Project ECHO

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Acknowledgments

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Extension for Community Health Outcomes (ECHO®)

All-teach, All-learn

LEARNING LOOP

SPECIALIST TEAM

LOCAL PRIMARY CARE TEAMS

PATIENTS

PATIENTS

PATIENTS

PATIENTS

LOCAL PRIMARY CARE TEAMS

PATIENTS

PATIENTS

PATIENTS

PATIENTS
Extension for Community Health Outcomes (ECHO®)

Moving Knowledge, Not Patients

ECHO vs Telepractice

- TeleECHO™ Clinic
  - Expert hub team
  - ECHO supports community-based primary care teams
  - Learners at spoke site

- Traditional Telepractice
  - Specialist manages patient remotely

- Patients reached with specialty knowledge and expertise
Anatomy of an ECHO

1. Brief Planning Huddle

2. Introductions
   a. Video participants
   b. Telephone participants
   c. Hub and in-person participants

3. Announcements
   a. Updates
   b. Audience questions and concerns

4. Brief Didactic (30 minutes or less)

5. Patient Case Presentation
   a. Hub facilitator introduces the presenter
      a. “Dr. Jones. You have a case today, please present your case.”
   b. Spoke presenter presents the case
   c. Facilitator invites other team members at spoke to comment/elaborate on case.
   d. Hub facilitator summarizes presentation
   e. Hub facilitator ensures with presenter the summary is accurate
      a. “Dr. Jones did I summarize this case correctly?”

6. Hub/ECHO asks audience for questions
   a. No recommendations for diagnosis or treatment at this point
   b. Video participants
   c. Telephone participants
   d. Hub/ECHO Core Group
   e. Facilitator draws out comment from participants who are not medical providers

7. Hub/ECHO asks audience for recommendations and impressions
   a. Diagnosis or further workup
   b. Non-pharmacological recommendations
   c. Pharmacological recommendations
   d. Interventional recommendations
   e. Facilitator draws out comment from participants who are not medical providers

8. Hub/ECHO summarizes recommendations and consensus on diagnosis and treatment plan
   a. Asks presenter if his or her questions have been adequately addressed
   b. Invites presenter to represent in the future and sets a tentative date for a follow-up presentation

9. Close and Debrief
    a. All facilitators on the “hub” team should review and comment on the flow and facilitation of the session, with an eye to self-reflection and issues that may not have been obvious in the moment.
Strengths of the ECHO Model

• Educates providers in their communities of practice
• Provides mentoring and support to providers
• Contributes to strengthening teams and cohesion
• Provides a community and encourages connection of CHCs to one another as resources
• Increases professional satisfaction while feelings of professional isolation decrease
Addiction ECHO® (Extension for Community Healthcare Outcomes) at Boston Medical Center

- ECHO connects providers with specialists through ongoing, interactive, tele-mentoring sessions
- ECHO creates ongoing knowledge networks by linking primary care providers in community with a team of expert inter-disciplinary addiction specialists at BMC
- Multi-point videoconferencing technology to conduct bi-monthly tele-ECHO clinics with community providers
- Specialists serve as mentors, training community providers to provide addiction treatment
ECHO at Boston Medical Center

- National Opioid Addiction Treatment ECHO (1/2017-8/2018)
  - HRSA-funded CHCs
  - Completed 3 full cycles – 36 clinic sessions
  - Reached 159 participants from 28 states

- Massachusetts OBAT ECHO
  - Focus on Massachusetts CHCs (11/2017-present)
  - Completed 2 full cycles and have begun 3rd cycle - 27 sessions +
  - Reached 143 participants from >50 unique community sites from >40 unique cities
BMC Addiction Treatment Specialists sign on with participants
View from BMC Panel: Primary care providers discuss patient cases
Opioid Addiction Treatment ECHO for Primary Care Team Members at the Boston Medical Center
Patient Case Presentation Form

[Updated 7/19/17]

ECHO ID: Coordinator to complete.

Have you presented this patient during this teleECHO previously? Click here and arrow to right for choices.

PLEASE STATE YOUR MAIN QUESTION FOR THIS PATIENT CASE: Click here to enter question.

PLEASE GIVE A BRIEF HISTORY FOR THIS PATIENT: Click here to enter history.

<table>
<thead>
<tr>
<th>Age, Gender, Ethnicity: Click here to enter information.</th>
<th>Type &amp; Amount of Opioid Being Used: Click here to enter information.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social history (include housing, education, relevant cultural factors, Adverse Childhood Events (ACEs)): Click here to enter social history.</td>
<td>Other Substance Use</td>
</tr>
<tr>
<td>Alcohol</td>
<td>☐</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>☐</td>
</tr>
<tr>
<td>Cocaine</td>
<td>☐</td>
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<tr>
<td>Amphetamines</td>
<td>☐</td>
</tr>
<tr>
<td>Cannabis</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
</tbody>
</table>

Patient Strengths: Click here to enter strengths.

History of Overdose: Click here to enter history of overdose.

Treatment resources easily accessible for patient. Please check all that apply:
- [ ] Support
- [ ] Methadone maintenance
- [ ] Intensive outpatient program
- [ ] Peer support
- [ ] Other (list: Click here to detail “other”).

Contributing medical, BH conditions (such as chronic pain, depression, PTSD):
Click here to enter text.

Treatments tried (include medications, BH interventions). Please list year of treatment.
Click here to enter treatments.

Your diagnoses for this patient (see below for SUD diagnostic criteria):
Click here for diagnosis.

Challenges to treatment: Click here to enter challenges to treatment.

Patient goals for treatment: Click here to enter patient goals.

Current medications:
Click here to enter medications.

Your treatment plan:
Click here to enter treatment plan.

Please do not attach any patient-specific file or include any Protected Health Information.
MA OBAT ECHO Curriculum responsive to participant needs

- Overdose prevention
- Chronic pain & OUD
- HIV prevention and Pre-exposure prophylaxis (or PrEP)
- Safer injecting practices
- Addressing relapse & transitioning to higher level of care
- Addressing psychiatric comorbidities
- OUD in special populations (pregnancy and adolescence/young adult)
- Having difficult conversations with patients
- Cocaine and SUD
Learnings over time & innovations

• More integration between didactic of the day and patient cases
• Inviting expert panelists (e.g. adolescent/emerging adult) to serve on the panel based on specific patient cases for the day
• CE credits don’t appear to be driver of participation
• After clinic, de-identified cases and recommendations are posted on cloud-based platform for reference by all participants
• “Clinic Librarian” attends sessions and provides on-demand literature reviews and resources
Team Member Participation in ECHO

BMC ECHOS Comprised of Diverse Members of Care Teams

Participant Credentials National Opioid ECHO

- SW/Counsel or/Psych: 28%
- RN: 21%
- MD/DO: 25%
- NP: 11%
- Other (Admin, MA, LPN): 11%
- Pharmacist: 4%
- CHW: 4%
- PA: 0%

Participant Credentials MA OBAT ECHO (first two cycles)

- SW/Counsel or/Psych: 12%
- RN: 39%
- MD/DO: 21%
- NP: 11%
- Other (Admin, MA, LPN): 8%
- Pharmacist: 6%
- Other: 7%
- PA: 1%
Common Clinical Challenges in ECHO Cases

1) Engaging and retaining complex patients in care
   Patient ambivalence, Adherence to medications, Relapse prevention

2) Determining risk vs benefit of medication treatment for OUD
   Patients adherent to MAT protocol but using other drugs (e.g., cocaine, etoh)

3) Social determinants of health

4) Managing co-morbidities
   Pain, mental illness, other substance use disorders

5) Medication for OUD prescribing
   Initiation, dose questions

Ventura, A.S., et al. Thematic analysis to identify challenges reported by primary care teams in two tele-education clinics focused on medications for opioid use disorder (MOUD). 42nd AMERSA National Conference (oral presentation); 2018 Nov 8; Washington, D.C.