Project ECHO®
(Extension for Community Healthcare Outcomes)

Connect with Expert Medical Specialists to Build Capacity in Primary Care and Reduce Health Disparities

AMA IN PARTNERSHIP WITH

Erika Harding, MA
Director of Replication Initiatives, ECHO Institute, University of New Mexico Health Sciences Center

CME CREDITS: 0.5

How Will This Module Help Me?

1. Presents 5 STEPS to incorporate the Project ECHO model in your practice.
2. Answers commonly asked questions about adopting the model.
3. Provides tools and resources to help your team increase access to care for your patients.
Introduction

Primary care physicians (PCPs) and other clinicians can provide excellent specialty care directly to patients from their own practices. Project ECHO (Extension for Community Healthcare Outcomes) is a model originally developed at the University of New Mexico, creating a bridge between primary care clinics and specialist teams at academic medical centers through weekly virtual meetings, called TeleECHO clinic sessions. The goal of these sessions is to build a community of practice, learning, and support by sharing knowledge to increase treatment capacity. This approach saves time, adds convenience, and improves treatment adherence for patients. In doing so, it simultaneously increases the knowledge, mastery, and joy of medical practice for clinicians.

Since the launch of Project ECHO, initial results and responses have been enthusiastic. In 2016, the U.S. Congress passed the ECHO Act (Pub. L. 114-270) with strong bipartisan support to further federal study of the intervention. In February 2019, the U.S. Department of Health and Human Services released a Report to Congress evaluating Project ECHO. As identified in the report, Project ECHO has spread far beyond New Mexico; there are now more than 160 sites across the country and internationally, covering a wide variety of health conditions that “many clinicians feel under-equipped to address”. The ten most common health content areas covered are mental health, opioid and other substance use disorders, chronic pain management, hepatitis C, autism spectrum disorders, cancer care, palliative care, HIV/AIDS, and diabetes.

Five STEPS to Incorporate Project ECHO in Your Practice

1. Learn More About the Project ECHO Model.
2. Identify Topics That Are Unique to Your Practice or Patient Population.
3. Connect with Project ECHO and Join a TeleECHO Session.
4. Present Patient Cases in a TeleECHO Clinic Session.
5. Apply What You’ve Learned to Treat Patients in Your Practice and Continue Participation.

Learn More About the Project ECHO Model.

Project ECHO was initiated in 2003 in response to extremely long waits for hepatitis C care and a lack of specialty clinicians in the state of New Mexico. A prospective cohort analysis of the initial Project ECHO hepatitis C virus (HCV) program demonstrated that the model is a viable and an effective mechanism for treating HCV infection in underserved communities.

Project ECHO has become a lifelong learning and guided practice model developed precisely to address these types of concerns. The model has expanded to hundreds of partners across the United States and internationally, covering more than 60 clinical topics.

The model is a low- or no-cost, high-impact intervention that links primary care clinicians with expert interdisciplinary teams in other specialties through TeleECHO clinics. Experts mentor their primary care colleagues to manage complex patient cases. Expertise is shared via case-based learning, guidance, feedback, and education.
ECHO is really the main inspiration I have in my professional life today.

—Henry Cohen, MD, Uruguay

Four principles comprise the Project ECHO model. The combination of these principles results in a unique and successful approach for improving clinician satisfaction, enhancing clinician knowledge and self-efficacy, and improving patient satisfaction and outcomes:

1. Use technology to leverage the expertise of a multidisciplinary team.
2. Share best practices to reduce disparities and standardize care.
3. Leverage case-based learning and guided practice to master complex cases.
4. Apply web-based tools to monitor outcomes.

Project ECHO is not just a learning and mentoring network; it is also a professional community. Participants are encouraged to ask questions, provide input and guidance to one another, and engage actively in discussions, both during and after a TeleECHO clinic session.

To learn more about the Project ECHO model and how to apply it in my practice, join a free Project ECHO introduction to learn more about the model and how it has been applied in the U.S. and worldwide, and to start thinking about how it might address health care challenges in your own clinic. The introduction gives an overview of the Project ECHO model, the rationale for its development, evidence showing the benefits to patients and clinicians, a review of the methods and principles of the model, and thoughts about how to apply it in your practice, based on the experiences of the ECHO partners around the world.

Project ECHO can exponentially increase a practice’s workforce capacity to provide specialty care by moving knowledge rather than moving patients. Over time, primary care clinicians operate with increased independence as their knowledge, skills, and self-efficacy grow. Implementation of this model has also revealed that when patients are treated in their local communities by clinicians they know and trust, it enhances their adherence to treatment and follow-up care. The Project ECHO model has also been shown to improve clinician professional satisfaction.

Recommended Video: Changing the World, Fast: Dr. Sanjeev Arora at TEDxABQ

Q&A

Why Project ECHO?

In some regions, patients often wait weeks or even months to see a specialist. Visiting a specialist may require patients to travel great distances. In some situations, patients may be unable to travel and therefore do not receive the additional specialty care they need. This can be incredibly frustrating and disheartening for both clinicians and patients, particularly when patients with chronic conditions might need to see a specialist several times a year.
How does Project ECHO work?

A TeleECHO clinic session is, essentially, a virtual grand rounds. Participation is usually offered free of charge and clinicians from multiple locations connect at regularly scheduled times with a multidisciplinary team of specialists using low-cost, multi-point videoconferencing. During TeleECHO clinic sessions, PCPs and other clinicians present patient cases to the specialist expert team, who then mentors the clinicians on the management of patients with common complex conditions. Everyone learns from each other’s cases, similar to what would occur in a grand rounds.

These case-based discussions are supplemented with short instructive presentations to improve subject understanding and knowledge and share evidence-based strategies. Clinicians can connect to a TeleECHO clinic that focused on a complex condition that is of interest to them.

How much does it cost to participate? Is Project ECHO cost-effective?

Participation in a TeleECHO clinic is usually free, you generally only need to have standard internet connections and a computer.

Several studies have demonstrated the cost-effectiveness of this model, particularly in treating hepatitis C. Recent internal analyses by various Project ECHO partners have demonstrated cost-effectiveness generally and for chronic pain specifically. These studies were conducted as part of a successful effort to convince state Medicaid officers and a state legislature to expand support for the project. Several Project ECHO partners are currently evaluating the cost-effectiveness and return on investment of the model, as well as its financial benefits in an accountable care organization setting.

Why is Project ECHO a unique approach to developing the skills to provide additional specialty care in my practice?

The heart of the Project ECHO model is its sharing networks that are led by expert teams who use videoconferencing to conduct virtual clinics with community clinicians. Primary care physicians, nurses, and other clinicians learn to provide excellent specialty care in areas of interest or need to patients in their own communities. They can connect on a regular basis to build a community of practice, learning, and support, while developing professional relationships that can last a lifetime.

How is the Project ECHO model different from traditional telemedicine?

This model is not “traditional telemedicine” where the specialist assumes care of the patient, but instead is a guided practice model where the PCP retains responsibility for managing the patient. Specialists serve as mentors, training PCPs to deliver care in areas outside their expertise. Over time, PCPs operate with increased independence as their knowledge, skills, and self-efficacy grow.

Identify Topics That Are Unique to Your Practice or Patient Population.

Create a planning committee or team that will identify areas where there is a need for increased access to specialty care within your practice. The committee should include clinicians from various disciplines, as well as administrators who can work with your practice or organizational leaders to identify access shortage areas. It is very important that clinician special interests be included in this planning phase, as Project ECHO is a learner-centric model. Once the planning committee has identified a particular clinical need or target area, you can connect to Project ECHO and join a learning network in your topic area of interest and in your geographic region. You can find a list of all of the TeleECHO programs in the United States by visiting their interactive and searchable program database.
There are currently more than 430 ECHO Programs, covering topics from behavioral health to cancer
diagnosis, endocrinology to neurology, military health to rheumatology, and many more.

**Q&A**

**How often should my practice’s planning committee meet and what should we cover?**

The committee should plan to meet for approximately one hour a month for the first two to three months to review potential areas of need, plan who will participate in the TeleECHO clinic sessions, discuss any existing data, and respond to new opportunities or stresses within the clinic.

**How do I make Project ECHO work if I have a smaller practice?**

If you have a solo or small practice, participating in one TeleECHO clinic that is of interest to you personally may be a better option. This will allow you to gain knowledge and develop expertise in one area and to test and perfect your participation in the Project ECHO model. If you have a partner, he or she could choose a different topic area to expand the services offered by your practice.

**Is the Project ECHO model also applicable in urban and suburban settings?**

While Project ECHO has typically been applied in rural settings, where the nearest academic medical center can be many hundreds of miles from a patient’s home, it has also been shown to be effective in urban and suburban settings where access to specialty care is limited. The University of Chicago, for example, is using the model to link clinicians in affiliated community health centers in Chicago and throughout Illinois with specialists. They are operating TeleECHO clinics in risk-based approaches to women’s healthcare, hepatitis C, geriatric medicine, child and youth epilepsy, childhood obesity, pediatric ADHD, and resistant hypertension.

**Connect with Project ECHO and Join a TeleECHO Session.**

Project ECHO offers virtual TeleECHO clinics in specific areas of interest and in your geographic region. They can answer questions and provide you with more information to help you decide if they fit your practice needs. Project ECHO has a wealth of resources available to help you connect to more than 100 TeleECHO clinics across the US and around the world, each offering different specialty areas.

> I think the idea of being part of a movement that’s going to reach a billion people is lofty. I know there’s a huge need out there and just understanding that the current tools that we have are not sufficient to meet the demand, the demand of expanding medical knowledge and expanding need, is daunting. ECHO is probably the best idea to meet that demand.

—John Scott, MD, MSc, University of Washington
CME from TeleECHO activities may be available from the sponsor site for each TeleECHO clinic session attended, and some institutions are now offering maintenance of certification (MOC). For example, Johns Hopkins University School of Medicine offers MOC for a Sickle Cell TeleEcho Conference Series. Cincinnati Children's Hospital Medical Center offers MOC for an online course entitled STORM TeleECHO, for Sickle Treatment and Outcomes research in the Midwest. These course offerings may change over time, as more organizations begin to offer MOC for physician participation in the work.

To connect with Project ECHO and join a TeleECHO clinic, visit the Project Echo website. The Join an ECHO page has all the information that you will need.

Q&A

How is patient confidentiality protected?

Patient confidentiality is a pillar of Project ECHO. All the patient cases presented in a TeleECHO clinic session are de-identified. A HIPAA announcement is given prior to the start of each session to remind both specialists and clinicians about the importance of preserving patient confidentiality. In addition, the teleconferencing system and other tools and resources used for TeleECHO clinics must be HIPAA-compliant.

What if I have specialty expertise and want to participate by teaching others?

If you are at an academic medical center and want to share your specialty knowledge with a wide audience through a structured, easy-to-use format, this model is for you. By participating, you can build capacity among community physicians and help patients access the care they need. Visit the Project ECHO website to learn more about becoming a Project ECHO teaching center.

4 Present Patient Cases in a TeleECHO Clinic Session.

Project ECHO links expert specialist teams at an academic hub with primary care clinicians in local communities. Primary care clinicians then become part of a learning community, where they receive mentoring and feedback from specialists. Together, they manage patient cases so that patients get the care they need.

Many benefits exist for physicians and their practices once they join a TeleECHO Clinic Session, as detailed below in Table 1.
<table>
<thead>
<tr>
<th>Table 1. Benefits of Participating in a TeleECHO Clinic</th>
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<tbody>
<tr>
<td>Project ECHO increases patient retention and satisfaction by keeping health care within the local community whenever possible. This increases access to, and reduces wait times for, specialty care.</td>
</tr>
<tr>
<td><strong>Improved Patient Outcomes</strong></td>
</tr>
<tr>
<td>When a local health center adopts the model, patients with a wide range of chronic, complex conditions can be treated close to home without waiting months for an appointment with a specialist. Dialogue between primary care physicians and specialists directly impacts the health of patients, who benefit from the clinician’s increased knowledge of best practices.</td>
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<tr>
<td><strong>Improved Patient Satisfaction</strong></td>
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<td>This benefits patients in several ways, which include: improving access to care, reducing travel costs, reducing unnecessary testing, and improving quality of care. Patients receive the benefit of the appropriate intervention earlier than they would have through the traditional referral process.</td>
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<tr>
<td><strong>Improved Quality of Care</strong></td>
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<td>Project ECHO complements accountable care and medical home models.</td>
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<td><strong>Increased Efficiency</strong></td>
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<tr>
<td>Practices join a professional network through which they can provide local specialty services to patients, rather than relying on a lengthy referral process.</td>
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<tr>
<td><strong>Physician Development and Retention</strong></td>
</tr>
<tr>
<td>Primary care clinicians acquire new skills and competencies, expanding access to care for their patients. They also become part of a community of learners, increasing their professional satisfaction and decreasing feelings of professional isolation.</td>
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<tr>
<td><strong>Continuous Learning</strong></td>
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<tr>
<td>CME credit for attending each ECHO session is provided after outcomes are assessed via questionnaire. (^4)</td>
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</tbody>
</table>
All TeleECHO clinic sessions are case-based, so each will use a disease-specific or topic-specific case presentation template to assist you in structuring and presenting your complex patient case. Most TeleECHO clinic sessions are held for 1-2 hours per week depending on the clinical topic area.

You may want to watch some brief instructional videos on the best way to present patient cases in a TeleECHO clinic session.

**Recommended video:** The Correct Way To Conduct An ECHO Patient Presentation

**Recommended video:** Project ECHO: Sample Weekly TeleHealth HCV Clinic

You may also want to review some examples of preparation forms and presentation templates used by participants in their TeleECHO sessions:

**Dementia teleECHO™ clinic case presentation form**
This form helps you prepare to present your dementia patient case.

(PDF, 511 KB)

**Endocrinology teleECHO™ clinic case presentation form**
This form helps you prepare to present your case on a patient with complex diabetes or another endocrine condition.

(PDF, 1152 KB)

**Hepatitis C case presentation template**
This form helps you prepare to present your Hepatitis C patient case.

(PDF, 522 KB)

**Q&A**

Who should participate in TeleECHO clinics?

Individual clinicians of all levels are welcome and highly encouraged to participate in TeleECHO clinic sessions, including physicians, physician assistants, nurse practitioners, registered nurses, psychiatrists, social workers, community health workers, and pharmacists. Team participation is encouraged, as team-based care is the ideal model for enabling higher-level care delivery and task shifting.

What issues or challenges have practices and clinicians faced in participating in TeleECHO clinic sessions?

Time constraints have been identified as one of the most significant challenges for practices and clinicians. The specialist teams often schedule TeleECHO clinic sessions either before office hours or during lunch to avoid taking away from patient-clinician time.

Apply What You’ve Learned to Treat Patients in Your Practice and Continue Participation.

After participating in several TeleECHO clinic sessions, you will have the skills and knowledge to help many of your patients yourself or to discern when their conditions are so complex that they will need to be referred. Through your Project ECHO partners, you will have access to specialists in your region, which is helpful for triaging the most urgent and complex patients.
Project ECHO is a self-paced learning model whose target audience is comprised of primary care clinicians and multidisciplinary care teams in the community. Individuals participate in TeleECHO clinic sessions on a regular basis, often for many months or years, especially in rapidly evolving, complex disease areas. Over time, participating community clinicians begin to receive referrals from other community clinicians, creating an effective triaging system in their region.

“I enjoy ECHO immensely. I enjoy seeing all of the nurses and being able to talk to them all and to find out problems or issues maybe with patients that they have not otherwise brought to our attention. Now that we are doing ECHO, I don’t know how we did it without ECHO.”

—Deborah Isaacs, Nurse Consultant, New Mexico Department of Health

Conclusion

Project ECHO moves specialty knowledge into the community to help primary care clinicians care for patients with complex health conditions, expanding the care these patients can receive from the clinicians they know and trust. The interactive virtual learning platform, TeleECHO, brings expertise to clinicians where they practice so they can grow their skill set and increase workforce capacity to provide best-practice specialty care and reduce health disparities.

STEPS in practice

**Project ECHO® Case Report: Su Clinica**

Rose Gowen, M.D., is an obstetrician-gynecologist and Medical Director at the Brownsville Women’s Health Center at Su Clinica, a non-profit community health center serving two counties in the Rio Grande Valley region of Texas. She was one of the first participants in the MD Anderson ECHO for Cervical Cancer Prevention.

Working at the Brownsville Women’s Health Center, Dr. Gowen felt a desire to learn more about the loop electrosurgical excision procedure (LEEP) and to gain more training in colposcopy for her patients who have abnormal Pap smear results. Week after week, she would see women in the clinic who had abnormal Pap smears and she felt restricted because she simply did not have the tools or resources to provide follow-up care. Instead, she was faced with referring patients to a specialist at a clinic approximately one hour away from Brownsville and who was available only once per month to provide follow-up care. Many patients were unable to make the trip: they did not have transportation, or they did not have the financial means to be able to visit the clinic. Those who were able to visit the specialist’s clinic often had to wait weeks or even months to obtain an appointment.
Feeling frustrated, Dr. Gowen began looking for LEEP training online and in her own community, but could not identify any training that would help her learn the hands-on techniques required to feel comfortable performing LEEP in her own clinic. She began first by searching for training opportunities online, but found few that seemed applicable for an experienced physician. Next, Dr. Gowen approached several physicians in and around the Brownsville community to inquire about potential opportunities to shadow those experienced in this area. Despite several attempts, no one would offer to assist her in her desire to obtain additional training.

That's when she met Kathleen M. Schmeler, M.D., from MD Anderson Cancer Center by chance at a public health meeting in Houston. During the meeting, both Dr. Gowen and Dr. Schmeler commented on the need for additional access to cancer prevention care in remote, rural communities. Immediately, Dr. Schmeler and Ellen Baker, M.D., M.P.H., who leads the MD Anderson ECHO for Cervical Cancer Prevention and is now the Director of Project ECHO at MD Anderson, offered to help. They traveled from Houston to Brownsville to offer hands-on training in LEEP, and assist with purchasing colposcopy equipment to increase local access to colposcopies within Brownsville and Harlingen. Now, armed with the knowledge and the equipment, Dr. Gowen, a nurse practitioner, and a nurse midwife can provide LEEP and colposcopy care for their patients.

Patients no longer need travel long distances for the monthly clinic and patients with limited resources can have more peace of mind knowing that their abnormal Pap smear results can be followed up quickly and locally. In fact, participation in the MD Anderson ECHO for Cervical Cancer Prevention has led to an increase in the number of women obtaining preventive care Pap smears in the clinic and a decrease in the number of women who are referred to cone biopsy.

Dr. Gowen and her colleagues at the clinics in Brownsville and Harlingen now participate in the weekly MD Anderson teleECHO™ clinic sessions, which were started right after the hands-on LEEP training was provided. Physicians and other health care professionals in the clinic feel greater professional satisfaction knowing that they can provide the care for their patients and that they have the opportunity to connect with experts in an area that they feel very passionate about. Participants earn CME credits, which is also a tremendous benefit because the training is free and they can immediately relate what they have learned to actual patient care. The MD Anderson ECHO for Cervical Cancer Prevention has also been very helpful in increasing clinicians’ adherence to recent changes in clinical guidelines. Clinicians previously might have been more resistant to making a change, but with the help of the Project ECHO experts, they learn firsthand how the changes in guidelines and clinical recommendations improve care for their patients.

Project ECHO® Case Report: University of Missouri’s MU Pediatrics

Bernie Eskridge, M.D., is a pediatrician at MU Pediatrics, part of the University of Missouri’s MU Health Care system in Columbia, Missouri, and is engaged in the Missouri ECHO for Autism. The goal of their teleECHO™ clinic is to increase confidence in identifying and treating autism symptoms and to expand knowledge about behavioral treatments for autism. As participants in the teleECHO clinic, primary care physicians and other health care professionals have access to experts from the Thompson Center for Autism and Neurodevelopmental Disorders. These experts help clinicians increase their own knowledge about evidence-based practices for screening, diagnosis, and treatment of autism; common medical and psychiatric concerns in children with autism; and successful office visits for children with autism and other behavioral concerns.

Dr. Eskridge first joined Missouri ECHO for Autism out of a desire to learn how he could help his patients while they were waiting the 6 to 18 months it takes to confirm an autism diagnosis. He felt a great need to learn more about tools and techniques to address his young patients’ comorbid conditions and ease some of the symptoms that parents were reporting during the diagnostic waiting period.

He participates in the virtual, 90-minute teleECHO clinic sessions every first and third Wednesday of each month, during which time he is able to discuss very complex cases and receive real-time advice from the hub experts. The experts provide recommendations about how to treat patients’ immediate needs and understand what is best to say to parents as they are waiting for diagnostic confirmation. Additionally, he has learned much more about local resources he can offer patients who are looking to jumpstart treatment for their children. Those patients who are at critical stages in their care can also often be seen much more quickly as a result of the professional...
networks and relationships that Dr. Eskridge has built with experts through regular participation in the teleECHO clinic sessions.

Dr. Eskridge feels that participating in teleECHO clinics is more than worth the time spent, particularly if clinicians are interested in a particular disease or condition. He recommends that all clinicians consider blocking their time to attend a teleECHO clinic session because it provides an invaluable opportunity to learn from the experts, gain CME credits, and gain confidence in providing care in areas that may feel less familiar or for which they received no formal training.

Project ECHO® Case Report: El Centro Family Health

Chris Ruge is a nurse practitioner working in Las Vegas, NM. He first learned of Project ECHO when he was doing phone and e-mail interviews with El Centro from Mexico. Intrigued by an initial visit to the Project ECHO website, Chris visited the Albuquerque offices of the ECHO Institute to observe firsthand the HCV teleECHO clinic and was impressed by the professionalism, the relaxed and welcoming atmosphere, and the effectiveness of the clinics. Over 10 years later, Chris has never been disappointed while working and collaborating with the project.

In his practice, Chris uses Project ECHO as a means of establishing both a working and personal relationship with the specialist hub in Albuquerque. The HCV teleECHO clinic sessions provide him with nearly unlimited access to the HCV specialists with whom he can discuss urgent issues in the care of his patients. Without this support and structure, his work with complicated patient cases involving numerous simultaneous or concurrent chronic illnesses would be much more difficult, and would likely necessitate numerous referrals to specialists located 60-100 miles away—too far for his patients with very limited resources. Additionally, participation in the HCV teleECHO clinic sessions has made it possible for him to treat patients with both HCV and HIV, patients whom he would not have otherwise felt competent or comfortable to treat/treating on his own.

The clinic where Chris works has several clinicians who are each engaged in different teleECHO clinics. By participating in Project ECHO, all the clinicians feel connected to peers facing similar struggles with their own patients and in other rural areas. As Chris explained, the ECHO clinic helps him to feel less isolated while living and working in a town of 14,000 people, 60 miles from the nearest “big city” of Santa Fe.

For Chris and his colleagues in Las Vegas, working with Project ECHO allows rural primary care clinicians to provide more evidence-based primary care, and to participate in more focused and specialized care such as the treatment of patients with HCV or with poorly controlled psychological conditions or endocrine-related issues. He and his colleagues feel that they are continuously learning from their collaborations with the specialists in the Project ECHO hub, helping them to grow as clinicians while receiving some 80-100 CME credits annually.

For patients, the participation of their primary care clinicians in teleECHO clinics make it possible to receive excellent primary care in their home community while having their particular health issues examined closely by some of the most knowledgeable specialists in the state. Patients save the time and expense of travelling all day for a fifteen-minute visit with a specialist who may know very little about them and who may not circle back to connect with the referring clinician. Patients can have more confidence that their PCP or other health care professional knows what is going on with them and that their care team is meeting with specialists who are helping to guide their medical decisions.

Project ECHO® Case Report: Cox North Center for Addictions

Thomas Peter “Pete” Pirotte, M.D., in Jordan Valley, Missouri, first learned about the ECHO model™ several years ago when the federally qualified health center (FQHC) administrator, who is also a physician, suggested that he join the Chronic Pain Management ECHO in Missouri and provided him support to join. Dr. Pirotte found that the evidence-based practice guidelines provided through Project ECHO® are indispensable. He had looked before for some of the information discussed in the teleECHO™ clinic sessions, but could not easily find it in the literature. Participating in the teleECHO clinic sessions also offered him valuable perspectives from participating colleagues.

As a result of his participation in the Missouri Chronic Pain Management ECHO, Dr. Pirotte has become the go-to doctor for questions about opiates in his clinic, and he regularly shares new and valuable information from
the Chronic Pain Management teleECHO sessions with his colleagues. When asked about the value of ECHO, he responded, “It is no question we are practicing safer, better medical care. I feel more empowered to educate patients and families. About six weeks ago we had a clinic-wide conference on benzodiazepines and opioids that was based on the information provided in a previous ECHO.” He also stated that participation in the Chronic Pain Management ECHO may have helped to prevent a death or two and has definitely reduced emergency room visits and hospitalizations. Fewer and fewer patients are experiencing bad outcomes.

**Project ECHO® Case Report: Billings Clinic**

Eric Arzubi, MD, a psychiatrist at Billings Clinic in Billings, Montana, uses the ECHO model for a pilot project of an addictions and behavioral health ECHO. The project is part of a larger collaborative effort with the State of Montana’s Department of Corrections, the Rimrock Foundation (a local addiction services clinic), and Billings Clinic, and is funded through a grant from the Montana Mental Health Trust.

Reflecting on what prompted him to start using Project ECHO, Dr. Arzubi says simply, “common sense;” Montana faces many challenges that are very similar to those of New Mexico and other communities that have implemented this model. Montana is at the epicenter of a mental health crisis, posting the highest suicide rate in the U.S. There are many remote, rural populations with highly vulnerable citizens, including many veterans and Native Americans. Additionally, Montana is one of only three states that does not host a psychiatry residency program, making the shortage of clinicians in Montana especially acute.

Introducing Project ECHO to this collaborative effort in Montana has sparked conversations that may not have been possible six months prior. Thanks to the pilot of the addictions and behavioral health ECHO, Dr. Arzubi and his colleagues are actively engaged in identifying systems gaps for the incarcerated population with mental health problems. Without the ECHO model, the clinicians would not be engaging in regular, consistent collaboration with the State of Montana Department of Corrections or its clinicians working in prisons, jails, and pre-release centers in Montana. Additionally, Montana’s SIM Council is now working on implementing the model to help integrate primary care and behavioral health on a much larger scale.

When asked about the barriers to implementation, Dr. Arzubi comments that the customer service delivered by the ECHO Institute at the University of New Mexico is outstanding and makes rollout very user-friendly. For him, the most important ingredient for introducing and sustaining Project ECHO participation has been a set of champions among the stakeholders and some seed money to help fund the project initially.

To date, Dr. Arzubi and his colleagues have completed three teleECHO™ clinic sessions. After the first session, the State of Montana Department of Public Health and Human Services began focusing on Project ECHO to learn about the model and how it might fill gaps in the mental health system of care. The Montana addictions and behavioral health ECHO has promoted dialogue, facilitating the development of a common language between two diverse systems in corrections and health care and inspiring stakeholders to think differently about the State’s health care challenges.

**Project ECHO® Case Report: HealthPartners**

Physicians at HealthPartners in Minneapolis–St. Paul, MN, saw an opportunity to improve care for patients with diabetes who were being seen in primary care. In a health system where some clinic locations are up to 90 miles apart, there had to be a better way to leverage the expertise and time of endocrinologists within the system through the transfer of knowledge without moving patients. Intrigued by the University of New Mexico Project ECHO Model, the team at HealthPartners decided to implement a Project ECHO cohort in endocrinology. To learn more, the project leaders, an endocrinologist and a diabetes educator, visited the University of New Mexico for training and ideas on how to implement the model within HealthPartners.

The team identified seven to eight primary care physicians to participate in the initial cohort, which lasted four months and consisted of four sessions with CME credits provided. Time was carved out for participants so they were not expected to do this work in addition to their other responsibilities. Several primary care medical directors were selected to be in the first cohort so they could engage their teams by speaking from experience. The four sessions, each lasting two hours, were facilitated by an endocrinologist leader and a diabetes educator
via a live online webinar. A lecture was presented at the beginning of each session. Then, each participating primary care physician would present two cases from his or her practice, soliciting advice and recommendations from the endocrinologist and diabetes educator as well as the other primary care physicians.

Early on, it became evident that the facilitation skills of the endocrinologist and diabetes educator were a key determinant for successful sharing during sessions. It also became clear that certain topics were more relevant to the group than others; for example, for primary care physicians, information around glycemic management was more helpful than instruction on managing lipids. The overall feedback from participants was very favorable, with uniformly positive feedback on the survey. One physician commented that this was the “best CME [he has] ever attended.” Another noted that “patients would have needed to see endocrinology if we were not doing this.”

A1C results and cost savings were tracked across the system and were also used as an indicator for success. The average decrease in A1C for the patients in the cohort was 0.7 percent and there was almost a threefold increase in the percent of patients meeting their A1C goal. The team modeled cost savings from decreased office visits to an endocrinologist for diabetic patients, which was estimated to be approximately $100,000 per cohort.

HealthPartners is currently expanding the model to a psychiatry cohort, specifically related to adult anxiety and depression. The cohort just started and the initial feedback is that physicians are finding it helpful, especially in the current market where there is a shortage of psychiatrists. Hypertension is a possible area to be explored next.

Learning Objectives
1. Describe the Project ECHO® model and its benefits
2. Identify a topic area where there is a need or interest for increased access to specialty care
3. Describe how to participate in a teleECHO™ clinic session

Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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ABMS MOC Statement: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an MOC Part II CME Activity. Please review the ABMS Continuing Certification Directory to see what ABMS Member Boards have accepted this activity.

Additional Information: About the AMA Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

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Disclosure Statement:

Unless noted, all individuals in control of content reported no relevant financial relationships.

References

3. Project ECHO® The University of New Mexico.
6. Citation in conclusion: https://echo.unm.edu