

Primary Care-Based Weitzman ECHO



Making a difference in Rural & Underserved Areas



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.

Community Health Center, Inc.

CHC Profile

- Founding year: 1972
- Primary care hubs: 14;
204 practice locations
- Annual budget: \$100m
- Staff: 1,000
- Patients/year: 145,000
(est. 2017)

CHC Locations in Connecticut



THREE FOUNDATIONAL PILLARS

1

Clinical
Excellence

2

Research
and
Development

3

Training
the Next
Generation



Pain



HIV

Using Project ECHO to tackle “Hot Spots”



Complex Care Management



Buprenorphine



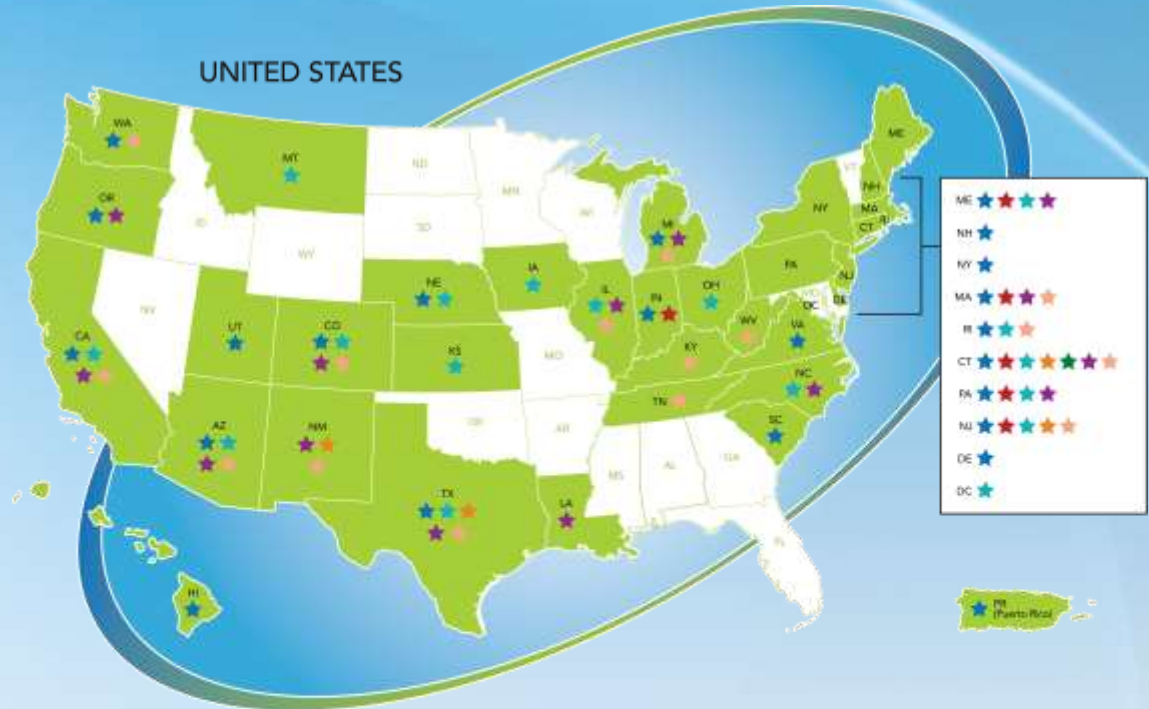
Hepatitis C



Complex Integrated Pediatrics

Weitzman Institute National ECHO Learning Network

- **304** practices
- **739** ECHO sessions
- **2565** case presentations
- Primary care providers from **33** states, PR, & DC
 - ◆ 775 Medical Providers
 - ◆ 298 Behavioral Health Providers
 - ◆ 296 Care Team Members



- | | |
|--|---|
|  Weitzman ECHO® Pain |  Weitzman ECHO® Pediatric and Adolescent Behavioral Health |
|  Weitzman ECHO® Hepatitis-C/HIV |  Weitzman ECHO® Complex Care Management |
|  Weitzman ECHO® Buprenorphine |  Weitzman ECHO® LGBT Health |
| |  Weitzman ECHO® Complex Integrated Pediatrics |



Buprenorphine



Comprehensive Tools to Tackle Public Health Issues



Chronic Pain



Practice Transformation
Learning Collaboratives





EL RIO
COMMUNITY HEALTH CENTER





Clinicians' Corner

Clinical Pearls



Wondering how to reduce opioids?

Recommendation: Taper dose first and then frequency. Remember to determine the cause of pain first and then determine the meds.

Headaches?

Migraines are way "under" diagnosed! 94% of the headaches ARE Migraines. 90% are diagnosed as "Sinus Headaches" which doesn't truly exist... [read more](#)

Physical Therapy



Have you had "Physical Therapy"?

I work with many physicians who are striving to find a way to effectively and efficiently manage their patients with musculoskeletal problems. They... [read more](#)

Chiropractic Corner



Hypohydration and Chronic Pain

While practicing chiropractic medicine in New Mexico, I observed that patients with lower back pain often did not respond favorably to conservative spinal... [read more](#)

Chronic Neuromusculoskeletal Pain as a Result of Breast Hypertrophy

It is common that females experiencing cervicogenic headaches, neck, shoulder pain, upper and lower back pain, pain and numbness in the... [read more](#)

Functional/Alternative Medicine



Jeff Hush, "Food and Movement Therapy" (www.famtusa.org) Blog #1

PainNET Blog #1: Jeff Hush, "Food and Movement Therapy" A... Intellectual and activist... [read more](#)

Resources for Patients - Trauma and the Autonomic Nervous System

Here are some resources to offer to patients when educating them on mind-body connection. It is important to get the patient to a therapist... [read more](#)

Assessments & Tools



Tools such as questionnaires and checklists that can be printed by the provider and administered to patients for a variety of purposes such as to assess behavioral health, opioid risk, and the effect of a patient's pain on function and sleep.

[Assessment & Tools](#)

Articles & Documents



Research articles on key topics in chronic pain care and pharmacology and clinical recommendations and guidelines in the treatment of chronic pain. Recommendation resources include specific categories such as diabetes, neuropathy, and whiplash.

[Articles & Documents](#)


Patient Education



Resources for providers to print and share with patients to promote engagement and patient-centered care. Information for providers to review to help facilitate difficult conversations about pain.

[Patient Education](#)

Research & Publications

 **Nursing and Care**

Anderson et al., J Nurs Care 2015, 4:5
http://dx.doi.org/10.4173/jnc.1100100000

Research Article

Open Access

Using Clinical Microsystems to Implement Care Coordination in Primary Care

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Received date: Jul 15, 2015; Accepted date: Aug 10, 2015; Published date: Aug 10, 2015
Copyright: © 2015 Anderson et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Objective: Patient Centered Medical Home (PCMH) requires care coordination across the care continuum.

Methods: We used a mixed methods approach to evaluate the impact of a PCMH on patient outcomes.

Results: The intervention group showed significant improvements in patient outcomes compared to the control group.

Conclusion: The PCMH model improved patient outcomes and care coordination.

Keywords: Clinical Microsystem, Patient Centered Medical Home, Care Coordination, Patient Outcomes.

Background: Primary care is the foundation of the healthcare system. The goal of primary care is to provide comprehensive, continuous, and coordinated care for patients.

Objective: This study was conducted to evaluate the impact of a PCMH on patient outcomes.

Methods: A retrospective study was conducted using data from the PCMH and the control group.

Results: Patients in the PCMH group had significantly better outcomes than those in the control group.

Conclusion: The PCMH model improved patient outcomes and care coordination.

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Pain Medicine

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Improving Pain Care with Project ECHO in Community Health Centers

Daren Anderson, MD, MPH, 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

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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.

Methods: Primary care providers attended 6 weekly Project ECHO Pain



Content Analysis of ECHO Sessions

Recommendation	Count
1a. Consider nonpharmacologic therapy and nonopioid pharmacologic therapy first or in combination with opioid therapy	194
1b. Establish treatment goals with patients	18
1c. Discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities	30
2. Opioid selection, dosage, duration, follow-up, and discontinuation	49
3. Assessing risk and addressing harms of opioid use	29

Confounding psychosocial issues were embedded in
40% of the 406 recommendations

Kathleen Thies, PhD, RN; Daren Anderson, MD; Colin Beals-Reid, BS (2018). *Project ECHO Chronic Pain recommendations by expert faculty: a qualitative analysis*. Unpublished manuscript, Weitzman Institute, Middletown, CT.

Changes In Practice

	Pre-ECHO	Post ECHO
Functional assessment documented*	14%	60%
Documented pain re-assessment*	40%	65%
Visit with behavioral health**	29%	34%
Prescribed any opioid **	49%	45%

*Source: Chart review, phase 2

**Source: 2yr follow up EHR data phase 1 practices

Increase knowledge

Change practice

Successes:

Primary care-based
Research support
Making geography irrelevant

Challenges:

Sustainability
Provider time
Current Health Care Environment

Thank You!

Agi Erickson, MS
Mandy Lamb, MA

www.weitzmaninstitute.org



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