

# ECHO Access: Expanding access to mental health and addiction treatment in primary care

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## ECHO Access goals:

1. Expand access to treatment for behavioral health and addiction problems in the primary care setting across NM
2. Increase NM Primary Care Provider (PCP) awareness of the presence and impact of behavioral health and addiction problems in the primary care setting



In a large rural state like NM how can we develop capacity to identify and treat behavioral health and addiction problems in the primary care setting?

How can we do this in a way that does not rely on importing a specialist who is likely to leave at the end of the grant?

How can we make it sustainable?

3

## Goal # 1: Expansion of capacity to address behavioral health and substance use disorders in primary care

- Identify 20 primary care clinics in rural/underserved areas that lack adequate access to psychiatric services
- Recruit Family Nurse Practitioner (FNP) or Physician Assistant (PA) and pair them with a Community Health Worker (CHW) in each clinic
- Provide intensive initial face-to-face training of team in screening, diagnosis, and treatment of behavioral health and addiction problems
- This team focuses their clinical work on assessing and treating behavioral health and addiction problems in primary care patients

## Integration of behavioral health and physical health care is **highly cost-effective**

<u>Type of care integration</u>	<u>Cost savings for every dollar spent</u>
• Collaborative primary care for depression	\$11.61
• Collaborative primary care for anxiety	\$32.81
• Collaborative primary care for co-occurring depression and chronic health conditions	\$ 6.30

Data from "Results First" state of NM publication of the LFC 9/14



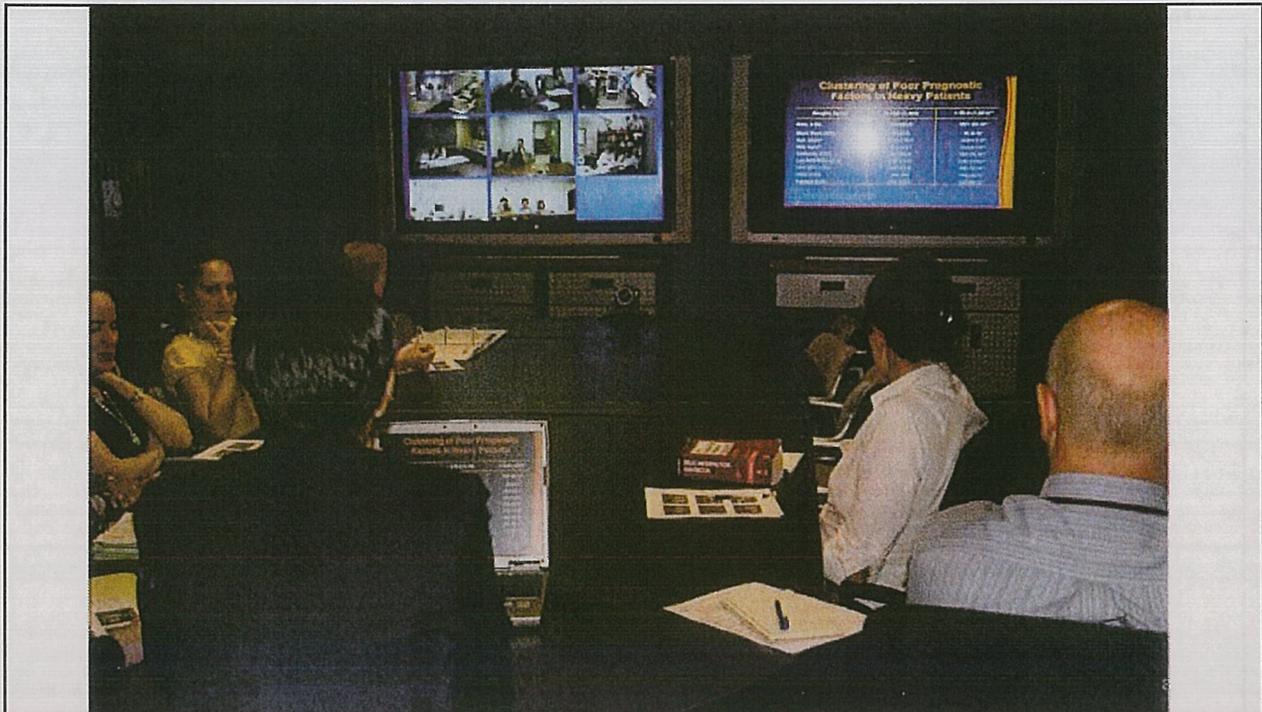
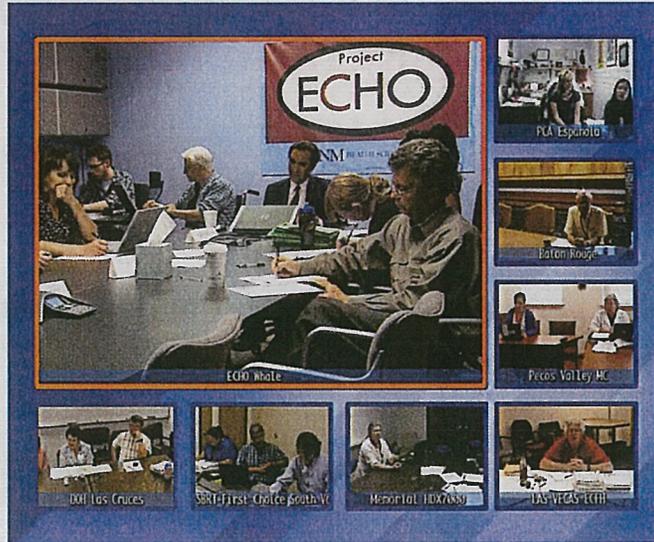
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How can a primary care team address behavioral health and addictions effectively and safely?

6

# The ECHO model

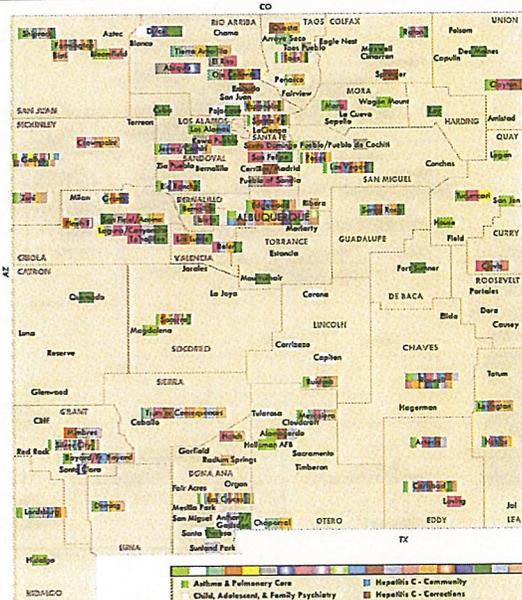


## Treatment Outcomes for Hepatitis C

Outcome	ECHO	UNMH	P-value
	N=261	N=146	
Cure Genotype 1	50%	46%	NS
Cure Genotype 2/3	70%	71%	NS
Minority	68%	49%	P<0.01



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



- Asthma & Pulmonary Care
- Child, Adolescent, & Family Psychiatry
- Chronic Pain & Headache Management
- Community Addictions Recovery Specialist
- Community Health Worker Diabetes Training
- Community Health Worker Diabetes Training
- Diabetes Care
- Diabetes & Cardiovascular Risk Reduction
- Diabetes CHW Training
- Heart Failure
- Hepatitis C-Community
- Hepatitis C-Consultations
- High Risk Pregnancy
- HIV/AIDS
- Integrated Addiction & Psychiatry
- NADDM Disease Prevention Program
- Non Peer Educative Program
- Pediatric Obesity
- Palliative Care
- Rheumatology



## How will Project ECHO support the proposed ECHO Access Expansion Project?

13

## ECHO Support

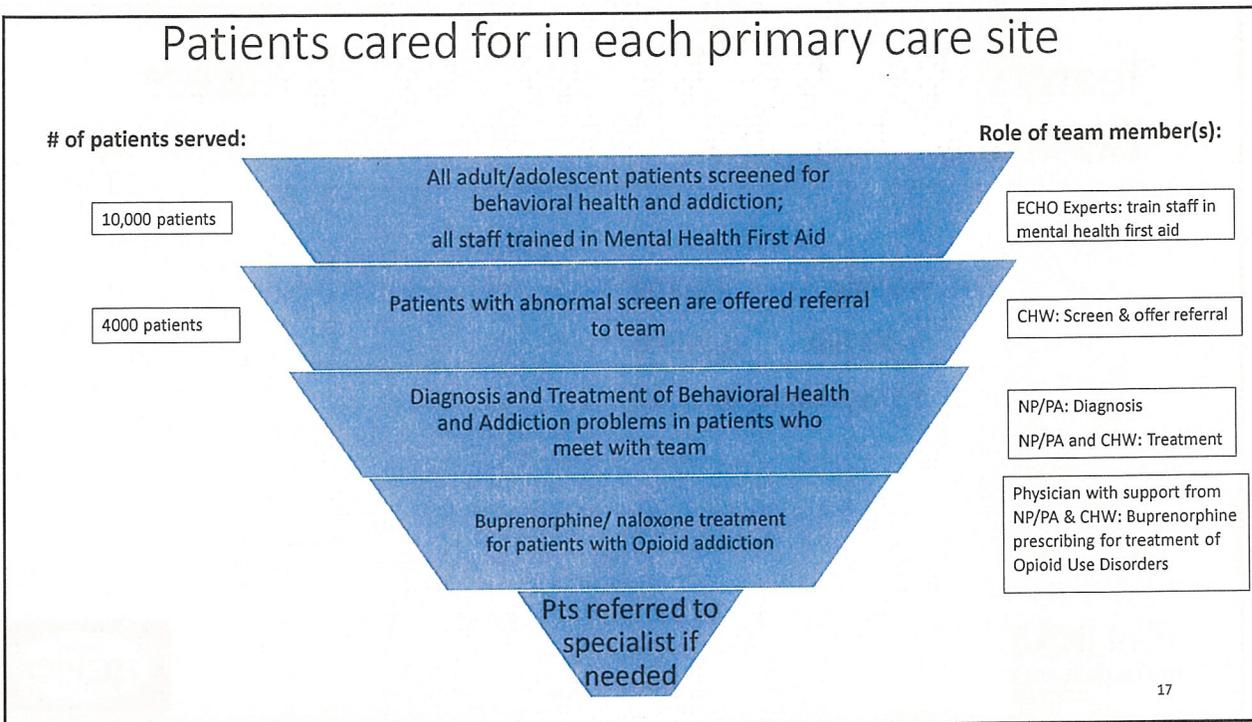
- Initial intensive face-to-face training
- Weekly Integrated Addictions and Psychiatry teleECHO clinic
  - Case presentations by every team
  - Case-based teaching/co-management support
  - Didactic presentations
- Specialists include addictions, psychiatry, counseling, CHW, psychiatric NP
- Immediate consultation and support via phone
- Frequent site visits for mentorship, shadowing, and support
- Similar to medical fellowship model

## How teams operate

- Implement comprehensive screening
- Patients identified through screening or referral meet with FNP/PA for formal diagnostic evaluation
- FNP/PA and CHW collaborate with patient to develop treatment plan
- Treatment includes medication management, behavioral techniques, referral to counseling when available, and referral to psychiatry if necessary
- Consultation with ECHO specialists is available by phone in real time
- Physician backs up team by prescribing buprenorphine for treatment of opioid addiction (0.1 FTE)

## Tools/Training:

- Team:
  - Motivational Interviewing
  - Community Reinforcement Approach (CRA)
  - Seeking Safety (PTSD and substance use disorders)
  - Patient-centered goal setting
- NP/PA:
  - Formal diagnostic assessment skills
  - Prescribing/medication management for mental health and substance use disorders
- CHW:
  - Implementation of Screening and debriefing of results
  - Patient engagement
  - Behavioral activation techniques
  - Mindfulness/grounding techniques
  - Health coaching
  - Medication adherence



### Pilot ECHO Access Sites

- Las Vegas: El Centro Health Center
- Albuquerque: Casa de Salud Clinic
- Portales: Roosevelt General Hospital Clinic
- Las Cruces: La Clinica Health Center

New Mexico

> 2200 visits in 4 months




18

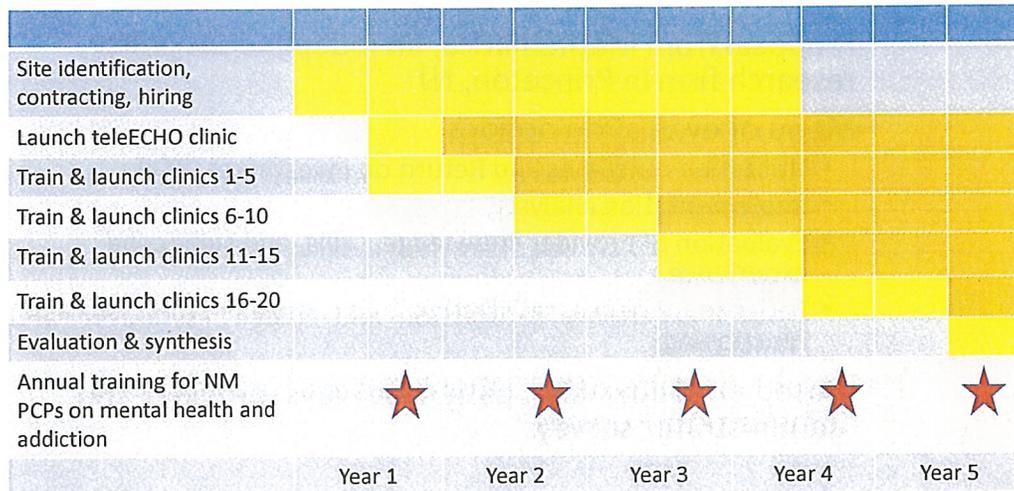
## Team staffing for each clinic in ECHO Access Expansion Program:

- CHW 1.0 FTE
- NP/PA 0.5 FTE
- Physician: 0.1 FTE

## Goal # 2: Increase NM Primary Care Provider (PCP) awareness of behavioral health and addiction problems

- Provide services at 20 primary care sites
- Train all staff at these sites in Mental Health First Aid
- Offer a no-cost annual 8-hour course for **all PCPs around NM** on diagnosis and treatment of behavioral health and addiction problems
  - Live course and streaming video

## Timeline for implementation over 5 years



## Sustainability plan

- NP/PA can submit claims for services using existing primary care codes
- These visits will initially take much longer than a standard PCP visit
- NM is implementing a certification process for CHWs, which should allow them to submit claims for these services within the next 1-2 years
- The physician can submit claims for addiction-treatment visits
- We hope and anticipate that the NP/PA, CHW, and physician will all become more efficient over the course of the project, and the program will become self-sustaining from claims revenue

## Evaluation

- Proposal from Mathematica, an independent policy research firm in Princeton, NJ
- Menu of evaluation options
  - Utilization outcomes and Return on Investment (ROI)
  - Implementation analysis
  - Evaluation of provider knowledge, skills, and subjective experience
  - Patient experience, satisfaction, and change in symptoms and functioning
- Based on claims data, patient surveys, provider and administrator surveys

## Estimated impact of program over 5 years

- All NM PCPs will have been offered 8 hours of free training in mental health and addiction disorders (approx. 3000)
- 200,000 patients (20 x 10,000) patients will have been screened, and will receive care from clinic staff who have been trained in Mental Health First Aid
- 80,000 patients (40%) will have been offered diagnostic evaluation and treatment from ECHO Access team
- 60 providers (NP/PA's, CHWs and Physicians) will have become proficient in addressing these disorders in the primary care setting
- Many additional patients will have received medication treatment for Opioid Use Disorder

## Proposed program budget

Program Component	Estimated cost for 5 years of services
20 Clinical teams salaries and fringe	\$ 4,130,000
Travel, training, and supplies	\$ 245,000
Program staff and specialists	\$ 5,620,000
F & A 5.5%	\$ 550,000
<b>Total (approximate)</b>	<b>\$10,500,000</b>

## Proposed Evaluation Budget

(Mathematica Policy Research)

Menu of Evaluation Options	
Evaluation Component	Approximate budget
Outcomes and ROI analysis	\$290,000
Implementation	\$260,000
Provider survey	\$250,000
Patient survey	\$460,000

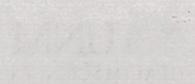
### Proposed program budget

Category	2011	2012	2013
Personnel	1,200,000	1,250,000	1,300,000
Travel	50,000	50,000	50,000
Supplies	100,000	100,000	100,000
Equipment	200,000	200,000	200,000
Other	150,000	150,000	150,000
<b>Total</b>	<b>1,700,000</b>	<b>1,750,000</b>	<b>1,800,000</b>

 WVU  
West Virginia University

### Proposed valuation budget

Category	2011	2012	2013
Personnel	1,200,000	1,250,000	1,300,000
Travel	50,000	50,000	50,000
Supplies	100,000	100,000	100,000
Equipment	200,000	200,000	200,000
Other	150,000	150,000	150,000
<b>Total</b>	<b>1,700,000</b>	<b>1,750,000</b>	<b>1,800,000</b>

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