Project ECHO- Nevada
Extension for Community Health Outcomes

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The Mission of Project ECHO Nevada

• To improve the health and well being of Nevadans

• Increase the capacity of primary care clinicians in rural and medically underserved areas of Nevada to safely and effectively treat chronic, common, and complex diseases
Project ECHO Nevada

• **ECHO = Extension for Community Health Outcomes**

• Replication of the innovative and pioneering work of Dr. Sanjeev Arora and Project ECHO New Mexico
Project ECHO Nevada uses Existing Technology

• ECHO uses off the shelf video conferencing tools to connect the specialty team with primary care providers across the state to co-manage complex patients

• ECHO is not telemedicine, i.e.- no patient-provider interaction, thus no HIPAA or licensure issues
How Project ECHO Nevada Works

- ECHO links teams of UNSOM clinical faculty or voluntary community specialists in Reno and Las Vegas with primary-care providers in rural and frontier hospitals and clinics
How Project ECHO Nevada Works

• 3-6 patient presentations in a 60-90 minute clinic
• 20 minute didactic presentation followed by discussion
• Presentation materials and references posted on the ECHO website
• Video recordings of clinics are posted
• CE credits awarded
An example of a case presentation template

CASE PRESENTATION TEMPLATE
Diabetes/Cardiovascular Risk Reduction Clinic

Date: ________________________  Presenter Name: ________________________  Clinical Site: ________________________

Patient Name: ________________________  ECHO ID: ________________________

Age: __________  DOB: __________  Gender: [ ] Male  [ ] Female  Occupation: ________________________

Educational Level: ________________________  Current Smoker: [ ] Yes  [ ] No  Amount: ________________________

Check One: [ ] New Patient  [ ] Follow-up  Alcohol Use: [ ] Yes  [ ] No  Amount: ________________________

WHAT IS YOUR MAIN QUESTION ABOUT THIS PATIENT?
________________________________________________________

Height: __________  Weight: __________  BMI: __________  Waist Circumference: __________  BP: __________

Family History of DM? [ ] Yes  [ ] No  Family History of CVD? [ ] Yes  [ ] No

Problem List | Duration | Current Treatment/Amount/Dosage
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Glucose: __________  Chol: __________  LDL: __________  HDL: __________  Triglycerides: __________  TSH: __________
Creatinine: __________  HbA1C: __________  Urine/Micro Alb: __________  ALT: __________  Other: __________

Current medication list: [ ] ASA? [ ] Yes  [ ] No  [ ] Statin? [ ] Yes  [ ] No  [ ] ACE/ARB? [ ] Yes  [ ] No

Prevention of diabetes complications:

Date of last foot exam: ________________________  Date of last dental visit: ________________________  Date of last eye exam: ________________________

Date of last depression screening: ________________________  Date of last diabetes education: ________________________

Contact Person: Kim Barta, Nurse Coordinator, (775) 682-7145 - kim.barter@unr.edu
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Rural Specialty Care Needs Identified by Project ECHO Nevada Team

- Addictions
- Allergy treatment
- Antibiotic stewardship
- Asthma & pulmonary care
- Cardiology
- Child, adult, & family mental health & psychiatry
- Chronic pain & headache management
- Dermatology
- Diabetes & cardiovascular disease risk reduction
- Ethics
- Hepatitis C
- High risk pregnancy
- HIV/AIDS
- Infection control
- Occupational health
- Palliative care
- Pediatric obesity & nutrition
- Rheumatology
- Women’s health
Project ECHO Nevada Clinics in 2014

- Diabetes & cardiovascular disease risk reduction
- ID/Antibiotic stewardship
- Sports Medicine
- Endocrinology
- Dementia
- Rheumatology
- Mental health professional development
- Autism evaluation
Project ECHO sites

- Pahrump
- Beatty
- Hawthorne
- Yerington
- Gardnerville
- Carson City
- Incline Village
- Ely
- Caliente

- Nixon
- Lovelock
- Winnemucca
- Battle Mountain
- Crescent Valley
- Carlin
- Elko
- Owyhee
- Jackpot
Project ECHO Nevada Partners

- University of Nevada School of Medicine
- Orvis School of Nursing, University of Nevada, Reno
- Nevada Office of Rural Health
- Nevada Rural Hospital Partners
- Lou Ruvo Center for Brain Health, Cleveland Clinic, Las Vegas, NV
- Project ECHO New Mexico
- Primary care physicians and clinicians in rural and frontier hospitals and clinics in Nevada
Project ECHO- The company we keep

• Meta-ECHO- An ECHO of ECHOs
  – University of New Mexico
  – University of Washington
  – Harvard University
  – University of Chicago
  – University of Utah
  – VA Health System
  – Community Health Centers of Connecticut
ECHO as a disruptive innovation

- A **disruptive innovation** is an innovation that helps create a new market and value network, and eventually goes on to disrupt an existing market and value network (over a few years or decades), displacing an earlier technology.

- ECHO recognized as such by Robert Wood Johnson Foundation grant
ECHO- Demonopolizing Knowledge

• A successful model of medical education and health care addresses the disconnect between knowledge and practice and makes high-quality treatment available to more patients in diverse geographic.
Specialty care by Telemedicine is a zero sum game
Project ECHO- Force Multiplier

University faculty - Reno or LV
~3 professionals for 2 hrs.

Rural or community health center providers
(5-15 providers for 60-90 minutes)

Typical panel of a busy PCP
(Potential benefit to thousands of patients)

Specialist team; eg. Diabetes

Primary care provider- MD
800-500 Diabetes patients

Primary care provider- DO
800-500 Diabetes patients

Primary care provider- PA
800-500 Diabetes patients

Primary care provider- ANP
800-500 Diabetes patients

Community health workers, nutritionists...
10-50 Diabetes patients each
Project ECHO- “Resource Multiplier”

- New York spends $54 billion annually on Medicaid. “If the state decided to spend $5.4 million, or 0.1% of its...(Medicaid) budget on sustaining ECHO projects, and if Project ECHO could improve the functioning of the system by even 1%, they would get a $54 million dollar return on that investment.

— Sanjeev Arora
Project ECHO- “Resource Multiplier”

• Nevada Medicaid (2012) Outlay:
  – $1,661,287,000
  – 0.1% of this= $1,661,287

To reap a possible $16,612,870 cost savings!!
Impact and Outcomes of Project ECHO Nevada

• **Improved access** to specialty care for rural and medically underserved areas of Nevada
• Improve patient outcomes and timeliness of care for chronic and complex disease states
• Rapid dissemination of practice changing information
• Track patient outcomes and treatment provided by participating rural clinicians
Impact and Outcomes of Project ECHO Nevada

• Build the capacity of rural and frontier primary care workforce

• Reduce professional isolation and improve primary care recruitment and retention

• FREE CME and nursing CEU for rural physicians, nurses, P.A.s

• Improve reimbursement to participating rural hospitals, clinics, and providers
ECHO Costs

Hub site
- Professional time for preparation, clinics
- Administrative/IT support time
- Secure fax, eventual HIE
- Video bridge, monitors

Spoke site
- None
- Provider time to participate
Vision for the future

• Add more clinics to meet identified needs- GI disease coming in March, 2014, Co-occurring disorders clinic summer, 2014
• Technology upgrades- improve “presence”
• Expand the use of the ECHO platform to meet other statewide needs- juvenile justice/adolescent psychiatry interface
• Universal video conferencing access
Sustainability of Project ECHO Nevada

• Gifts and grants received to date
• Grants submitted
  – Rural Health Services Outreach (HRSA)
  – Health Care Innovation Challenge (CMS)
  – Telehealth Network Grant Program (HRSA)
• Medicaid matching funds
• Enhanced reimbursement to rural facilities
Project ECHO Nevada Staff

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