Presentation Overview

1. Overview of Project ECHO

2. Effectiveness of ECHO telementoring networks (examples)

3. ECHO Programs Supporting NM DOH Priorities around STD's

4. ECHO partnership with NMAETC

5. PrEP and Reproductive Health ECHO

6. HCV Elimination in NM

7. Legislative Request for FY2023--$4 million additional funding to support expansion of existing key programs and the development of new programs

8. Questions

The ECHO Model

A

Amplification - Use *Technology* to leverage scarce resources

B

Share **Best Practices** to reduce disparity

C

Case Based Learning to master complexity

D

Web-based **Database** to *Monitor Outcomes*

ECHO Whale

PCA Espanola

Baton Rouge

Pecos Valley MC

DOH Las Cruces

SBRT-First Choice South V...
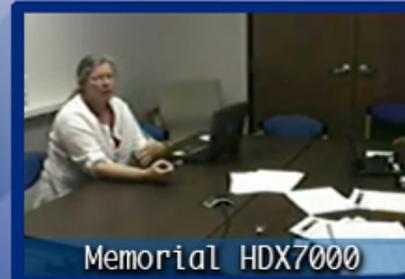
Memorial HDX7000

LAS VEGAS ECFH

Arora S., Thornton K., Murata G., et al. *N Eng J Med*. 2011;364(23):2199-207.

# Project ECHO Programs Supporting NMDOH Priorities

- **Support for NMDOH goal of eliminating HCV as a public health threat by 2030**
  - Operating weekly ECHO program to help expand capacity statewide to treat HCV patients
  - Participating as part of NMCD initiative in conjunction with NMDOH to register NMCD as a federal 240B prescription drug discount program under the NMDOH's STD Program grant from CDC.
    - This program provides significant savings in drug costs for NMCD, and will expand treatment to the estimated 2,800 inmates with HCV.
    - Project ECHO will support by increasing capacity to treat from roughly 150 inmates per year to an estimated 600 per year.

Social benefit and economic impact of expanding access to best-practice care: Hepatitis C

- Expanding access to hepatitis C screening and treatment at the earliest stages of the disease does not only decrease human suffering; it provides considerable long-term economic value and benefit to society as a whole.

- A 2016 study in the *American Journal of Managed Care* found that the value of expanded testing only is constrained by the early availability of treatment to diagnosed patients:
  - Screening all individuals in the population generates $0.68 billion in social value if diagnosed patients in stages F3-F4 of the disease are treated.
  - If all diagnosed patients in stages F0-F4 are treated, value generated jumps to $824 billion.

- While costs of expanded treatment may be higher in the short term, the long-term social value of expansion of treatment is exponential.

Linthicum MT, Gonzalez Y, Mulligan K, et al. Value of Expanding HCV Screening and Treatment Policies In the United States. *Am J Man Care* 22 (May 2016); Special Issue: HCV.

In New Mexico, limited access to specialists strains the ability of patients to get the care they need, when and where they need it

Healthy liver | Hepatitis C

DIABETES

mental disorder
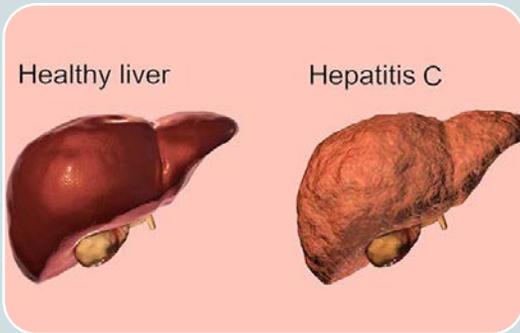
With screening and early detection, hepatitis C can be cured safely and cost effectively

According to the American Diabetes Association, diabetes costs New Mexico more than $2 billion in healthcare costs a year.

An estimated 44% of those with mental health issues in New Mexico currently receive professional care

Access to specialty care in areas such as dermatology, rheumatology and many others does not exist in rural communities

Project ECHO NM Hub Programs

- Bone Health
- Cancer Survivorship
- Chronic Pain
- Climate Change and Human Health
- Community Health
- COVID-19 Response
- Dermatology
- Endocrinology
- Education
- First Responder Resiliency
- Hepatitis C Community
- HIV and HIV Prevention
- Indian Country Programs
- IHS Community Health
- Medicaid QI and Hospitalization Avoidance (MQIHA)
- Medication Assisted Treatment
- Mental Health & Resiliency
- Miner's Wellness
- NM Community Health and Peer Support Workers
- Reproductive Health
- Perinatal Health
- Rheumatology
- Cancer and Palliative Care

Active New Mexico COVID-19 Project ECHO Programs:

Weekly

- COVID-19 Infectious Disease Office Hours – 13,172 total attendances, 6,697 NM attendances
- Critical Care for the COVID-19 Patient –2,827 attendances, 1,448 NM attendances

Biweekly

- MQIHA program for NM nursing homes (includes COVID-19 curriculum)

Monthly

- ECHO COVID-19 Global Conversations Series
- ECHO COVID-19 Global Learning Collaborative

Project ECHO COVID-19 Special Edition Programs

**Best Practices in Adoption of Telehealth**

- **COVID-19** Expert Panels
- **3** Sessions with 2412 attendees

State of NM COVID-19 Program

- Collaboration **with NM HSC, NM DOH, NMMS and NM** PCA - 1475 **attendees**

Project ECHO Learners in New Mexico

- 145,612 New Mexicans have attended an ECHO program or session since 2003

June 1, 2018-June 1, 2021: 42,589 New Mexicans have attended an ECHO program or session at the UNM Hub
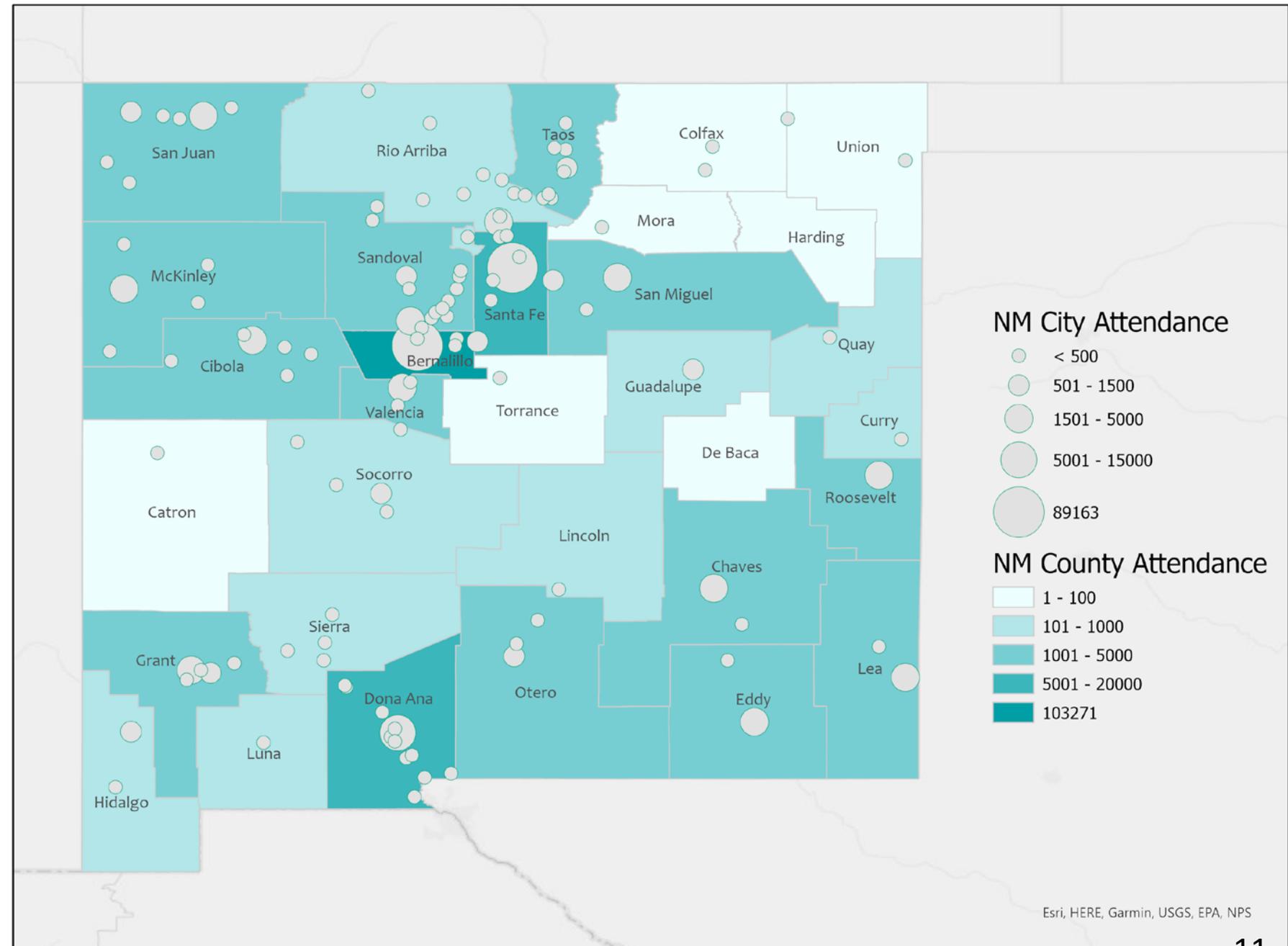
# Project ECHO Programs Supporting NMDOH Priorities around STDs

- **Support for NMDOH goal of increasing treatment and quality care for HIV across the state**
  - Partnership with the NMAETC initiative housed at the ECHO institute, includes weekly teleECHO program focused quality care for HIV patients across the state and training healthcare providers.
    - Annual state-wide conference organized by project ECHO on Treatment Updates for New Mexico providers
    - Several DOH staff participate in the weekly HIV ECHO
    - Partnership with NMAETC on several mandatory trainings provided by NMDOH.

UNM AETC

- The University of New Mexico – AIDS Education and Training Center (UNM-AETC) is one of the local partner sites of the South Central AIDS Education and Training Center (SCAETC) Program. The SCAETC Program is part of a national network of leading HIV experts that serve as the training arm of the Ryan White HIV/AIDS Program. The UNM-AETC has a focus area of New Mexico and El Paso, Texas.

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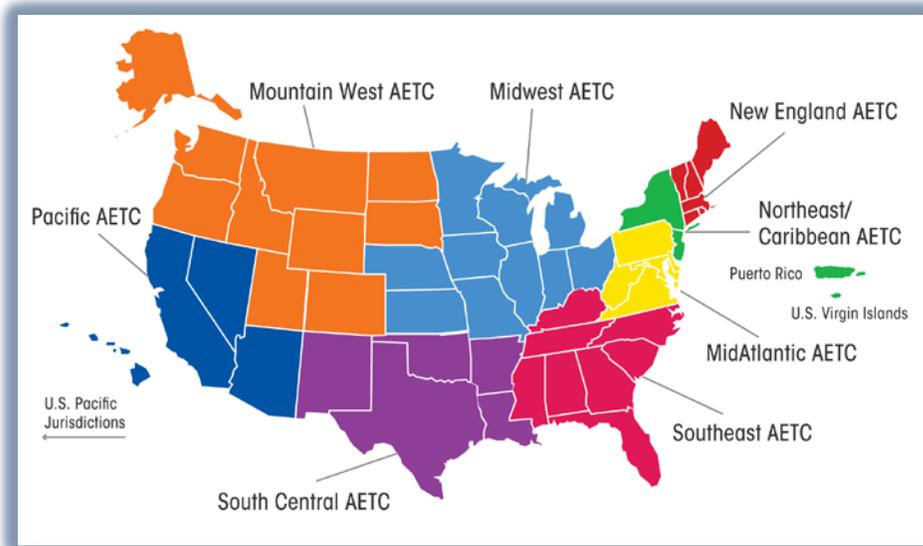

➢ **The South Central AETC primary service area includes: New Mexico, Oklahoma, Texas, Arkansas, and Louisiana.**

UNM AETC

- UNM-AETC mobilizes experts in the field to provide locally based, **tailored education**, **clinical consultation** and **technical assistance** to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV.

- **UNM-AETC Programs**
  - HIV TeleECHO
    - PrEP ECHO
    - HCV Co-Infection Topic
    - HIV Curriculum or Requested Topic
  - Indian Country HIV TeleECHO
  - TeleMedicine for HIV and PrEP
  - Grand Rounds Program
  - Outreach Workshop Program
  - Practice Transformation
  - IPE

AETC AIDS Education & Training Center Program
South Central
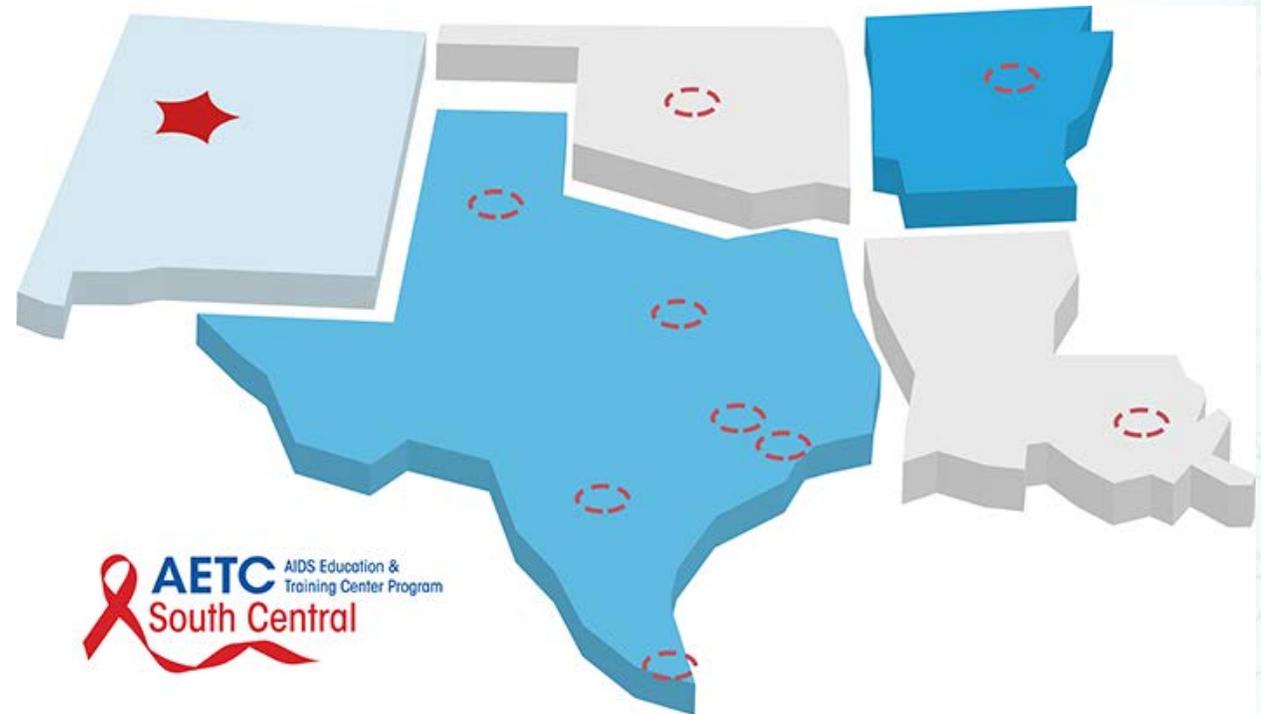
FY21 UNM-AETC STI Focus

- 7 STI (Sexually Transmitted Infection) Focused Training Programs Serving 204 ECHO Learners
  - Topics Included – STI Updates, Referral Processes, Screening and Treatment Updates, National STI Strategic Plan, Co-infection HCV as an STI

- 4 Oral Health HIV and STI Focused Training Programs Serving 283 ECHO Learners
  - Topics Included – HIV/Oral Health for Case Workers, Oral Manifestations of STIs in HIV Disease, Oral Manifestations of Syphilis

- 5 STI Focused Training Programs already included in 2022 UNM-AETC Curriculum Schedule
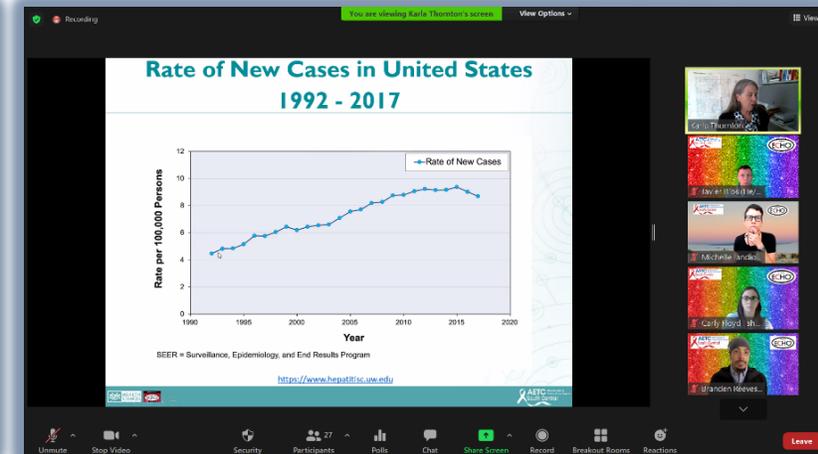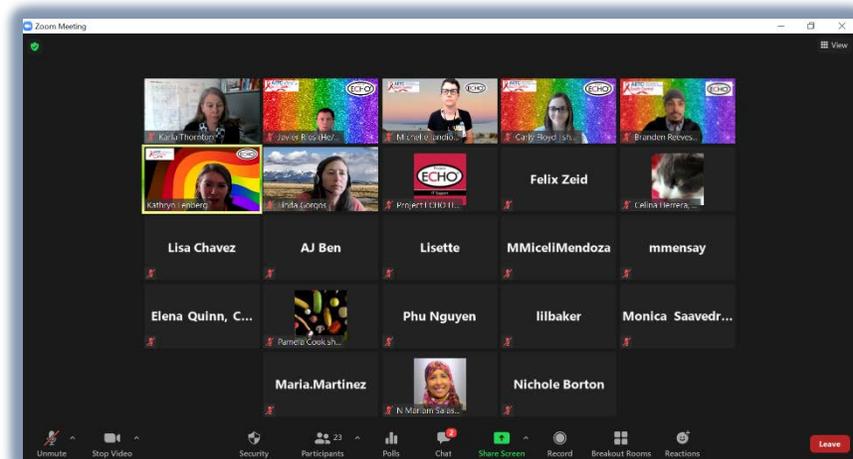
FY21 UNM-AETC Prep and STI Focus

- 11 PrEP (Pre-Exposure Prophylaxis) Training Programs Serving 516 ECHO Learners

- PrEP provides protection from HIV, not from bacterial STIs. STI screening is recommended at least every 6 months for persons who are sexually active while taking PrEP. As a result PrEP ECHO Training Programs include STI information.

- UNM-AETC Programs are attended by HIV clinical providers, nurses, case managers, pharmacists, behavioral health providers, peer educators, community health workers, and other members of the healthcare team.

- STI Training intersects with all programming as it supports the UNM-AETC Mission
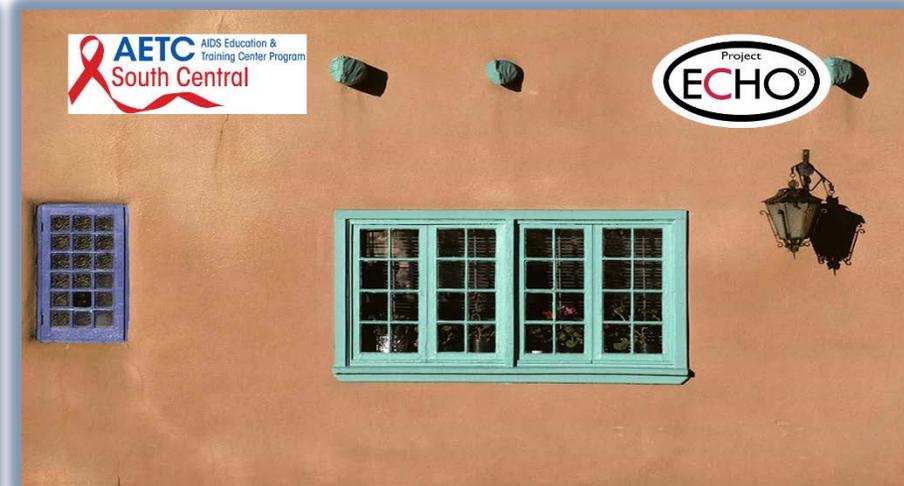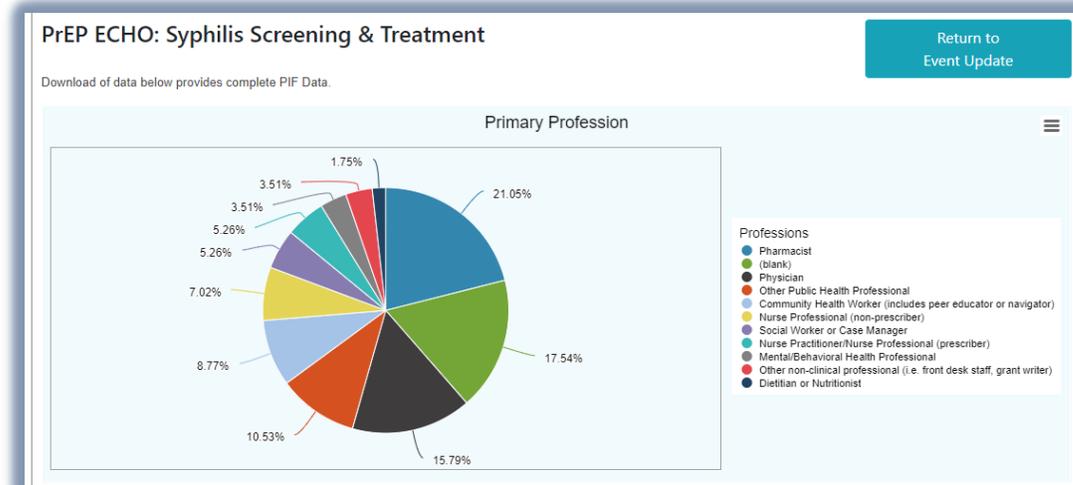
Reproductive Health ECHO Program

Reproductive Health ECHO Program

- Partnership with New Mexico Department of Health
- Education on STIs and treatment
- Aims to empower providers in NM DOH Title X clinics and other NM providers to provide evidence-based care
- Serves a resource for NM providers to present challenging patient cases
- Provide Family Planning Program protocol updates (included extensive review of updates to STI treatment guidelines and protocol specific to NM DOH
- STI related topics
  - Guidance for HPV testing and counseling on positive results
  - HPV vaccines
  - Syphilis and congenital syphilis
  - Genital herpes
  - HIV pre-exposure prophylaxis
  - Contraception for people at risk of or living with HIV

NM Prison Peer Education Project


Prisoner Health is Community Health

The New Mexico Peer Education Project

- Started in 2009 to increase HCV education in state prisons
- Over 700 peer educators have completed 40-hour training
- Full day of face to face train the trainer dedicated to STIs
- Peer educators trained over 7,000 incarcerated individuals in 40 hour workshops and 6,000 at intake

NM PEP TeleECHO Session

NM Community Peer Education Project

Collaboration between ECHO & NMCD that provides peer-led transitional support

- 5800 Inmates State Prisons

- 15,000 individuals on supervision

- 3,000 annually or 250 monthly released from prison

- Over 800 referrals for service

- Referral to healthcare or behavioral health services #3 (#1 housing/#2 employment)

- Over 100 referrals for healthcare services

- CPEP links recently released inmates from jails and prisons to medicaid services

- Partnership with Just Health Network to increase medicaid services
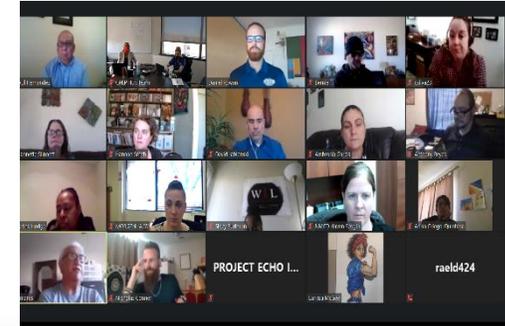
Peer education initiative for prisoners goes mainstream

Corrections project that started in jails enters community realm

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BY MATTHEW REISEN
JOURNAL STAFF WRITER

In 2009 a ground-breaking initiative quietly began peer education behind bars — pairing former prisoners with current ones — to reduce recidivism in New Mexico.

The project was so successful that in 2020, Probation and Parole requested the program be replicated for those on the outside.

Project ECHO recently partnered with the New Mexico Corrections Department to start the Community Peer Education Project, or CPEP, which is fully funded by the department.

Project ECHO has its roots in health care, using videoconferencing and technology to bring expertise from top health care professionals to medical workers in underserved communities around the world.

Much like the Peer Education Project, CPEP utilizes Project ECHO's methodology to have former probationers and parolees guiding others through the system, providing resources and giving them a shoulder to lean on.

See **PRISON** >> A3

ECHO scales access to specialized care

A pair of studies by Bairy et al. (2021) and Malathesh (2021)

Participants spent 2 weeks doing lightning rounds at a psychiatric facility followed by 10 months of virtual learning through ECHO. Participants presented 79 real patient cases and received recommendations from peers and NIMHANS specialists.

22 ECHO-trained primary care doctors provided mental health screenings and services to nearly 23,000 Bihar residents over a one-year period.

Patients receiving mental health treatment in Bihar (2017)

■ Patients treated (cumulative)   ■ Patients treated (monthly)
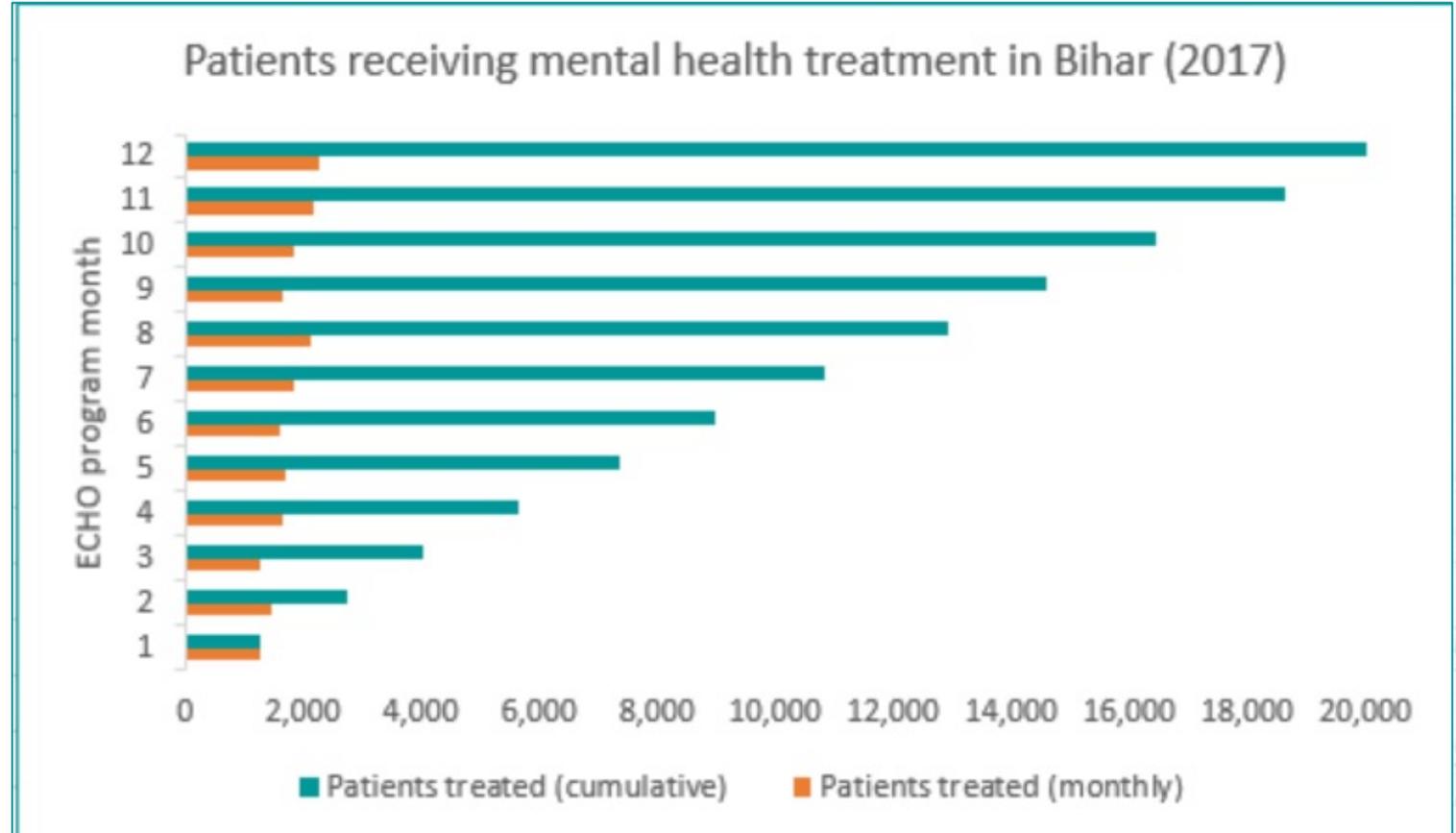
ECHO bridges the gap for rural residents who lack access to alcohol use disorder screening and addiction treatment Mahadevan, 2020

Primary care patients receiving addiction services in Bihar

ECHO participants = 20

Program Duration = 6 months

Patients screened = 2,695

% screening positive = 30.8

80
536
358
1336

- Followed up with PCP ≥ 1x
- Prescribed pharmacotherapy
- Received inpatient detox
- Referred to specialist
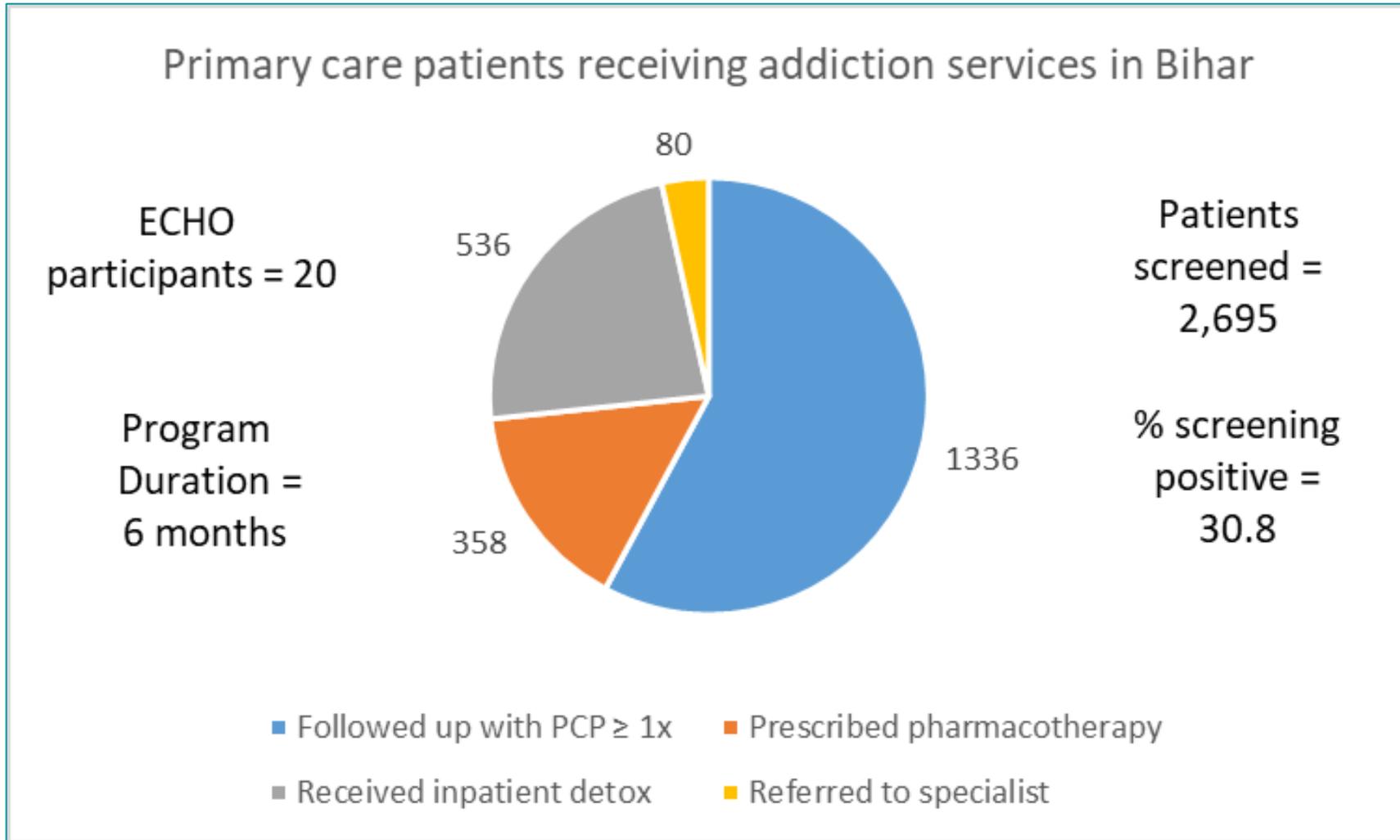
Project ECHO® - Dermatology

John Durkin, MD, FAAD

Department of Dermatology- UNMHSC

- Aims to improve access to dermatologic care by providing evidence-based approaches and training to primary care providers

- Focuses on expanding access to care, improving care for the benefit of the community, and decreasing overall healthcare costs by decreasing referrals for common conditions including but not limited to acne vulgaris, actinic keratosis, seborrheic keratosis, and hidradenitis suppurativa.

- **There are only approximately 33 board certified general dermatologists that serve a population of over two million persons Patients may experience long wait times and have to travel a great distance to see a dermatologist. Early access care improves outcomes and decreases morbidity and mortality. The program utilizes the ECHO Model to focus on the goal of decreasing wait times, travel expenses, and referrals to see a specialist by training and supporting primary care dermatology healthcare professionals.**

CensusTract Geographic Access

Per 1,000 people

Legend (top left):
- No access
- <1/4 of dermatologist needed
- 1/4 of dermatologist needed
- 1/2 of dermatologist needed
- >1/2 of dermatologist needed

Left map legend:
- < 0.005
- 0.005 - 0.007
- 0.007 - 0.01
- 0.01 - 0.012
- > 0.012
- Health Region
- H Dermatologist Accepting New Medicaid
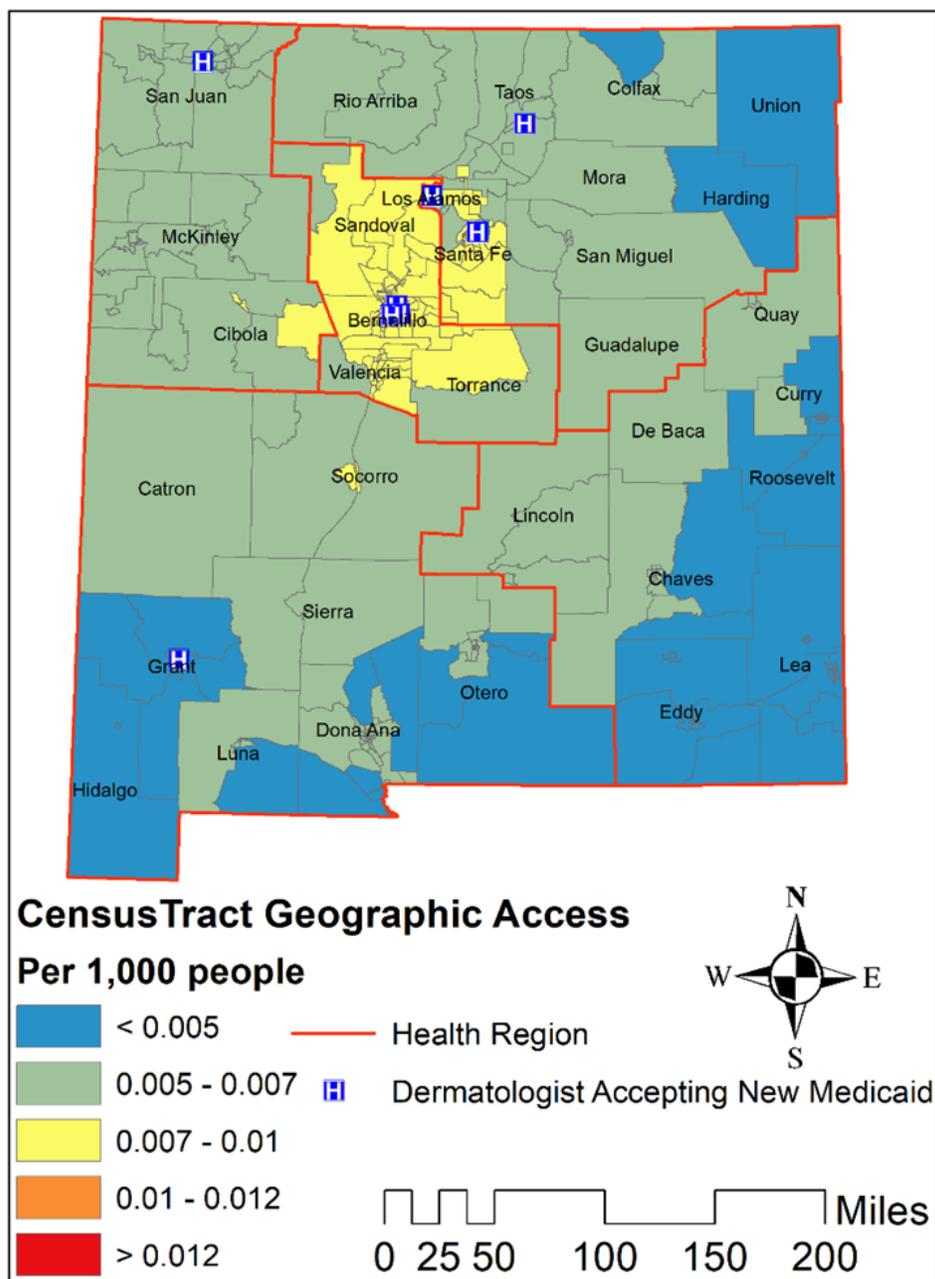
new Medicaid patients with no time constraint

Census Tract Geographic Access

Per 1,000 people

Right map legend:
- H Dermatologists Accepting New Medicaid Patients
- 0
- 0 - 0.005
- 0.005 - 0.007
- 0.007 - 0.01
- 0.01 - 0.0116
- > 0.0116
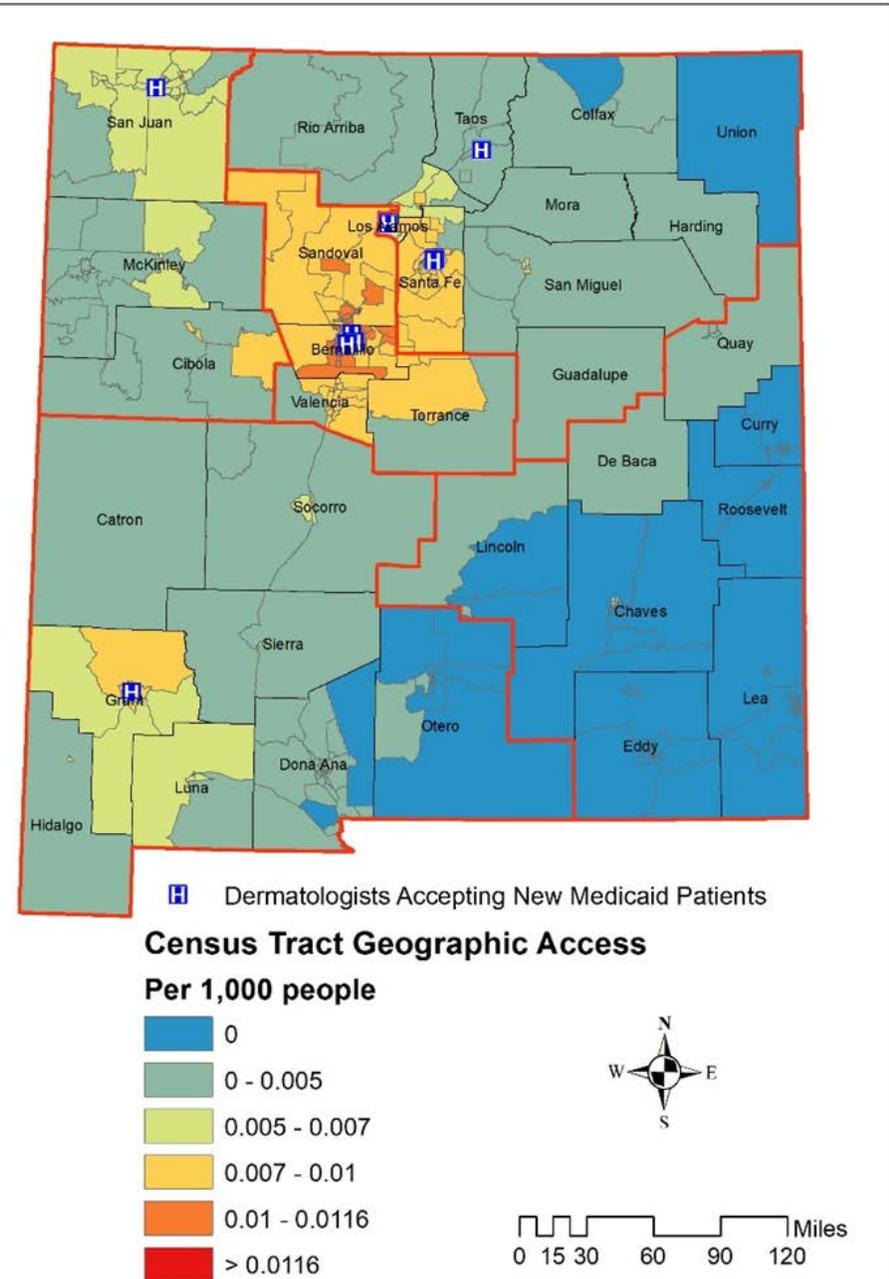
new Medicaid patients with 3-hour constraint

Substance Use Disorder Treatment

Cumulative number of buprenorphine-waivered physicians per million population in traditionally underserved zip codes in NM versus US

Currently there are 1582 Zip Codes in the US with the following characteristics:
1) Rural (less than 1,000 people per sq mile.)
2) More than 50% of people identify themselves as American Indian or Alaska Native, Asian American, Black or African American, Hispanic or Latino, or Native Hawaiian/Other Pacific Islander.
3) The average household income is less than $52,250.

10,629,084 people reside in these zip codes, with 784,455 of those living in NM. There are 479 licensed providers residing within these zip codes, 110 within New Mexico.

Buprenorphine Waivers per Capita (1,000,000)

Start of Addictions Tele-Echo Clinic

New Mexico
Other States

Date Certified

Komaromy M., Duhigg D., Metcalf A., et al. *Subst Abus*. 2016;37(1):20-4.

Diabtes ECHO Outcomes in NM

PCPs are More Confident

↑60%

PCPs reported significant increases in self-efficacy in complex DM management.[5]

PCPs are Better Equipped

↑110%

PCPs are twice as likely to adopt best practice diabetes care after Endo ECHO.

PCPs are Referring Fewer Patients Out

↓67%

PCPs reported a significantly reduced need for referring endocrine patients to a specialist.

Patient Outcomes are Improving

2019

Stay tuned!
Stop by POSTER SAT-718 to learn more…

1. *Endocr Pract* 2018;24(1):40-46.
2. Endocrine Society Annual Meeting & Expo, Chicago, March, 2018.

NM Medicaid database analysis

(Endo ECHO cohort vs propensity score matched "controls" in the community)
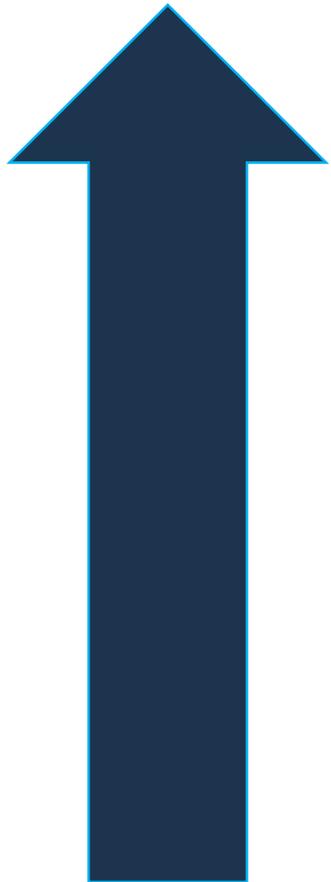
Endo ECHO cohort experienced increases in:

- Outpatient visits

- Prescription-related quality measures:
  - Metformin
  - Statins
  - ACE inhibitors
  - Antidepressants

Cost-Effectiveness

Studies have demonstrated that **ECHO programs can reduce healthcare costs** for patients, facilities and insurers, and communities

Veterans Administration ECHO
(*Hepatology*, Dec 2018)

Chronic liver disease study

Patients with access to ECHO-trained doctors in their communities **averaged 187 travel miles saved per person**

Total program miles saved - 28,597

Geriatric Mental Health ECHO
Population Health Management, Oct 2018

Geriatric Mental Health emergency room admissions study

Average number of ER admissions decreased by 20% for patients of ECHO-trained providers

Among ER-admitted patients, the **average cost per stay fell by 24%**

ECHO Care Transitions
American Journal of Medicine, Oct 2017

Skilled nursing facilities study

Patients discharged to skilled nursing facilities participating in ECHO Care Transitions had **shorter length of stay, lower 30-day hospitalization rates, and lower 30-day health care costs** compared to those in matched skilled nursing facilities delivering usual care

## UNM's HCV ECHO
Gastroenterology, Dec 2017

UNM's HCV ECHO analysis

Showed **an incremental cost-effectiveness ratio of $10,351 per quality-adjusted life year of New Mexico HCV Patients** with **ECHO-trained providers with increased ability to screen and treat HSC infections**

Cost-effectiveness:
ECHO for Opioid Use Disorder

- West Virginia has the highest rate of opioid use disorder in the country (12.9/1000 people) and a fatal overdose rate of 49.8/100,000 people, far above the national average (CDC *US Weekly Morbidity and Mortality Report* 2021). West Virginia's per capita cost of opioid use disorder and fatal overdose was most recently calculated at $7,247 (*Drug and Alcohol Dependency*, 2021).

- In 2018, West Virginia's Project ECHO Program for Medication-Assisted Treatment trained 56 providers on MAT, who provided services to 196 patients (*Journal of Substance Abuse Treatment*, 2020). Other studies have shown that a high percentage of patients (80.1%) of MAT ECHO-trained providers are retained in MAT programs for 180 days or more, drastically improving their long-term health outcomes (*Substance Abuse*, 2021).

- Using a far more conservative treatment retention rate of 70%, West Virginia's cost savings from this single ECHO program could be calculated at $994,288.

ECHO Publications by Outcome Levels

Based upon: **Moore's** Seven Level Outcomes Model

- 7. Community health
- 6. Patient health
- 5. Competence
- 4. Procedural knowledge
- 3. Declarative knowledge
- 2. Satisfaction
- 1. Participation

Peer-reviewed publications by Moore's Level (N=328)

Level	Count
Community health outcomes (L7)	5
Patient health outcomes (L6)	46
Competence (L5)	85
Procedural knowledge (L4)	98
Declarative knowledge (L3)	162
Satisfaction (L2)	174
Participation (L1)	256
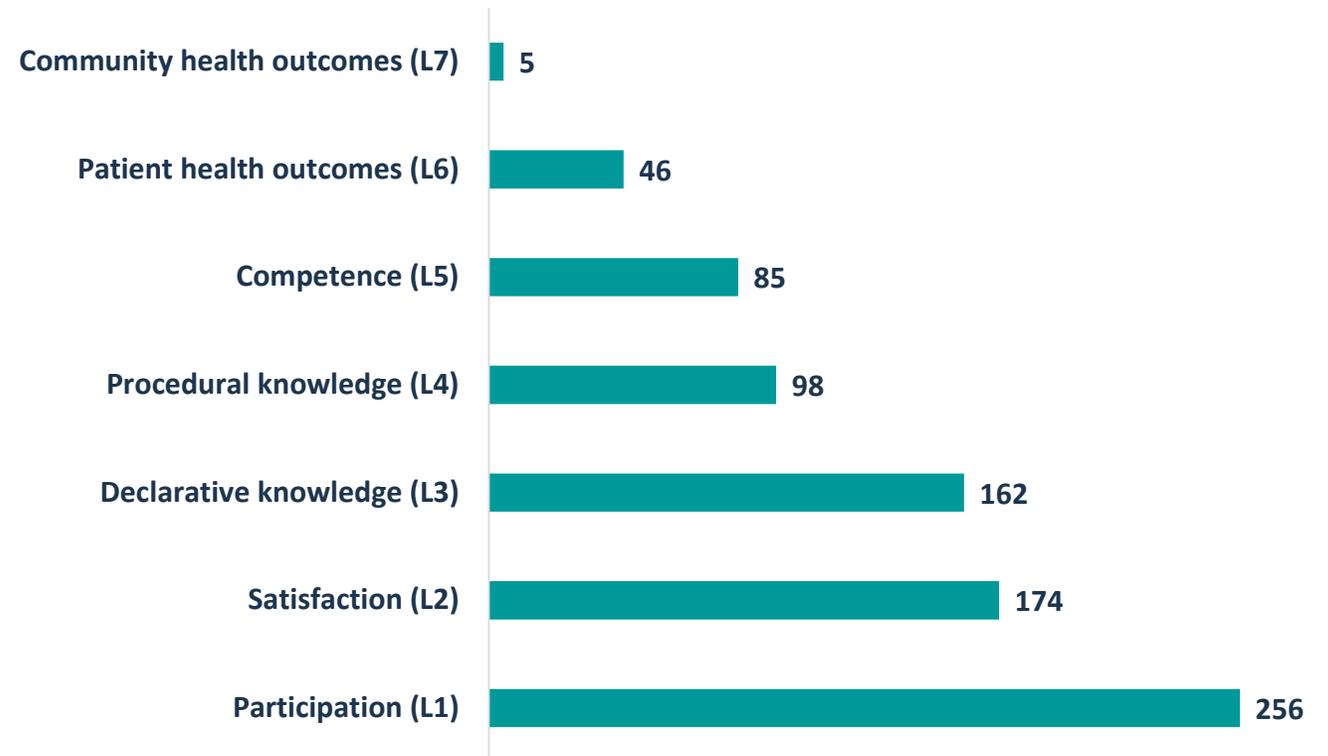
Legislative Request FY 2023

Expansion of ECHO Programming For Healthcare

Diabetes Care

Bone Health

Behavioral Health Support

Hepatitis C Treatment Support

Chronic Pain Management

Substance Use Disorder

Opioid Use Disorder

Rheumatology

Perinatal Health

Dermatology

Development of New Programming To Meet State Priority Needs

Alcoholism and Treatment

- Leading cause of death in New Mexico
- Effective treatment exists
- New program would expand access to information on early diagnosis and effective treatments and approaches for providers around the state

Palliative Care

- Outside urban settings, few patients in New Mexico have access to palliative care services
- This program would aim to train providers on approaches to palliative care to support broader access by patients throughout the state

Geriatrics Care

- New Mexico's population is aging and few have access to quality geriatric care.
- This program would support providers around the state and mentor them to be able to provide quality care to their aging patients