

# Adopting the ECHO model™ (Extension for Community Healthcare Outcomes)



Move knowledge rather than patients: build your primary care capacity through expert clinical specialty mentoring and education

AMA IN PARTNERSHIP WITH



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## How will this module help me build primary care capacity in my practice?

- 1 Seven STEPS to incorporate the Project ECHO® model in your practice
- 2 Answers to commonly asked questions about adopting the model
- 3 Tools and resources to help your team increase access to care for your patients

Increasing administrative responsibilities—due to regulatory pressures and evolving payment and care delivery models—reduce the amount of time physicians spend delivering direct patient care. Primary care physicians and other clinicians can learn to provide excellent specialty care directly to patients in their own practices. By connecting with a subspecialty team of experts and building a community of practice via telemedicine, primary care physicians are able to increase knowledge, mastery and joy of medical practice.

### Adopting the ECHO model™ (Extension for Community Healthcare Outcomes)

**Release Date:** August 31, 2016

**End Date:** August 31, 2019

#### Objectives

At the end of this activity, participants will be able to:

1. Describe the benefits of Project ECHO®.
2. Select a specialty topic area.
3. Participate in a teleECHO™ clinic session.

#### Target Audience

This activity is designed to meet the educational needs of practicing physicians.

#### Statement of Need

In some regions, patients often wait weeks or even months to see a specialist. Visiting a specialist may also require them 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. This module will educate physicians on ways to build specialty care access through expert specialty mentoring and education via telemedicine.

#### Statement of Competency

This activity is designed to address the following ABMS/ACGME competencies: patient care, practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice and also address interdisciplinary teamwork and quality improvement.

#### Accreditation Statement

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

#### Credit Designation Statement

The American Medical Association designates this enduring material for a maximum of 0.5 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

#### Claiming Your CME Credit

To claim AMA PRA Category 1 Credit™, you must 1) view the module content in its entirety, 2) successfully complete the quiz answering 4 out of 5 questions correctly and 3) complete the evaluation.

#### Planning Committee

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#### About the Professional Satisfaction, 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.

#### Disclosure Statement

The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, neither the planners nor the faculty have relevant financial relationships to disclose.

#### Media Types

This activity is available to learners through Internet and Print.

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# Introduction

Primary care physicians (PCPs) and other clinicians can learn to provide excellent specialty care directly to patients in their own practices. In the Project ECHO (Extension for Community Healthcare Outcomes) model, clinicians attend teleECHO™ clinic sessions, where they connect with a subspecialty team of experts (referred to as a “hub”) and with other clinicians (the “spokes”) to build a community of practice, learning, and support. This approach saves time, adds convenience and improves treatment adherence for patients. It also increases the knowledge, mastery and joy of medical practice for clinicians.



## Q&A

### Why Project ECHO?

In some regions, patients often wait weeks or even months to see a specialist. Visiting a specialist may also require them 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.

### What is Project ECHO?

Project ECHO is a lifelong learning and guided practice model developed precisely to address these concerns. The model has expanded to more than 83 hub partners across 13 countries worldwide and covers more than 49 clinical topics.

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 effective mechanism for treating HCV infection in underserved communities.<sup>3</sup>

### How does Project ECHO work?

A teleECHO clinic session is, essentially, a virtual grand rounds. 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 or tumor board.

These case-based discussions are supplemented with short didactic presentations to improve content knowledge and share evidence-based best practices. Clinicians can connect to a teleECHO clinic that is focused on a complex condition that is of interest to them. Participation is usually offered free of charge.

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.

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.

“

ECHO is really the main inspiration I have in my professional life today.

”

—Dr. Henry Cohen, Uruguay

## Seven STEPS to incorporate the Project ECHO model in your practice:

1. Learn more about the Project ECHO model.

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2. Identify topic areas where there is a need for increased access to specialty care OR areas in which you are particularly interested in gaining deeper learning and specialization.

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3. Connect with Project ECHO hubs that offer training in your clinical area of interest.

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4. Join a teleECHO clinic session in your clinical area of interest to observe the format firsthand and learn from the didactic presentations.

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5. Present patient cases in a teleECHO clinic session.

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6. Apply what you’ve learned to treat patients in your practice.

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7. Continue to participate in teleECHO clinic sessions to refine your skills, presenting patient cases as needed.

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### 1 Learn more about the Project ECHO model.

[TEDxABQ: Project ECHO – Changing the World, FAST](#)

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.

The model is a low-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 didactic education.

Q&A

[What makes 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 hub-and-spoke knowledge-sharing networks led by expert teams (the “hubs”) who use videoconferencing to conduct virtual clinics with community clinicians (the “spokes”). Primary care doctors, 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 and develop 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 the primary care clinicians to deliver care in areas outside their expertise. Over time, the clinicians operate with increased independence as their knowledge, skills and self-efficacy grow.

[Where can I learn more about the Project ECHO model and how I can apply it in my practice?](#)

You are encouraged to 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 healthcare 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 experience of the 83 hub partners currently operating in 12 countries.

[Why should I or my practice consider participating in a teleECHO clinic? What are the benefits?](#)

The teleECHO clinic is a unique tool that enables clinicians to treat patients with common complex conditions rather than referring them to an outside specialist who might have limited availability or be far away, requiring patients to travel long distances. The Project ECHO model 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.

- **Physician development and retention:** Through Project ECHO, 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. At the level of the practice, this means that clinicians are more productive and stay in their positions longer.
- **Continuous learning:** Clinicians can enjoy no-cost access to continuing education opportunities and specialist consultations during teleECHO clinic sessions. This enables practices and clinicians to be part of a knowledge network.
- **Increased efficiency:** Project ECHO has allowed practices to see more patients and to better utilize their staff to serve more patients overall. The model places practices within a professional network through which they can provide local specialty services to patients, rather than relying on a lengthy referral process.

- Improved quality of care: Implementing “best practices” for complex medical conditions enhances care quality and strengthens the health system as a whole. This model also complements accountable care and medical home models.
- Improved patient satisfaction: Project ECHO empowers clinicians with the right knowledge to provide the right care in the right place at the right time. This benefits patients in several ways, including: improving access to care, reducing travel costs, reducing unnecessary testing, and improving quality of care (equal to or better than care delivered at a regional specialty site). Patients receive the overall benefit of getting the appropriate intervention earlier than they would through the traditional referral process.
- Improved patient outcomes: The Project ECHO model dramatically improves health outcomes for patients while bolstering patient retention and satisfaction. 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. Expert consultations between clinicians and specialists from the Project ECHO hub also directly impact the health of patients, who benefit from the clinician’s increased knowledge of best practices.

### Is Project ECHO cost-effective?

Several studies have demonstrated the cost-effectiveness of this model, particularly in treating hepatitis C.5 Recent internal analyses by various Project ECHO hub 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 further expand their support for the project.

\*unpublished study

Several Project ECHO hub 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.

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

While the ECHO model™ 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.

### How is patient confidentiality protected?

Patient confidentiality is a pillar of the Project ECHO model. All of 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 hub specialists and spoke 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.

2

Identify topic areas where there is a need for increased access to specialty care OR areas in which you are particularly interested in gaining deeper learning and specialization.

Create a planning committee or team that will identify areas where there is a need for increased access to specialty care in 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 (clinician)-centric model rather than a patient-centric model. Once the planning committee has identified a particular clinical need or target area, you can connect to the [ECHO Institute](#) to find a hub partner in your topic area of interest and in your geographic region.

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 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 out and perfect your participation in the Project ECHO model. If you have a partner, he or she could choose a different topic area in order to further expand the services offered by your practice.

3

Connect with Project ECHO hubs that offer training in your clinical area of interest.

Project ECHO hubs offer virtual teleECHO clinics in specific areas of interest and in your geographic region. The hubs can answer questions and provide you with more information to help you decide if they fit your practice needs. The [ECHO Institute at the University of New Mexico](#) has a wealth of resources available to help you connect to hubs across the US and around the world. Hubs are located at more than 50 academic sites throughout the country (and around the world), and each offers teleECHO clinics in different specialty areas. Currently, there are more than 100 open clinics in hubs across the US.



Q&A

**How do I connect with a Project ECHO hub?**

To find out about open teleECHO clinics nationally and in your area, contact [echoreplication@salud.unm.edu](mailto:echoreplication@salud.unm.edu). We will help you connect with the teleECHO clinics that fit your practice's needs or are on topics that you find interesting.

What are some topics covered by teleECHO clinics?

There are currently teleECHO clinics focused on more than 45 different conditions, including chronic pain, HIV, hepatitis C, addiction, and diabetes. Clinicians can receive free CME credits for each teleECHO clinic session attended.

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. You can learn more about becoming a Project ECHO teaching center, or hub, [here](#).



Join a teleECHO clinic session in your clinical area of interest to observe the format firsthand and learn from the didactic presentations.



How do I get no-cost CMEs by participating in teleECHO clinics?

Participants who join a teleECHO clinic session receive CMEs for the total time spent participating, including time spent on didactics and patient case presentations. Each Project ECHO hub will have a clear process for providing CMEs as defined by their organization. All CMEs from participation in teleECHO clinics are given free of charge.



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.



—Dr. John Scott, University of Washington



Present patient cases in a teleECHO clinic session.

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. Here are some brief instructional videos on how to (and how not to) present patient cases in a teleECHO clinic session.

[The Correct Way To Conduct An ECHO Patient Presentation](#)

[Project ECHO: Sample Weekly TeleHealth HCV Clinic](#)

DOWNLOAD [Dementia teleECHO™ clinic case presentation forms](#)

DOWNLOAD [Endocrinology teleECHO™ clinic case presentation form](#)

DOWNLOAD [Hepatitis C case presentation template](#)

Q&A

[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, or “hubs,” often schedule teleECHO clinic sessions either before office hours or during lunch to avoid taking away from clinician-patient time. Participating in a teleECHO clinic session via videoconferencing requires broadband Internet access at every site, but this has not been a limiting factor for the practices currently participating in the project. Some clinicians may also participate from home or call into the teleECHO clinic session to listen to the case presentation.

[How much time does it take to participate in a teleECHO clinic session?](#)

Most teleECHO clinic sessions are held for one to two hours per week depending on the clinical topic area and hub partner.

[Who should participate in teleECHO clinics? Physicians and other health care professionals as individuals? Teams? Community health workers \(CHWs\)?](#)

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 task shifting and higher-level care delivery.

[How much does it cost to participate in a teleECHO clinic?](#)

Participation in a teleECHO clinic is usually free. The only associated costs are those for IT equipment (if needed) and time away from clinic. Most practices already possess the required IT equipment to connect via video (Internet and webcam), so no additional costs are incurred.

[What IT equipment is required to participate in a teleECHO clinic session?](#)

The technology can be as simple as an individual using a landline phone, laptop or a handheld mobile device (smartphone); alternatively, a small room can be set up for one to two people or a videoconferencing room for larger groups. Project ECHO in New Mexico utilizes a cloud-based system called [Zoom](#). This system has a number of benefits, including the ability to run on lower-speed Internet connections. Zoom works well on mobile devices such as smartphones and tablets, requires no applications, and has web-conferencing features like chat and sharing.

6

Apply what you’ve learned to treat patients in your practice.

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 hub partner, you will have access to specialists in your region, which is helpful for triaging the most urgent and complex patients.

7

Continue to participate in teleECHO clinic sessions to refine your skills, presenting patient cases as needed.

Project ECHO is a self-paced learning model, where our 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 for the New Mexico Department of Health

## Conclusion

The Project ECHO model moves specialty knowledge into the community to help primary care clinicians care for patients with complex health conditions, expanding the care these patients are able to 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 participate in a medical “brain trust” within the professional network of experts across the country and around the globe.



## Additional Resources

[AMA Wire – Project ECHO](#)

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## STEPS in practice

1

### How's it working in Brownsville, TX?

Dr. Rose Gowen is an obstetrician/gynecologist and the Medical Director at the Su Clinica clinic in Brownsville, Texas. She was one of the first participants in the MD Anderson ECHO for Cervical Cancer Prevention.

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, did not have transportation or did not have the financial means to be able to visit the clinic; those who did often had to wait weeks 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 Dr. Schmeler from MD Anderson Cancer Center in a chance 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 Dr. Ellen Baker, who leads the MD Anderson ECHO for Cervical Cancer Prevention, 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 have to travel long distances for the monthly clinic and those patients with limited resources can have more peace of mind knowing that their abnormal Pap smear results can be followed up locally.

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. 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. Instead of waiting weeks and sometimes even months to get care, these women are able to undergo follow-up procedures in their own communities.

Additionally, 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 recognize how the changes in guidelines and clinical recommendations improve care for their patients on a firsthand basis.

2

## How's it working in Columbia, MO?

Dr. Bernie Eskridge is a pediatrician at the University of Missouri in Columbia, Missouri who 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, PCPs 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 no formal training was received.

3

## How's it working in Las Vegas, NM?

Chris Ruge is a nurse practitioner working in Las Vegas, New Mexico. He first learned of Project ECHO when he was doing phone and e-mail interviews with El Centro from Mexico for several weeks in the Spring of 2008. 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. Eight 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 patients with numerous chronic illnesses would be much more difficult, likely necessitating 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 have made it possible for him to treat patients with HCV and HIV who he would not have otherwise felt safe or competent 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 of the clinicians feel connected, not only to other peers facing similar struggles with their own patients but also to clinicians 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 both 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 the 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 will likely 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 they are meeting with specialists who are helping to guide their medical decisions.

4

## How's it working in Jordan Valley, MO?

Dr. Thomas “Pete” Pirotte in Jordan Valley, Missouri first learned about the Project ECHO model in February 2015 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 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.

Within his clinic, Dr. Pirotte has become the go-to doc for questions about opiates and regularly shares new and valuable information from the Chronic Pain Management teleECHO clinic 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 (ER) visits and hospitalizations. Fewer and fewer patients are experiencing bad outcomes.

5

## How's it working in Billings, MT?

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

Dr. Arzubi, reflecting on what prompted him to start using Project ECHO, says “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; thus, the shortage of clinicians is especially acute.

Introducing the Project ECHO model, which includes clinicians from prisons, jails and pre-release centers in Montana, has sparked conversations that may not have been possible six months prior. Thanks to the pilot of the addictions/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 Project ECHO model, Dr. Arzubi

reflects, the clinicians would not be engaging in regular, consistent collaboration with the State of Montana Department of Corrections. 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/behavioral health ECHO has promoted dialogue, facilitating the development of a common language between two diverse systems (corrections and health care), and inspiring stakeholders to think differently about the State's healthcare challenges.

6

## How's it working in Minneapolis – St. Paul, MN?

Physicians at HealthPartners in Minneapolis – St. Paul, MN, noticed that there was 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 practice.

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 didactic lecture was presented at the beginning of each session. Then, each 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 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.

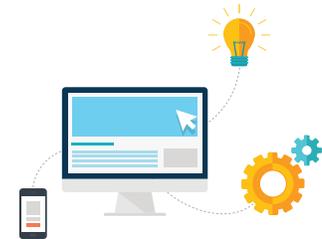


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