

Telehealth in Community Health Centers: The Weitzman Institute at CHC, Inc.



Mandy Lamb, MA
March 2019

Disclosure

- We have no financial or commercial conflicts of interest to report regarding this educational presentation

Community Health Center, Inc.

CHC Profile

- ⦿ Founding year: 1972
- ⦿ Primary care hubs: 15; 204 practice locations
- ⦿ Annual budget: \$100m
- ⦿ Staff: 1,000
- ⦿ Patients/year: 140,000 (est. 2017)

CHC Locations in Connecticut



THREE FOUNDATIONAL PILLARS

1 Clinical Excellence	2 Research and Development	3 Training the Next Generation
---------------------------------	--------------------------------------	--



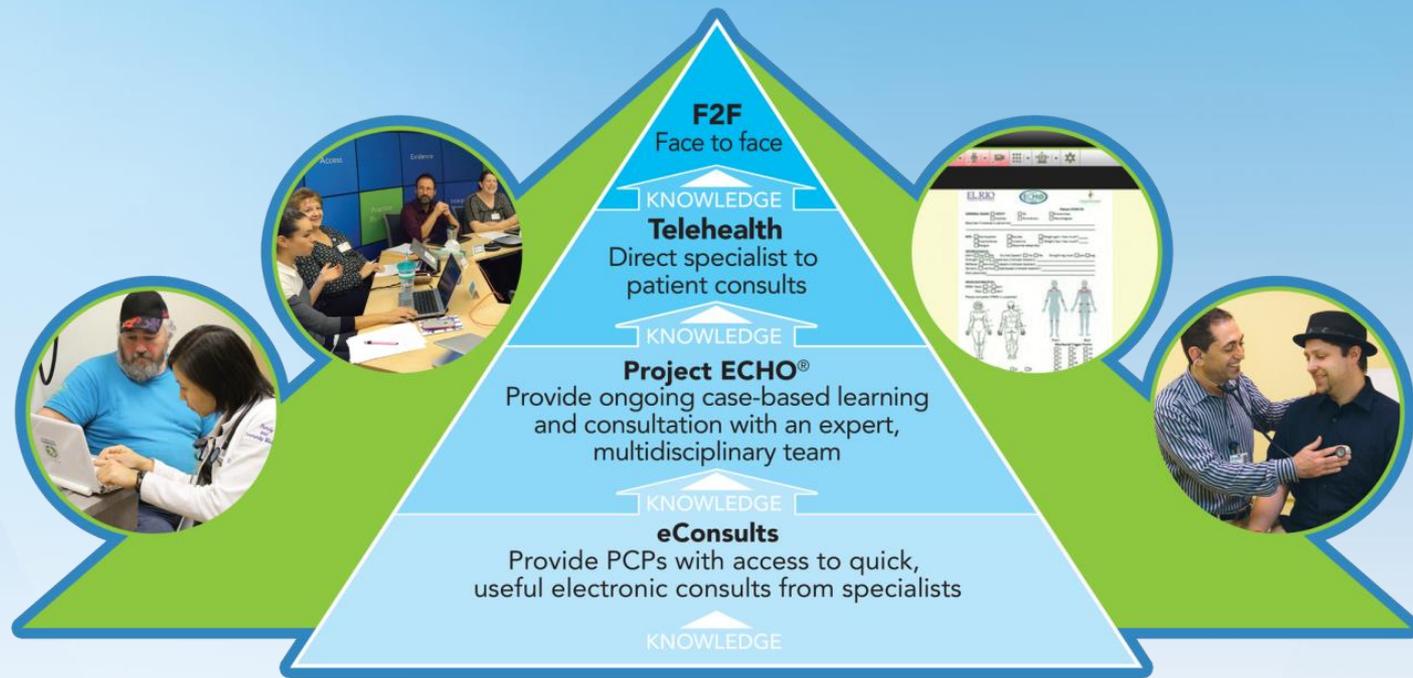


weitzman institute

The Weitzman Institute works to improve primary care and its delivery to medically underserved and special populations through research, innovation, and the education and training of health professionals.

Moving Knowledge, Not Patients

Telehealth Strategies to Strengthen Primary Care



Project ECHO



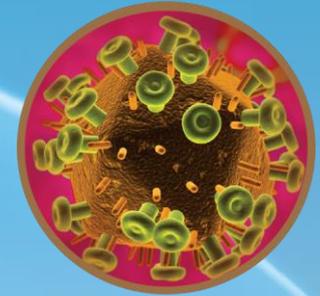
Dr. Sanjeev Arora
University of New Mexico



“The mission of Project ECHO is to develop the capacity to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes.”



Pain



HIV

Using Project ECHO to tackle “Hot Spots”



Complex Care Management



Buprenorphine



Hepatitis C



Complex Integrated Pediatrics



Community Health Workers

Weitzman Institute National ECHO Learning Network

- 🕒 **368** practices
- 🕒 **864** ECHO sessions
- 🕒 **2,859** case presentations
- 🕒 Primary care providers from **36** states, PR, and DC
 - ◆ 918 Medical Providers
 - ◆ 323 Behavioral Health Providers
 - ◆ 519 Care Team Members



- ★ Pediatric and Adolescent Behavioral Health
- ★ Complex Care Management
- ★ LGBT Health
- ★ Complex Integrated Pediatrics
- ★ Community Health Workers
- ★ Pain
- ★ Hepatitis-C/HIV
- ★ MAT



Expanding Reach: Project ECHO Medication Assisted Treatment

Figure 2: **Time on Project ECHO and Patient Panel**



Table 5. **Hierarchical Multiple Regression Analysis** was conducted using SPSS to determine the relationship between participation in ECHO and number of patients prescribed buprenorphine by ECHO providers.

Correlations					
Pearson Correlation	Change in Number of Patients (r)	Time on ECHO (r)	Sessions Attended (r)	Cases Presented (r)	Cases Heard (r)
Change in Number of Patients	1.000	0.618**	0.427*	0.568**	0.402
Time on ECHO	0.618**	1.000	0.710*	0.591**	0.680**
Sessions Attended	0.427*	0.710**	1.000	0.478*	0.486*
Cases Presented	0.568**	0.591**	0.478*	1.000	1.000
Cases Heard	0.402*	0.692**	0.980**	0.450*	0.973*

* Statistically significant at $p \leq 0.05$; ** Statistically significant at $p < 0.001$.

*Marwan Haddad, MD, MPH; Woodlyn Joachim, BS; Lauren Bifulco, MPH; Zachary Manville, BGS; Traci Norman, BS; Mandy Lamb, MA
 "Addressing the Opioid Epidemic in Primary Care: Expanding Access to Buprenorphine Treatment Using a Federally-Qualified Health Center-based ECHO Clinic." Poster presentation at MetaECHO 2019.

Training the Next Generation: Residents on Pain ECHO

⦿ NP Residents began joining the full program in 2015, since then:

- ✦ 13 practice sites
- ✦ 7 states
- ✦ 77 NP Residents
- ✦ 4 Postdoctoral Residents
- ✦ 43 cases

⦿ Resident Onboarding

- ✦ Types of cases to submit
- ✦ How to submit
- ✦ Case scheduling





Weitzman Institute Learning Academy

Weitzman Learning Academy provides evidence-based strategies to support practice transformation and culture change through dynamic coaching & learning opportunities to address needs or goals in specific focus areas.

(Examples of focus areas include; Implementing or expanding a Medication Assisted Treatment program, Integration of Behavioral Health Services, Quality Improvement Training, Practice Transformation Coaching)

Learning Methods:

- Customized coaching and consultation
- Collaborative site visits
- In-person formal training events
- Interactive virtual training sessions
- Dynamic webinars
- Learning Collaboratives

**For more information contact:
WeitzmanLearning@chc1.com**

How CeCN Works

Community eConsult Network, Inc.



Any practice, whether large or small, rural or urban, can benefit from eConsults. CeCN has a varied and growing client base which currently includes:

- Indian health services
- Correction facilities
- ACOs
- Community health centers
- Primary care networks
- Individual primary care practices
- Teaching programs

Primary care practice sends consult

Primary care practice receives consult

CeCN processes consult and forwards it to specialists



CeCN sends consult back to the PCP within 2 business days

Specialists review consult

Specialists consult added to EHR

CeCN now offers eConsults in over 20 specialties including:

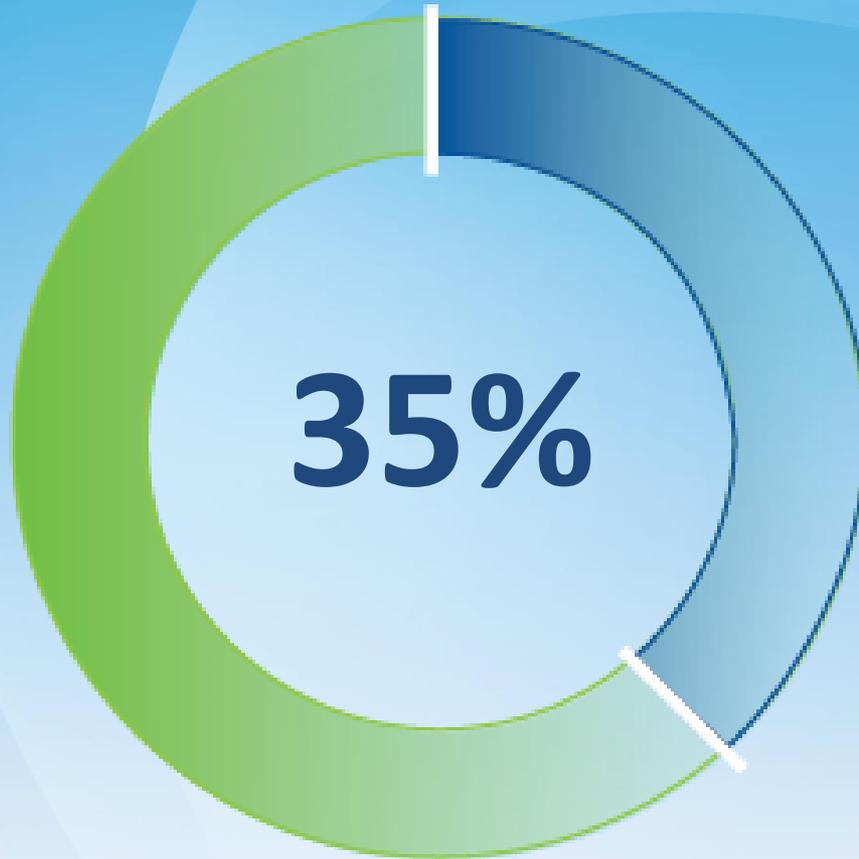
- Pediatrics
- Medical
 - Cardiology
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - Infectious Disease
 - Nephrology
 - Neurology
 - Orthopedics
 - Pain Medicine
- Surgical
- Behavioral health

CeCN specialty areas continue to expand to meet client needs.

- **Addiction Medicine**
- **Allergy**
- **Diabetic Education**
- **Cardiology**
- **Complex Primary Care**
- **Dermatology**
- **Endocrinology**
- **ENT**
- **Gastroenterology**
- **Hematology**
- **Infectious Disease**
- **Neurology**
- **Nephrology**

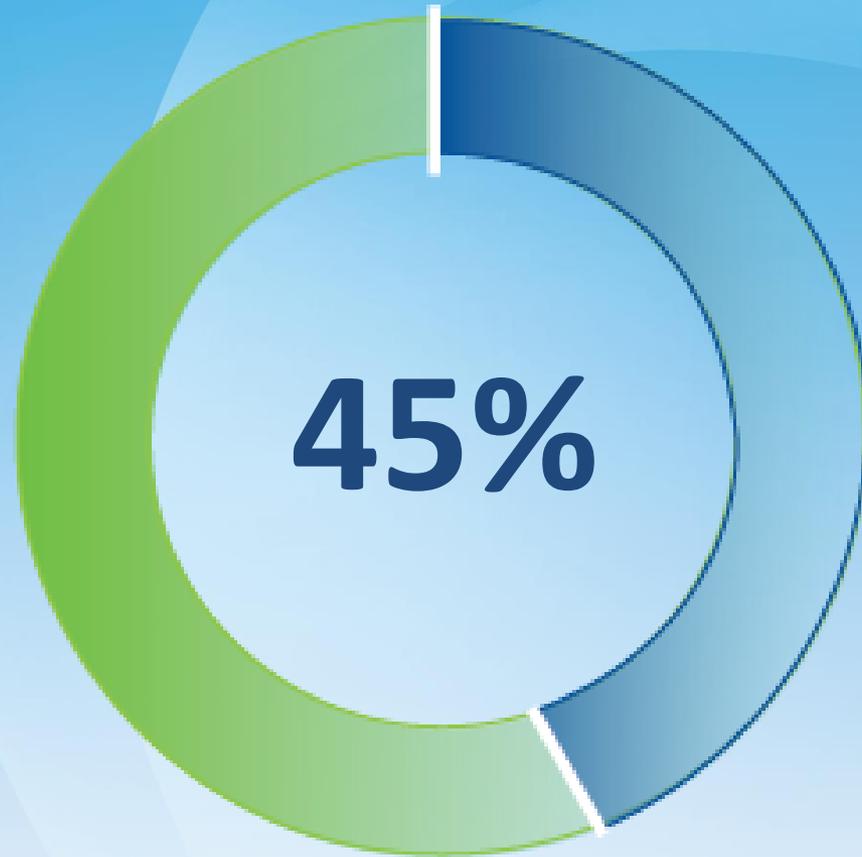
- **OB/GYN**
- **Orthopedics**
- **Ophthalmology**
- **Pain Management**
- **Pharmacy**
- **Psychiatry**
- **Rheumatology**
- **Sleep Medicine**
- **Transgender Care**
- **Travel Medicine**
- **Urology**
- **Complex Pediatrics**
- **Genomic Medicine**

- **Pediatric Cardiology**
- **Pediatric Endocrinology**
- **Pediatric Gastroenterology**
- **Pediatric Infectious Disease**
- **Pediatric Nephrology**
- **Pediatric Neurology**
- **Pediatric Neuropsychiatry**
- **Pediatric Psychiatry**
- **Pediatric Pulmonary**



Up to 35% of
**all primary
care patients**
are referred to
specialists
annually

ceCN
Community eConsult Network, Inc.

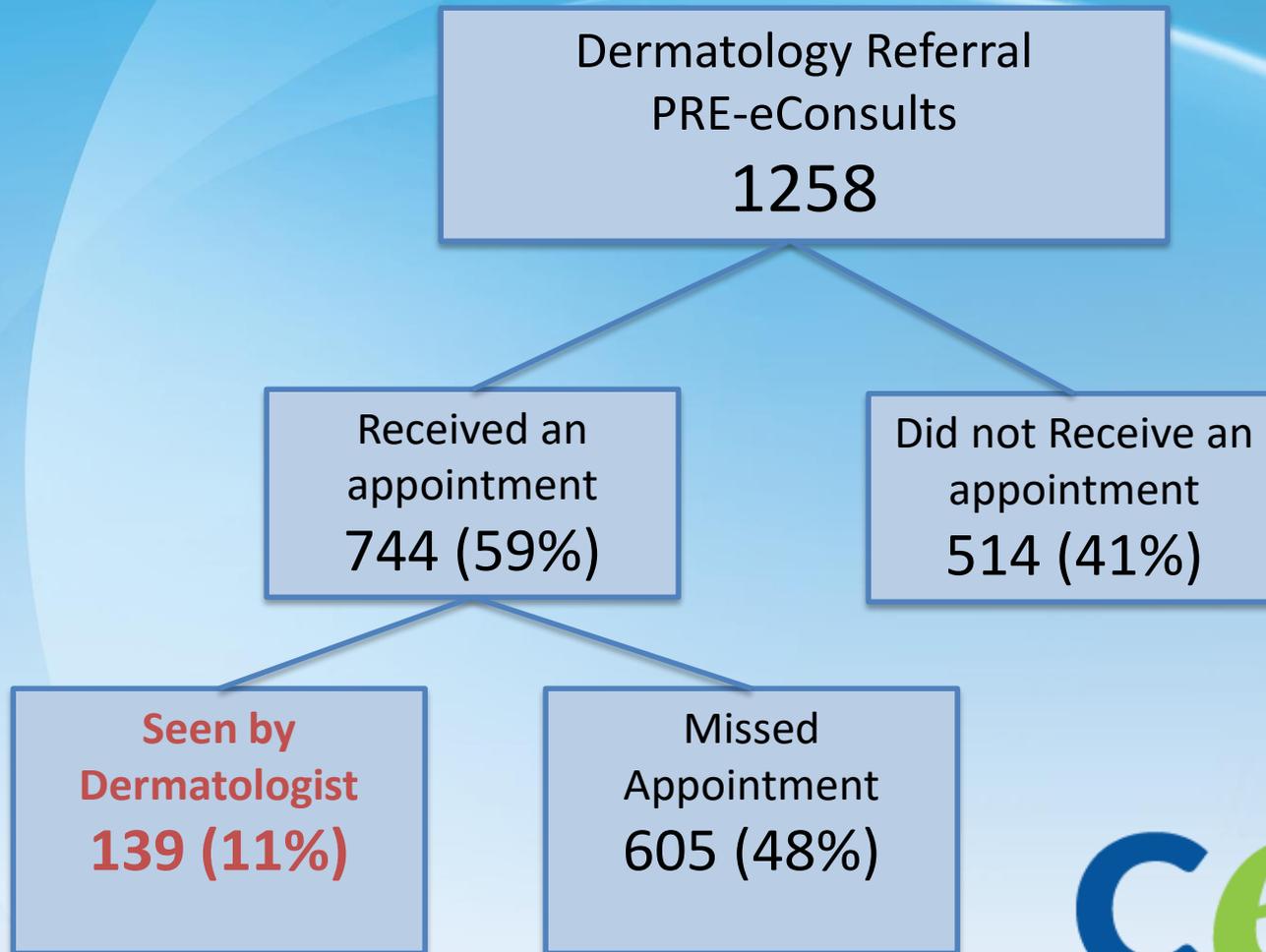


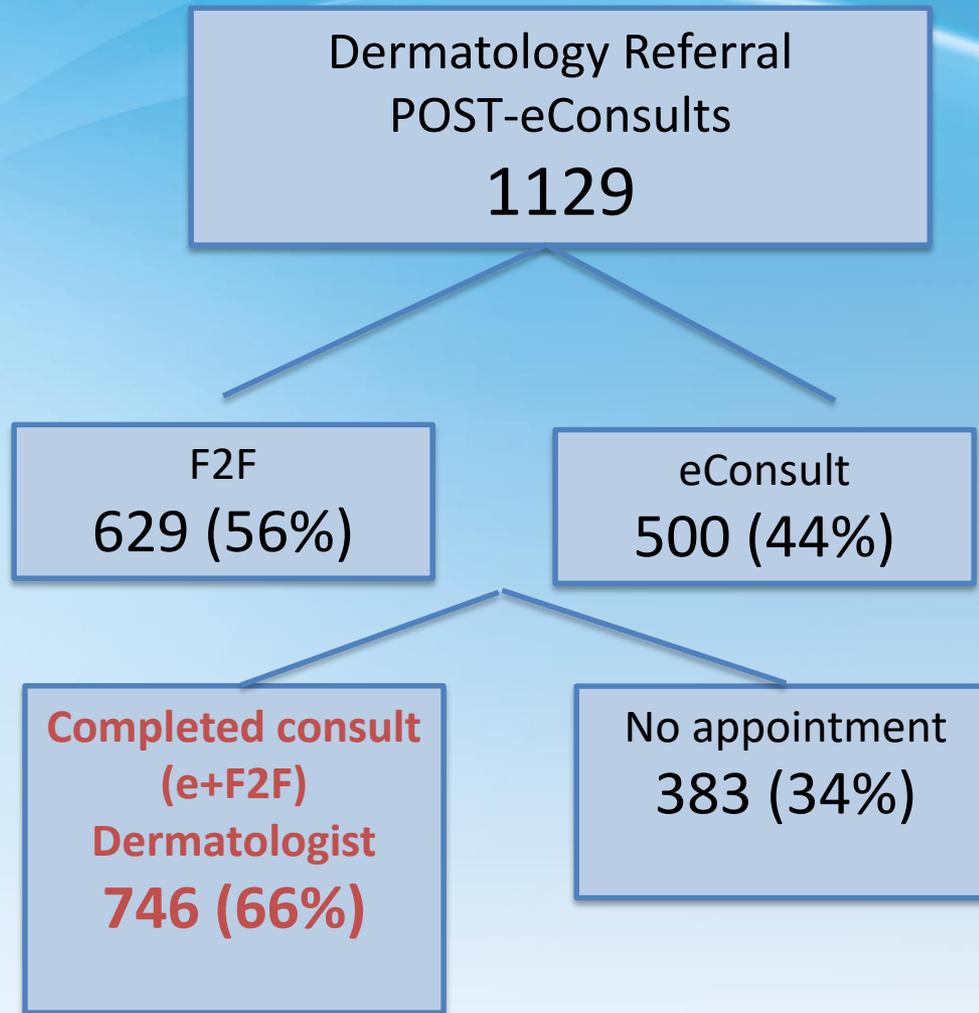
Up to 45% of
these referrals

DO NOT

require a
face-to-face visit

ceCN
Community eConsult Network, Inc.





TELEHEALTH

By Daren Anderson, Victor G. Villagra, Emil Coman, Tamim Ahmed, Anthony Porto, Nicole Jepeal, Giuseppe Maci, and Bridget Teevan

Reduced Cost Of Specialty Care Using Electronic Consultations For Medicaid Patients

DOI: 10.1377/htaff.2018.05124
HEALTH AFFAIRS 37,
NO. 12 (2018): 2031-2036
©2018 Project HOPE—
The People-to-People Health
Foundation, Inc.

ABSTRACT Specialty care accounts for a significant and growing portion of year-over-year Medicaid cost increases. Some referrals to specialists may be avoided and managed more efficiently by using electronic consultations (eConsults). In this study a large, multisite safety-net health center linked its primary care providers with specialists in dermatology, endocrinology, gastroenterology, and orthopedics via an eConsult platform. Many consults were managed without need for a face-to-face visit. Patients who had an eConsult had average specialty-related episode-of-care costs of \$82 per patient per month less than those sent directly for a face-to-face visit. Expanding the use of eConsults for Medicaid patients and reimbursing the service could result in substantial savings while improving access to and timeliness of specialty care and strengthening primary care.

Daren Anderson (Daren@chc1.com) is director of the Weitzman Institute at Community Health Center Inc, in Middletown, Connecticut.

Victor G. Villagra is an assistant professor at the UCONN Health Disparities Institute, University of Connecticut Health Center, in Farmington.

Emil Coman is a research associate in the Ethel Donaghue Center for Translating Research into Practice and Policy, University of Connecticut Health Center, in Farmington.

Tamim Ahmed is president of Health Analytics LLC, in Glastonbury, Connecticut.

Anthony Porto is a research assistant at the Weitzman Institute, Community Health Center Inc.

Nicole Jepeal is a quality improvement analytics supervisor at CareOregon Inc, in Portland. She was a research associate at the Weitzman Institute, Community Health Center Inc, at the time this work was conducted.

Giuseppe Maci is a research associate at the Weitzman Institute, Community Health Center Inc.

Bridget Teevan is a public health epidemiologist in the Rhode Island Department of Health, in Providence. She was a research associate at the Weitzman Institute, Community Health Center Inc, at the time this work was conducted.

Barbara Starfield described primary care as “the provision of first contact, person-focused, ongoing care over time that meets the health-related needs of people, referring only those too uncommon to maintain proficiency.”¹ The number of patients with conditions deemed “too uncommon to maintain proficiency” has shifted over the past two decades, as suggested by a substantial increase in the number of patients referred to specialists from primary care providers. Between 1999 and 2009 the number of visits to specialists in the US increased from 41 million to 105 million.² One study found that approximately 25 percent of all visits to a community health center resulted in a referral to a specialist.³ For such patients who are cared for in the health care safety net, the challenge posed by increased demand for specialty consultations is compounded by limited access, particularly for the uninsured, patients with Medicaid, and those residing in rural locations. Nationally, approximately one-third of specialist providers limited or were unwilling to see patients with Medicaid in 2011.⁴

The increase in specialty referrals for patients with Medicaid makes a substantial contribution to year-over-year health care cost increases and has significant economic consequences for state budgets.^{5,6} Specialty care is significantly more expensive than primary care.⁶ Limited access compounds the problem by delaying needed treatment and increasing the use of urgent care and emergency departments.⁷

Advanced payment models are rapidly expanding across the country and are providing increased incentives for primary care providers to find ways to increase value and reduce the cost of care. Many cost-saving interventions in primary care have focused on enhancing access in order to reduce unnecessary emergency department visits or on improving care coordination and hospital discharge follow-up to reduce costly hospitalization and rehospitalization. Less attention has been paid to finding strategies to reduce the need for specialty consultation despite the fact that a decision to refer to a specialist is one of the most common, and likely most expensive, decisions made by primary care providers each day.

Research and Publications

Pain Medicine

Issues More Content ▾ Publish ▾ Purchase Advertise ▾ About ▾

All Pain Med

Article Contents

- Abstract
- Background
- Methods
- Results
- Discussion
- Acknowledgments
- References
- Author notes

Improving Pain Care with Project ECHO in Community Health Centers

Daren Anderson, MD, Ianita Zlateva, MPH, Bennet Davis, MD, Lauren Bifulco, MPH, Tierney Giannotti, MPA, Emil Coman, PhD, Douglas Spegman, MD, MSPH, FACP

Pain Medicine, pnx187, <https://doi.org/10.1093/pm/pnx187>

Published: 04 August 2017

Views PDF Cite Permissions Share

Abstract

Objective. Pain is an extremely common complaint in primary care, and patient outcomes are often suboptimal. This project evaluated the impact of Project ECHO Pain videoconference case-based learning sessions on knowledge and quality of pain care in two Federally Qualified Health Centers. **Design.** Quasi-experimental, pre-post intervention, with comparison group. **Setting.** Two large, multisite federally qualified health centers in Connecticut and Arizona. **Subjects.** Intervention (N = 10) and comparison (N = 10) primary care providers.



Thank You!

Mandy Lamb, MA

lambm@chc1.com

www.weitzmaninstitute.org



@WeitzmanInst

@CHCConnecticut