

Project ECHO: Expanding capacity to underserved communities

Eve Espey, MD MPH
Chair, Department of OB-GYN
University of New Mexico

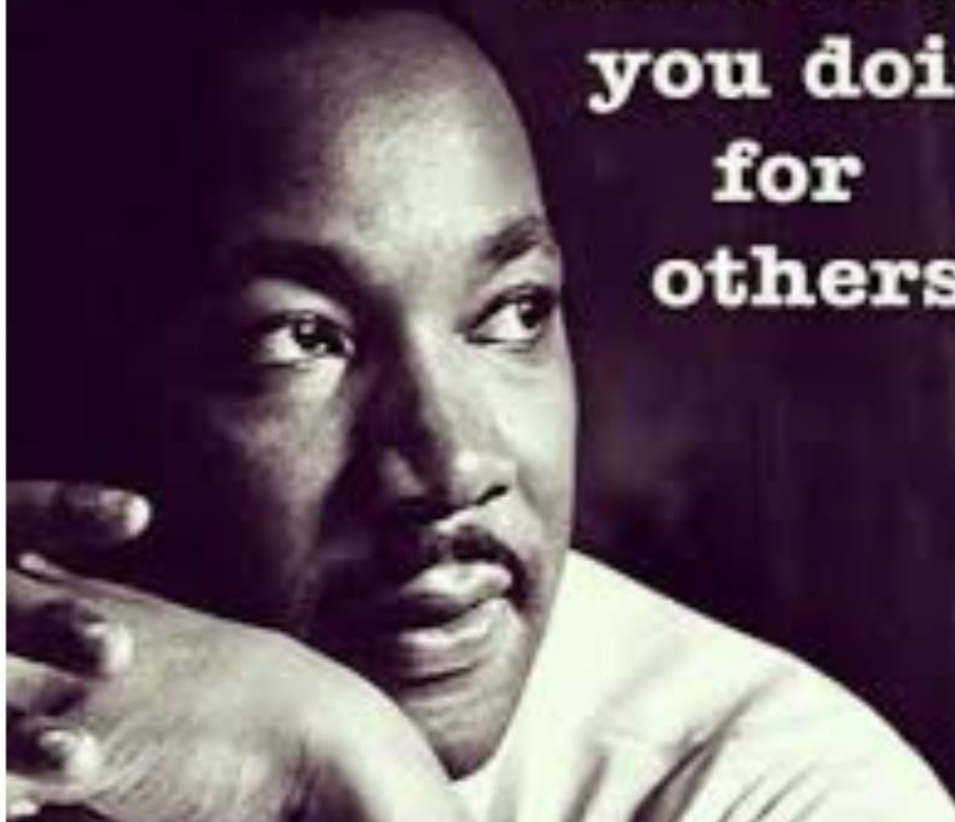


Objectives

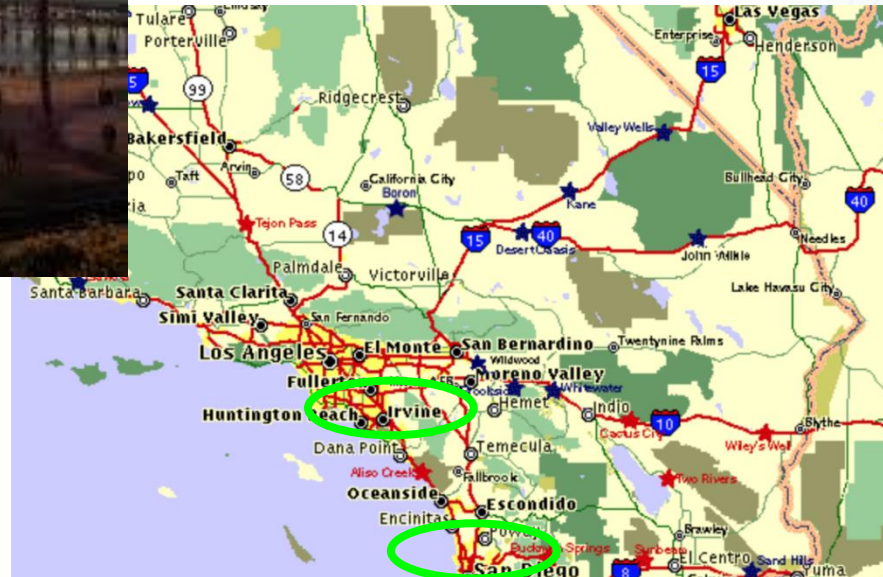
- Understand challenges of developing local expertise in rural communities
- Describe Project ECHO and its role in reducing women's health disparities
- Explain how to start an ECHO clinic/project

Life's most persistent and
urgent question is,

**what are
you doing
for
others?**



Southern California





Rural America



Rural health disparities

- 75% of America's landmass is rural
- 23% of women live there
- More
 - "Poor health status"
 - MVA related deaths
 - Smoking, obesity
 - Unintentional injury
 - Unintended pregnancy
 - Cervical cancer
 - Heavy ETOH



Health Disparities in Rural and Urban Women

BY KIM TJADEN, MD

With much discussion about the inequities between rural and urban women, it is time to address the disparities between rural and urban women. Rural women are poorer, older, and have more barriers to adequate health care than urban women. These disparities between women living



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

COMMITTEE OPINION

Number 586 • February 2014

(Reaffirmed 2016. Replaces Committee Opinion Number 429, March 2009)

Committee on Health Care for Underserved Women

This information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Health Disparities in Rural Women

ABSTRACT: Rural women experience poorer health outcomes and have less access to health care than urban women. Many rural areas have limited numbers of health care providers, especially women's health providers. Rural America is heterogeneous where problems vary depending on the region and state. Health care professionals should be aware of this issue and advocate for reducing health disparities in rural women.

Significant health disparities exist between rural and urban women. Various definitions of "rural" are used to study and report population data, and to determine

African American, Hispanic, Asian, and white women are less likely to have cervical cancer screening. African American, Hispanic, and white women are less likely

Brookings Institution MEDTalk Event

Mentoring, Telemedicine Offer Paths to Better Rural Health Care Access

December 17, 2014 12:35 pm [Michael Laff](#) Washington – One doesn't have to look too hard to find long-standing obstacles to providing rural health care: too few primary care physicians in sparsely resourced areas and limited support for specialty care referrals. And even as new technologies are enabling greater access for patients and enhanced training to improve care coordination, old education and payment standards persist.

Speaking during a Dec. 8 [Brookings Institution panel discussion](#) (www.brookings.edu) that focused on ways to improve rural health care access, two advocates for technology in medicine recently called for changes that would reward physicians and health centers that adopt a coordinated care approach.

Long-distance Mentoring

In 2003 in New Mexico, gastroenterologist Sanjeev Arora, M.D., was treating patients with hepatitis C virus infection -- many of whom faced an eight-month waiting period to see him. Moreover, some had to drive as much as 250 miles each way for their





Moving Knowledge Instead of People

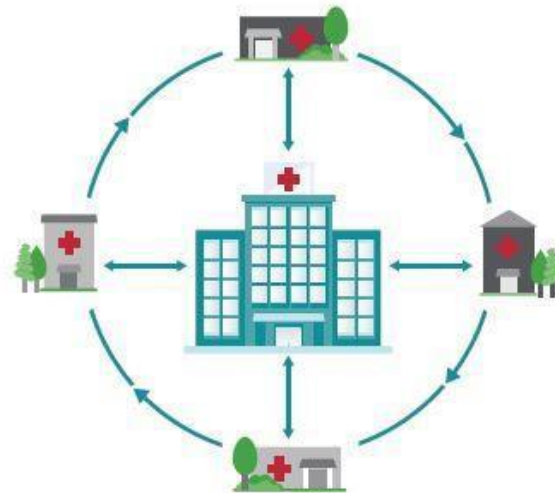
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Introduction to Project ECHO

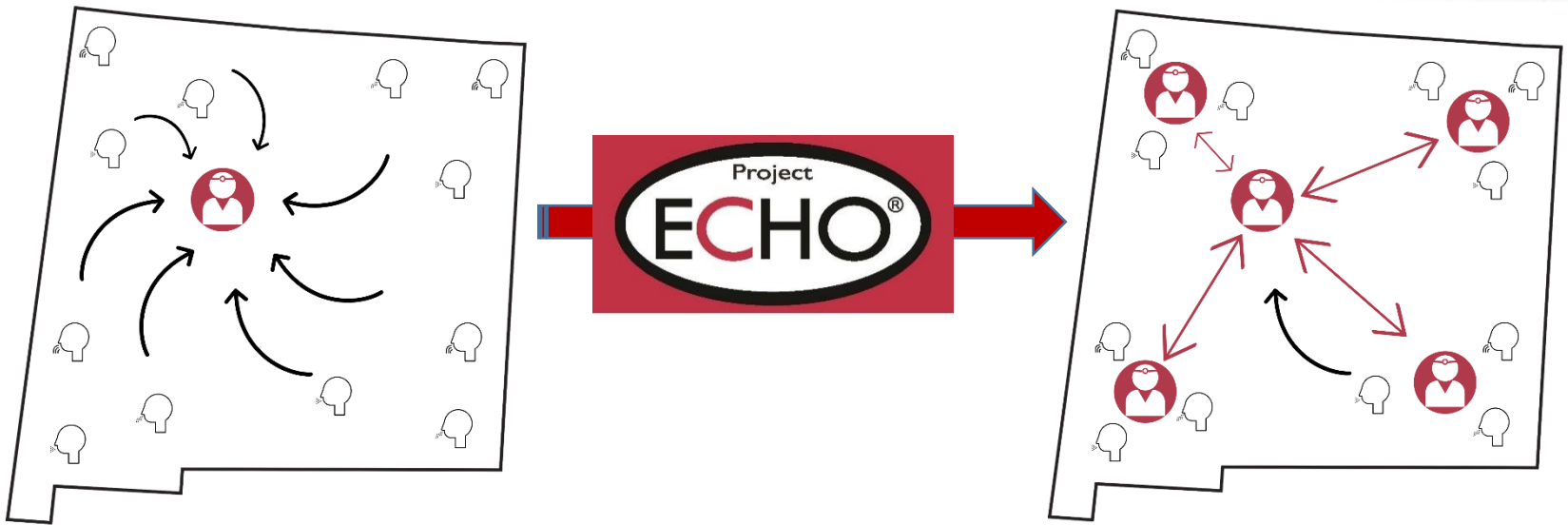
- **MISSION:**
Project ECHO® (Extension for Community Healthcare Outcomes) - **demonopolizes** knowledge and **amplifies capacity** to provide best practice care

Moving Knowledge, Not Patients

Through telementoring,
ECHO creates access to
high-quality specialty care
in local communities.



Move Knowledge not People





All Teach,
All Learn



ECHO began with HCV in New Mexico

- HCV in New Mexico
 - > 28,000 with HCV in 2004
 - < 5% treated
 - 40% incarcerated with HCV, none treated
 - Often 8 month wait to be seen
 - Often drive over 200 miles to UNM
 - Often Hispanic and Native American patients
- What model could work to reduce disparities, improve care?

HCV Treatment 2004

Good news...

- Curable in 70% of cases

Bad news...

- Severe side effects:
 - anemia (100%)
 - neutropenia >35%
 - depression >25%
 - No primary care physicians treating HCV

Rural New Mexico

- 121,356 square miles
- 2.08 million people
- 47% Hispanic
- 10.2% Native American
- 19% poverty rate vs. 14% nationally
- 21% lack health insurance vs. 16% nationally
- 32/33 NM counties are Medically Underserved Areas (MUAs)
- 14 counties Health Professional Shortage Areas (HPSA's)

(Statistics from 2013)

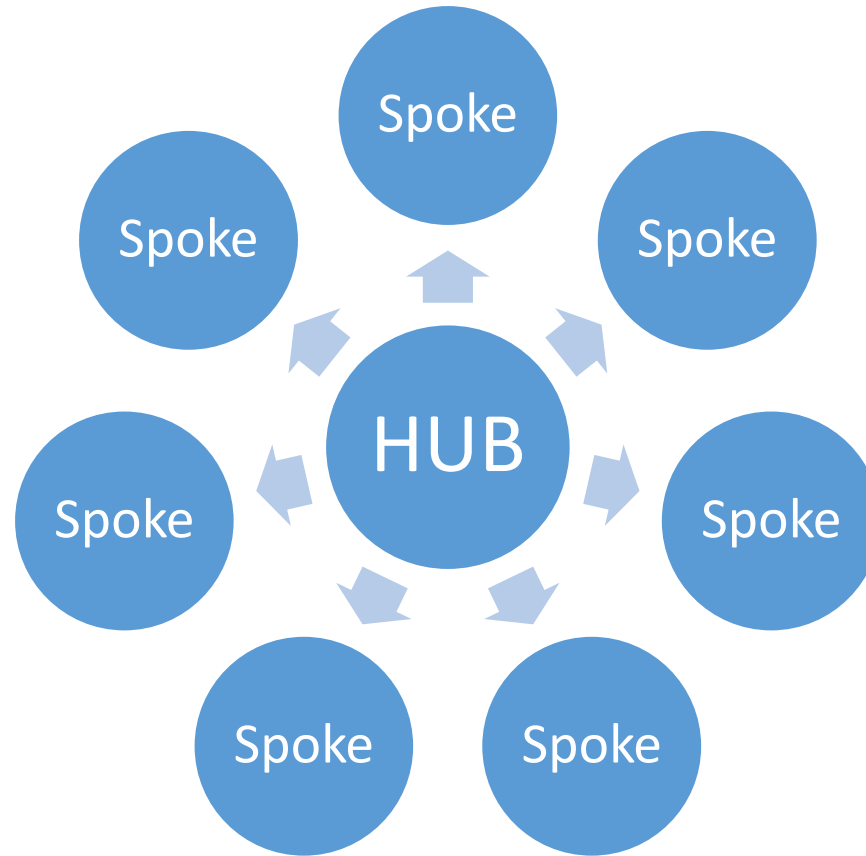
Goals of Project ECHO

- Develop capacity to safely and effectively treat HCV in New Mexico and to **monitor outcomes**.
- Develop a model to treat complex diseases in rural locations and developing countries.

Partners

- University of New Mexico SOM, Dept Medicine, Telemedicine and CME
- NM Department of Corrections
- NM Department of Health
- Indian Health Service
- FQHCs and Community Clinics
- Primary Care Association

Hub and spoke model



HUB



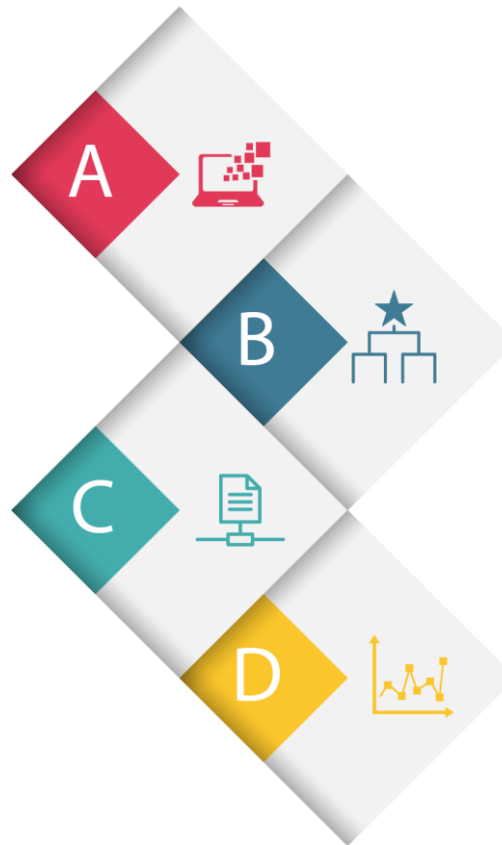
SPOKE



Arora S, Kalishman S, Thornton K, Dion D et al: Hepatology. 2010 Sept;52(3):1124-

ECHO Model: 4 Principles

Amplification – Use **T**echnology to leverage scarce resources



Share **B**est Practices to reduce disparity

Case Based Learning to master complexity

Web-based **D**atabase to **M**onitor **O**utcomes

Copyright © ECHO Institute

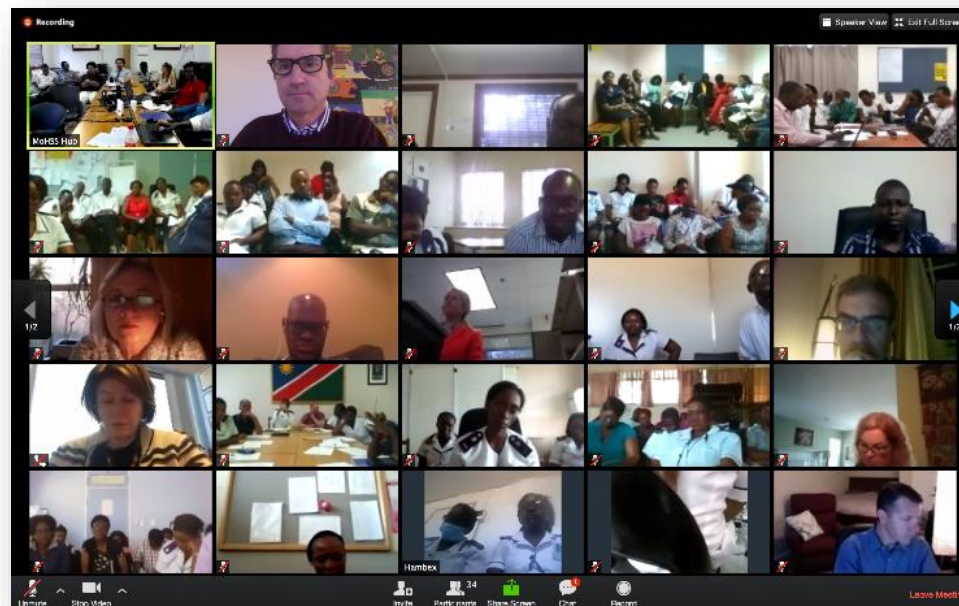
Amplification through technology

- ECHO program sessions involve videoconferencing to bring in distance learners



Best-practices sharing and Case-based learning

- ECHO Program sessions include:
 - Brief didactic
 - Case presentations
 - Discussion with community of learners



Steps

- Train physicians, APPs, nurses, pharmacists, educators in HCV
- Train to use web-based software — **ECHO Health[®]**
- Conduct teleECHO™ clinics — **“Knowledge Networks”**
- Initiate case-based guided practice — **“Learning Loops”**
- Collect data and monitor outcomes centrally
- Assess cost and effectiveness of programs

Principal Endpoint

Sustained Viral Response (SVR):
no detectable virus 6 months
after completion of treatment

Treatment Outcomes

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

*SVR=sustained viral response

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

Conclusions

- Rural primary care clinicians deliver Hepatitis C care under the aegis of Project ECHO that is as safe and effective as that given in a University clinic.
- Project ECHO improves access to hepatitis C care for New Mexico minorities.

Benefits to Rural Clinicians

- No cost CMEs/Nursing CEUs
- Professional interaction with colleagues
 - Less isolation/improved recruitment and retention
- Mix of work and learning
- Access to specialty consultation with GI, hepatology, psychiatry, infectious diseases, addiction specialist, pharmacist, patient educator

Database: Monitor outcomes

Hepatitis C

THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D., Paulina Deming, Pharm.D., Summers Kalishman, Ph.D., Denise Dion, Ph.D., Brooke Parish, M.D., Thomas Burke, B.S., Wesley Pak, M.B.A., Jeffrey Dunkelberg, M.D., Martin Kistin, M.D., John Brown, M.A., Steven Jenkusky, M.D., Miriam Komaromy, M.D., and Clifford Qualls, Ph.D.

ABSTRACT

BACKGROUND

The Extension for Community Healthcare Outcomes (ECHO) model was developed to improve access to care for underserved populations with complex health problems such as hepatitis C virus (HCV) infection. With the use of video-conferencing technology, the ECHO program trains primary care providers to treat complex diseases.

METHODS

We conducted a prospective cohort study comparing treatment for HCV infection at the University of New Mexico (UNM) HCV clinic with treatment by primary care clinicians at 21 ECHO sites in rural areas and prisons in New Mexico. A total of 407 patients with chronic HCV infection who had received no previous treatment for the infection were enrolled. The primary end point was a sustained virologic response.

RESULTS

A total of 57.5% of the patients treated at the UNM HCV clinic (84 of 146 patients) and 58.2% of those treated at ECHO sites (152 of 261 patients) had a sustained viral response (difference in rates between sites, 0.7 percentage points; 95% confidence interval, -9.2 to 10.7, $P=0.89$). Among patients with HCV genotype 1 infection, the rate of sustained viral response was 45.8% (38 of 83 patients) at the UNM HCV clinic and 49.7% (75 of 147 patients) at ECHO sites ($P=0.57$). Serious adverse events occurred in 15.7% of the patients at the UNM HCV clinic and in 6.9% of the patients at ECHO sites.

CONCLUSIONS

The results of this study show that the ECHO model is an effective way to treat HCV infection in underserved communities. Implementation of this model would allow other states and nations to treat a greater number of patients infected with HCV than they are currently able to treat. (Funded by the Agency for Healthcare Research and Quality and others.)

From the Department of Internal Medicine (S.A., K.T., G.M., P.D., S.K., D.D., B.P., T.B., W.P., M. Kistin, J.B., M. Komaromy) and the Clinical and Translational Science Center (C.Q.), University of New Mexico; and Presbyterian Healthcare Services, Adult and Geriatric Behavioral Health Clinic (S.J.) — both in Albuquerque, and the Department of Internal Medicine, University of Iowa, Iowa City (J.D.). Address reprint requests to Dr. Arora at Project ECHO, 1 University of New Mexico, MSC07-4245, Albuquerque, NM 87131, or at sarora@salud.unm.edu.

This article (10.1056/NEJMoa1009370) was published on June 1, 2011, at NEJM.org.

N Engl J Med 2011;364:2199-207.
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N ENGL J MED 364(23) NEJM.ORG JUNE 9, 2011

2199

The New England Journal of Medicine
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ECHO is not telemedicine

ECHO vs. Telemedicine

TeleECHO™ Clinic



Expert hub team

ECHO supports
community based
primary care teams



Learners at spoke site

Patients reached with specialty
knowledge and expertise



Traditional
Telemedicine



Specialist manages patient remotely



ECHO is not telemedicine

Telemedicine

- Direct service delivery
- Billable
- One-to-one
- Unidirectional information flow
- One-and-done
- Single expert

ECHO

- Education and capacity building
- Not billable
- One-to-many (hub and spokes)
- Multidirectional knowledge flow
- Ongoing
- Multidisciplinary expert team

The ECHO Model – Best Practices

ECHO Programs can rapidly disseminate best practices across distance



40%

of people with some chronic conditions who don't receive recommended care

less than
1 in 5

public health articles focused on translating research into practice

Translating Scientific Discoveries Into Public Health Action: How Can Schools Of Public Health Move Us Forward? Ross C Brownson, PhD, Matthew W Kreuter, PhD, MPH, Barbara A Arrington, PhD, and William R True, PhD, MPH Public Health Rep. 2006 121(1): 97–103. doi: 10.1177/003335490612100118PMCID: PMC1497798

Range of topics



Cervical Cancer in Rio Grande Valley, Texas

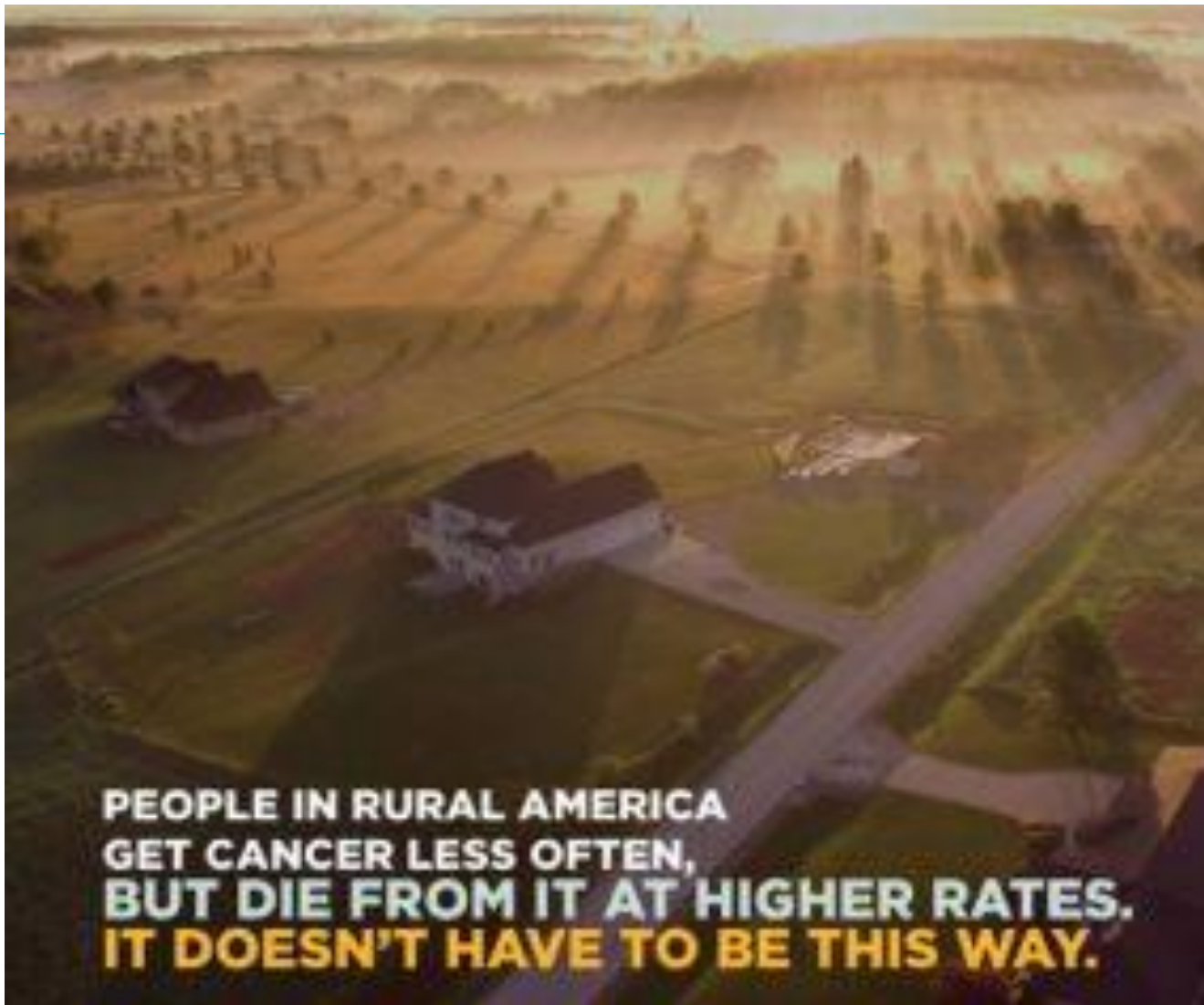


Ogburn joins UTRGV School of Medicine as founding chair of ObGyn department



public hospital
power
ers
access limited
ring in <10%
ible women

Cervical cancer 30% higher than non-border counties



Invasive Cancer Incidence, 2004–2013, and Deaths, 2006–2015, in Nonmetropolitan and Metropolitan Counties — United States
Surveillance Summaries / July 7, 2017 / 66(14);1–13

ECHO can address health inequities

The Problem



Cancer disparities are increasing. African American women in the U.S. die of breast cancer at a rate 40% higher than non-Hispanic white women, a disparity that did not exist 3 decades ago.



The Solution



Bringing specialty expertise to the community. ECHO demonopolizes specialized knowledge and increases capacity in rural clinicians who have been shown to provide as good if not better care to patients receiving chemo-like treatment regimens.



Rural Americans are more likely to die of cancer than their urban counterparts. Only 3% of medical oncologists practice in rural areas, forcing these patients to travel great distances for care.



Participating in ECHO increases provider self-efficacy and satisfaction. It also increases retention and recruitment of providers in rural communities, thereby improving community self-sufficiency.

Sources: Gynecologic Oncology 2014, J Community Health 2011, Cancer Epidemiol Biomarkers Prev. 2009, MMWR Surveill Summ. 2017, Health Affairs 2011 and NEJM 2011.

Cervical cancer prevention program

Goal: Improve cervical cancer screening and prevention in low-resource areas of Texas

- Multi-system partnerships to increase cervical cancer prevention
 - **Patient navigation:** Identify non-screened women
 - **Patient education:** Cervical cancer screening and HPV vaccine
 - **Provider education: ECHO**
 - In person hands-on training for colposcopy, biopsy and LEEP, mentoring of local providers, and telementoring

THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center

Making Cancer History®

ECHO in cervical cancer prevention

- APCs and MDs discuss clinical guidelines and best practices for cervical cancer prevention
- Reach: 110 providers - 2,000+ hours education and case-based telementoring
 - Sessions held every two weeks for an hour
 - Average number of attendees per session: 23

THE UNIVERSITY OF TEXAS
MDAnderson
~~Cancer~~ Center

Making Cancer History®

ECHO cervical cancer prevention: Outcomes

Program Metrics

- 16,132 women screened
 - 1,991 indicated colpo
 - 384 LEEP
 - 107 diagnosed CIN2/3
 - 6 diagnosed/treated early stage cervical cancer
 - 10,703 educated in screening and HPV vaccination

ECHO Metrics

- Provider satisfaction
- Provider self-efficacy
- Provider knowledge

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer Center~~

Making Cancer History®

ECHO in Action: Equipping More Doctors to Reduce Cervical Cancer Deaths

Hispanic women living along the US-Mexico border in Texas have some of the highest rates of cervical cancer incidence and mortality in the country, according to the U.S. National Institutes of Health. This is no surprise to Dr. Rose Gowen. Week after week, Dr. Gowen saw women at Su Clinica in Brownsville, TX, with abnormal pap smears. Unfortunately, she didn't have the tools nor resources to provide care for those women in need of follow-up support. Dr. Gowen made referrals to a specialist located an hour away, but many lacked transportation or the financial means to travel.

“Instead of waiting weeks or months, these women are getting follow up procedures right here, in their own community. This is about saving lives.”

With the help of the MD Anderson Cervical Cancer Prevention ECHO, Dr. Gowen found a solution. After hands-on training in Loop Electrosurgical Excision Procedure, Dr. Gowen and her primary care colleagues joined in weekly teleECHO™ sessions that enable them to provide a broader array of treatments. “We’ve seen an increase in preventative pap smears and a reduction in referrals for cone biopsy. Instead of waiting weeks or months, these women are getting follow up procedures right here, in their own community,” said Dr. Gowen. “This is about saving lives.”



Dr. Rose Gowen





for cancer

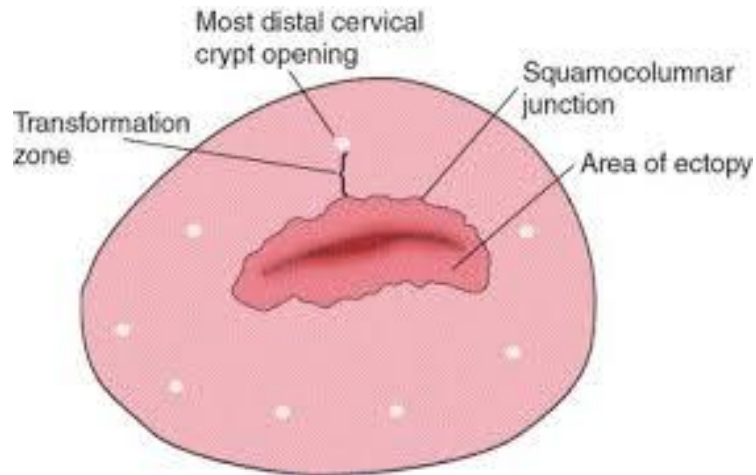
Revolutionizing Cancer Care Delivery

Too often, the most vulnerable cancer patients are unable to get care. And far too often their cancers are diagnosed later, at less treatable stages.

Moving knowledge, not patients

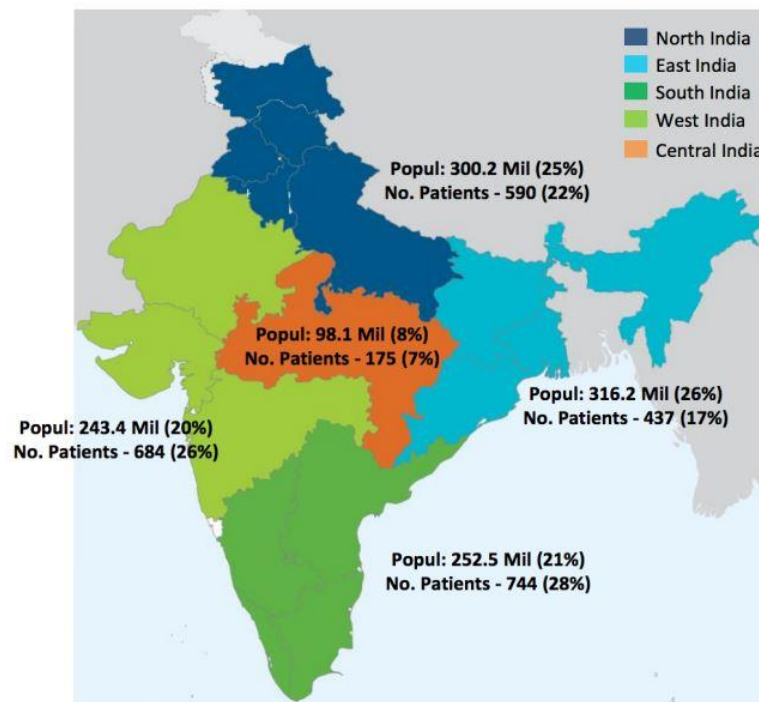


Cervical cancer prevention in India



- One oncologist per 1,600 cancer patients in India
- Cancer mortality rates 4-6 times higher than in US
- 12% of cancers detected at an early stage
- 8 cities in India have 40-60% of specialist cancer facilities

No. of cancer patients by Region



Source : CIPHER Healthcare Patient Analysis - August 2015

© CIPHER Healthcare 2015

Cancer screening ECHO clinic

- 5 days intensive hands-on training
- Weekly teleECHO sessions
 - Real-life case studies
 - Feedback from experts
 - Resource sharing
 - Expert presentations





ECHO India



Roopa Hariprasad



Spoke at Gumballi



doc gumballi



Rajeshwari



Apoorva Karan Raj, ECHO India



Karuna_Trust



TeleECHO Video Conferencing Application

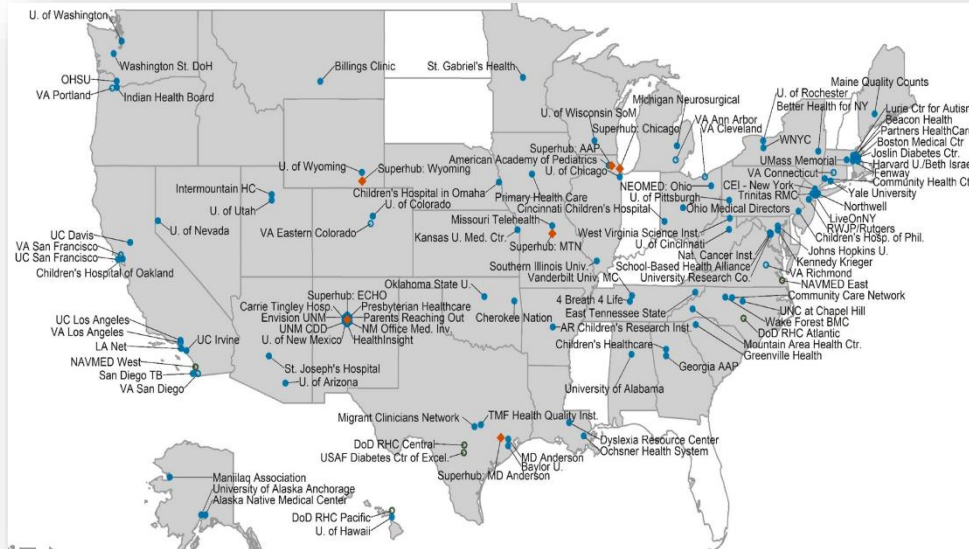


- ECHO transitioned to cloud-based, Zoom solution
 - Designed to connect mobile, desktop and room systems
 - Optimized for connecting to low bandwidth, rural areas
 - Sized for 200 person meeting capacity
 - Encrypted (128 bit) for HIPAA-compliant connections
 - Configured w/ breakout rooms, whiteboards

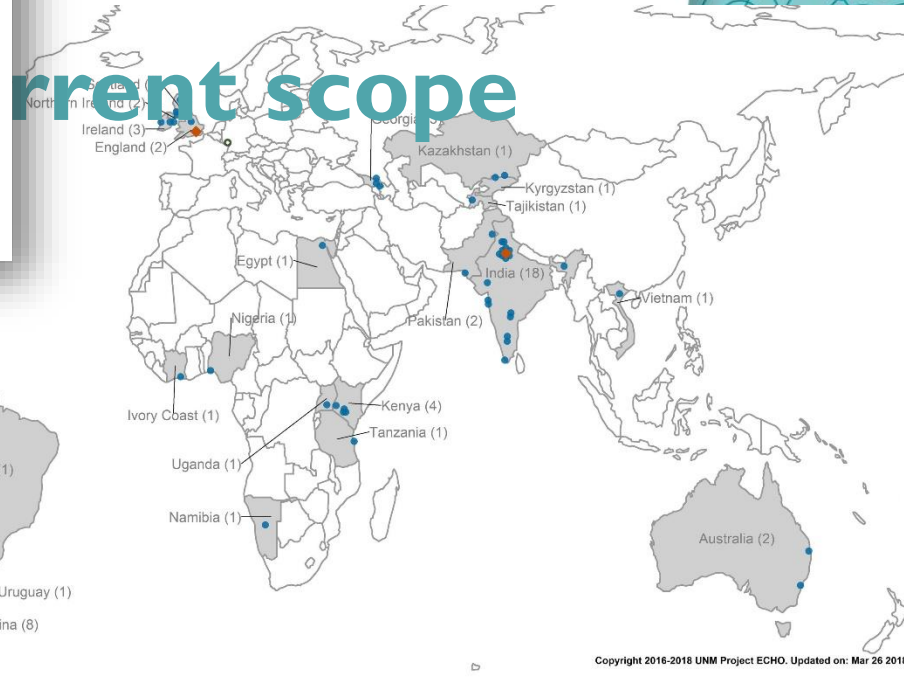
Cancer screening ECHO clinic

• Topics

- Epidemiology, risks & symptoms
- Screening tests modalities
- Screening guidelines
- Evaluation of screen positives
- Treatment modalities
- Staging & treatment of invasive ca
- HPV vaccination



Current scope



**189 Hubs
in 28 countries and
growing rapidly**

Domestic: Cervical cancer prevention ECHO in Texas

THE UNIVERSITY OF TEXAS

MD Anderson
~~Cancer~~ Center

Making Cancer History®



Reproductive health ECHO in New Mexico



SCHOOL OF
MEDICINE

DEPARTMENT OF
OBSTETRICS & GYNECOLOGY



Successful replication

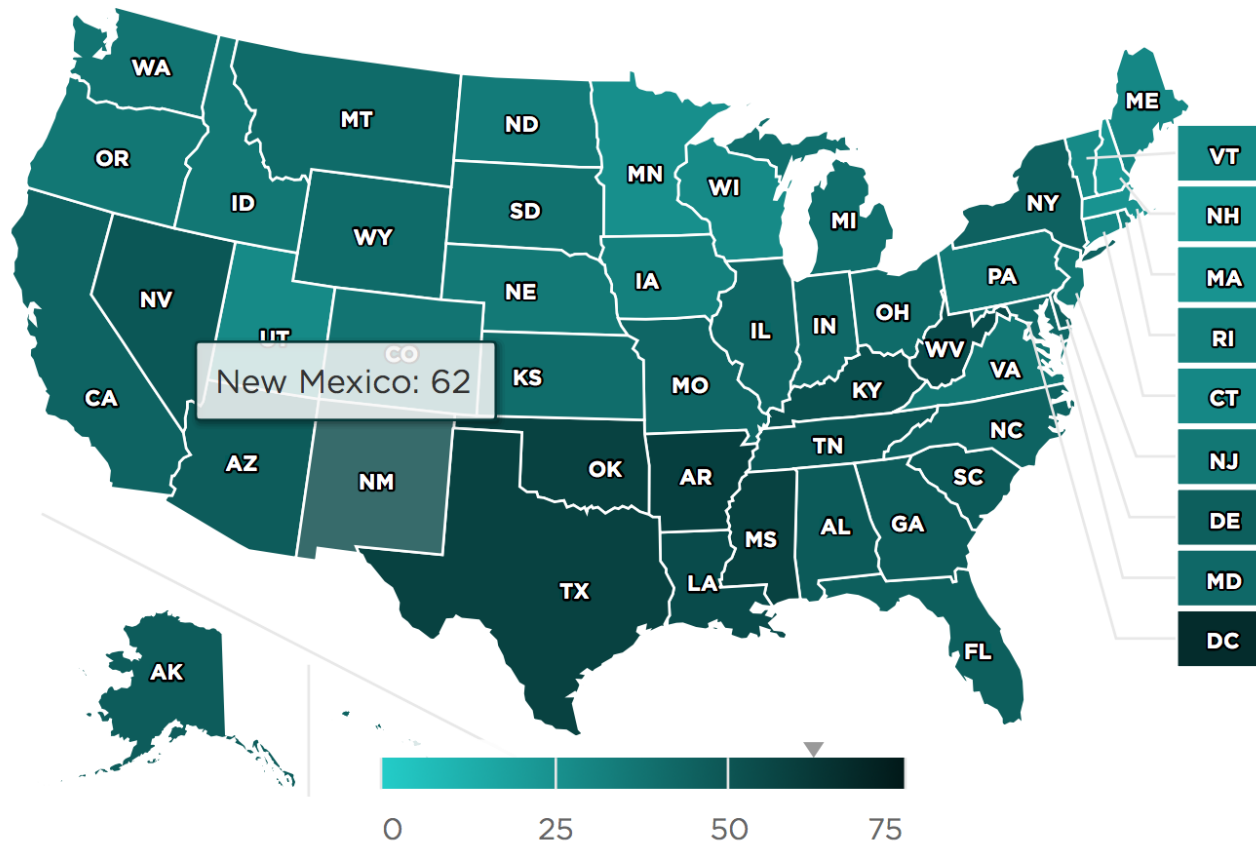
- Recruiting spokes!
 - It's an hour out of the spokes' day...
- Relationships are crucial
- Careful planning for desired outcomes
- Paying for it: government revenue sources, grant funding?
- Evaluation plan



Unintended pregnancy in New Mexico

Teen pregnancies

Pregnancy rate (the number of pregnancies per 1,000 women aged 15-19), by state of residence: 2013



Reproductive health ECHO Program

- Disseminate best practices for evidence- based reproductive healthcare
- Increase provider knowledge and self-efficacy through case based education and mentorship
- Reduce health disparities with improved access to reproductive healthcare for underserved women



SCHOOL OF
MEDICINE

DEPARTMENT OF
OBSTETRICS & GYNECOLOGY

Learn more about Reproductive Health Care for your Patients

Using technology, best practice protocols, and case based learning, ECHO helps clinicians in low resource and rural settings provide reproductive health services that are as safe and effective as those provided at the University of New Mexico's hospital and clinics.

The Reproductive Health Clinic will:

- Provide collaborative feedback and recommendations for cases presented.
- Present evidence-based reproductive health education through didactic presentations and case-based learning.
- Provide access to additional clinical provider support.

Do you have questions or want to join this ECHO clinic?

Contact:

reproductivehealthecho@salud.unm.edu

99%

of sexually active American women 15-44 have used a contraceptive method other than natural family planning



Use of Intrauterine devices (IUDs) and implants in the United States has increased from **2% to 12%** in the last decade

In 2014, there were **240,190** New Mexican women in need of contraceptive services

Who is invited?

We invite all health care providers who work with reproductive health including nurse practitioners, physician assistants, nurse midwives, physicians, other independently licensed providers, and clinic support staff.

Curriculum Topics:

Each week a reproductive health or family planning topic will be presented and a case example will be introduced by an ECHO participant.

- Intrauterine Devices
- Subdermal Implants
- Hormonal Contraception Methods
- Contraception for Adolescents
- Other Contraceptive Methods including Permanent Contraception and Barrier Methods

No cost CMEs and CEUs (pharmacy, social worker, counselor) will be offered!



New Mexico has one of the highest unintended pregnancy rates in the country, but our state is working hard to combat this issue and address the wide range of reproductive needs within our communities.

Join Reproductive Health ECHO Clinic as we continue to strive for quality reproductive healthcare for everyone!



Reproductive Health TeleECHO™ Clinic



Division of Family Planning Faculty,
University of New Mexico

What is Project ECHO?

Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education and care management that empowers clinicians everywhere to provide better care to more people, right where they live.

The ECHO model™ does not actually “provide” care to patients. Instead, it dramatically increases access to specialty treatment in rural and under-served areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions



Join us every Monday
from 12-1pm MDT from
January 23 - June 26, 2017



New Mexico Department of Health



Statistics Resource:
Guttmacher Institute
<https://www.guttmacher.org>



Announcements



PROJECT ECHO® Reproductive Health Virtual Grand Rounds Teleconference

Monday, December 12, 2016
12:00 -1:00 pm (MST)

Presentation Title:
How to be Reasonably Certain that a Woman is Not Pregnant?

[Agenda](#)
[Didactic Slides](#)
[Reproductive Health Curriculum](#)

TARGET AUDIENCE:

Physicians, Nurse Practitioners, Registered Nurses, Physicians Assistants, and other Independently Licensed Personnel

PRESENTER:

Rameet Singh, MD, MPH

OBJECTIVES:

Participants will be able to:

- Know what questions to ask your patient to determine she is not pregnant.
- Know how to use your patient's recent medical history to determine she is not pregnant.
- Know when a pregnancy test is indicated.

[Click Here for Post-Grand Rounds Evaluation and Instant CME](#)

Instant CME is provided for attending virtual grand rounds, at no cost to participants

To connect to Virtual Grand Rounds via Zoom:

<https://echo.zoom.us/j/319463914>

Passcode: 874826

Zoom is a free web-based app that works on PC, Mac, iOS and Android.

It must be downloaded for first time users.

[Click here for Zoom Instructions](#)

Alternate connection methods can be found below.

Contact reproductivehealthecho@salud.unm.edu with any questions



The University of New Mexico School of Medicine, Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Office of Continuing Medical Education designates this live activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- reproductivehealthecho@salud.unm.edu
- Important links:
 - Zoom Connection information
 - Didactic presentation slides
 - TeleECHO Clinic Agenda
 - Instant CME Link

Connecting to Clinic:

Zoom via PC, Mac, iOS, or Android:

[Reproductive Health Zoom](#)

TeleECHO Clinic ID: 257 901 9696

TeleECHO Clinic Passcode: 907854

Video Conferencing System:

Dial: 162.255.37.11 (US East) or 162.255.36.11 (US West)

Meeting ID: 257 901 9696

Password: 016057

Phone:

+1 408 638 0968 or +1 646 558 8656 (US Toll)

Participant ID: Shown after joining the meeting

Meeting ID: 257 901 9696

Press *6 to mute your line when not speaking

*If you need assistance connecting to clinic,
please call (505) 750-4897 and our IT team will assist you.*

Reproductive health curriculum

Clinic Date	Clinic Didactic		
	Intrauterine Devices		
1/23/2017	Introduction to Intrauterine Devices - types, candidates and timing of insertion		
1/30/2017	IUDs and cervical and vaginal infections		Adolescents and Contraception
2/6/2017	Malpositioned IUDs - what should you do?	5/8/2017	cancelled for ACOG
2/13/2017	IUDs - their bleeding profiles and what you can do.	5/15/2017	Adolescents and Contraception
2/20/2017	IUDs and pain of insertion - what you can off your patient		Other Contraception Methods including Permanent Contraception and Barrier Methods
2/27/2017	IUD - Missing strings and difficult removals	5/22/2017	Emergency Contraception - everything you need to know about EC
3/6/2017	Pregnant with an IUD in place	5/29/2017	Holiday - No meeting
	Subdermal Implants	6/5/2017	Female Permanent Contraception
3/13/2017	Introduction to the implant - candidates for insertion and timing	6/12/2017	Male Contraception - what we know and what the future holds.
3/20/2017	Implant - bleeding profiles and management	6/19/2017	Contraception and Coercion
3/27/2017	Implant - bone health, weight gain and other side effects	6/26/2017	Barrier Methods, fertility awareness based methods and the rest
4/3/2017	Malpositioned Implants - evaluation and management		
	Hormonal Contraceptive Methods		
4/10/2017	Oral Contraceptive Pills - how to pick a pill, initiation and counseling		
4/17/2017	Combined Hormonal Methods - Indications and contraindications		
4/24/2017	Managing side effects of Pills/Patch/Ring		
5/1/2017	DMPA as a Contraception		

Important Flagged Save Search Close Search
Unread Categories Advanced

|Reproductive Health|Monday, May 14th 2018,12:00-1:00 PM MT



Project ECHO The University of New Mexico <reproductivehealthecho=salud.unm.edu@m...>

on behalf of

Project ECHO The University of New Mexico <reproductivehealthecho@salud.unm.edu>

Eve Espey

Monday, April 30, 2018 at 5:59 AM

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HEALTH SCIENCES
CENTER



Reproductive Health TeleECHO Clinic

2nd and 4th Mondays of the month from 12:00pm-1:00pm MST

**Medical Directors Rameet Singh, MD, MPH and Brenda Pereda,
MD, MS**

Monday, May 14th, 2018

12:00 pm - 1:00 pm MT

Presenter(s): Lisa Hofler, MD

Topic: IUD's- Missing Strings and Difficult Removals

What to expect during clinic

- TeleECHO clinics contain 2 parts
 - Didactic Presentation
 - 10-15 minute presentation by expert/specialist
 - Case Presentations
 - Participants present real cases to the network and receive
 - advice from expert faculty

All-teach, all-learn

- Community providers learn from specialists, from each other
- Specialists learn from community providers

ECHO Etiquette

- All participants introduce themselves
- Communicate clearly
- Direct your attention to the camera
- Use the chat function
- OK to eat or drink during clinic
- Show kindness to fellow participants
- Questions are encouraged
- **Please no Protected Health Information**

ECHO “hub” technology

Essential ECHO “Hub” Technology Elements

- Microphone System



- Speaker System



- Webcam



- Two High Def Displays



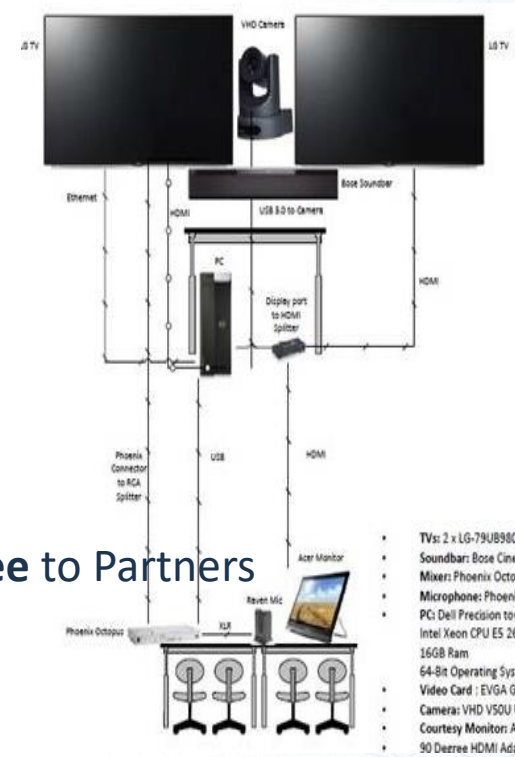
- Computer



- Zoom



- Network Connection

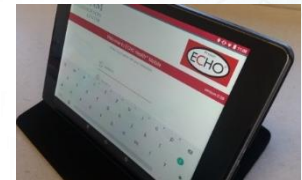


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ECHO “Spoke” Technology and Costs

- “ECHO-on-the-Cheap” Spoke = \$0

- Mobile Devices (Laptop, Smart Phone or Tablet)



- Zoom  zoom

- Network Connection



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ECHO®





DMPA: Bruised and battered but still needed

Reproductive Health TeleECHO Clinic

Presentation by Eve
May 1,



Implants: broken and still needed

Reproductive Health

Presentation by
Mar



Hormonal contraceptives and lactation

Reproductive Health TeleECHO Clinic

Eve Espey, MD MPH

Case Presentations



Reproductive Health TeleECHO Clinic Case Presentation Form

Date: _____ Presenter: _____ ECHO ID: _____

New F/U Molina Insurance? Yes No

MAIN QUESTION:

HISTORY of PRESENT ILLNESS: (Gravidity, Parity, [Reproductive Life Plan](#), bleeding or pain history etc)

CONTRACEPTIVE USE:

Type	Duration Use	Reason discontinued
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

MENSTRUAL/HORMONAL:

Menstrual cycle pattern (check all that apply):

- Regular periods Irregular periods Spotting before periods
 No periods Heavy periods Light periods
 Bleeding between periods

First day of last two menstrual periods ____/____/____ and ____/____/____

How many days from start of one period to start of the next period? _____

How many days of bleeding do you have?days

Pelvic pain/cramps:

- None during period before period
 after period at mid cycle during intercourse
 with bowel movements with urination cause you to miss work
 cause you to miss usual activities

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Pelvic pain/cramps are:

- mild moderate severe worsening
 improving no change in midline on right side
 on left side

PAST MEDICAL HISTORY:

MEDICATIONS:

VITAL SIGNS AND FOCUSED EXAM:

CME Credits

- No cost CME credits
- Click “*Instant CME/Evaluation*” link after clinic
- Fill out short evaluation to receive CME
- Evaluation available for 24 hours
- Print out **Instant** CME certificate after clinic

Recruiting participants

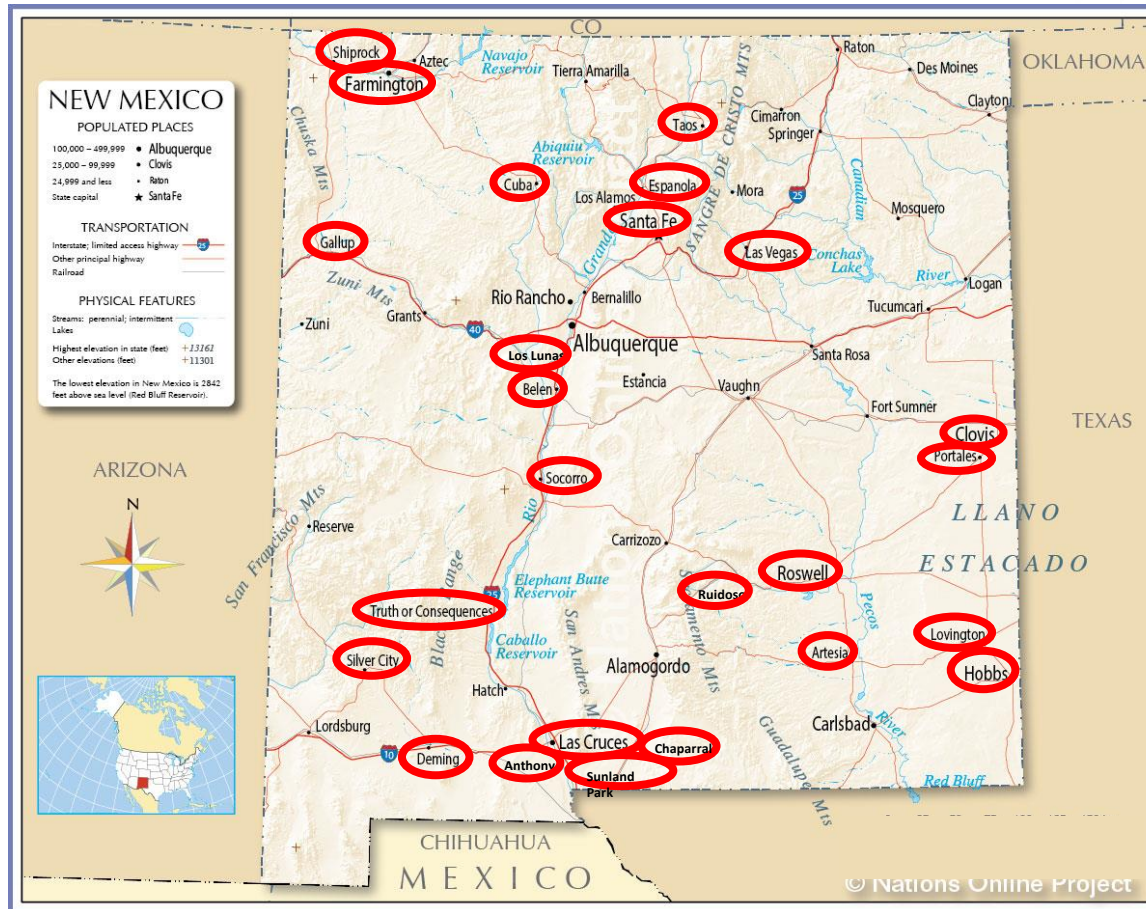
Facilitators

- Free CME
- Part of a learning community
- Certificate?

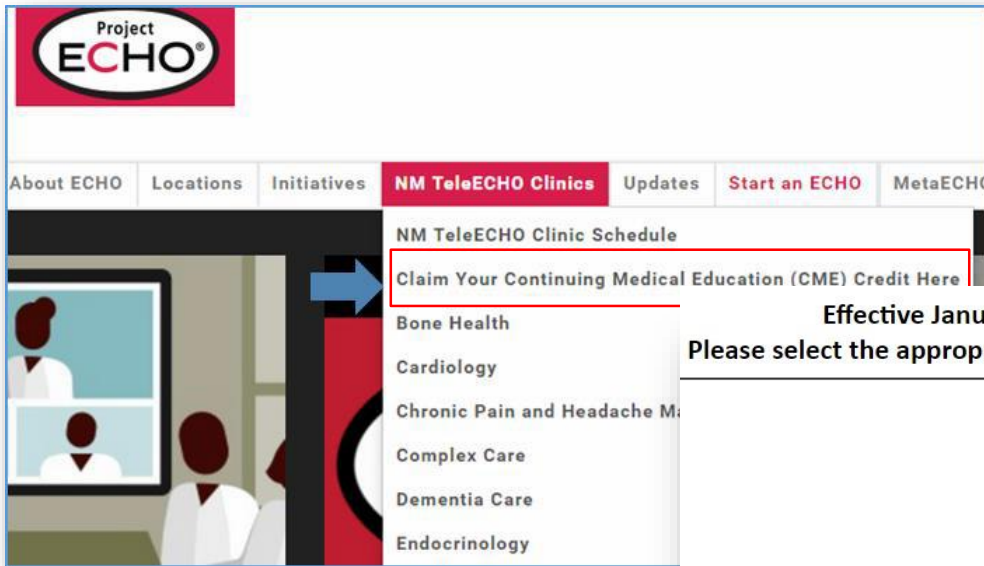
Barriers

- Multiple competing demands
- Charting....
- Lunch hour?

Reproductive Health ECHO



CME Credits



**Effective January 3, 2017, user profiles are no longer required.
Please select the appropriate clinic below to claim your continuing education credits.**

Which clinic did you attend today?

- AASTEC Partners in Good Health and Wellness
- Bone Health
- Cardiology
- CDC Good Health and Wellness in Indian Country
- CHW Endocrinology Tuesday
- ECHO Pain/Opioid Management (Chronic Pain)
- Endocrinology
- Epilepsy Across the Lifespan
- HCV Corrections
- HCV
- HIV
- IHI Clinical Flow ECHO
- IHS HCV
- IHS HIV
- IHS Rheumatology
- Integrated Addictions and Psychiatry
- Miners' Wellness
- Navajo Nation TB Clinic
- Primary Care
- Reproductive Health

Reset

Submit

UNIVERSITY OF NEW MEXICO
Project ECHO® TeleECHO® Clinic Evaluation Form






Clinic Title: Reproductive Health – The non-fundal IUD: What should I do?

Date: 04/23/18

Facilitator: Eve Espey, MD, MPH

Objectives: Understand why more non-fundal IUDs; Review management options for women found to have a non-fundal IUD; Discuss the process of shared decision-making

Your Credentials:

Physician	PA	NP	CNM	Other: _____
				

Please rate this TeleECHO® clinic on the statements listed below:

	Poor	Fair	Good	Very Good	Excellent
1. How well were the stated objectives met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How well did the clinic deliver balanced and objective, evidence-based content?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Opportunities to ask questions were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The pace of the clinic was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The organization of the presenter's presentation was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The presenter's ability to clearly communicate was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The relevance of the presentation to this clinic's objective was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No			
8. Did you feel that this clinic conveyed any commercial bias?	<input type="checkbox"/>	<input type="checkbox"/>			

9. Changes that I am going to make in my practice: _____

10. If no changes, what are the barriers? _____

11. What did you like best about this TeleECHO® clinic? _____

12. What did you like least about this TeleECHO® clinic? _____

13. Please list topics of future interest and additional comments regarding this clinic: _____

Need to plan from the start

- Evaluation needs to be considered and planned from the start
- A **logic model** can be a helpful tool to plan your project and plan your evaluation



Can measure / report at any of these levels
Plan evaluation to assess desired outcomes

Publications & Data Analyses

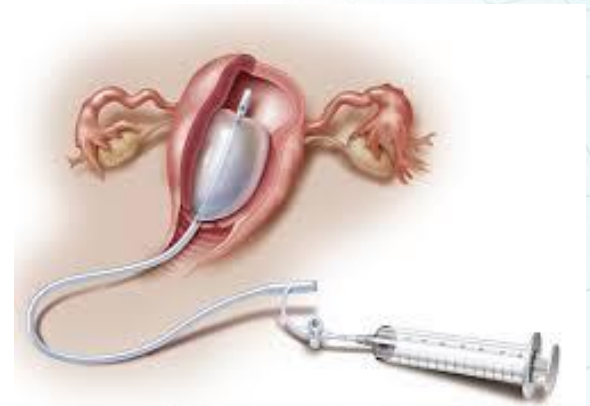
- 100+ publications and growing
 - Across many topics and partners
 - Majority evaluate levels from participation through self-efficacy
 - **Four include patient health outcomes**
 - UNM: NEJM study on HCV (2011)
 - Beth Israel Deaconess Medical Center: two JAMDA studies on geriatric mental health (2014, 2016)
 - VHA: Journal of Telemedicine and Telecare study on endocrinology (2015)
- Cost effectiveness analyses

ECHO Visioning Workshop

- 1. What topic would you like to tackle with ECHO?**
- 2. Imagine a “dream team” of multidisciplinary experts if money was no obstacle. This is your ECHO hub.**
- 3. Who are the community participants or learners/”spokes” for this envisioned ECHO?**
- 4. What do you hope your community participants will be able to DO – or DO BETTER – after one year of participating in your ECHO on a regular basis?**
- 5. How will you assess impact?**
- 6. What challenges do you anticipate?**

Utah OB Hemorrhage Collaborative

- OB hemorrhage bundle rollout to Utah hospitals
 - Two in-person trainings
 - Twice monthly ECHO sessions x 6 months
 - Survey of 38 bundle elements pre and post project
 - Results
 - 15 (34%) participated in the bundle rollout
 - More progress towards implementation post-ECHO
 - 100% said ECHO helpful, 93% “very satisfied”



Email: NMPC.mail@gmail.com



Fifth Annual Meeting

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[INITIATIVES](#)

[FAQS](#)

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TOGETHER HELPING FAMILIES GET A GOOD START

[About Us](#)

[Current Initiatives](#)

ECHO success tip: Pick the right topic

- Community needs
- Expertise at hub
- Fits interests of spoke champions
- Some diseases/topics more traction
- Not too broad, not too narrow



ECHO Success tip: Pick the right facilitators



Rameet Singh, MD MPH



Brenda Pereda, MD MS



Lisa Hofler, MD MPH MBA



Alex Sible, PharmD

Challenges

- **Funding!**
- Initial up front investment of time
- Determining the length of your ECHO program
 - (i.e., sustaining interest? Natural end point?)
- Broadening or narrowing topic areas



How do I do it??

- **Learn More About Project ECHO**
 - Join a 90 minute ECHO introduction videoconference
 - Attend on-site ECHO introduction
 - Free 1-day on site training at ECHO Institute in ABQ, NM
 - Attend ECHO Immersion
 - Free 3-day on-site training



Project ECHO

ECHO goal is to
improve
the lives of
1 billion people by
2025.

Supported by New Mexico Department of Health, Agency for Healthcare Research and Quality, New Mexico Legislature, the Robert Wood Johnson Foundation, the GE Foundation, Helmsley Charitable Trust, Merck Foundation, BMS foundation, NM Medicaid