

Project ECHO-NEVADA

Summer, 2011

PARTNERS

- ~ **University of New Mexico School of Medicine Dept of Medicine, Telemedicine and CME**
- ~ **NM Department of Corrections**
- ~ **NM State Health Department**
- ~ **Indian Health Service**
- ~ **Community Clinicians with interest in Hepatitis C and Primary Care Association**

Capstone Project

- Keith Clark Capstone Project
- University Of Nevada School of Medicine
- Participant - Not Author

Imagine

- Regular specialty consultation on chronic complex diseases
- Patients stay local
- Primary care providers develop specialty expertise
- Free CME to boot

MISSION

The mission of Project ECHO is to expand the capacity to provide best practice care for common and complex diseases in underserved areas and to monitor outcomes.

Supported by NM Dept of Health, Agency for Health Research and Quality HIT grant 1 UC1 HS015135-04, and MRISP, R24HS16510-02 and the New Mexico Legislature, Robert Wood Johnson Foundation

Project ECHO-NEVADA Not Tele-Medicine but Tele-Health

- ***Tele-Medicine*** is the replication of the patient-physician interaction transmitted via audio-visual technology
- A patient with a weird rash in Ely can be looked at by a Dermatologist in Reno. This is important but low impact for health improvement.

Technology

- ~ **Videoconferencing Bridge** (Polycom RMX 2000)
- ~ **Videoconferencing Recording Device** (Polycom RSS 2000)
- ~ **You Tube-like Website** (Polycom VMC 1000)
- ~ **Webcam Interfacing Capacity** (Polycom CMA 5000)
- ~ **iHealth**
- ~ **Webinar**
- ~ **Customer Relation Management Solution**
- ~ **Software for Online Classes**

Project ECHO-NEVADA

Not Tele-Medicine but Tele-Health

- ***Tele-Health* does not include direct patient involvement; co-management model**
 - **Increased efficiency (more patients/hour)- “force multiplication”**
 - **Development of local experts**
 - **Training opportunities for community health workers**
 - **Rapid dissemination of new health information**
 - **Opportunity to create new communities of providers**



ECHO Whale



PCA Espanola



Baton Rouge



Pecos Valley MC



DOH Las Cruces



SBRT-First Choice South Va



Memorial HDX7000



LAS VEGAS ECFH



Clustering of Poor Prognostic Factors in Heavy Patients

Weight, kg (lb)	< 75.0 (1,650)	≥ 75.0 (1,651)*
Mean, n (%)	562 (100.0)	1075 (100.0)
Mean, SD, n (%)	20 (12.5)	22 (16.3)
Age, years†	21.0 ± 4.5	21.2 ± 4.6*
Mean, SD†	15.0 ± 3.7	15.2 ± 4.4*
Mean, n (%)	193 (34.5)	393 (36.6)
Log MEV (SD) ‡	5.00 ± 0.17	4.98 ± 0.20*
MEV (SD), n (%)	202 (36.1)	399 (36.9)
MEV, n (%)	343 (61.1)	666 (61.9)
Residual, n (%)	205 (36.6)	373 (34.7)

*P < .05. †Mean ± SD. ‡Log MEV (SD) is the natural logarithm of the mean error variance (MEV) plus 1.0. *P < .05. †P < .05. ‡P < .05.



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BENEFITS TO RURAL CLINICIANS

- ~ **No-cost CMEs and Nursing CEUs**
- ~ **Professional interaction with colleagues with similar interest**
 - **Less isolation with improved recruitment and retention**
- ~ **A mix of work and learning**
- ~ **Obtain HCV certification**
- ~ **Access to specialty consultation with GI, hematology, psychiatry, infectious diseases, addiction specialist, pharmacist, patient educator**

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

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

Project ECHO-NEVADA

- Real time interaction with a broad range of specialists
- Maintain control of your patients
- Improve disease outcomes
- Improve re-imburement for services
- Expand care to the underserved/under-insured
- Be part of the future by “skating to where the puck is going to be” (Wayne Gretzky)

Dr Evan Class



Dr Melissa Piasecki



The Project Echo Light Clicking On

