Rural/Frontier Care Transitions Project ECHO®

How the ECHO Model is being used to improve care coordination.

University of Wyoming

WyCOA
Wyoming Center on Aging

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Mountain-Pacific Quality Health

https://www.youtube.com/watch?v=VAMaHP-tEwk

"Rural areas generally have a greater elderly population than urban areas… with physical access to care the greatest challenge that many elderly rural patients face." [1]

[1] U.S. Department of Health & Human Services. (2008, July 31). Tom Morris, Acting Associate Administrator Office of Rural Health Policy, HRSA on Aging in Rural America: Preserving Seniors' Access to Healthcare before Special Committee on Aging, U.S. Senate. Retrieved from http://www.hhs.gov/asl/testify/2008/07/t20080731f.html.


ABSOLUTELY
NOTHING
NEXT
22 MILES
ABSOLUTELY
NOTHING
NEXT
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The Need

- Wyoming and Montana are vast, rural states with many Medically Underserved Areas/Populations or Health Professional Shortage Areas (HPSAs)

- Nearly 75% of Wyoming counties are designated as “frontier” (5.5 people/square-mile)*

- The Wyoming growth rate for people over the age of 65 is much higher than the national average, with an anticipated growth rate of 97% from 2010 to 2030**

*United States Census Bureau, *American Community Survey* 2013

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The Challenge

Patients and providers in rural locations face additional barriers to coordinated health care

- Distance to care and basic necessities - multiple sites of care
- Few safety net resources
- High turnover and shortages of providers and specialists
- Geography and weather
- Lack of infrastructure supporting collaboration

The ***DEMONOPOLIZATION*** of knowledge.

A Collaborative Approach

The mission of Project ECHO® is to expand the capacity to safely and effectively provide best practice care for chronic, common and complex diseases in rural and underserved areas and to monitor outcomes of this care.

How It Works

Project ECHO ® uses a **“learning by doing”** and **“guided practice”** model. The model can standardize care by promoting and quickly disseminating best practices to isolated providers and practitioners.

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Mountain-Pacific Quality Health

RURAL/FRONTIER CARE TRANSITIONS – HOW THIS PROJECT WORKS

A System Focus

"In my experience there is far less substandard clinical care than there is unreliable care delivery process. Care delivery infrastructure is almost always the issue in care coordination gaps."

- Jane Brock , MD, MSPH

Quality Innovation Network National Coordinating Center

Objectives

- Encourage best practices, increase knowledge and foster practice change in the field of care transitions
- Work to decrease hospital readmission and admissions as well as emergency department use
- Develop a community of **Hub Team** members and **Spoke Sites** to foster positive relationships and increase support for rural and frontier providers
- Increase provider participation in care coordination

Rural/Frontier Care Transitions – Project ECHO®

Who

- Broad spectrum of rural/frontier health care providers from Montana and Wyoming.
- From physicians, skilled nursing facilities, home health agencies to community-based organizations.

When

- Started March 2017. One hour session, every other week.
- 30 min. case presentation from spoke sites; 20 min. care coordination topic discussion with subject matter experts.

Where

- Virtually host at the University of Wyoming – Wyoming Center on Aging.
- Multi-site Hub Team members participate virtually from many locations.

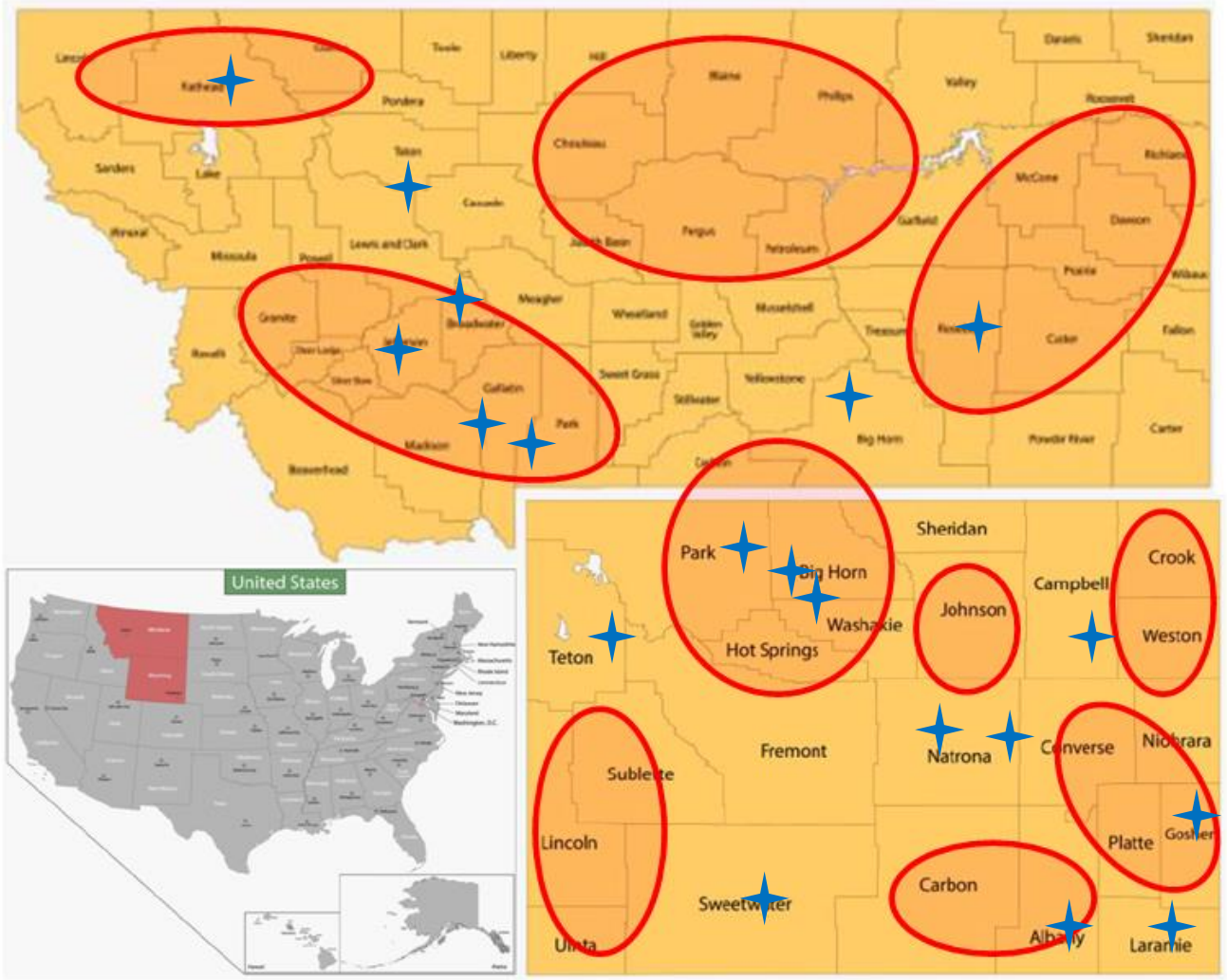
How

- Virtual case presentation with didactic portion presented via Zoom.
- HUB Team members present and provide advice. Team members include an expert in patient engagement, care coordination, rural/frontier primary care physician, geriatric pharmacist, geropsychologist, discharge planning specialist and more.

Incentives

- CME/CEU offered.
- Participants receive evidence-based recommendations from the Hub Team and other network participants.

Recruited/Participating Sites in Montana and Wyoming

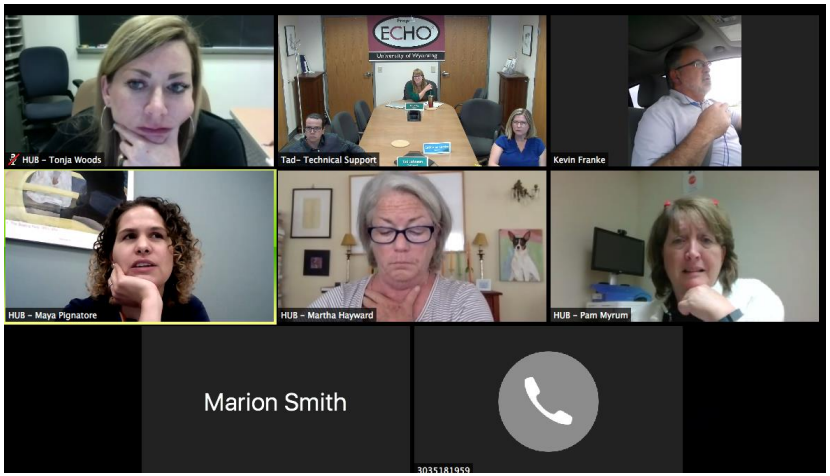


Partnering to Improve the Coordination of Care for Wyoming Patients

- University of Wyoming – Wyoming Center on Aging
- Wyoming Hospital Association/HEN
- Wyoming Primary Care Association
- Wyoming Department of Health – Rural Health / Public Health
- Wyoming Medical Society
- Long-Term Care Associations

The Hub Team

An interprofessional team of regional and national care coordination experts



- An expert in patient engagement
- An expert in care coordination
- A rural/frontier primary care physician
- A geriatric pharmacist
- A geropsychologist
- A discharge planning specialist
- Guest Hub experts

Commitment to Collaboration Form

Statement of Collaboration:
Outlining Project ECHO® in Rural/Frontier Care Transitions Collaborations with Community Partners

Description of Project ECHO®

The mission of Project Extension for Community Healthcare Outcomes (ECHO®) at the University of Wyoming, Wyoming Center on Aging (WyCOA) is to develop the capacity to safely and effectively manage geriatric care in rural and underserved areas. In pursuit of this mission, faculty, staff and partners participating in the Project ECHO® have dedicated themselves to de-monopolizing knowledge to expand access to best-practice medical care in Wyoming, across the United States and globally.

Commitment to Collaboration – Project ECHO®

In the spirit of collaboration, WyCOA and Mountain-Pacific Quality Health are committed to work with community partners through Project ECHO® in Rural/Frontier Care Transitions. We will do the following for those partnering with us on Project ECHO® in Rural/Frontier Care Transitions:

1. Provide Continuing Medical Education (CME) credit from the Colorado Medical Society at no cost for participating in the University of Wyoming (UW) Project ECHO® in Rural/Frontier Care Transitions sessions (1 hour = 1 CME credit) conducted via teleconference. In addition, continuing education will be provided for nursing from the Wyoming Hospital Association, Pharmacy from WPharmA, Psychology from WPA, social work and other health care professionals and social service providers from WyCOA at no cost.
2. Provide routine, remote information technology (IT) user support to facilitate connectivity and participation.
3. Offer regular, didactic presentations on a wide range of disease states and medicine specialties.
4. Offer special curricula and training opportunities for various disease states and models of care delivery.
5. Review patient cases presented by clinicians at partnering clinics and provide timely, written recommendations.
6. Be available outside of teleconference times for emergent questions or issues, when possible and as necessary.

WyCOA and Mountain-Pacific Quality Health Project ECHO® in Rural/Frontier Care Transitions key staff's contact information is listed below.

Name	Role/Title	Phone	Email
Abby Rux	Clinic Facilitator/Coordinator	(307) 766-2095	arux1@uwyo.edu
Catherine Carrico, PhD	Project Manager	(307) 766-6687	ccarrico@uwyo.edu
Kevin Franke, BSN	Mountain-Pacific Wyoming/Montana Project Coordinator	(307) 472-0507 ext. 3	kfranke@mpqhf.org
Tad Johnson	Tech Support	(307) 766-2802	tjohns79@uwyo.edu

Commitment to Collaboration – Community Partner

In the spirit of collaboration, _____(collaborating community partner) is committed to working with Project ECHO®. In this regard, this partner offers to:

1. Participate in bi-weekly Project ECHO® conferences by presenting cases, providing comments and asking questions. (We encourage participation by multi-level teams, including physicians, nurses, pharmacists, mental health providers, CNAs, therapists and other team members, when possible.)
2. Provide clinical updates and de-identified outcome data on patients, as needed.
3. Fill out periodic surveys to help improve services to clinicians and other partners.

Please list the key community partner staff members and their contact information. Please include anyone who will participate in or support Project ECHO® in Rural/Frontier Care Transitions at your site. Staff members usually include a clinician (physician or mid-level provider), support staff (RN, MA or Community Health Worker), IT person and administrator(s):

Name	Role/Title	Phone	Email

Please have a representative of your organization sign below, indicating you agree to the terms in this statement of collaboration.

Please return form to Abby Rux
Email: arux1@uwyo.edu
Address: 1000 E. University Ave. | Laramie, WY 82071-2000
Fax: (307) 766-2763

_____ _____
Signature of Representative Date

_____
Typed/Printed Name of Representative

Developed by the University of Wyoming Project ECHO® and being redistributed by Mountain-Pacific Quality Health, the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Montana, Wyoming, Alaska, Hawaii and the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do not necessarily reflect CMS policy. 11SOW-MPQHF-MTWY-ECHO-17-06

Brochure

UW ECHO in Rural/Frontier Care Transitions Network Curriculum

~Thursdays 12:00pm-1:00pm(MST)~

A bi-weekly case-conference plus educational presentation

Previous sessions available for viewing:
Please contact wycoa for your user name and password!

DATE 2018	TOPIC/TITLE & Objectives	PRESENTER
Module 3: End-of-Life in Care Transitions		
May 17	Supporting End-of-Life in Rural Areas	Jessica Carrasquillo CRMC Palliative Care and Hospice
May 31	Rural Palliative Care Model	TBD
June 14	Advanced Care Planning	Faith Jones
June 28	End-of-Life: The Family Connection	Martha Hayward
July 12	Advanced Planning Documents: Advanced Directives, Living Will, Power of Attorney, POLST, etc.	Maya Pignatore
July 26	New Approaches in Rural Communities to End-of-Life: Tele hospice/remote hospice	TBD
Aug 9	Chronic Care Management/Transitional Care Model	Faith Jones
Aug 23	Chronic Care Management: How you can get involved	Faith Jones/ Catherine Carrico

UW ECHO® in Rural/Frontier Care Transitions Format:

12:00pm-12:05pm: Welcome & Introductions
12:05pm-12:35pm: Case Presentation & Discussion
12:35pm-12:55 pm: 30 minute Community Discussion
12:55pm-1:00pm: Closing & Evaluation

General Information:

Goals/Objectives:
At the conclusion of this activity learners should be able to:

- Demonstrate best practices, increased knowledge and practice change in the field of care transitions.
- Apply strategies to decrease hospital readmission and admissions as well as emergency department use.
- Develop a community of practice among team members and spoke sites to foster positive relationships and increased support for rural frontier providers.
- Exemplify and encourage increased provider participation in care coordination.

Who is eligible to participate in the Network?
Any provider or organization (including physicians, NPs, PAs, nurses, medical assistants, pharmacists, social workers, case managers, mental health staff, OT/PT/SLP, etc.) with an interest in care transitions. Participation is free.

Continuing education details:
Continuing education will be available for interdisciplinary healthcare providers including; pharmacy, nursing, social work, psychology, and other healthcare professionals and social service providers.

Requirements for participation:

- A one-time registration is required. Please call (307) 766-2829 or email wycoa@uwyo.edu.
- 1 case presentation from each site for 2018
- A venue or room for participants at your site which has a PC with a webcam, IPad, or IPhone connected to the internet.
- A designee who is responsible for working with WyCOA and Mountain-Pacific on network details.
- All participants are asked to complete an evaluation for each session.

Upon registration, each site will receive the information to log-on to each session.

For more information:
call (307) 766-2829, wycoa@uwyo.edu
or visit www.uwyo.edu/wycoa

Outcomes

- Increase in knowledge of best practices for effective transitions of care
- Increase in intent to change practice and actual practice change
- Increase in comfort and self-efficacy in dealing with care coordination
- Decrease in unnecessary hospital readmissions and admissions
- Decreased emergency department (ED) use
- Increase in provider participation in coordination of care
- High provider satisfaction with participation in ECHO
- Increase in feeling of support among frontier providers
- Decrease in feelings of provider isolation

Participation

Attendance

- Individual Attendees - **155**
- Total Attendance - **307**
- Average – **16** / session
- Facilitators Involved - **4** individuals attending combined total of **19** times

Participant Info

- Medicine (MD, DO, PA-C) - **7**
- Pharmacy (PharmD, RPh) - **9**
- Nursing (RN, NP) - **51**
- Mental /Behavioral Health - **3**
- PT/OT - 4
- Other - 81
- **States Represented**
  - Wyoming
  - Montana
  - South Dakota
  - Colorado
  - New Mexico
  - Maryland

Network Info

- Number of Sessions - **19**
- Total Hours - **19**
- CME/CE (Regional) offered

ECHO Launch Date: March 2017 Clinic Report adapted from iECHO

Rural/Frontier Care Transitions ECHO - Evaluation Results

TABLE 1. Satisfaction with training (*n* =136)			*Level of Satisfaction*													
			Low								*High*		*Missing Data*		*Total*	
			1		**2**		**3**		**4**		**5**					
Question	**Mean**	**SD**	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***	***n***	***%***
B1 – Overall Satisfaction with the Presenters	4.50	0.63	0	0	0	0	9	6.67	47	34.81	73	54.07	7	5.19	136	100
B2 - Satisfaction with your learning experience	4.48	0.63	0	0	0	0	9	6.67	49	36.30	70	51.85	8	5.93	136	100
B3 – Satisfaction with overall educational experience	4.49	0.64	0	0	0	0	6	4.44	28	20.74	45	33.33	57	42.22	136	100

TABLE 2. Change in Practice Associated with Didactic and Case Presentations (*n* = 136)		
Question	***Endorsed "Yes" (n/%)***	***Missing (n/%)***
I will seek additional training information on the didactic topic	91 (66.91%)	10 (7.35%)
The didactic presentation was relevant to my practice site	118 (86.76%)	9 (6.62%)
I learned something new from the didactic	**113 (83.09%)**	**8 (5.88%)**
I will seek additional training information on the case presentation topic	70 (51.47%)	35 (25.74%)
The case presentation was relevant to cases that I have seen in my own practice	80 (58.82%)	46 (33.82%)
I learned something new from the case presentation and discussion	82 (60.29%)	45 (33.09%)
I have interest in presenting a case through ECHO in the future	38 (27.94%)	16 (11.76%)
After participating in this session, do you feel more connected to other providers in Wyoming?	**115 (84.56%)**	**8 (5.88%)**

Survey

Survey results reported in December 2017 from participating spoke sites showed:

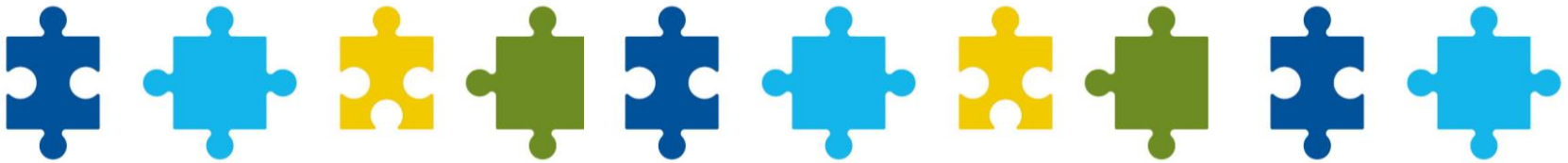
- Participant satisfaction: **4.45** out of 5
- Participant learning experience: **4.54** out of 5
- **91%** stated they learned something new;
- **80%** reported an increased connection with other providers
- 40% reported intent to change their practice and improve communication with patients
- 35% reported intent to improve patient education

Conclusions

This ECHO Network contributes significantly to providers' sense of connection with other providers in the state. The experience has a significant impact on knowledge of care transitions and intent to improve practice.

Future Directions

- How could the ECHO model be applied to other projects?
- How do you think the ECHO model could be used to improve patient care in Wyoming?



Thank you!

QUESTIONS?

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