



Miriam Komaromy, MD, FACP

Associate Director of ECHO Institute

Miriampk1@salud.unm.edu

505-715-0394

ECHO Access Expansion Project: a program to expand access to treatment for mental health and substance use disorders in primary care

Introduction: New Mexico has inadequate access to treatment of Behavioral Health Disorders (BHDs) and Substance Use Disorders (SUDs) throughout our state. Many grant-funded programs that try to address this problem rely on importing specialists who reside in the underserved area throughout the life of the grant but leave after the grant funds are no longer available. In this program we focus on developing the capacity to treat these disorders among providers who already work in these primary care settings.

We propose to train small teams of primary care providers (a Nurse Practitioner or Physician Assistant plus a Community Health Worker) who work in rural and underserved areas to provide high quality, intensive services to identify and treat patients who have mental health and substance use disorders in the primary care setting. There is substantial evidence that integration of physical and behavioral health is highly cost effective, with collaborative primary care for depression and anxiety returning \$11-32 for every dollar spent on services (Results First, Evidence-based options to improve outcomes, NM Legislative Finance Committee 2014).

The training and support needed for the primary care team to do this safely will be provided through the Project ECHO Integrated Addictions and Psychiatry Program. A pilot version of this program is in progress, and in the initial 4 months of operation 4 teams delivered more than 2200 visits focused on behavioral health or substance use disorders.

Goals:

1. Expand access to treatment for Behavioral Health Disorders (BHDs) and Substance Use Disorders (SUDs) in 20 primary care clinics across NM over 5 years.
2. Increase Primary Care Provider (PCP) awareness of BHDs and SUDs in NM.

Method: Implement small primary care teams that focus on screening, diagnosis, and treatment of BHDs and SUDs in 20 Community Health Centers (CHCs) around NM. Provide these teams with initial training, support and ongoing case-based learning and mentorship through Project ECHO Integrated Addictions and Psychiatry (IAP) teleECHO program. (For a description of the ECHO model and the IAP

Program, please see Box on p. 6.) In addition, ECHO specialists will offer an annual, 8-hour, no-cost training which will be available to all PCPs in NM (approximately 3000), providing education and no-cost CME about best practices in screening, diagnosis, and treatment of BHDs and SUDs. The goals of this training will be to decrease stigma, improve understanding of mental illness and substance use disorders, and to educate PCPs regarding the ECHO Access Expansion Program and other resources for referral of patients with BHDs and SUDs.

Teams in 20 Community Health Centers (CHCs) consist of:

NP or PA (.5 FTE)

CHW (1.0 FTE)

Physician (.1 FTE)

Role of clinic teams based in 20 CHCs around NM: Teams will provide training in Mental Health First Aid to all staff of the CHC (not just their own internal team), in order to raise awareness, detection, and referral of patients exhibiting signs of BHDs or SUDs. The team will implement universal screening of patients in the CHC for BHDs and SUDs. For patients suspected of having a BHD or SUD, the team will provide full diagnostic evaluation and develop a treatment plan. They will then collaborate as a team with the patient's PCP to implement and monitor the treatment plan. For patients with Opioid Use Disorder (OUD), they will offer treatment with buprenorphine/naloxone prescribed by the team physician (The director of the National Institute on Drug Abuse, Dr. Nora Volkow, stated in a recent editorial in the New England Journal that "Expanding access to MATs" (Medication Assisted Treatments, including buprenorphine/naloxone) "is a crucial component of the effort to help patients recover." NEJM April 2014).

Role of ECHO project team:

Establish clinic teams in 20 CHCs around NM:

- Develop and establish contracts with the CHCs that will house the 20 clinical teams
- Assist with recruiting and hiring teams (within or outside of existing CHC staff): Family Nurse Practitioner or Physician Assistant, Community Health Worker, and part time Physician
- Train and support teams:
 - Develop curricula for training teams
 - Provide week-long initial trainings for NP/PA and CHW on basics of screening, diagnosis and treatment of BHDs and SUDs
 - Provide one-day training for physicians on best practices in treatment of Opioid Use Disorder with buprenorphine/naloxone
 - Provide frequent site visits to clinic teams to assist with process implementation and clinical services (shadowing, one-to-one teaching and mentoring)
 - Provide weekly Integrated Addictions and Psychiatry teleECHO clinics with 2 hours of case-based learning and didactic training each week throughout the 5 years of the grant program

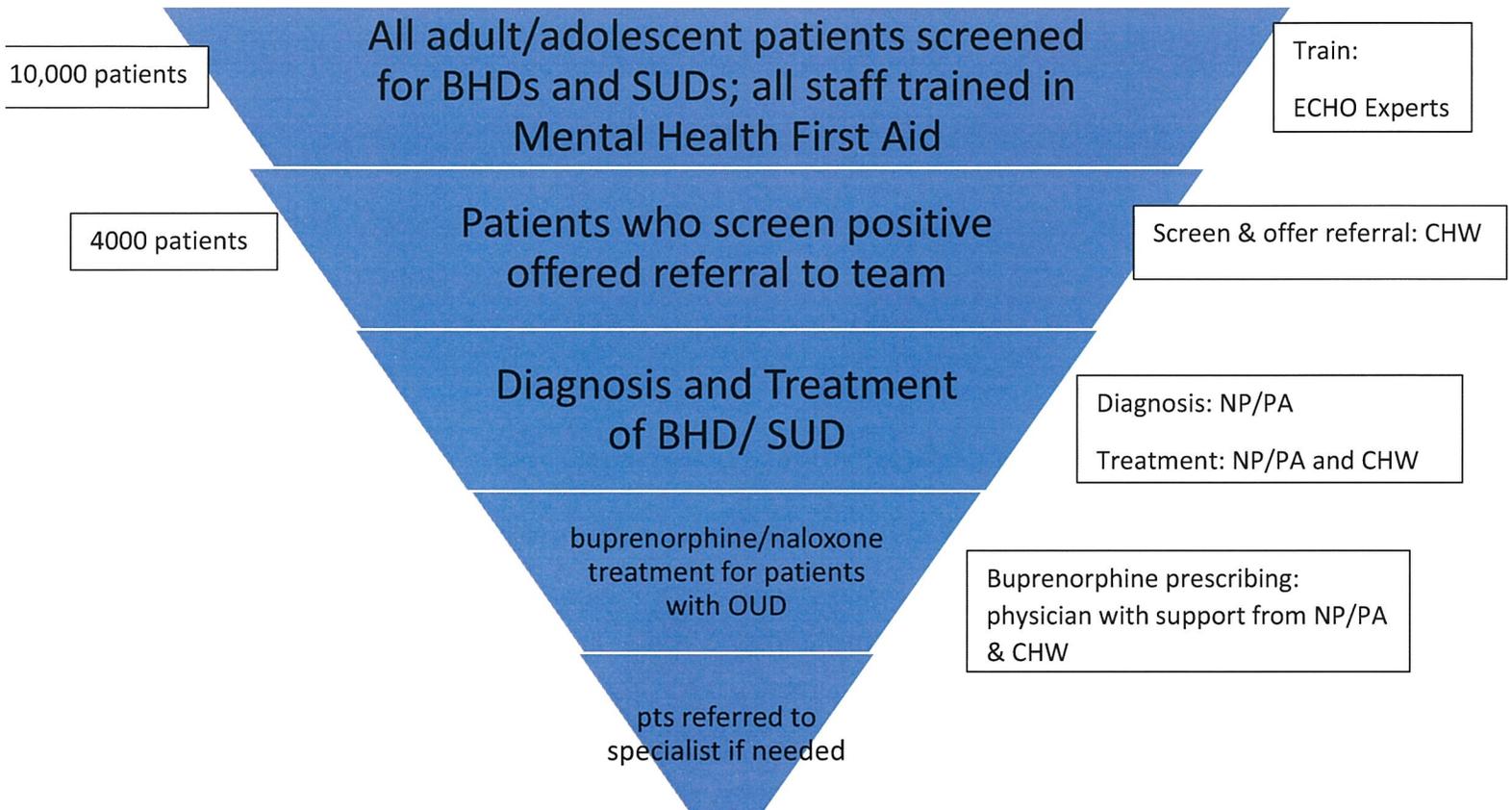
- Offer an annual, 8-hour, no-cost training which will be available to all PCPs in NM (approximately 3000), providing education and no-cost CME about best practices in screening, diagnosis, and treatment of BHDs and SUDs. The goals of this training will be to decrease stigma, improve understanding of mental illness and substance use disorders, and educate PCPs regarding the ECHO Access Expansion Program and other resources for referral of patients with BHDs and SUDs. Training will be offered in-person and via live streaming video.

Model for expanding access:

Below is a model for how each team will expand access to care for BHDs and SUDs at each CHC, based on the assumption that the CHC serves approximately 10,000 total patients.

of patients served:

Role of team member(s):



Team training:

- Entire team:
 - Motivational Interviewing
 - Community Reinforcement Approach (CRA)
 - Seeking Safety (for treatment of PTSD and substance use disorders)
 - Patient-centered goal setting
- NP/PA:
 - Formal assessment and diagnostic 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
- Physician:
 - Best practices for management of Opioid Use Disorder using Medication Assisted Treatment with buprenorphine/naloxone

Five year plan:

After an initial 6 month preparation phase, launch teams in 5 clinic sites each year, while maintaining operation of all existing sites, for a total of 20 teams providing access to expanded services for BHDs and SUDs around NM after 5 years of program operation. Provide annual 8 hours of CME (live training and streaming video) to all NM PCPs to teach them best practices in screening, diagnosis, and treatment of BHDs and SUDs.

At the end of 5 years:

- All NM PCPs (physicians and NP/PA's) (roughly 3000) will have been offered 8 hours of free training in BHDs and SUDs
- More than 200,000 (20 teams x 10,000) patients will have been screened and will receive care from staff who have had basic training in Mental Health First Aid
- Approximately 80,000 patients will have received diagnostic evaluation and treatment from specially trained ECHO Access Expansion Team
- Many additional patients will have received treatment for Opioid Use Disorder with buprenorphine/naloxone from team physician

- 60 providers will have become proficient in addressing BHDs and SUDs in the primary care setting (20 NP/PA's, 20 CHWs, and 20 primary care physicians)

Evaluation:

In order to provide a robust and high-quality independent evaluation of the outcomes of this program, we have worked with an external evaluator (Mathematica Policy Research, Princeton, NJ) to develop an evaluation proposal and menu of evaluation options that they are prepared to offer for this program.

See attached proposal from Mathematica

Sustainability:

- The NP/PA can bill for services using existing primary care codes. Initially their productivity and ability to support their salary through billing will be limited, as they will be learning to do formal diagnostic assessment and treatment, and as the program is gaining acceptance and momentum within the clinic. Before the end of the program we hope and expect that the NP/PA will be generating enough claims to fully support his/her salary.
- During the time-course of this program New Mexico will implement codes to allow CHWs to bill for their services. In addition, we will seek approval from NM Behavioral Health Services Division to allow the CHWs in this program to bill as Community Support Workers through the state's existing Peer Support Worker program (which currently only serves Community Service Agencies, and applies to clients who meet criteria for Severe Mental Illness). Through these two mechanisms it is likely that the CHWs will gain the capacity to be self-supporting through billing.
- The physician will also be learning new skills and techniques related to management of SUDs and use of buprenorphine/naloxone, and is also anticipated to develop the ability to submit sufficient claims to support his/her salary before the end of the program



The ECHO model: ECHO is a program that has been operating in NM for almost 11 years, providing training for primary care providers to help them to provide care for common, complex diseases that are typically handled only by specialists. The ECHO model includes connecting specialists based at UNMHSC with PCPs all over the state, via simultaneous multi-point video conferencing. The PCPs present actual (de-identified) cases of patients whom they are trying to treat for a particular problem, and receive input and guidance from the specialists. The other PCPs on the network also learn from the cases that have been presented by their colleagues. Eventually, through a process of interactive, case-based learning, the PCPs develop confidence and proficiency. The ECHO program began with treatment of hepatitis C, and published results showing that PCPs who have ECHO guidance are able to achieve identical treatment outcomes to those achieved in an academic specialty clinic (Arora, NEJM, 2011). Since then the ECHO model has been applied to numerous other disease states, both in NM, around the US, and around the world. The model has also been expanded from its initial exclusive focus on training physicians to include nurse practitioners, physician assistants, RNs, counselors, pharmacists, and community health workers (CHWs).

Use of the ECHO model for BHDs and SUDs: Since 2005 we have operated an ECHO program focused on training primary care teams to treat the types of behavioral health disorders (BHD) and substance use disorders (SUD) that are commonly seen in the primary care setting. This program, called the Integrated Addictions and Psychiatry program (IAP) has offered extensive training in BHDs and SUDs to a wide variety of treatment providers from across NM. For instance, between 2008-2013, 235 IAP video clinics were held, with 724 clinician participants; 7232 hours of free CME credit were awarded.

Staffing/salary support:

Clinical team staffing for 20 clinics, ranging from 4 years to 1 year of support:

| <u>Staffing</u> | <u>FTE on project</u> | <u>Salary support from grant</u> | | |
|------------------------|------------------------------|---|------|-----|
| NP/PA | .5 FTE | Year 1: | 0.5 | FTE |
| | | Year 2: | 0.35 | FTE |
| | | Year 3-4: | 0.2 | FTE |
| CHW | 1.0 FTE | Year 1-2: | 1.0 | FTE |
| | | Year 3: | 0.5 | FTE |
| | | Year 4: | 0.3 | FTE |
| Physician | 0.1 FTE | Year 1-2: | 0.1 | FTE |
| | | Year 2-4 | 0.05 | FTE |

ECHO team Staffing

| <u>Role</u> | <u>FTE</u> |
|--|-------------------|
| Program Director (Addictions specialist) | 0.5 |
| Psychiatrist | 0.5 |
| Psychiatric Nurse Practitioner | 1.0 |
| Community Health Worker | 1.0 |
| Counselor | 0.5 |
| Project Manager | 1.0 |
| IT: User Support Analyst | 1.0 |
| teleECHO clinic coordinator | 1.0 |
| Training specialist | 1.0 |

Data collection and management:

| | |
|------------------|-----|
| Database analyst | 1.0 |
|------------------|-----|

| ECHO Access proposal for expansion of Behavioral Health Services | | | | | | |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|----------------------|
| Budget Summary | Year 1 | Year2 | Year 3 | Year 4 | Year 5 | Total |
| Clinical Team Salaries | 554,976 | 565,075 | 575,362 | 681,285 | 693,686 | 3,070,384 |
| Fringe | 185,704 | 191,678 | 197,529 | 238,955 | 245,016 | 1,058,882 |
| Sub Total Salaries and Fringe | 740,680 | 756,753 | 772,891 | 920,240 | 938,702 | 4,129,266 |
| Travel | 16,720 | 36,180 | 51,530 | 62,770 | 46,050 | 213,250.00 |
| Professional Services | 450,438 | 984,900 | 1,354,913 | 1,582,613 | 1,246,025 | 5,618,887.50 |
| Training | 10,629 | 10,629 | 10,629 | 0 | 0 | 31,887.00 |
| Supplies and copies | 1,500 | 1,500 | 1,500 | 0 | 0 | 4,500 |
| Sub Total Operating | 1,219,967 | 1,789,962 | 2,191,463 | 2,565,623 | 2,230,777 | 9,997,791 |
| F&A 5.5% | 67,098 | 98,448 | 120,530 | 141,109 | 122,693 | 549,878 |
| Total | \$ 1,287,065 | \$ 1,888,410 | \$ 2,311,993 | \$ 2,706,732 | \$ 2,353,470 | \$ 10,547,669 |

