



Welcome to the AHRQ Medicaid and CHIP TA Webinar

Tuesday, October 11, 2011, 1:30–3:00 p.m. Eastern

Emerging Applications in Medicaid and CHIP Programs Utilizing Telemedicine

Presented by:

Gary Capistrant, *American Telemedicine Association, Senior Director, Public Policy*
Members of the University of Arkansas, Center for
Distance Health
ANGELS Program

R. Whit Hall, MD, *Professional Service Provider,
Neonatology*

Presented by (continued):

Tina Benton, RN, BSN, *ANGELS Director*
Julie Hall-Barrow, EdD, *Educational Director*
Sanjeev Arora, MD, *Director, Project ECHO,
University of New Mexico, School of Medicine*

Moderated by:

John Marks, *Director of State Services, WVMI*

Funded by the Agency for Healthcare
Research and Quality

* Please note all participants were placed on mute
as they joined the session. **1**

Overview

- Welcome – John Marks, WVMI
- Before we begin
- Introduction
- *Emerging Applications in Medicaid and CHIP Programs Utilizing Telemedicine*

Presented by:

- Gary Capistrant, American Telemedicine Association, Senior Director, Public Policy
- Members of University of Arkansas, Center for Distance Health, ANGELS Program
 - R. Whit Hall, MD, Professional Service Provider, Neonatology
 - Tina Benton, RN, BSN, ANGELS Director
 - Julie Hall-Barrow, EdD, Educational Director
- Sanjeev Arora, MD, Director, Project ECHO, University of New Mexico, School of Medicine
- Questions and answers – John Marks
- Closing remarks – John Marks



Before We Begin

- Please note all participants were placed on mute as they joined the Webinar.
- If you wish to be unmuted, choose the “raise hand” option to notify the host.
- If you have a question during the presentation, please send your question to all panelists through the chat. At the end of the presentations, there will be a question and answer period.
- We are currently in the process of posting all of the TA Webinar presentation slides to the project Web site: <http://healthit.ahrq.gov/Medicaid-SCHIP>
- A recording of this session will be posted on the project Web site.



Subscribe to the Listserv

- Subscribe to the AHRQ Medicaid-CHIP listserv to receive announcements about program updates and upcoming TA Webinars and Workshops.
- Follow the instructions below
 - Send an e-mail message to: listserv@list.ahrq.gov.
 - On the subject line, type Subscribe.
 - In the body of the message type sub Medicaid-SCHIP-HIT and your full name. For example, sub Medicaid-SCHIP-HIT John Doe.
- You will receive a message asking you to confirm your intent to sign up.



Evaluation

- Immediately following the Webinar, an evaluation form will appear on your screen.
- We would very much like to get your feedback; your input is extremely important to us and will help to improve future sessions to ensure we provide the best possible assistance to your agency.
- If you do not have time to complete the evaluation immediately following the Webinar or would rather receive the form via e-mail, please contact Diana Smith at dianasmith@rti.org
- As always, thank you!



Current Telemedicine Public Policy Issues

Gary Capistrant

American Telemedicine Association
Senior Director, Public Policy

October 11, 2011



Macro Health Policy Issues

- Budget cutting
- PPACA impact
- Provider shortages
- Service disparities
- Aging population
 - Acute/Pediatrics → Chronic/Geriatrics
- Digital data



Micro Health Policy Issues

- Dual eligibles
- Chronic care
- Hospital use
- Managed care
- Innovation
 - Payment incentives
 - Service teams



State Issues for Telehealth

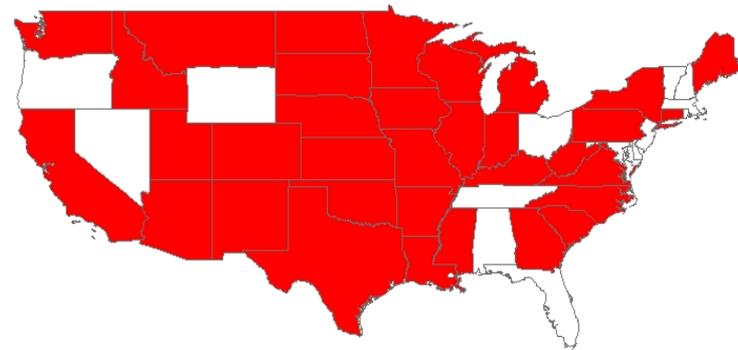
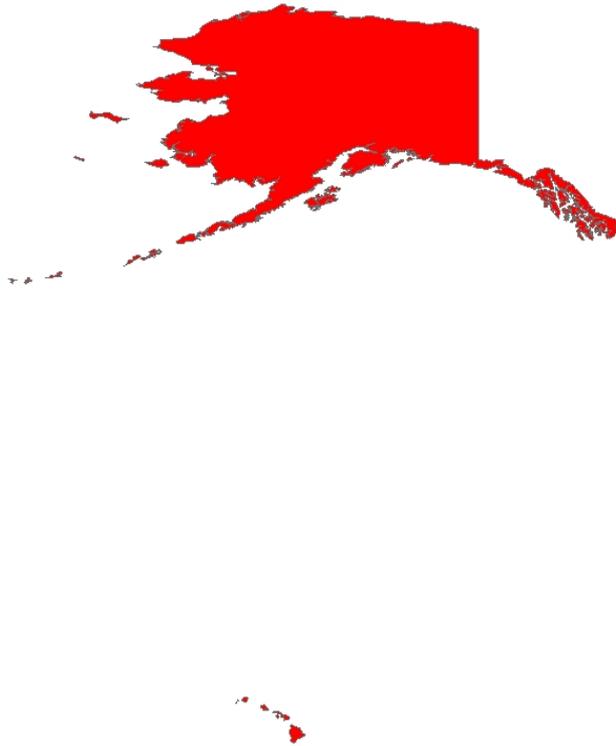
- Reimbursement
 - State employees
 - Medicaid
- Medicaid
 - Chronic—health home
 - Duals
- Sufficient patient population
- Professional licensure



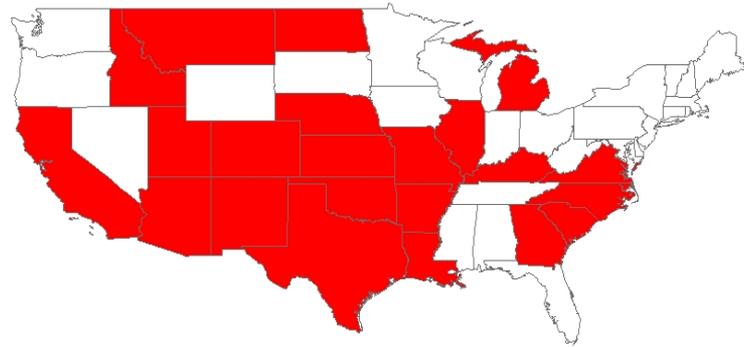
Medicaid Telehealth

- Most cover videoconferencing by physicians
- Almost half cover telemental health counseling
- Few cover—
 - Store and forward
 - Home telehealth
 - Remote patient monitoring
 - Telerehab

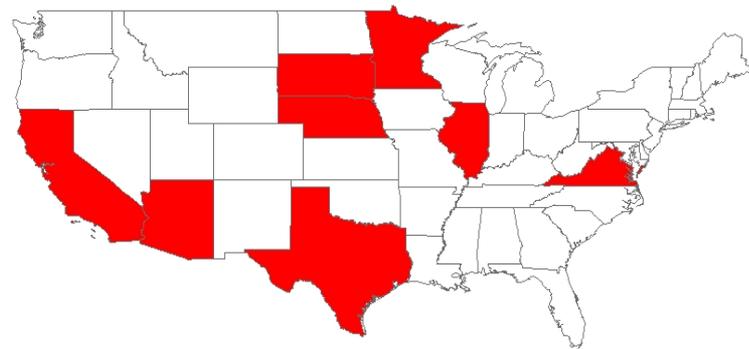
36 Red = Telehealth



23 Red = Telemental Health

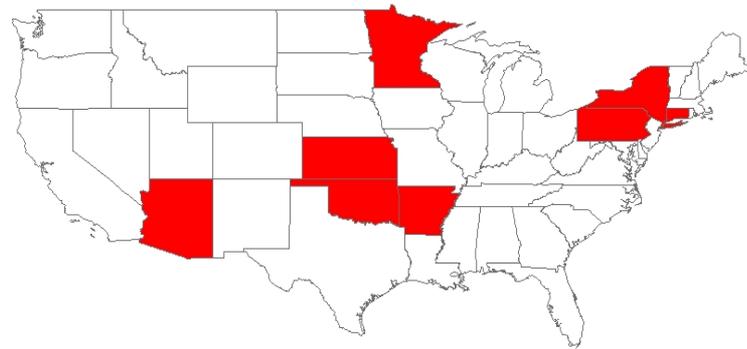


9 Red = Store and Forward



0 1000

9 Red = Home Telehealth



10 0-100



Telehealth Opps for Medicaid

- Telemental
- Store-and-forward
- Federally funded centers—CHCs, CMHCs
- Health home for chronic care
- Medical homes—condition-specific
- Payment bundles
- Home telehealth—video, monitoring, rehab



Key Federal Telehealth Issues

- Medicare
 - ACOs
 - Congress
 - CMMI
- Meaningful Use stages 2 and 3
- FCC—rural health program, spectrum
- FDA—regulation of mobile devices
- Nationwide licensure



ATA Resources

<http://www.AmericanTelemed.org>

<http://www.FixLicensure.org>

<http://www.ATAwiki.org>

GCapistrant@AmericanTelemed.org

202-233-3333

Telemedicine: Takin' it to the Street!

R. Whit Hall, MD, Professor, Neonatology

Tina Benton, Program Director, ANGELS Oversight Director,
Center for Distance Health (CDH)

Julie Hall-Barrow, EdD, Associate Director, CDH



Arkansas' Health Care Population

- 47th in teen birth rate
- 43rd in infant mortality
- 43rd in obesity
- 40th in prevalence of smoking
- 50th in immunization coverage
- 49th in per capita health spending
- 42nd in lack of health insurance
- 45th in children in poverty
- **48th in overall health**
- 38th in low birth weight
- 41st in adequacy of prenatal care
- 40th in preterm births
- 43rd in preventable hospitalizations



The ANGELS Program

- Improve access to specialized care
- Improve outcomes for Arkansas' high-risk moms and babies
- Identify cost savings



Jennifer's Story



Title: Jenn Video_YouTubeHD

Format: wmv (00:02:13)

Double-click to edit



Telemedicine Model



Offer
Community
Needs-Based
Services

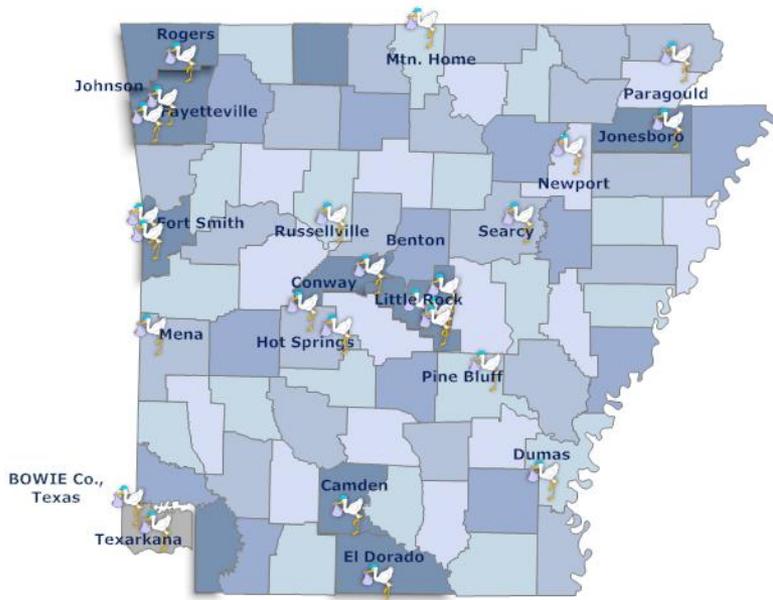
- Education & Training for Providers
- Centralized Tech Support & Scheduling
Call Center 24/7
- Telemedicine Network &
Infrastructure
- Evaluation/Research
- Case Coordination & Evidence-Based
Guidelines/Protocols

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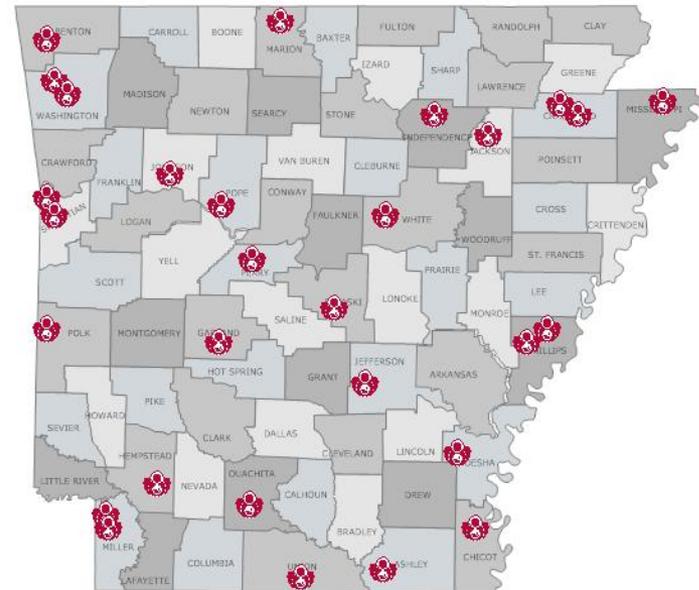
ANGELS Telehealth Sites



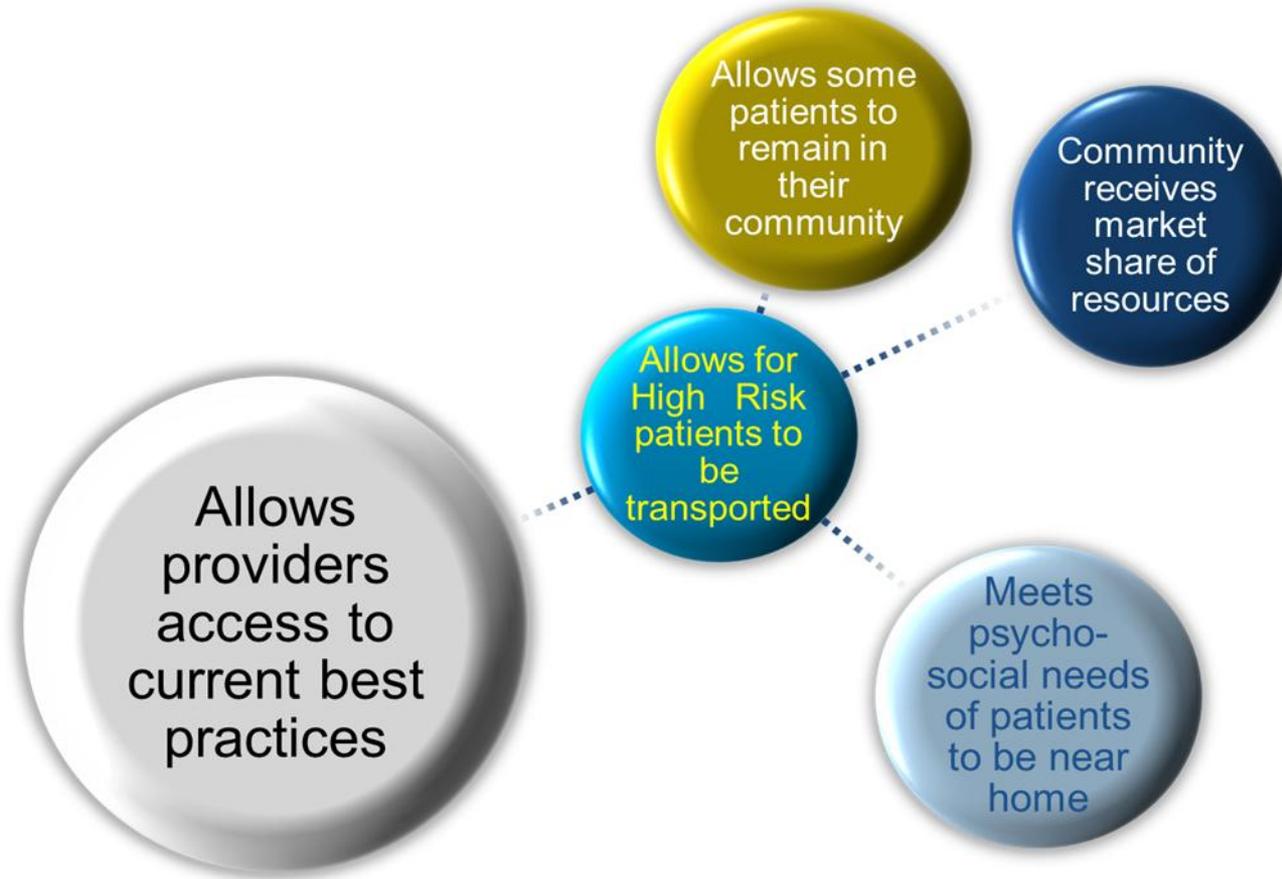
Tele-Nursery



OB Clinical Services



Subspecialty Health Care Access



Clinical Impact



More high-risk mothers diagnosed earlier in pregnancy
By 9%



50% Decrease with TM in PTNBs born in hospitals without Neo's



Neonatal mortality rates have declined
2001– 4.5/1000
2005 3.3/1000

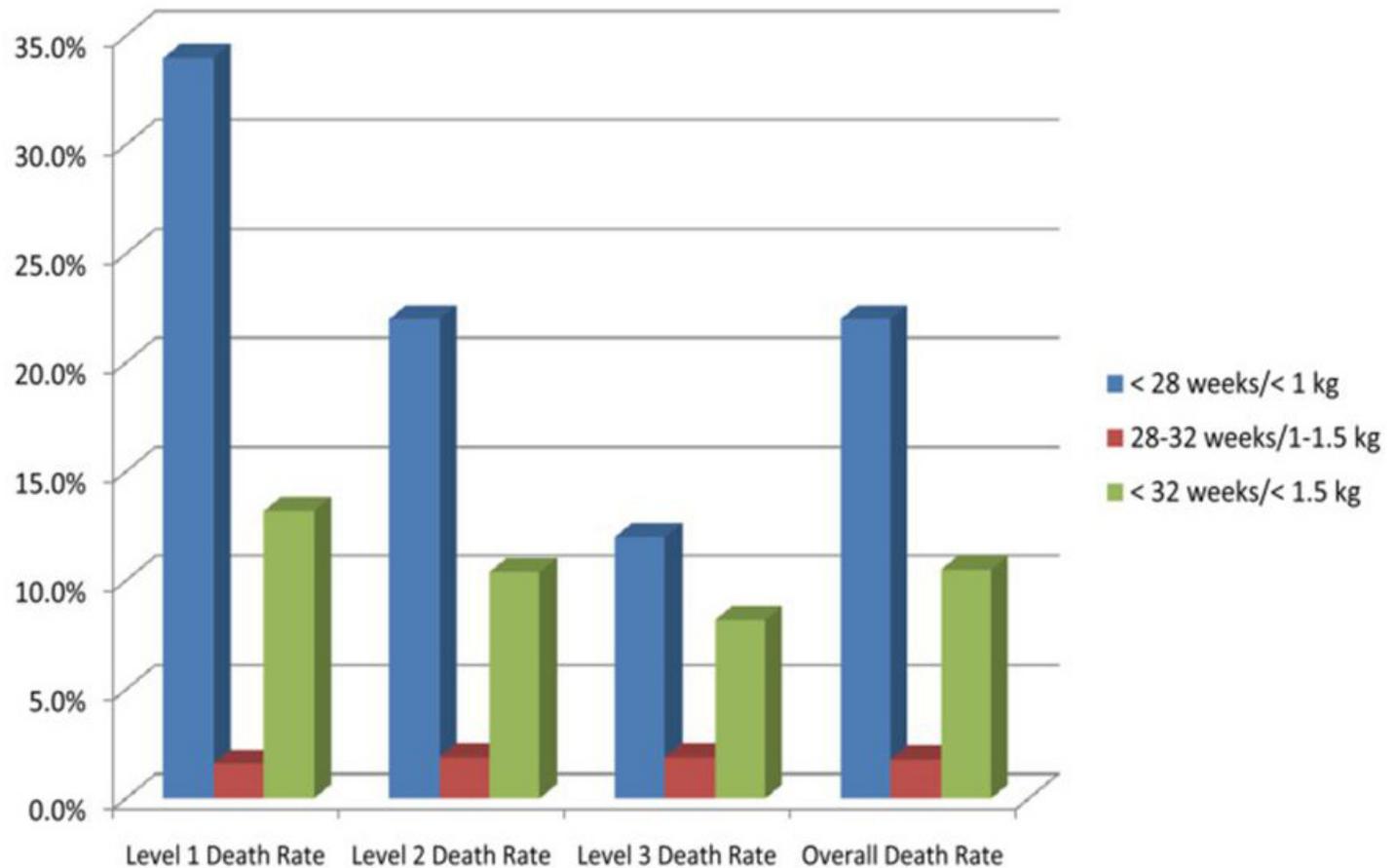


Mothers from rural areas more likely to deliver high-risk LBW babies at UAMS

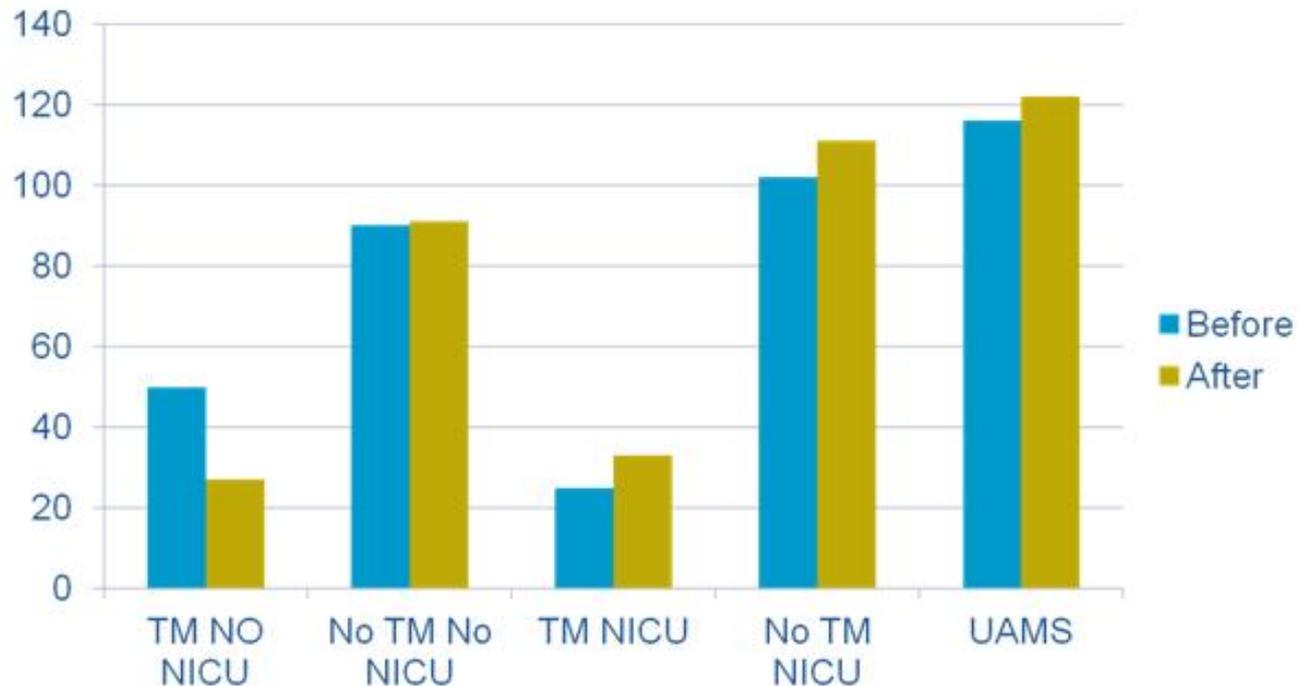


ANGELS has increased access to MFM services

Death Rate Related to Levels of Care



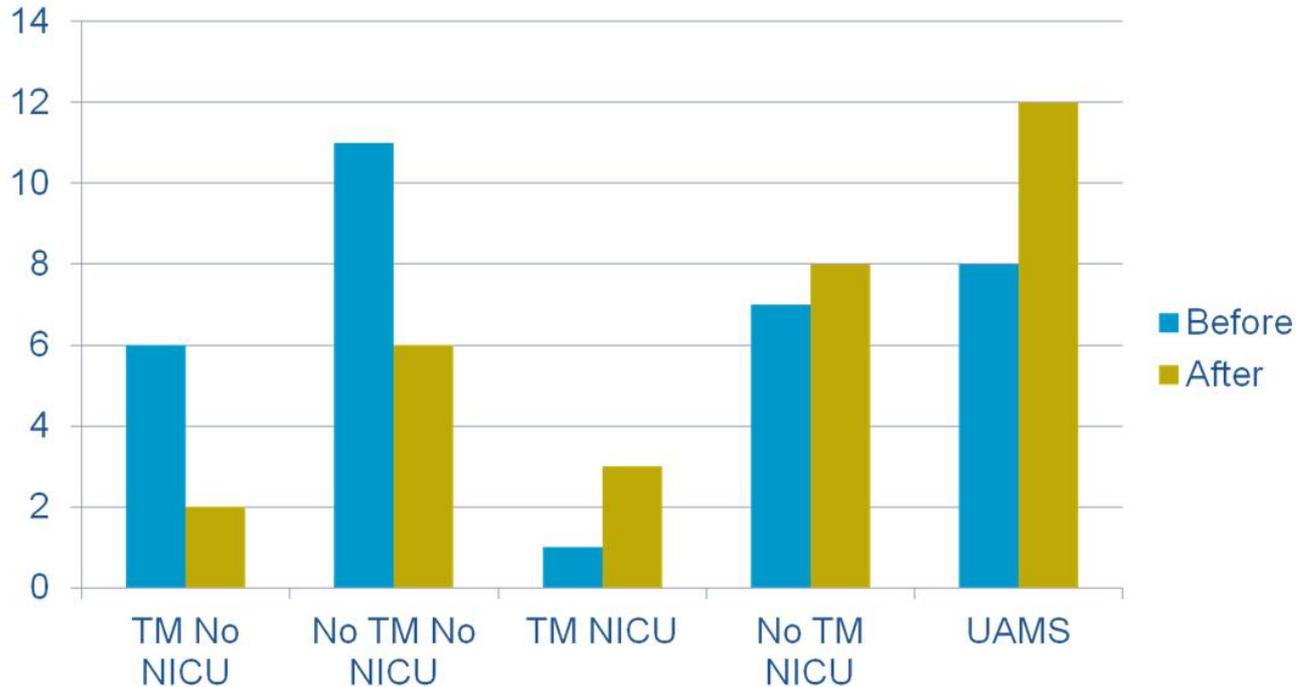
Change in Number of Deliveries Before and After Telemedicine Intervention



TM represents telemedicine-equipped nursery

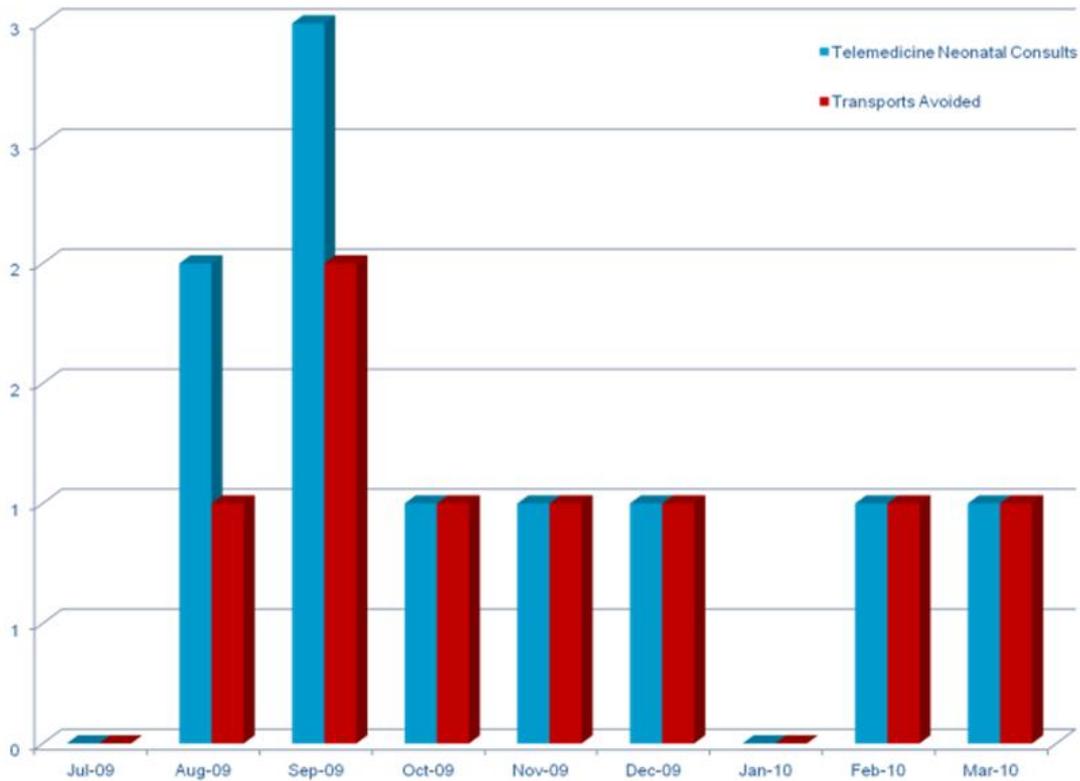
*P=0.0099. Other values not significant.

Number of Deaths Before and After Telemedicine Intervention

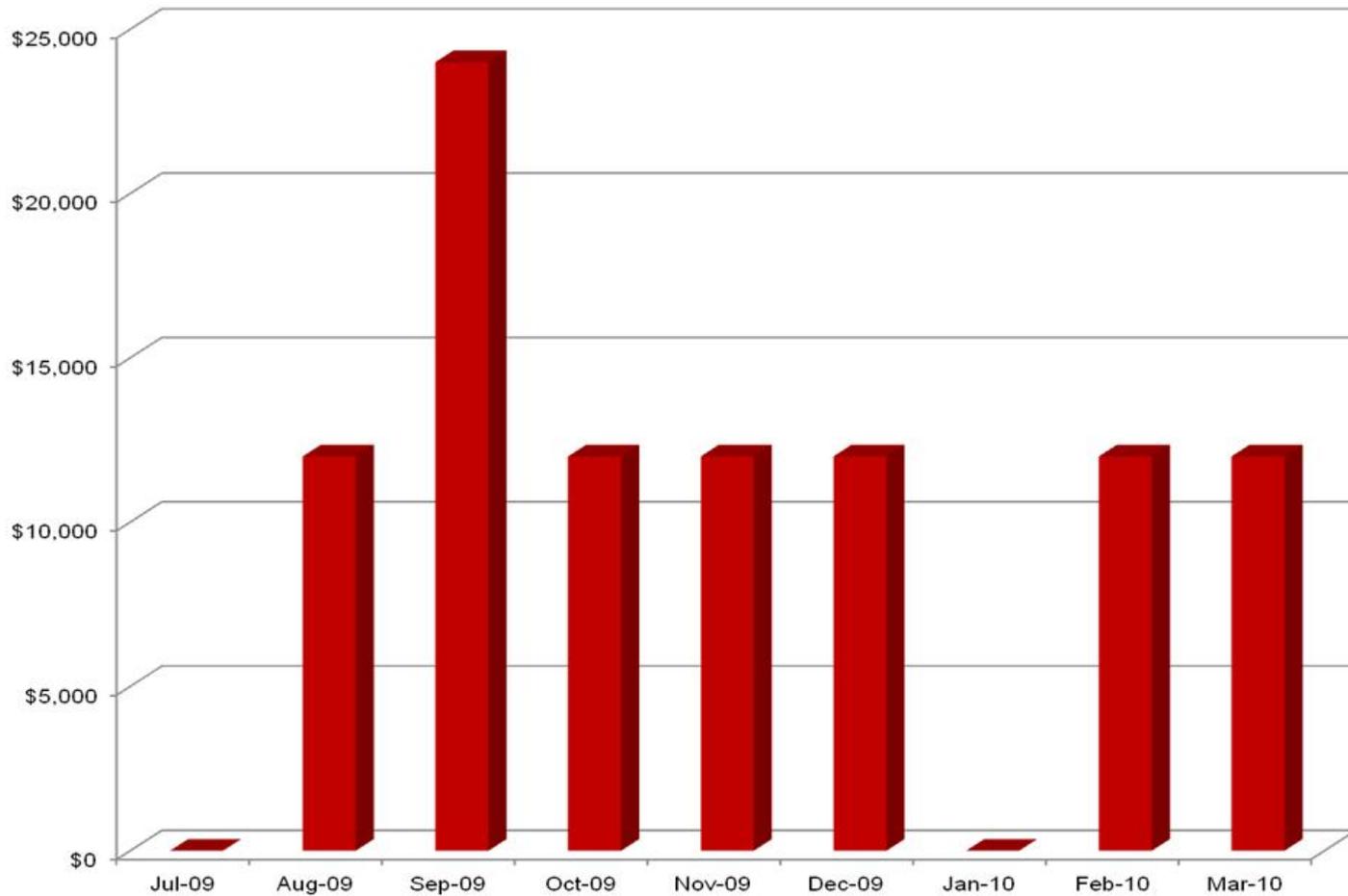


TM represents telemedicine; UAMS represents University Hospital. Although none of the values are significant, note the decline in mortality in TM-equipped hospitals without a NICU.

Telenursery Consults and Transports Avoided



Telenursery Cost Savings



Satisfaction Survey

Provider Telemedicine Satisfaction Survey

Responses: 66.67% nurses (OB & Neo), 26.67% physicians (OB & Neo), 6.67% other
Hospitals: 66.67% neonatologist on site, 33.33% no neonatologist

1=strongly disagree, 2=disagree, 3=no opinion, 4=agree, 5=strongly agree

- In-service prepared me 4.07
- Receive appropriate back-transports 3.67
- Back-transport care plan clear 3.87
- Expedited DC planning 3.71
- Consults faster 4.00
- Consults more efficient 4.27
- Gain new knowledge 4.07
- As satisfactory as face-to-face 4.27
- Better than phone 4.33
- Families like 3.87



Education

- PEDS Place
- High-risk OB
- Training center
- One team
- Eds Place
- FAIM



Satisfaction Survey Results

[Peds PLACE: Results]

Table 2. Number of Responses from UAMS/Remote Evaluation Form.

| Evaluation Criteria | SA | A | U | D | SD |
|--|--------------|--------------|------------|-----------|----------|
| Presentation related to my needs. | 266 | 127 | 17 | 4 | 0 |
| Presentation increased my knowledge. | 287 | 111 | 11 | 2 | 0 |
| Presentation met my expectations. | 273 | 110 | 19 | 4 | 1 |
| Length of the presentation was appropriate. | 275 | 112 | 9 | 3 | 0 |
| Material was well presented. | 289 | 100 | 10 | 1 | 0 |
| Presenter was knowledgeable. | 314 | 78 | 2 | 1 | 0 |
| Presenter made time for questions. | 302 | 81 | 4 | 1 | 0 |
| Information will enhance patient care. | 274 | 96 | 24 | 3 | 0 |
| This technology was satisfactory. | 227 | 102 | 15 | 4 | 0 |
| The technology was as effective as traditional methods. | 227 | 99 | 14 | 6 | 2 |
| I would take other courses with this technology. | 252 | 81 | 8 | 1 | 1 |
| This technology is the most convenient way for me to obtain this training. | 245 | 82 | 13 | 4 | 0 |
| TOTAL | 3,231 | 1,179 | 146 | 34 | 4 |

SA = strongly agree, A = agree, U = undecided, D = disagree, and SD = strongly disagree.

High-Risk OB

- 170 guidelines OB/Neo/Peds
- H1N1: 85 sites signed on within 2 weeks
- 7,238 evidence-based conference attendees in 2010
- 60 connections at 38 sites for providers

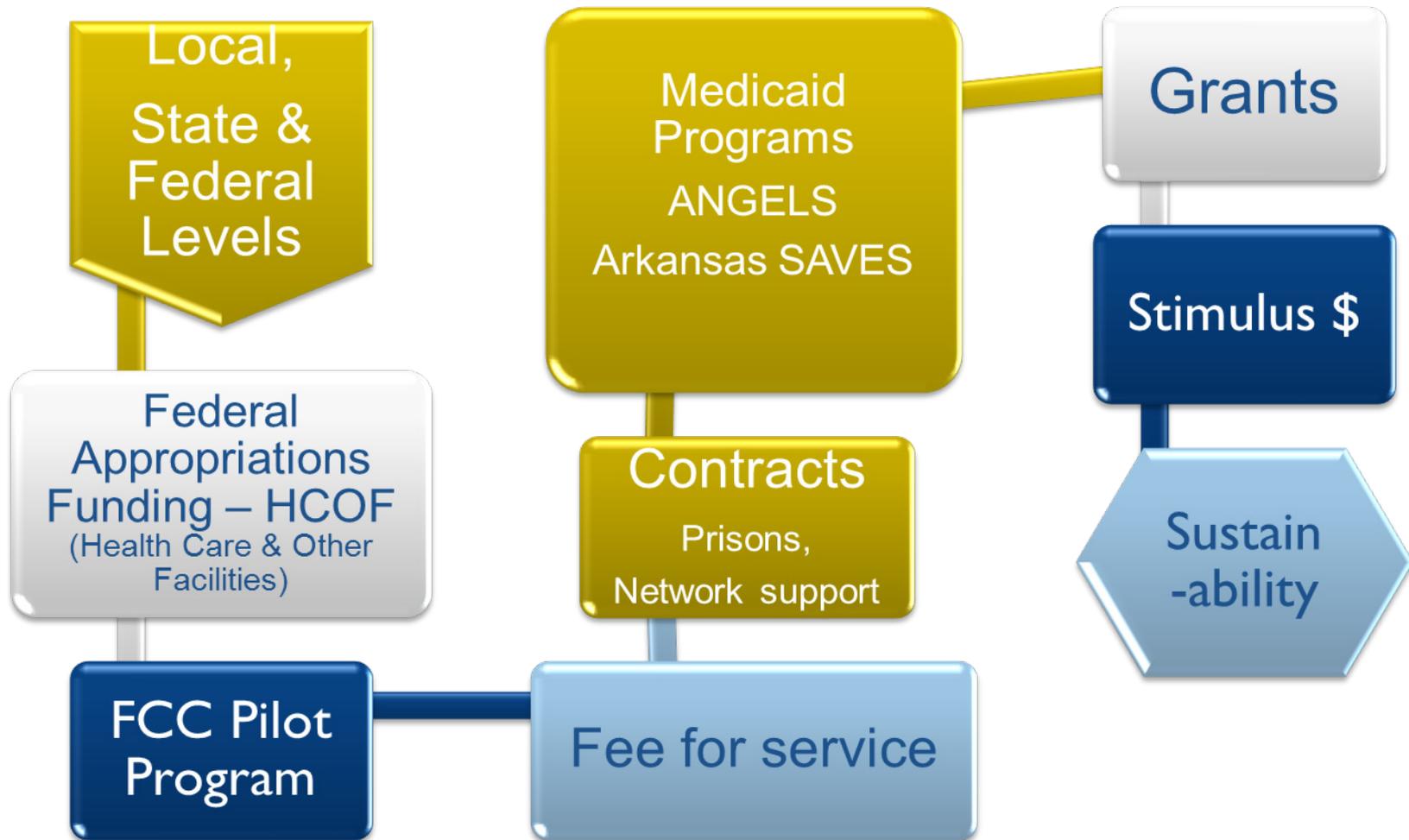


CDH Training Center Offers

- Technical expertise
- Equipment choice
 - Clinical
 - Education
 - Administrative
- Network connectivity
- Training



Sustainability: Diversify



Conclusions

- Telemedicine can increase health access
- Efficient and cost-effective method
- Can be used across distance
- Education for community providers
- Sustainability





UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

DEPARTMENT OF
INTERNAL MEDICINE



Extension for Community Healthcare Outcomes

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Director, Project ECHO
Department of Medicine
University of New Mexico Health Sciences Center

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The mission of Project ECHO is to expand the capacity to provide best practice care for common and complex diseases in underserved areas and to monitor outcomes.

Supported by NM Dept of Health, Agency for Health Research and Quality HIT grant 1 UC1 HS015135-04, and MRISP, R24HS16510-02 and the New Mexico Legislature, Robert Wood Johnson Foundation

Hepatitis C: A Global Health Problem

170 Million Carriers Worldwide, 3-4 MM new cases/year

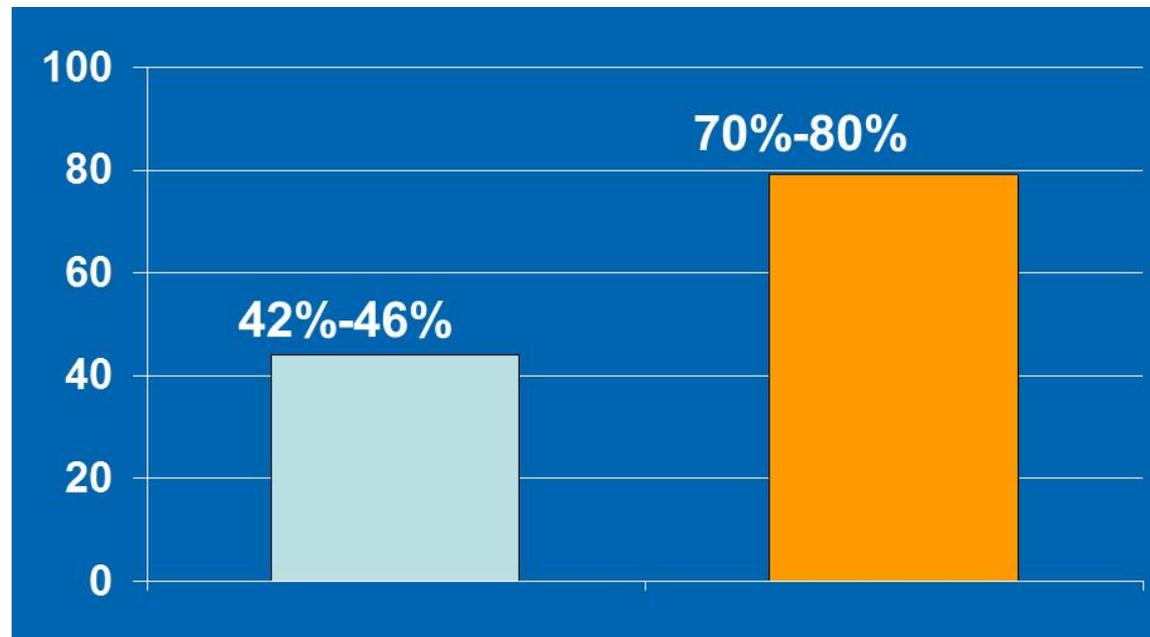


Source: WHO 1999

Hepatitis C in New Mexico

- Estimated number is greater than 28,000
- In 2004 less than 5% had been treated
- Without treatment 8,000 patients will develop cirrhosis between 2010-2015, with several thousand deaths
- 2,300 prisoners diagnosed in corrections system (expected number is greater than 2,400)—none treated
- Highest rate of chronic liver disease/cirrhosis deaths in the nation

Sustained Viral Response (Cure) Rates with PegIFN/RBV According to Genotype



Adapted from Strader DB et al. *Hepatology*. 2004;39:1147-1171.

Hepatitis C Treatment

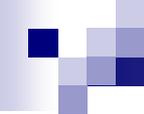
- Good news:
 - Curable in 45-81% of cases
- Bad news:
 - Severe side effects – anemia (100%), neutropenia >35%, depression >25%



Rural New Mexico

Underserved Area for Health Care Services

- 121,356 sq. miles
- 1.83 million people
- 42.1% Hispanic
- 9.5% Native American
- 17.7% poverty rate compared to 11.7% nationally
- >22% lack health insurance
- 32 of 33 New Mexico counties are listed as Medically Underserved Areas (MUAs)
- 14 counties designated as Health Professional Shortage Areas (HPSAs)



Health Care in New Mexico

20% practice in rural or frontier areas



Goals

- Develop capacity to safely and effectively treat Hepatitis C in all areas of New Mexico and to monitor outcomes.
- Develop a model to treat complex diseases in rural locations and developing countries.



Partners

- University of New Mexico School of Medicine
Dept. of Medicine, Telemedicine and CME
- NM Department of Corrections
- NM State Health Department
- Indian Health Service
- Community clinicians with interest in Hepatitis C
and primary care association

Method

- Use technology (multipoint videoconferencing and internet) to leverage scarce health care resources
- Disease management model focused on improving outcomes by reducing variation in processes of care and sharing “best practices”
- Case-based learning: co-management of patients with UNMHSC specialists (learning by doing)
- HIPAA-compliant centralized database to monitor outcomes

Arora S, Geppert CM, Kalishman S, et al: *Acad Med*. 2007 Feb;82(2): 154-60.

Steps

- Train physicians, nurses, pharmacists, and educators in Hepatitis C
- Train to use web-based software—“ihealth”
- Conduct telemedicine clinics—“Knowledge Network”
- Initiate co-management—“learning loops”
- Collect data and monitor outcomes centrally
- Assess cost and effectiveness of programs



Benefits to Rural Clinicians

- No-cost CMEs and nursing CEUs
- Professional interaction with colleagues with similar interest
 - Less isolation with improved recruitment and retention
 - A mix of work and learning
 - Obtain HCV certification
 - Access to specialty consultation with GI, hepatology, psychiatry, infectious diseases, addiction specialist, pharmacist, patient educator



ECHO Whale



PCA Espanola



Baton Rouge



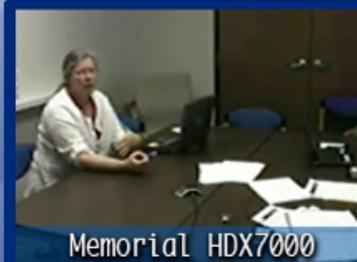
Pecos Valley MC



DOH Las Cruces



SBRT-First Choice South Va



Memorial HDX7000



LAS VEGAS ECFH



Clustering of Poor Prognostic Factors in Heavy Patients

| Weight, kg (lb) | < 75.0 (1,650) | ≥ 75.0 (1,651)* |
|---|----------------|-----------------|
| Male, n (%) | 300 (100.0) | 300 (100.0) |
| Black, n (%) | 20 (6.7) | 20 (6.7) |
| Age, years† | 61.0 ± 9.5 | 61.0 ± 9.6† |
| WBC, 10 ³ /mm ³ ‡ | 11.0 ± 5.7 | 10.7 ± 5.6† |
| Hemoglobin, g/dL | 10.0 (10.0) | 10.0 (10.0) |
| Log MELD score§ | 5.00 ± 0.77 | 4.98 ± 0.80† |
| MELD-XI, n (%) | 202 (67.3) | 200 (66.7) |
| MELD, n (%) | 300 (100) | 300 (100.0) |
| Prothrombin, s (INR) | 10.0 (1.0) | 10.0 (1.0) |

*Weight, n = 299. †Age, n = 299. ‡WBC, n = 299. §Log MELD score, n = 299. ¶MELD, n = 299. ††Prothrombin, n = 299.



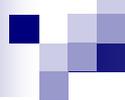
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Technology

- Videoconferencing bridge (Polycom RMX 2000)
- Videoconferencing recording device (Polycom RSS 2000)
- You Tube-like Web site (Polycom VMC 1000)
- Webcam interfacing capacity (Polycom CMA 5000)
- iHealth
- Webinar
- Customer relations management solution
- Software for online classes



How Well Has Model Worked for Hepatitis C?

500 HCV telehealth clinics have been conducted; > 5,000 patients entered HCV disease management program

CMEs/CEs issued: 6,100 CME/CE hours issued to ECHO clinicians for Hepatitis C

Total CME hours 15,000 at no cost

Project ECHO Clinicians

HCV knowledge skills and abilities (self-efficacy)

scale: 1 = none or no skill at all 7= expert-can teach others

| Community Clinicians N=25 | BEFORE Participation MEAN (SD) | TODAY MEAN (SD) | Paired Difference MEAN/SD (p-value) | Effect Size for the Change |
|---|--------------------------------------|--------------------|--|----------------------------------|
| 1. Ability to identify suitable candidates for treatment for HCV | 2.8 (1.2) | 5.6 (0.8) | 2.8 (1.2) (<0.0001) | 2.4 |
| 2. Ability to assess severity of liver disease in patients with Hepatitis C | 3.2 (1.2) | 5.5 (0.9) | 2.3 (1.1) (< 0.0001) | 2.1 |
| 3. Ability to treat HCV patients and manage side effects | 2.0 (1.1) | 5.2 (0.8) | 3.2 (1.2) (<0.0001) | 2.6 |

Project ECHO Clinicians

HCV knowledge skills and abilities (self-efficacy)

| Community Clinicians N=25 | BEFORE Participation MEAN (SD) | TODAY MEAN (SD) | Paired Difference MEAN/SD (p-value) | Effect Size for the Change |
|---|--------------------------------------|--------------------|--|----------------------------------|
| 4. Ability to assess and manage psychiatric comorbidities in Hepatitis C patients | 2.6 (1.2) | 5.1 (1.0) | 2.4 (1.3) (<0.0001) | 1.9 |
| 5. Serve as local consultant within my clinic and in my area for HCV questions and issues | 3.2 (1.2) | 5.6 (0.9) | 3.3 (1.2) (< 0.0001) | 2.8 |
| 6. Ability to educate and motivate HCV patients | 3.0 (1.1) | 5.7 (0.6) | 2.7 (1.1) (<0.0001) | 2.4 |

Project ECHO Clinicians

HCV knowledge skills and abilities (self-efficacy)

| Community Clinicians N=25 | BEFORE Participation MEAN (SD) | TODAY MEAN (SD) | Paired Difference MEAN/SD (p-value) | Effect Size for the Change |
|--|--------------------------------------|--------------------|--|----------------------------------|
| Overall Competence (average of 9 items) | 2.8* (0.9) | 5.5* (0.6) | 2.7 (0.9) (<0.0001) | 2.9 |

Cronbach's alpha for the BEFORE ratings = 0.92 and Cronbach's alpha for the TODAY ratings = 0.86 indicating a high degree of consistency in the ratings on the 9 items.

Arora S, Kalishman S, Thornton K, Dion D et al: *Hepatology*. 2010 Sept;52(3):1124-33.

Clinician Benefits

(Data Source: 6 Month Q- 5/2008)

| Benefits N=35 | Not/Minor Benefit | Moderate/Major Benefit |
|---|-------------------|------------------------|
| Enhanced knowledge about management and treatment of HCV patients | 3% (1) | 97% (34) |
| Being well-informed about symptoms of HCV patients in treatment | 6% (2) | 94% (33) |
| Achieving competence in caring for HCV patients | 3% (1) | 98% (34) |

Project ECHO Annual Meeting Survey

| N=17 | Mean Score (Range 1-5) |
|--|---------------------------|
| Project ECHO has diminished my professional isolation. | 4.3 |
| My participation in Project ECHO has enhanced my professional satisfaction. | 4.8 |
| Collaboration among agencies in Project ECHO is a benefit to my clinic. | 4.9 |
| Project ECHO has expanded access to HCV treatment for patients in our community. | 4.9 |
| Access to in general to specialist expertise and consultation is a major area of need for you and your clinic. | 4.9 |
| Access to HCV specialist expertise and consultation is a major area of need for you and your clinic. | 4.9 |

The Hepatitis C Trial



Objectives

- To train primary care clinicians in rural areas and prisons to deliver Hepatitis C treatment to rural populations of New Mexico
- To show that such care is as safe and effective as that given in a university clinic
- To show that Project ECHO improves access to Hepatitis C care for minorities

Participants

- Study sites
 - Intervention (ECHO)
 - Community-based clinics: 16
 - New Mexico Department of Corrections: 5
 - Control: University of New Mexico (UNM) Liver Clinic
- Subjects meeting inclusion / exclusion criteria
 - Community cases seen by primary care physicians
 - Consecutive university patients

Study Design

- Prospective cohort study
 - Participation determined by available technology
 - Randomization by patient, clinician, or site not feasible
- Advantages
 - Uniform eligibility criteria
 - Standardized treatment
 - Prospective measurement of endpoints
- Limitation: groups unbalanced with respect to patient covariates



Principal Endpoint

Sustained viral response (SVR): no detectable virus 6 months after completion of treatment

Developing New Standards of Practice for Hepatitis C

- 407 Hepatitis C patients met inclusion and exclusion criteria
 - Age: 43.0 ± 10.0 years
 - Men: 63.3%
 - Minority: 65.2%
 - Genotype 1: 57.0%
 - Log₁₀ viral load: 5.89 ± 0.95
 - Treatment sites
 - UNMH: 146
 - ECHO site: 261

Treatment Outcomes

| Outcome | ECHO N=261 | UNMH N=146 | P-value |
|-------------------------|---------------|---------------|---------|
| Minority | 68% | 49% | P<0.01 |
| SVR (cure) genotype 1/4 | 50% | 46% | NS |
| SVR (cure) genotype 2/3 | 70% | 71% | NS |

SVR=sustained viral response

NEJM : 364: 23, June 9-2011, Arora S, Thornton K, Murata G



Conclusions

- Rural primary care clinicians deliver Hepatitis C care under the aegis of Project ECHO that is as safe and effective as that given in a university clinic
- Project ECHO improves access to Hepatitis C care for New Mexico minorities

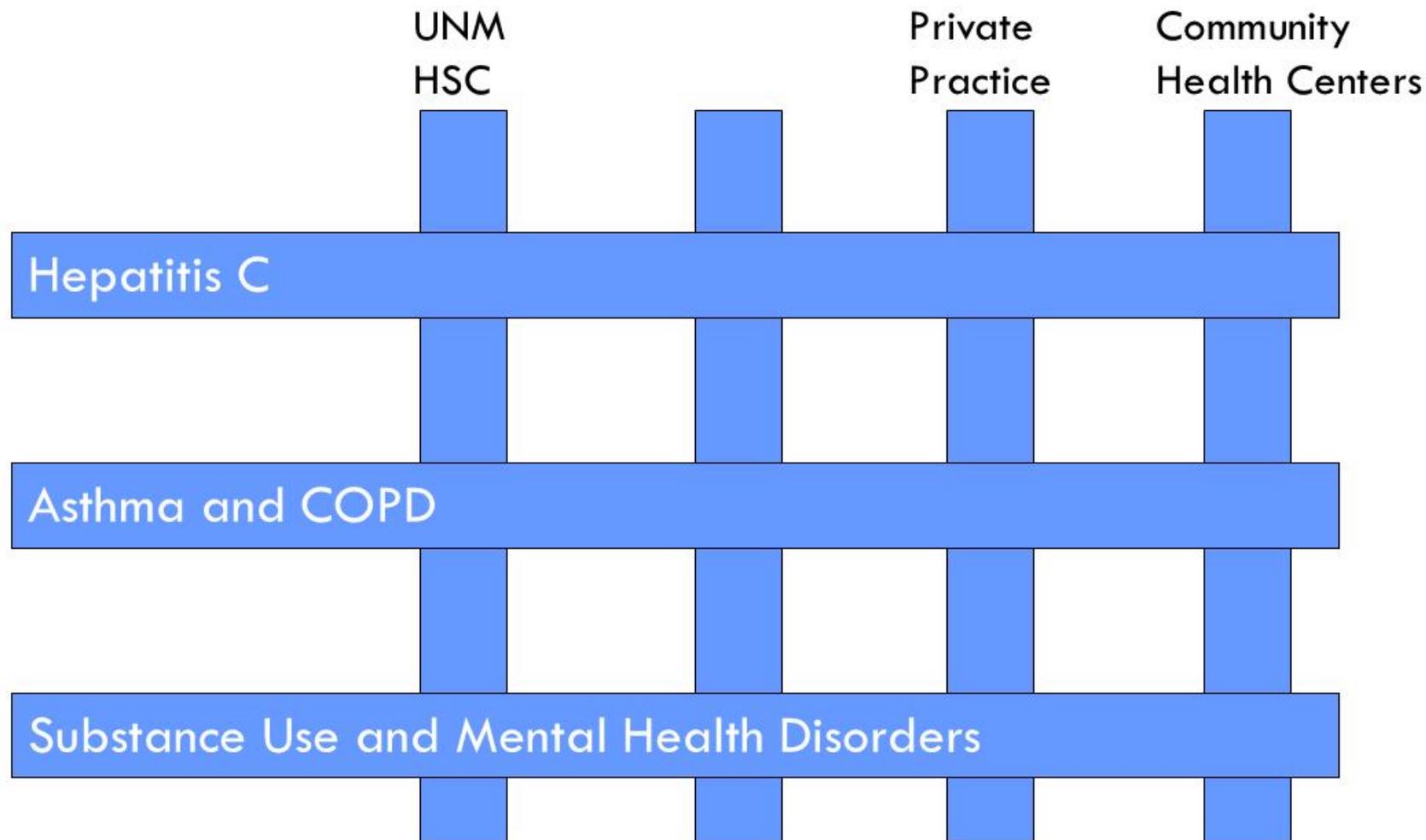


Disease Selection

- Common diseases
- Management is complex
- Evolving treatments and medicines
- High societal impact (health and economic)
- Serious outcomes of untreated disease
- Improved outcomes with disease management

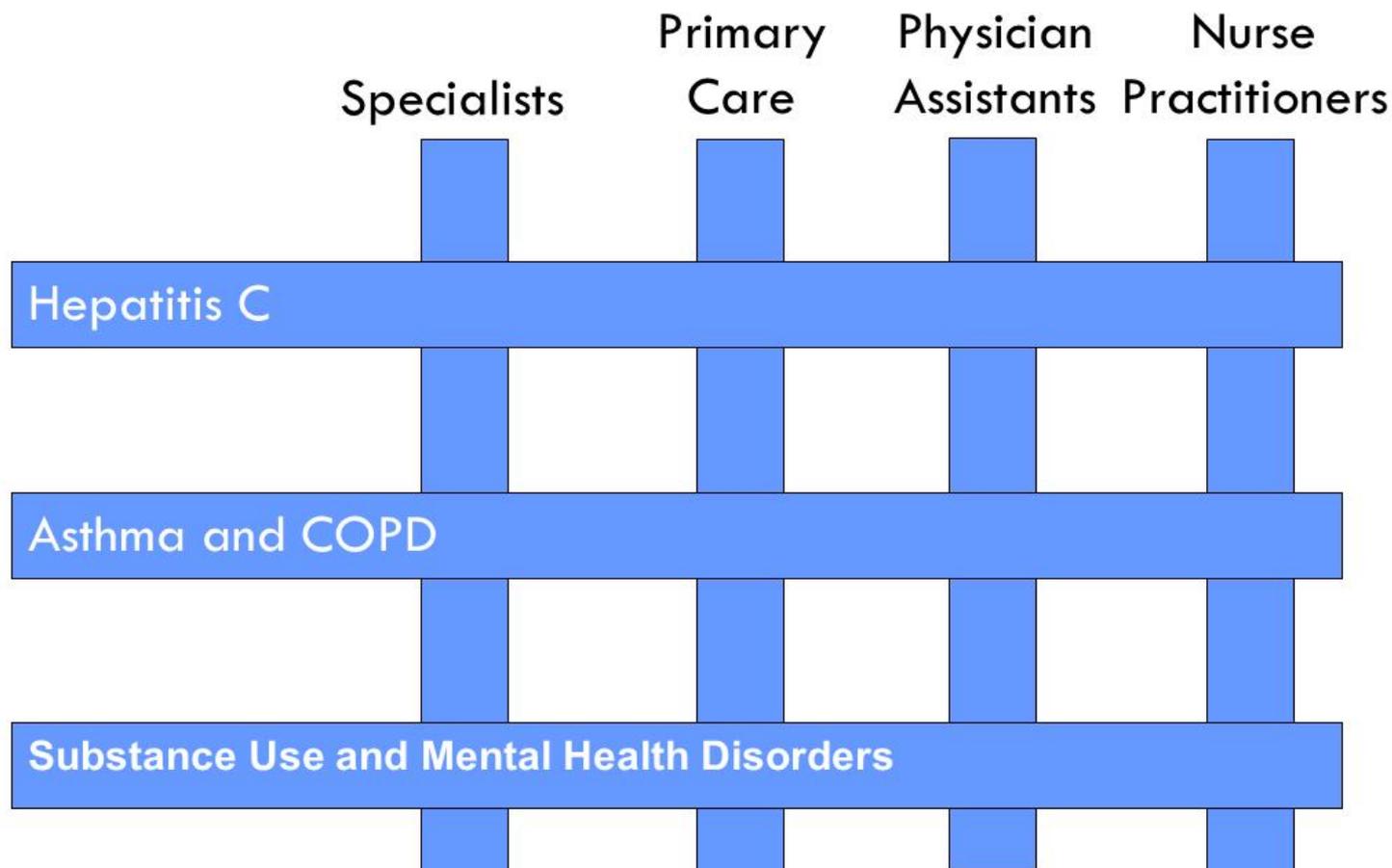
Building Bridges

Pareto's Principle



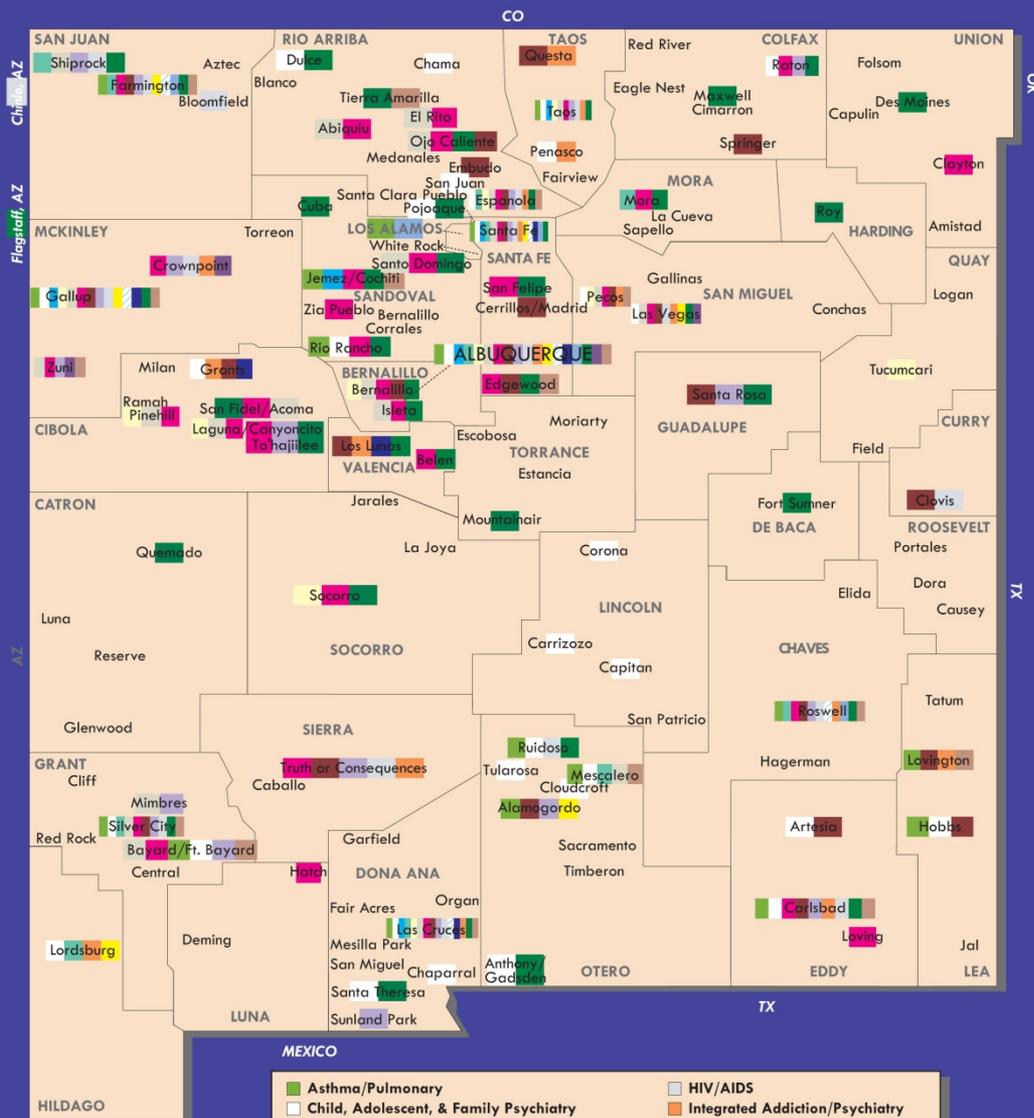
Force Multiplier

Use Existing Community Clinicians



Successful Expansion Into Multiple Diseases

| | Mon | Tue | Wed | Thurs | Fri |
|----------|---|---|------------------------------------|---|--|
| 8-10 AM | Hepatitis C— Arora Thornton | Cardiac Risk Reduction Clinic— Colleran | Asthma— Harkins | Prevention of Teenage Suicide— Kriechman | Child Psychiatry— Graeber |
| 10-12 AM | Rheuma- tology— Bankhurst | Chronic Pain— Katzman | Substance Abuse— Komaromy | High-Risk Pregnancy — Curet | Psychotherapy —Katzman |
| 2-4 PM | HIV— Michelle Iandorio and Karla Thornton | Geriatrics— Carla Herman Palliative Care—Lisa Marr | Ethics Consultation —Simpson | Childhood Obesity— Mcgrath | Antibiotic Stewardship— Susan Kellie |



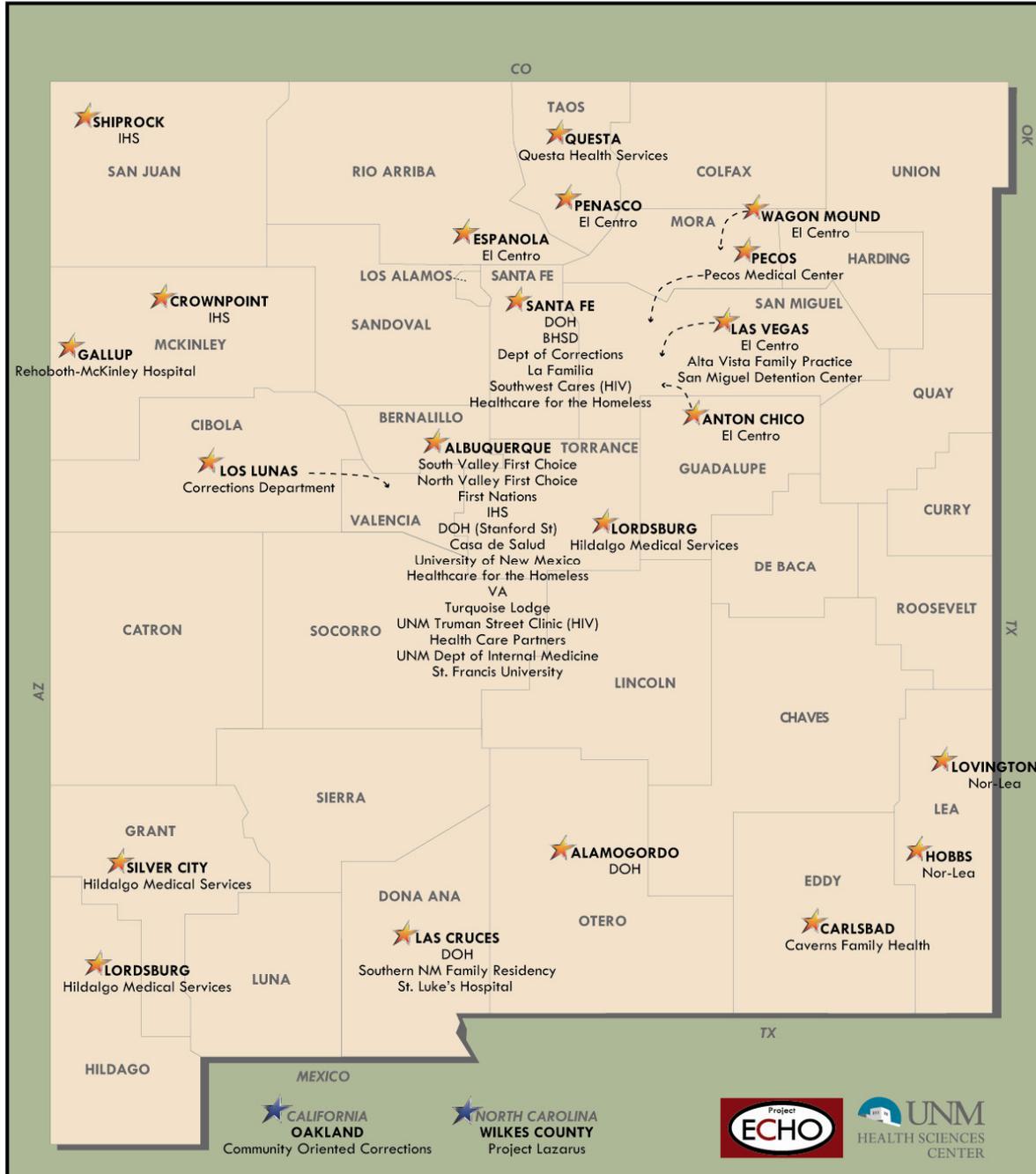
Integrated Addictions and Psychiatry Clinic

- Focus on treating opiate addiction (heroin, pain pills) with psychosocial support + effective medication
- Trained/certified 225 physicians statewide in use of buprenorphine/Suboxone, 274 total clinicians trained
- Since 2008, 84 weekly telehealth clinics, 654 patients presented and discussed

Integrated Addictions and Psychiatry Clinic

- Monitored/comanaged 1,727 individual patients through physician logs
- 2009 ECHO/DOH provided 2,682 months of funded medication treatment
- Participating sites: Albuquerque, Carlsbad, Penasco, Wagonmound, Las Vegas, Las Cruces, Espanola, Santa Fe, Pecos, Crownpoint, Shiprock, Lordsburg, Hobbs, Gallup, Lovington, Silver City, Anton Chico, Los Lunas, Taos, Questa, Alamogordo; also sites in California, North Carolina, and Scotland

IAP CLINIC PARTICIPATION SITES

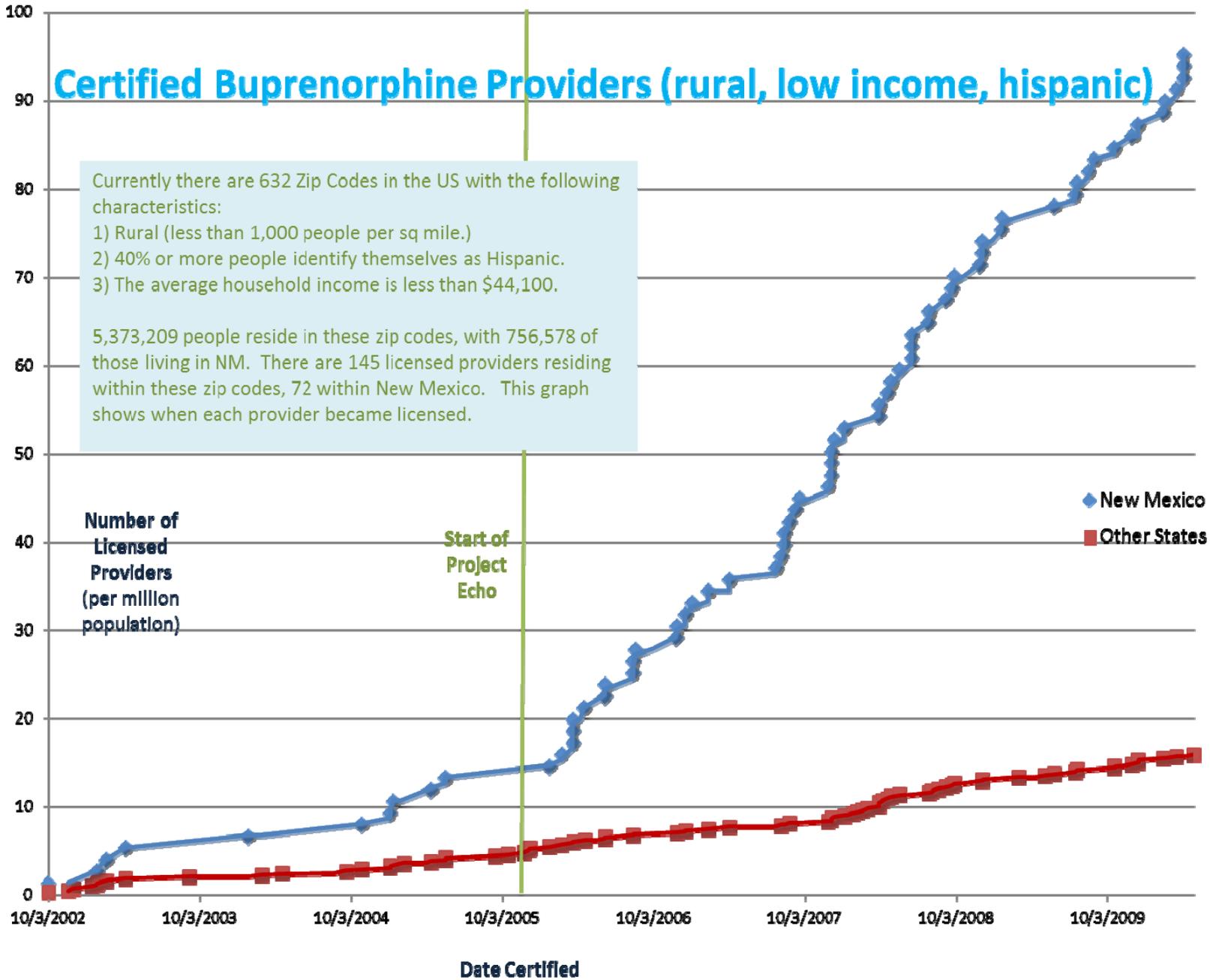


Certified Buprenorphine Providers (rural, low income, hispanic)

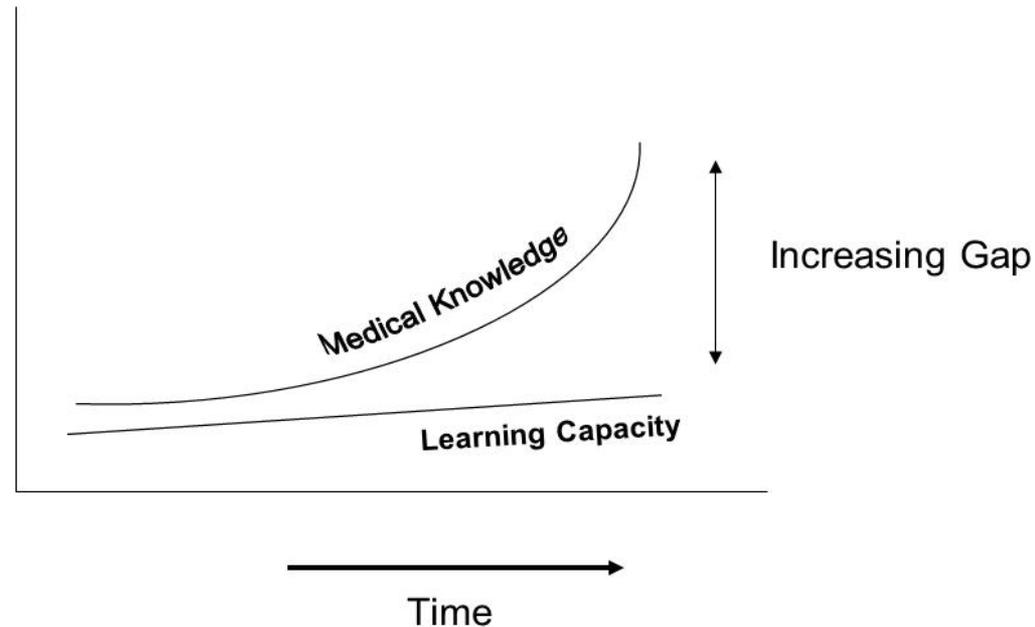
Currently there are 632 Zip Codes in the US with the following characteristics:

- 1) Rural (less than 1,000 people per sq mile.)
- 2) 40% or more people identify themselves as Hispanic.
- 3) The average household income is less than \$44,100.

5,373,209 people reside in these zip codes, with 756,578 of those living in NM. There are 145 licensed providers residing within these zip codes, 72 within New Mexico. This graph shows when each provider became licensed.



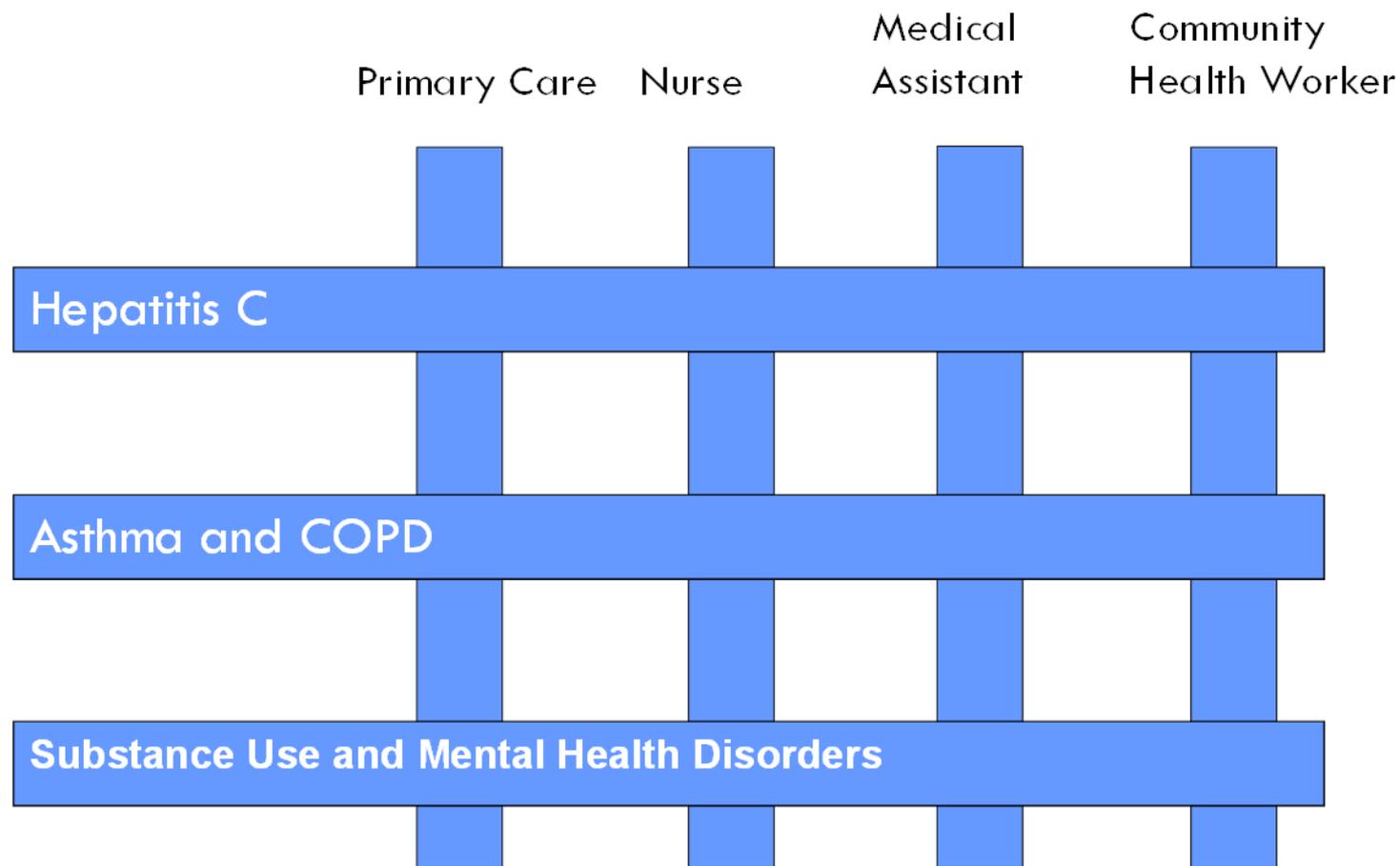
A Knowledge Network Is Needed



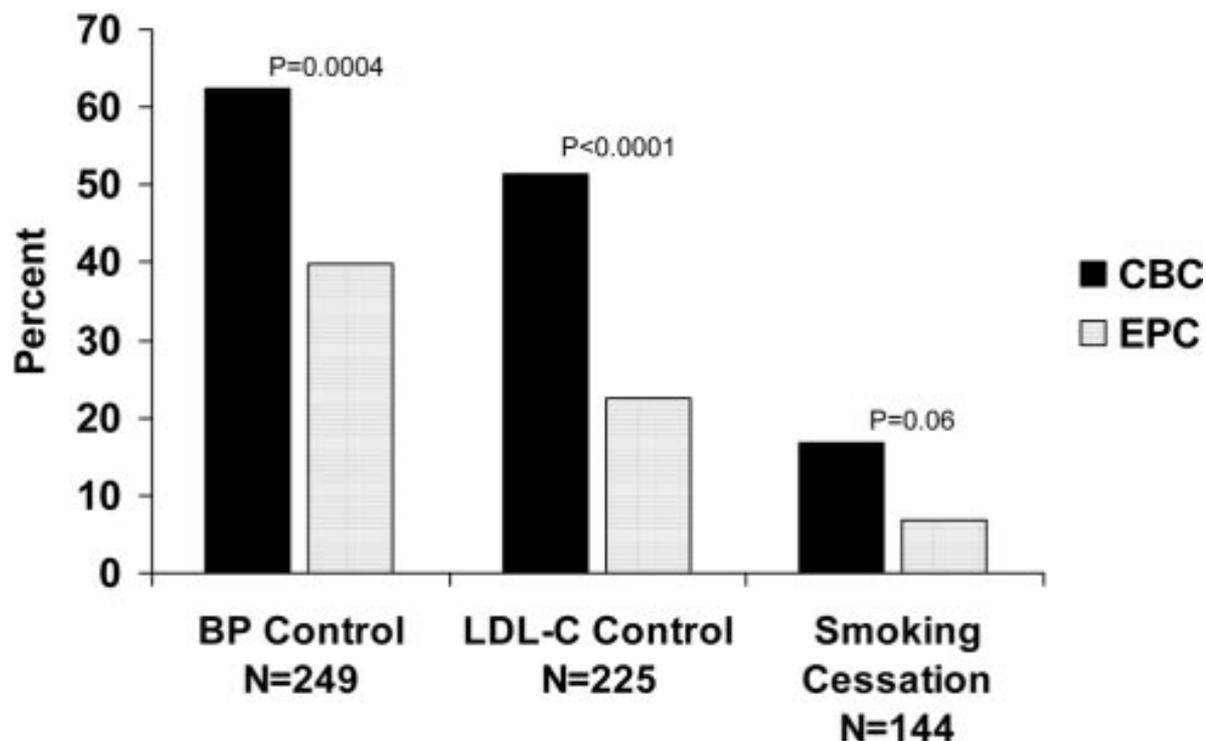
“Expanding the Definition of Underserved Population”

Force Multiplier

Chronic Disease Management is a Team Sport



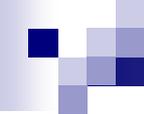
Community-Based Care for Cardiac Risk Factor Reduction Was More Effective Than Enhanced Primary Care



Becker Circulation. 2005;111:1298-1304.

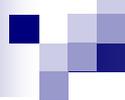
Why is a Community Health Worker (CHW) Intervention Effective?

- Live in community
- Understand culture
- “Have walked two moons in the patient’s moccasins”
- Appreciate economic limitations of patient and know community resources available to patient
- Often know family and can engage other social resources for patient
- Spend more time with patient



CHW Training—Two Tracks

- CHW specialist training
 - Diabetes, obesity, diet, smoking cessation, exercise
 - Substance use disorders
 - Prison peer educator



ECHO Diabetes CHW Training Program

- 3-day onsite
- Webcam
- Weekly video-based clinics
- Training
 - Diet
 - Exercise
 - Smoking cessation
 - Motivational interviewing
 - Gentle nudges
 - Finger stick
 - Foot exam

Community Health Workers in Prison

The New Mexico Peer Education Program

Pilot training cohort, CNMCF Level II, July 27-30, 2009



First day of peer educator training

Photo consents on file with Project ECHO and CNMCF

Graduation Ceremony of First Cohort

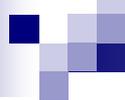
The New Mexico Peer Education Program

Pilot training cohort, CNMCF Level II, July 27-30, 2009



Graduation as Peer Educators

Photo consents on file with Project ECHO and CNMCF



Potential Benefits to Health System

- Quality and safety—rapid learning—reduce variation in care
- Access for rural and underserved patients: reduce disparities
- Workforce training and force multiplier
- Improving professional satisfaction/retention
- Supporting the medical home model
- Cost-effective care—avoid excessive testing and travel
- Prevent cost of untreated disease (e.g., liver transplant or dialysis)
- Integration of public health into treatment paradigm

Replication Sites

- University of Washington
 - Hepatitis C
 - Chronic pain
 - Substance use disorders
- University of Chicago
 - Difficult-to-treat hypertension
- VHA
 - Chronic pain
 - Diabetes
 - Congestive heart failure
 - Hepatitis C
- India
 - HIV
 - Autism
 - Poisonings



Awards for ECHO Team

- Applications sought for Disruptive Innovations in Healthcare – New Models that would change health care nationally and globally (2007)
- Project ECHO selected a winner amongst 307 applications from 27 countries
- eHealth Initiative award (2008)
- Computerworld Award (2008)
- U.S. Long Distance Education Award (2008)
- Ashoka Foundation Award for Social Entrepreneurship (2009)
- Best Practice Award from U.S. Long Distance Education Association (2010)



Conclusion

Use of telemedicine, best practice protocols, co-management of patients with case-based learning (the ECHO model) is a robust method to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes.

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