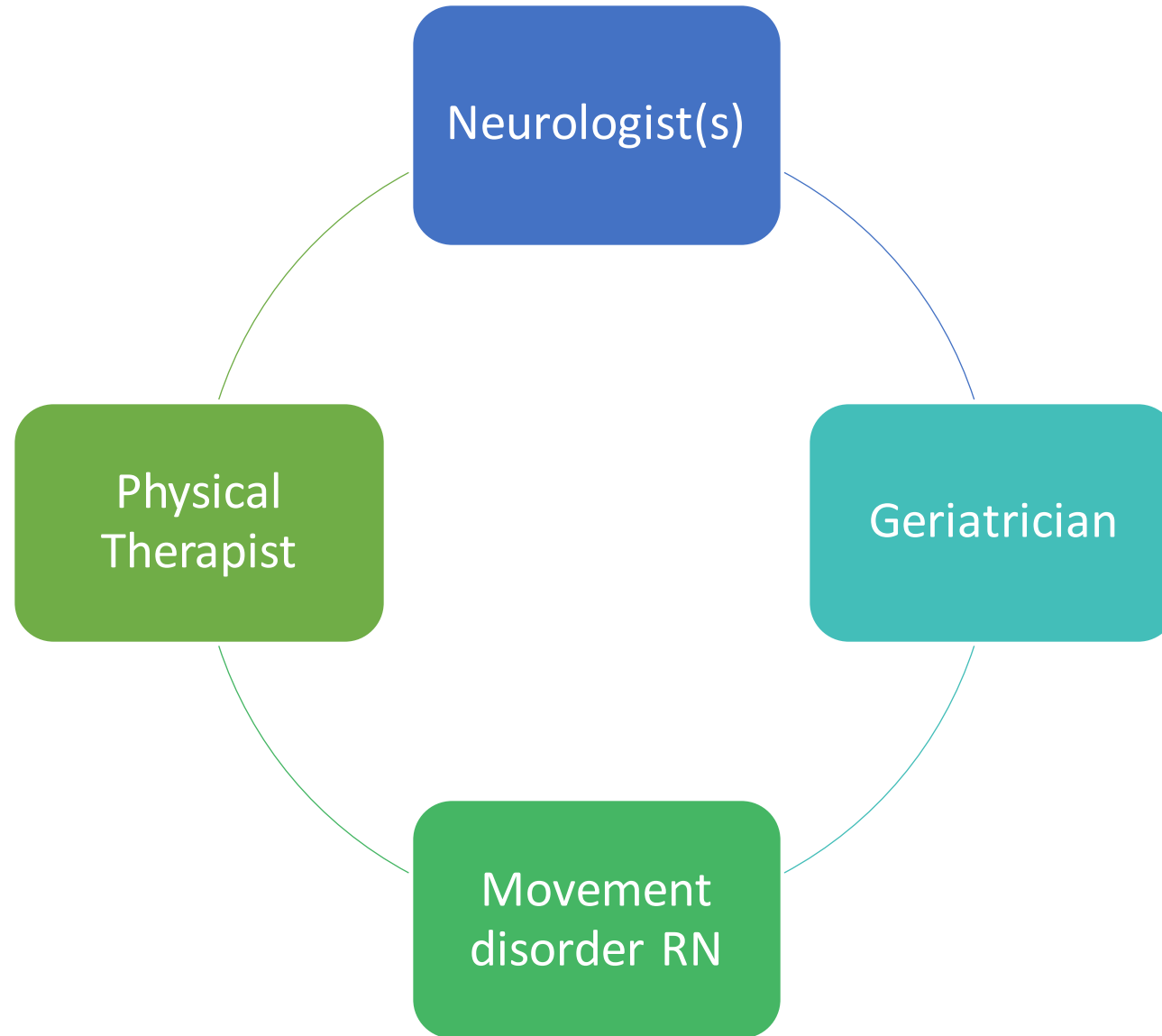


...then you're going to need a team

Interprofessional Team for Interprofessional Care



Parkinson's ECHO



Recruitment

- Oregon ECHO Network List-serve
 - Prior participants
 - Rural practice sites
- Word of mouth!
- Peer referrals
- Professional Society Websites
- AHEC Rural Scholars Program
- CME opportunities
 - Forum on Rural Aging 😊



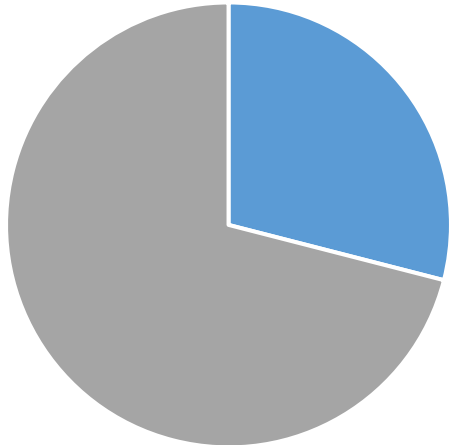
Participants

Number: 28 individuals (15-19 per session)

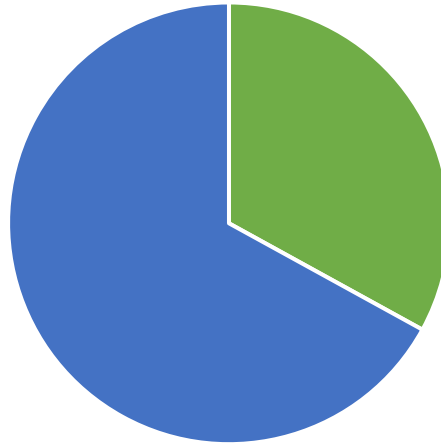
Practice Locations: primary care, inpatient, nursing facilities

Counties: Clackamas, Clatsop, Deschutes, Hood River, Jackson, Josephine, Klamath, Lane, Multnomah, Umatilla, and Washington

And Beyond! Nevada, Texas, Idaho



71% in Primary Care

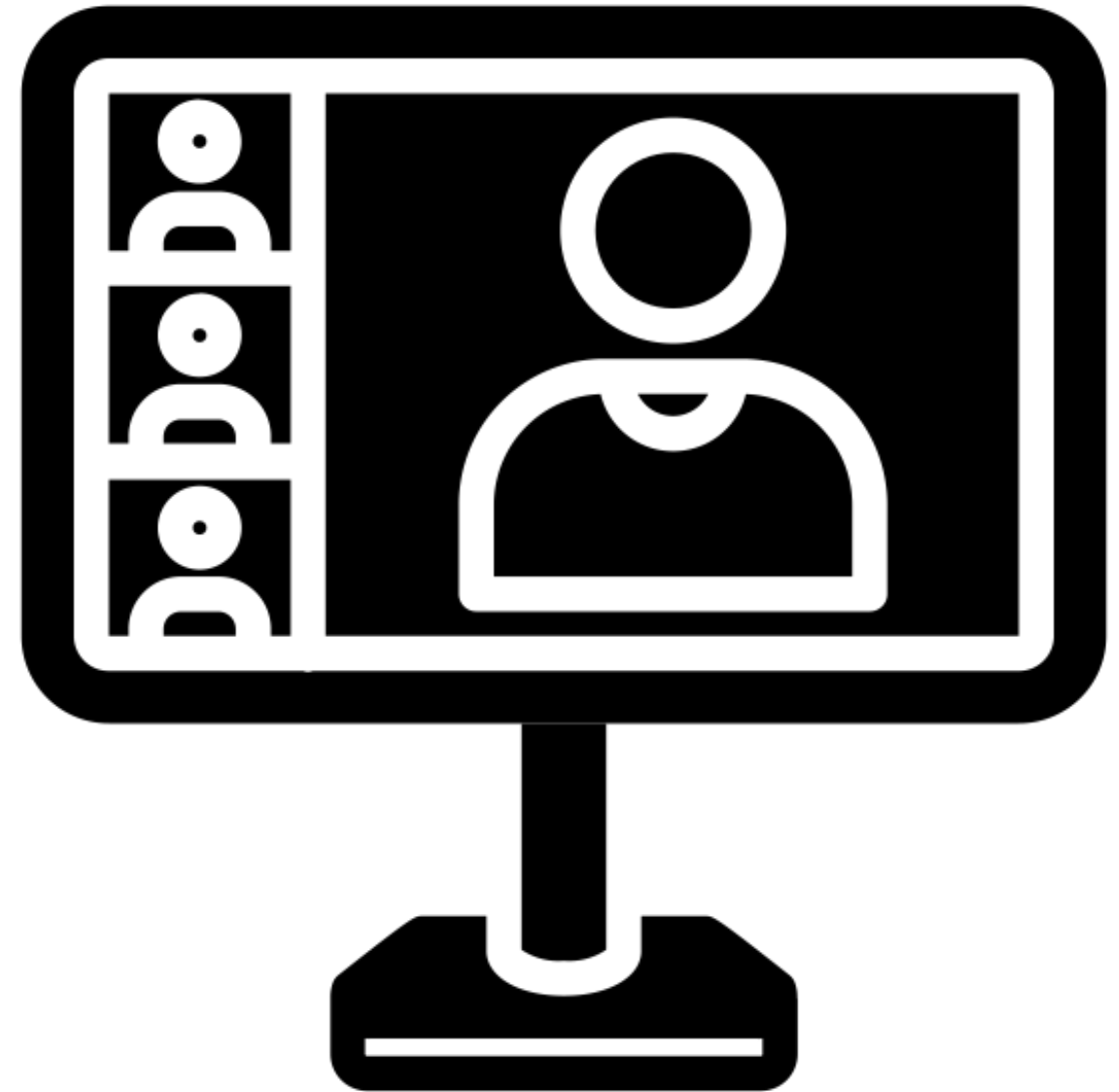


33% in Rural Health Clinic



Sessions

- 10 sessions
- Weekly, Wednesdays
 - Round 1: 12:00 pm
 - Round 2: 7:30-8:30 am
 - Similar attendance in both
- Project ECHO format
 - Didactic
 - Case Presentation



Didactics

DDx of Parkinson's
and Related
Conditions Part I

DDx of Parkinson's
and Related
Conditions Part II

Treating Motor
Symptoms

Treating Non-Motor
Symptoms

Mood, Cognitive
Impairment,
Psychosis
Management Part I

Mood, Cognitive
Impairment,
Psychosis
Management Part II

Safety Concerns:
Falls, Safety at
Home, Driving

Exercise and Team
Care

Hospitalization

Advanced and
Palliative Care

Case Examples

Real-World Examples

Late 60s veteran with notable history of bifrontal meningiomas s/p resection complicated by right ACA territory stroke and focal epilepsy controlled on lamotrigine, idiopathic peripheral polyneuropathy on 2700mg gabapentin, and an akinetic-rigid form of Parkinson disease diagnosed in 2020. His motor symptoms are treated with pramipexole 1.5mg TID. His PD-related complications include cognitive impairment (on rivastigmine 3mg BID), anxiety (on sertraline 150mg), recurrent falls, psychosis, constipation, and speech and swallow dysfunction.

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70s man with hypothyroidism and BPH diagnosed with PD in 2018 (with motor symptoms since ~2014) presently on amantadine 100mg BID (recently added), carbidopa-levodopa 10/100 100mg TID (reducing dose does compromise motor function). His course has been complicated by dementia (10/30 SLUMS; on donepezil 10mg, memantine 20mg), orthostasis (on midodrine 10mg BID), psychosis, and REM behavior disorder associated with insomnia. For the latter, he was just started on melatonin 3mg which helps but causes morning grogginess.

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80s woman with HTN, COPD, fibromyalgia, GAD who was previously relatively healthy and independent (living alone and driving to appointments) but developed several symptoms over the course of 4-6 months: parkinsonism, hallucinations, dysphagia, and gait/balance changes

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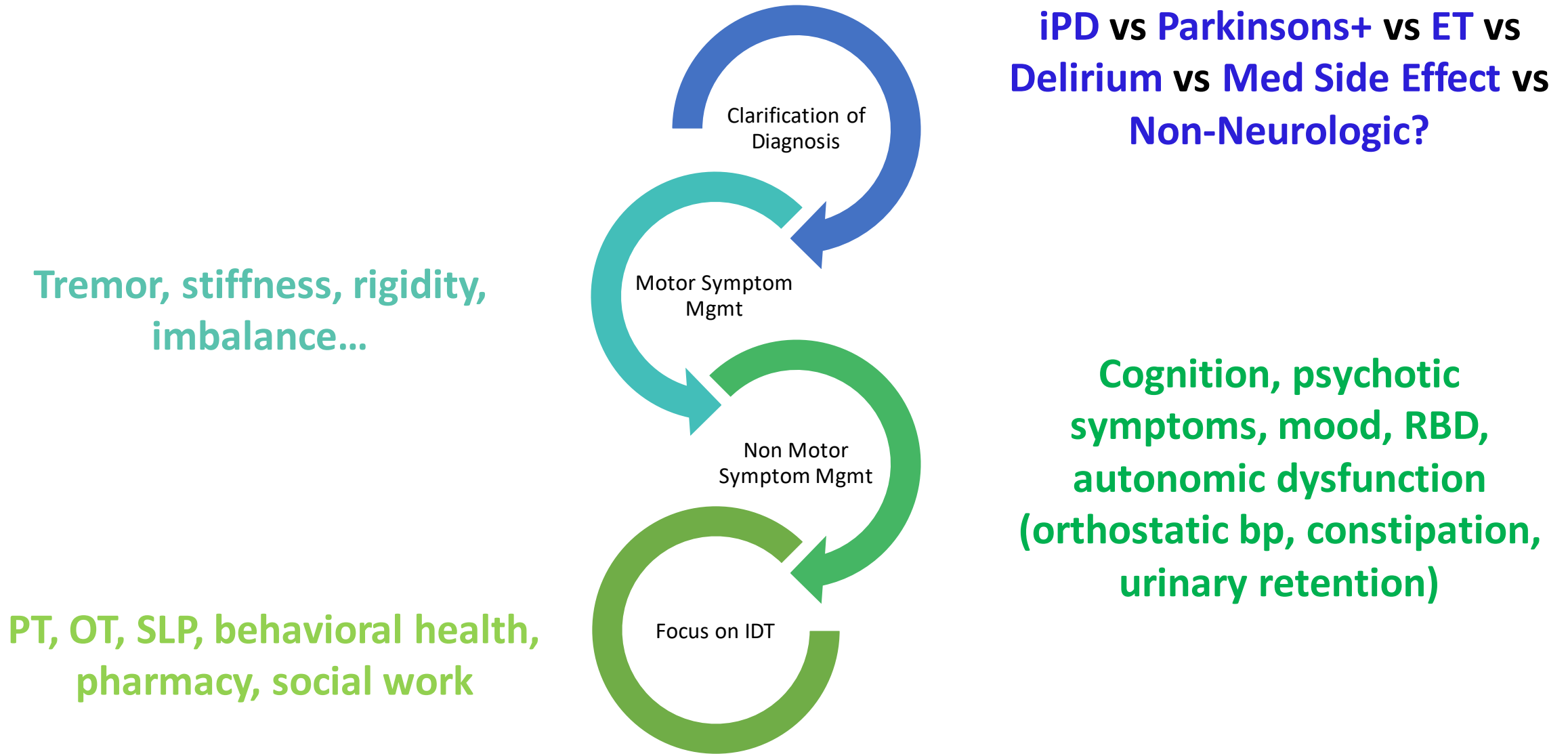
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80s woman in a nursing home with HTN, HLD, PD diagnosed ~2018 currently on carbidopa-levodopa 25-100 QID. ~2020 diagnosed with schizophrenia based on visual hallucinations and paranoia for which she takes risperidone 1mg.

Real-World Guidance



Case Recommendations



Parkinson ECHO: Case Recommendation Form

Case Summary: 70s man with hypothyroidism and BPH diagnosed with PD in 2018 (with motor symptoms since ~2014) presently on amantadine 100mg BID (recently added), carbidopa-levodopa 10/100 100mg TID (reducing dose does compromise motor function). His course has been complicated by dementia (10/30 SLUMS; on donepezil 10mg, memantine 20mg), orthostasis (on midodrine 10mg BID), psychosis, and REM behavior disorder associated with insomnia. For the latter, he was just started on melatonin 3mg which helps but causes morning grogginess.

Clarifying diagnosis

- In this case, it is like PD, but Dementia with Lewy Bodies (DLB) could be considered given parkinsonism, RBD, dementia, and prominent visual hallucinations. The most helpful clue is motor symptoms likely preceded diagnosis by 7 years.

Motor Symptom Management

- Is amantadine appropriate?
 - This is typically used for dyskinesias. First step may be to eliminate this.
 - If it proves necessary, be sure to time the medication appropriately as it can be stimulating and worsen insomnia. One should time it for first thing in the morning, and they take BID, the second dose should be taken around 1PM
- C/L adjustments?
 - He is on relatively small dose and seems effective, so should use this as backbone of therapy.
 - Side note, he seems to tolerate the 10/100 tablet of C/L but in those with nausea can try the more standard 25/100. The 25 represents a higher dose of carbidopa which helps to counteract the peripheral side effects of levodopa (i.e. nausea)
 - Zonisamide can be considered as an adjunct. There is convincing data in DLB (and some emerging data in PD) for use in improving motor function. It works in a non-dopaminergic manner so it could help prevent worsening of psychosis. Typical doses are 25-100mg at bedtime.

Non-motor Symptom Management

- Insomnia
 - It is important to maintain routines. Maintain a de-cluttered environment, appropriate lighting, calendars and clocks to orient to right time/date.
 - Try to incorporate exercise, tai chi, dance, etc. into the routine
- RBD
 - Memantine has minimal evidence (a single study) to support its use
 - Melatonin. Worthwhile trying as it can maintain circadian rhythm. Try reducing the dose to just 1 or 2mg
 - Clonazepam can be used for this reason only in the geriatric population. Try a low dose (0.25mg or 0.5mg) at bedtime
 - The approach here is best described as de-prescribing. But if all prior adjustments are made and daytime sleepiness persists and interferes with normal social engagement, one could consider

Objective 2:

Demonstrate the benefits of participating in the Parkinson's Echo

Comments: “I liked most...”

Your faculty team composition.

ECHO is my preferred learning format and I've participated in many. Your team excels. You have dialed in the team-based/case-based learning. Didactics are all great. I would change nothing.

The didactic. Just like last week, it was a standout **for good organization, realistic goals, thoughtful pedagogy.** I also found having the **case translated from 'family physician' to 'movement disorders specialist'** really useful in teaching what movement disorders specialists find relevant.

The slides on which meds help which symptoms and what type of patient (age, etc)

The **practicality** and **applicability** of [the] information presented

The feeling of ease and welcome to comment

That it was very motivating

They said they liked it but....

.... Where's the data?

I feel that...

Delivered balanced and objective content	5.5
Delivered evidence-based content	5.5
Was well-organized	5.5
Ample opportunities to ask questions	5.5
Didactic was relevant in the context of my practice setting	5.3
Case presentation was relevant in the context of my practice setting	5.3
Atmosphere felt welcoming	5.6
Stated objectives were met	5.6

Strongly Disagree (1) Strongly Agree (6)

I am comfortable with **DIAGNOSING** and **TREATING** patients with ...



Note. ●Pre. ●Post. n = 6.

● participants pre-survey n = 18

I am comfortable **PRESCRIBING** the following medications to patients with a Parkinsons diagnosis ...



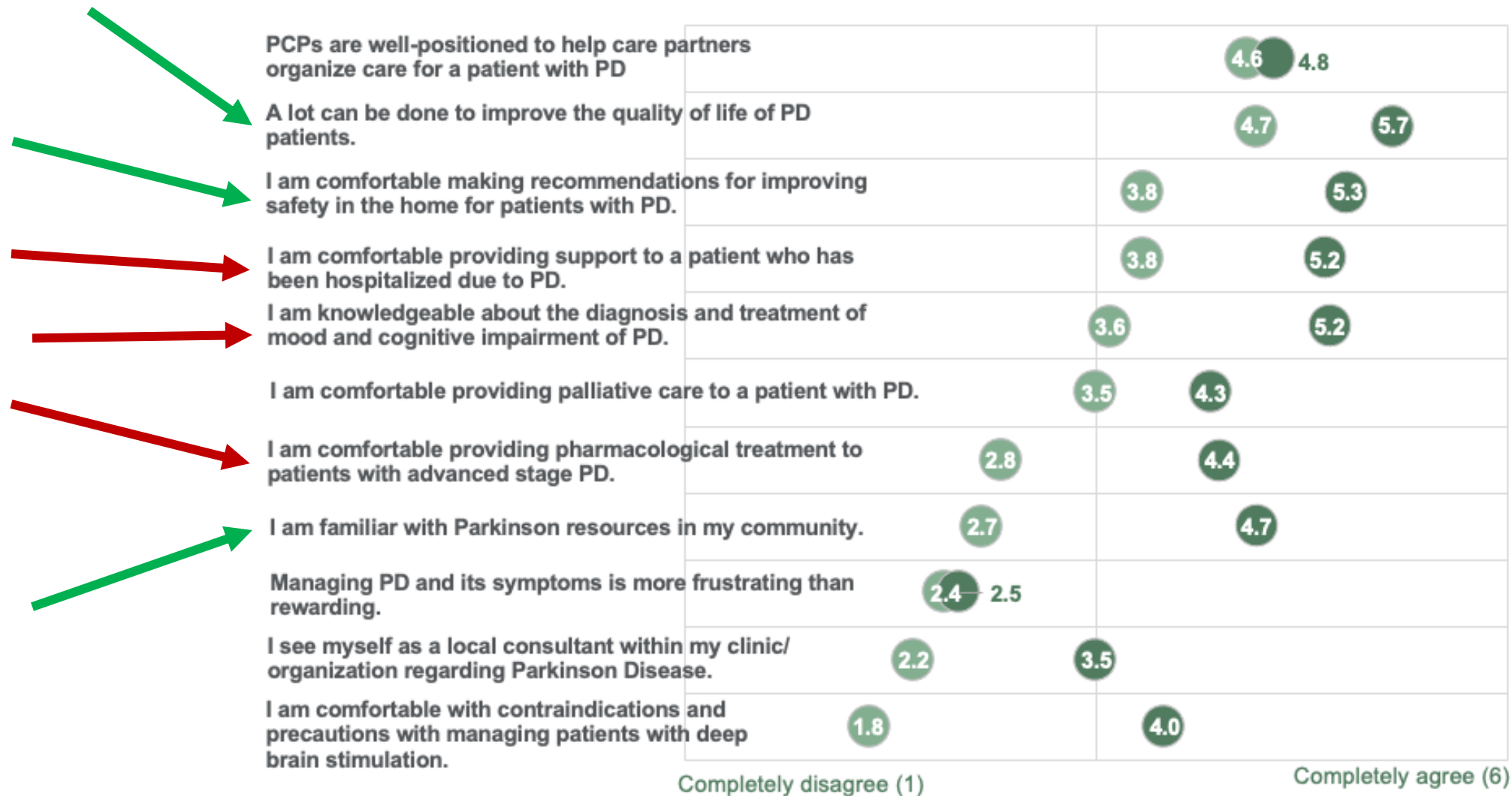
Note. ●Pre. ●Post. n = 6.

Please indicate the degree of confidence:



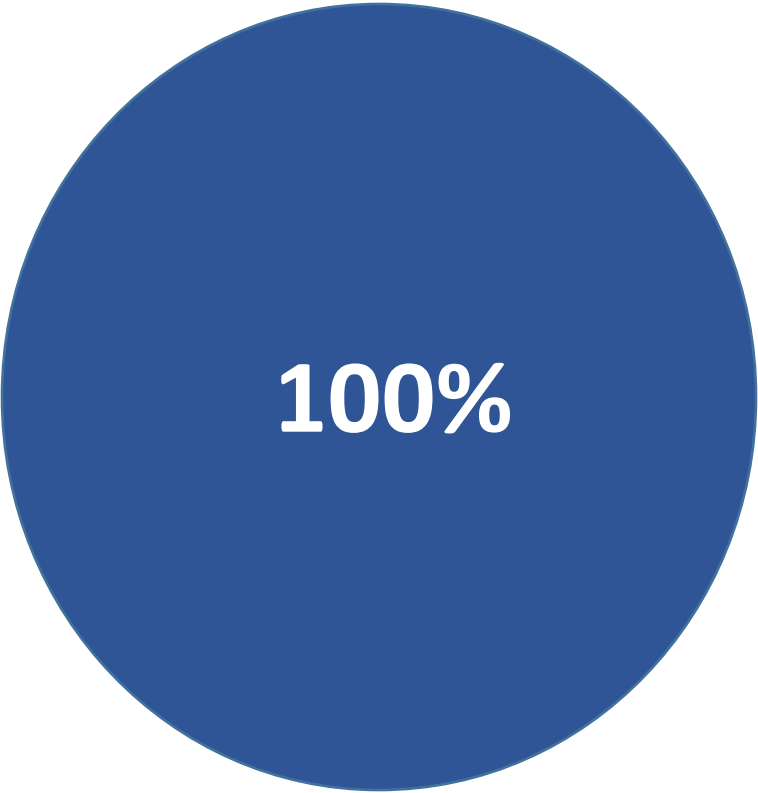
Note. ●Pre. ●Post. n = 6.

Please choose the extent to which you disagree or agree with the below statements:



Note. ●Pre. ●Post. n = 5-6.

Recommendations received about their case were helpful ...



How would you rate the following benefits of participating in ECHO

Increased confidence in my ability to treat patients with Parkinson Disease.	4.0
Learning about prescribing and managing medications for patients with Parkinson Disease.	4.0
Improved satisfaction in treating patients with Parkinson Disease.	4.0
Learning about the experiences of other primary care practices/health care providers regarding Parkinson Disease.	4.0
Enhanced skills in communication with patients or their families about Parkinson Disease.	3.9
Little benefit (1) Very high benefit (5)	

Note. n = 7.

AFTER ECHO

Oh no! A
Parkinson's
Patient!!



BEFORE ECHO



I got this!



Me too!



Me three!



But what about me?

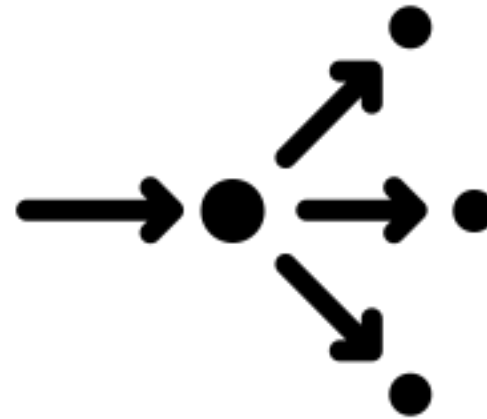
But what about me?

- Will my clinic allow it?
 - **86% COMPLETELY AGREED** their clinic was supportive of ECHO participation

But what about me?

- Will my clinic allow it?
 - 86% COMPLETELY AGREED their clinic was supportive of ECHO participation
- Will it help my clinic?
 - **100%** MOSTLY or COMPLETELY AGREED that participating in and learning through ECHO was an effective way for their clinic to enhance expertise
 - Force Multiplier Effect → Intra-clinic learning

Force Multiplier



I conducted a didactic teaching session for my colleagues on Parkinson disease _____ times.

29%

71%

I convened a multi-disciplinary group within my practice to discuss improving care for patients with Parkinson disease _____ times.

29%

71%

I provided a case consultation for a colleague on a patient with Parkinson disease _____ times.

14%

86%

My practice changed a policy or procedure to improve care for patients with Parkinson disease _____ times.

14%

86%

■ 3 or more

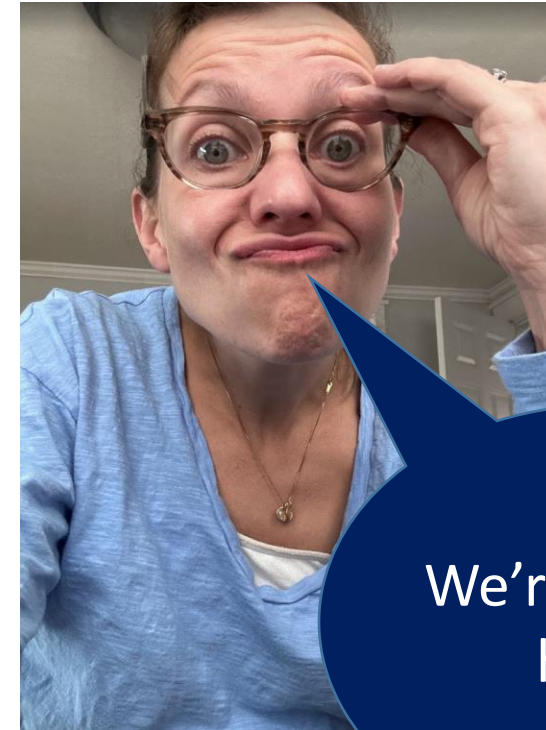
■ 1 to 2

■ 0

Note. n = 7.

SUMMARY OF EACH SESSION

SESSION/TITLE	DATE/TIME	PRESENTER	RELATED RESOURCES
1 - Differential diagnosis of Parkinson's disease and related movement disorders, Part I	1/12/2022 7:30:00 AM	Lee Neilson	Intro to ECHO Slides Parkinson's Foundation Website (view notes) Parkinson's ECHO Blank Case Form Advances in dementia with Lewy bodies MDS Clinical Dx Criteria PD-Executive Summary Parkinson's Disease - Clinical Features and DX (view notes) MDS Clinical Dx Criteria - Parkinson's Disease UK Parkinson's Brain Bank Clinical Dx Criteria NeuroLogic Exam - An Anatomical Approach PSP Management Guidelines 2021 S1 Case Recommendations S1 Case C-Roberto S1 Differential Diagnosis Part 1 Slides (view notes) PF - Ed Resource Fact Sheet (view notes) Parkinson's Disease Educational Resources (view notes) PF Spanish Language Website - Resources (view notes)
2 - Differential diagnosis, Part II	1/19/2022 7:30:00 AM	Lee Neilson	Parkinson's Foundation Website (view notes) Cure PSP Website Advances in dementia with Lewy bodies MDS Clinical Dx Criteria PD-Executive Summary Parkinson's Disease - Clinical Features and DX (view notes) MDS Clinical Dx Criteria - Parkinson's Disease UK Parkinson's Brain Bank Clinical Dx Criteria NeuroLogic Exam - An Anatomical Approach PSP Management Guidelines 2021 S2 Case S-Wells DaTscan Drug Interaction Flash Card MDS - UPDRS S2 Case Recommendations S2 Differential Diagnosis Part II Slides OHSU Parkinson Center Events Page (view notes)



We're here to help!

But what about me?

- Will my clinic allow it?
 - **86% COMPLETELY AGREED** their clinic was supportive of ECHO participation
- Will it help my clinic?
 - **100% MOSTLY or COMPLETELY AGREED** that participating in and learning through ECHO was an effective what for the practice to enhance expertist
 - Force Multiplier Effect → Intra-clinic learning
- So how do I sign up?



Parkinson ECHO

BEST PRACTICE CARE

One hour per week, 10 weeks
Free CME, MOC

- Diagnosis
- Treatment: Motor & Non-Motor Symptoms
- Cognitive Effects of PD
- Navigating Psychosis
- Safety Concerns & Team Based Care
- Hospitalization Challenges
- Advanced Stage Care

*Extensive Provider, Family Caregiver,
and Patient Resource Library*



NEXT SESSION:
JAN-MAR 2024

If interested, contact
Oregon ECHO
Network
or
mannli@ohsu.edu



www.oregonechonetwork.org

ECHO is all teach, all learn



Interactive



Co-management
of cases

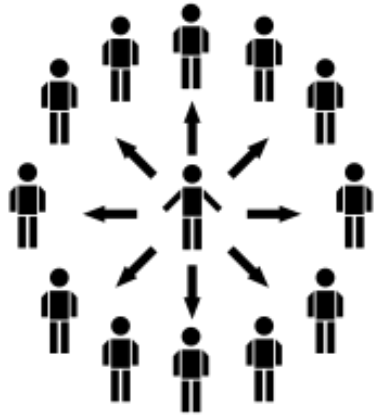


Peer-to-peer
learning

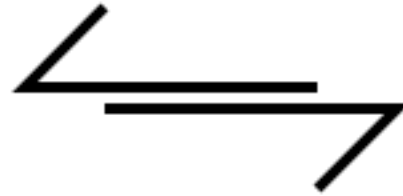


Collaborative
problem solving

Summary: The Joy of Telementoring!



Decentralizes Parkinson's knowledge—without leaving home!



Bi-directional relationship building



Creation of local experts

Local Expertise → **Increased Patient Access** → **Better Parkinson's Care**

Acknowledgements

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Thank you!



Suvi Neukam, DO
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Part of the CareOregon Family

