



Missouri Telehealth Network

University of Missouri Health

— Show-Me ECHO —

A State Funded Telehealth Program

April, 2016



Missouri Telehealth Network

Today's topics:

**What is ECHO?
ECHO in Missouri
Program advocacy tips**





Mission Statements

Project ECHO's mission is to democratize medical knowledge and get best practice care to underserved people all over the world.

Missouri Telehealth Network exists to develop, study, and use telehealth solutions that improve access by providing high-value, patient-centered health care and medical education in Missouri and beyond.

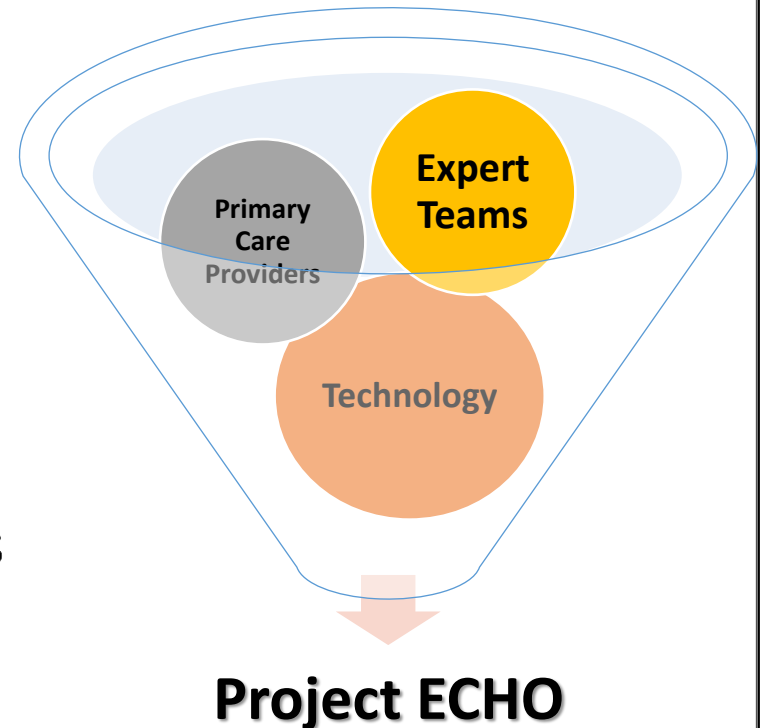
Dr. Sanjeev Arora M.D., Hepatologist

- Developed Project ECHO for Hep C in 2003
- 10 month wait to see him in the Hep C clinic
- Interdisciplinary team
- Willing Primary Care Providers
- Video Technology
- Database to track outcomes

Reduced wait times

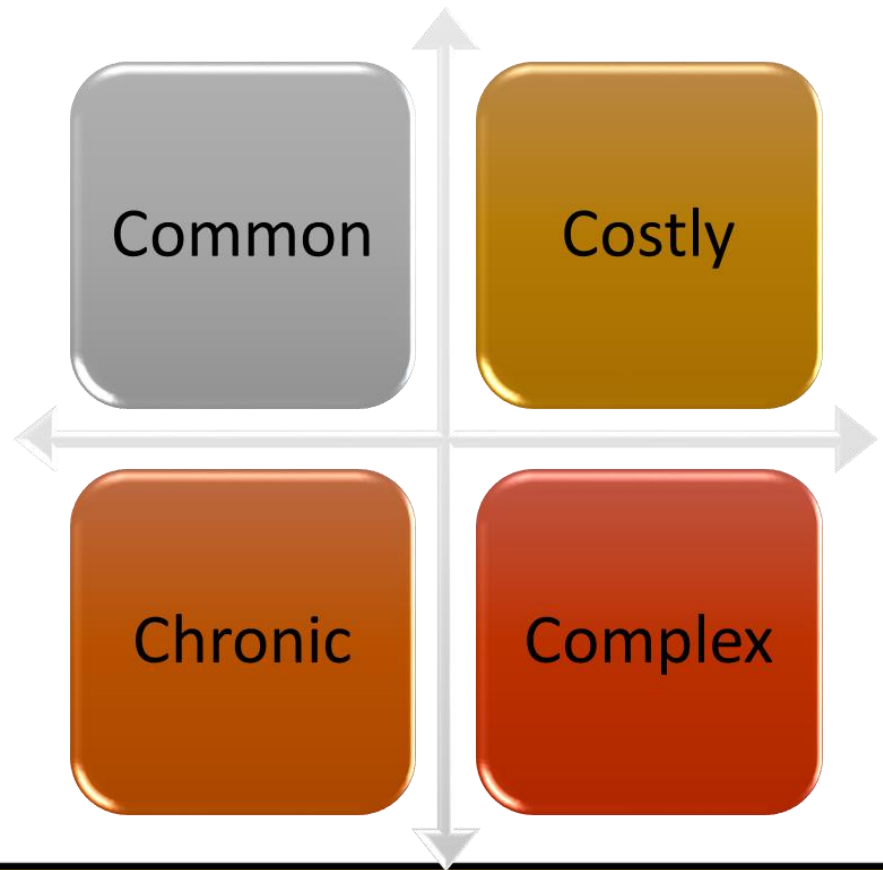
Increase number of Hep C pts treated

Outcomes of PCPs equal to specialists



What diseases or conditions work for ECHO?

There are currently ECHOs in more than 40 subject areas with more than 80 entities: DOD, VA, Ireland, University of Washington, University of Chicago



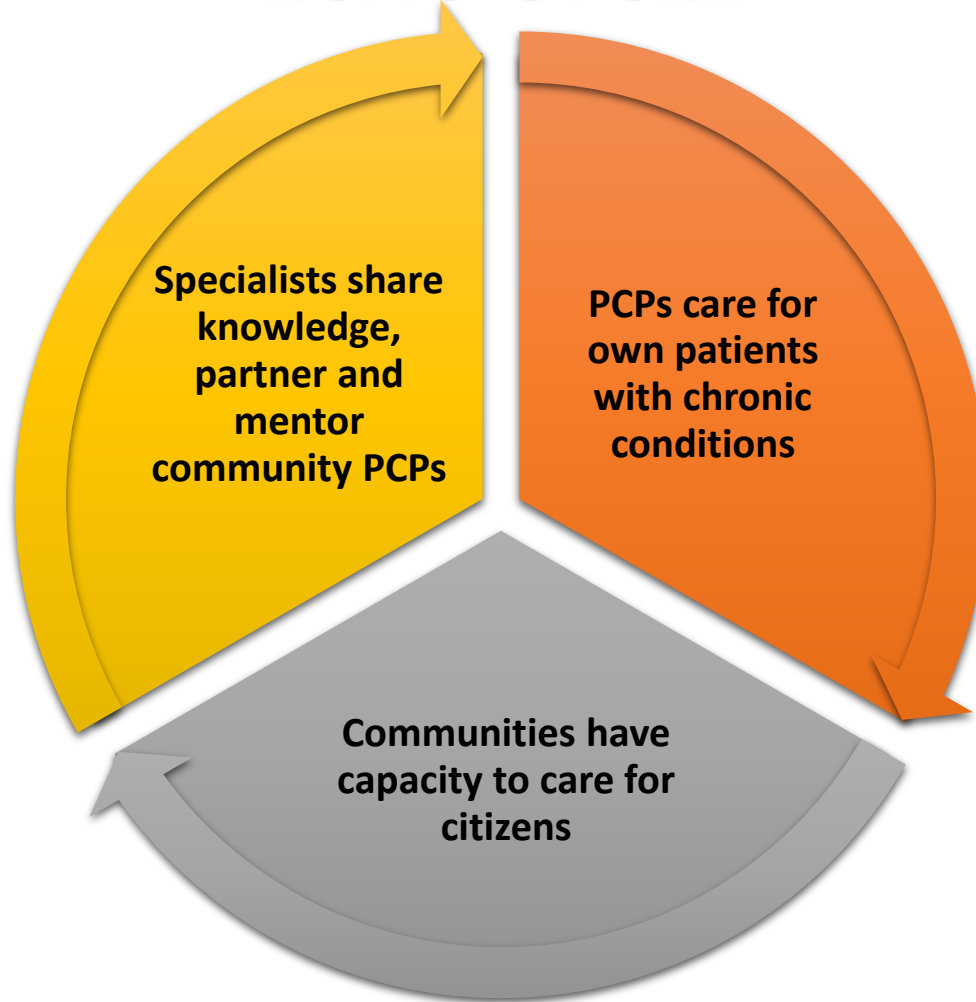
How does ECHO work?

1. Use **technology** (multipoint videoconferencing and Internet).
2. Disease Management Model that **reduces variation** in processes of care and sharing “best practices”.
3. **Case based learning:** Co-management of patients with specialists (learning by doing).
4. HIPAA compliant web-based database to monitor **outcomes**.





ECHO CYCLE



ECHO Benefits PCPs by:

- No-cost CMEs
- Professional interaction with colleagues with similar interest
- A mix of work and learning
- Access to specialty consultation



ECHO Benefits the Health System by:

1. Reducing Variations in Care
2. Increasing Access for Rural and Underserved Patients
3. Providing Workforce Training and Force Multiplier
4. De-Monopolizing Knowledge
5. Improving Professional Satisfaction/Retention
6. Supporting the Medical Home Model
7. Reducing Excessive Testing and Travel
8. Improving Quality and Safety
9. Providing Rapid Learning
10. Best-Practice Dissemination

Telehealth in Missouri

- We've been doing telemedicine since 1994.
- Telemedicine is great!
- It increases access, by providing services that might not be available otherwise.
- It reduces need for travel.
- It provides economic benefits to rural areas.
- But, it has its limitations...



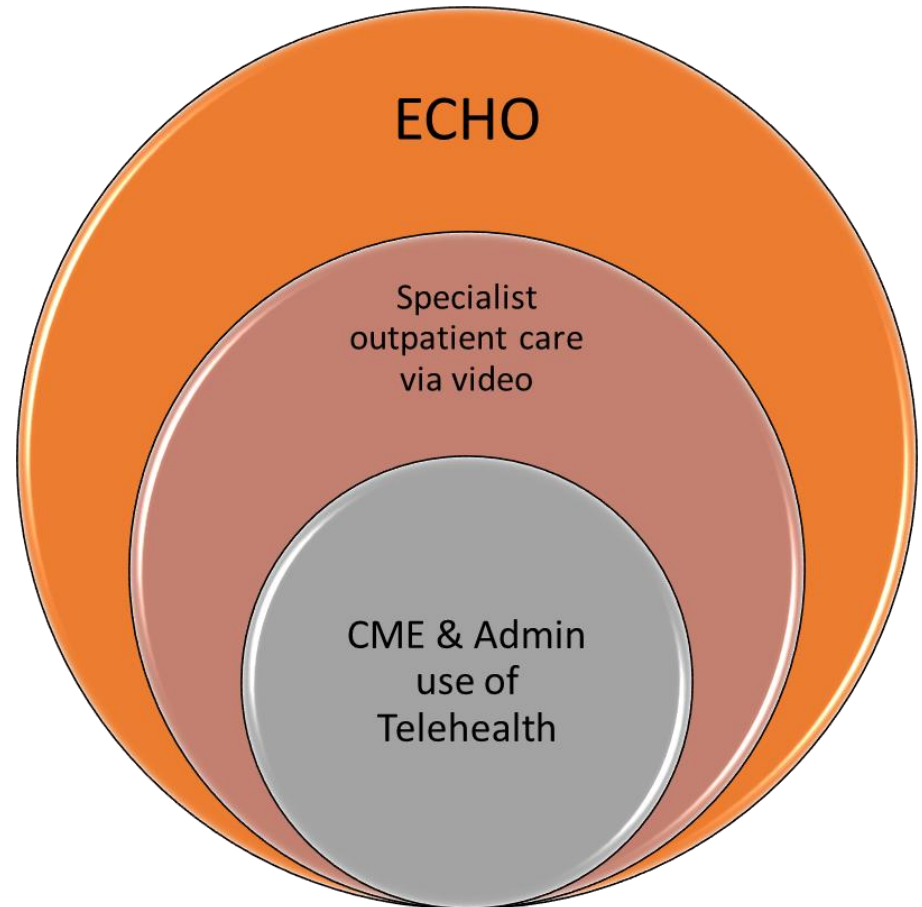
Limits of 1:1 Telehealth

A telehealth specialty outpatient visit allows one patient at a time to be seen.

Telehealth increases **access** to care for the patient, who might not have been able to see a specialist otherwise, but it does not increase **capacity**.



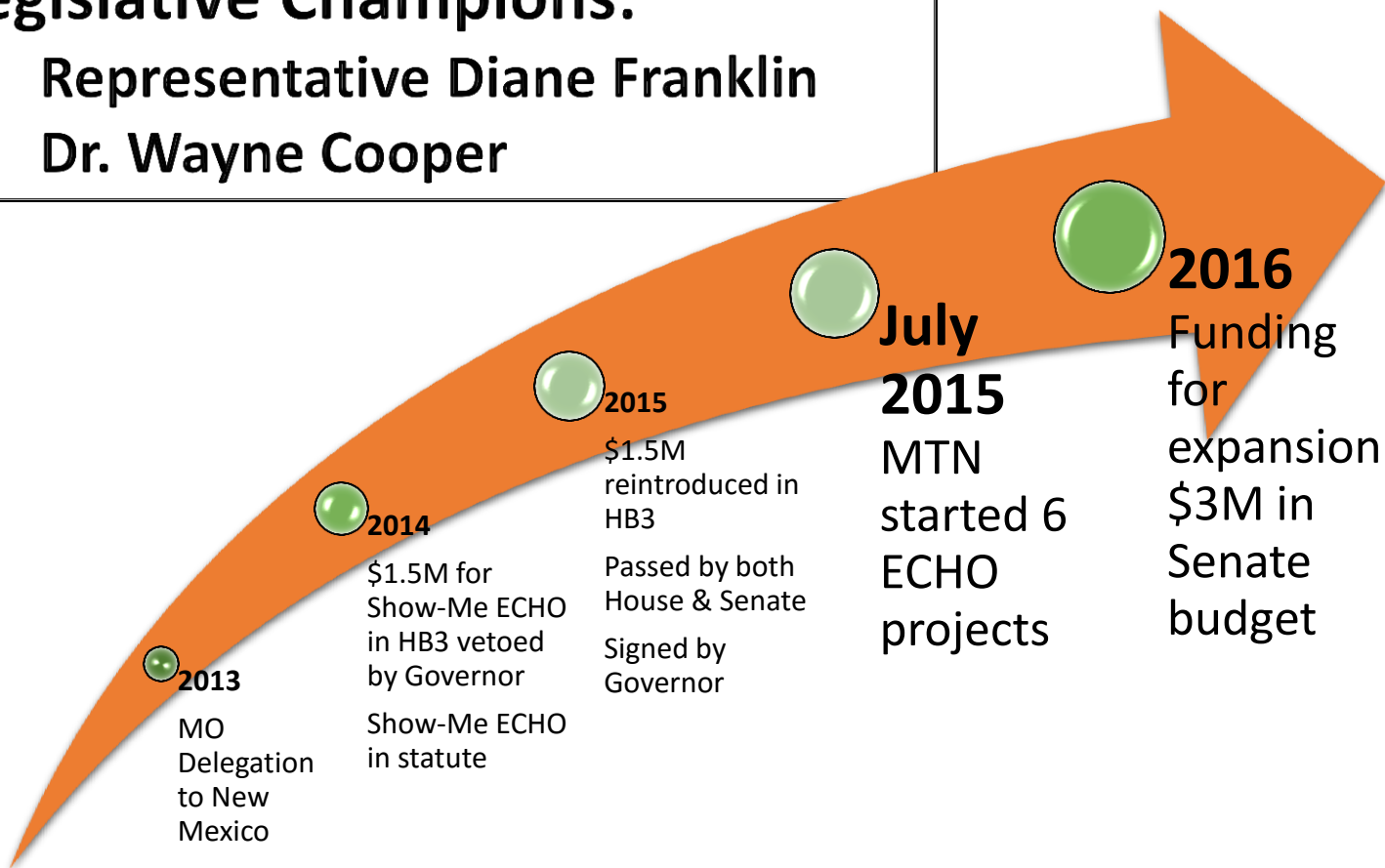
**ECHO layers
onto existing
MTN
services...**





Creation of Show-Me ECHO

- **Legislative Champions:**
 - Representative Diane Franklin
 - Dr. Wayne Cooper

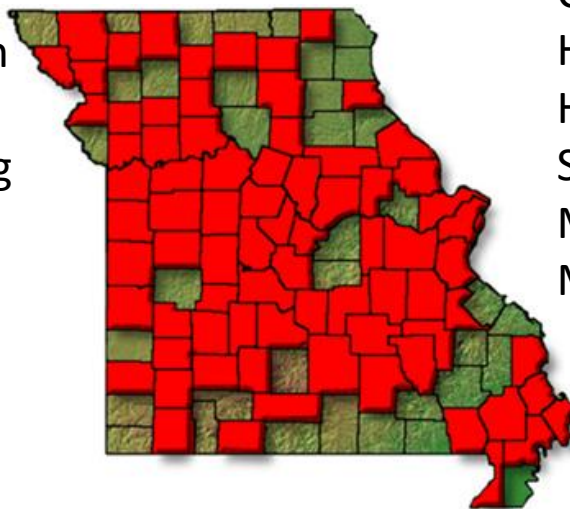




MTN Strengths

Telehealth team is natural fit for ECHO set-up

- To train providers
- Create documents e.g. case presentation forms
- Run ECHO clinics
- Create reports
- CME Accreditation
- Evaluation
- Videoconferencing
- Coordination
- Event planning



MTN has developed a developed network of partners / stakeholders

- FQHC's
- RHCs
- Medicaid
- CAHs
- Health Systems
- Hospitals
- State Facilities
- MPCA
- MHA

Show-Me ECHO Clinics

- Impact Asthma ECHO
- ECHO Autism
- Chronic Pain Management ECHO
- Derm ECHO
- ENDO ECHO
- Hep C ECHO





Please check showmeecho.com for updated schedules

ECHO	DAY OF THE WEEK	TIME	FREQUENCY	
Impact Asthma ECHO	Tuesday	12 - 1:30 p.m.	Weekly	Sept., Oct., Jan., Feb., May and June
ECHO Autism	Wednesday	11:30 a.m. - 1:30 p.m.	1st and 3rd weeks	Year-round
Hep C ECHO	Wednesday	1:30- 3:30 p.m.	Weekly	Year- round
Chronic Pain Management ECHO	Thursday	12 - 1 p.m.	Every other week	Sept.- Dec. and Feb. - May
ENDO ECHO	Thursday	3- 4:30 p.m.	Weekly	Sept.- Nov. and Mar.-May
Derm ECHO	Friday	12 - 1 p.m.	Weekly	Year-round

Evaluation and Data

MTN and Show-Me ECHO Evaluation and Data

1. MO HealthNet (Missouri Medicaid) Claims Data
2. Subject matter knowledge
3. Self-efficacy
4. CME surveys
5. Demographics
6. Practice patterns

Pilot data shows \$1.5M savings CPM ECHO

Show Me ECHO: ENDO ECHO – Changing the landscape of endocrinology and diabetes care in Missouri

Background

The Extension for Community Health Care Outcomes (ECHO) Project utilizes telemedicine technologies to deliver care and education to rural and underserved areas. Show-Me ECHO is a replication of ECHO project. It's goal is to educate providers in underserved areas in order to enhance patient care and minimize health care costs.

The Missouri Telehealth network at the University of Missouri spearheads the Show-Me ECHO Project, consisting of 6 separate specialties: endocrinology, autism, chronic pain, hepatitis C, pediatric asthma, and dermatology. These 6 ECHO clinics are offered on a weekly or bi-weekly basis, and rural Missouri providers are all invited to participate in some or all of them. The benefits of ECHO to providers include no-cost CMEs, case-based learning, and valuable input from a multidisciplinary team including specialists in chronic diseases.

Show-Me ENDO ECHO

- ENDO ECHO started in September 2015 (Figure 1)
- Weekly 1.5 hour sessions
- Two annual sessions: Spring (March – June), Fall (September – December)
- Program evaluation on Fall 2015 Session

Fall 2015 Session Curriculum

TOPIC

- Intro to ENDO ECHO

THYROID BLOCK

- Hypothyroidism
- Hyperthyroidism
- Thyroid nodules

DIABETES BLOCK 1

- Approach to the diabetic patient-exam and interview
- Distinguishing between Type 1 and Type 2
- Targeted diabetic therapy
 - Initiating insulin
 - Diabetes technology

DIABETES BLOCK 2

- Management of hyperlipidemia
- Obesity updates
- Psychiatric aspects of diabetes

Project Evaluation

- 12 ENDO ECHO sessions
- 12 CME didactics
- 34 case presentations
- 39 unique attendees (Figure 2)
- 3 active case presenters
- 4 (44%) participated in self-efficacy survey
- Varied interest in ENDO ECHO participation (Figure 3)

Figure 2. ENDO ECHO Participants

Self-Efficacy Survey Results (selected questions, scale 0-100)

How confident are you in identifying patients that need screening for diabetes?
Overall self-efficacy increased from **34.25** (pre-survey) to **83.25** (post survey).

How confident are you in prescribing non-insulin injectable medications (GLP1 agonists)?
Overall self-efficacy increased from **61.25** (pre-survey) to **80.00** (post survey).

How confident are you in initiating and prescribing insulin injections to your patients?
Overall self-efficacy increased from **61.25** (pre-survey) to **80.00** (post survey).

Figure 3. Reasons for joining ENDO ECHO

Conclusions

ENDO ECHO successfully concluded its first Fall 2015 Session. Participants' comments in program evaluation were overwhelmingly positive. The majority of endocrinologists practice in metropolitan areas, therefore it is evident that primary care providers need more specialized training in endocrinology to better manage the underserved population. ENDO ECHO combines the expertise of a multidisciplinary team and the convenience of telemedicine to reach rural providers, provide mentoring, and increase patient outcomes. Our next goal is to analyze MO HealthNet data in order to understand the impact of ECHO on other health care measures.

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Figure 1. ENDO ECHO Session

ENDO ECHO multidisciplinary team during a typical session, connected to a number of rural primary care providers discussing a de-identified case during a case presentation (Figure 1)

3 Pronged approach to advocacy

Find out what matters (to them) and what the need is.

1. Doing the right thing-
appeal to ethics/morals
2. Use patient and provider stories
3. Cost-savings, ROI

**Quick results like
pilot data will help!**





Thank you!
Questions?

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