

Project Extension for Community Health Care Outcomes (ECHO[®]) as an Education Force Maximizer

Sharon A. Morgan, RN, NP-C & Laurie Lutz, PhD
22 August 2019
1315-1415



Presenter: Sharon A. Morgan, RN, NP-C



- Ms. Sharon Morgan is currently working at the Defense Health Agency as a Nurse Consultant for the Connected Health Branch which is located in Medical Affairs. She is a Registered Nurse (RN) and a certified Adult Nurse Practitioner (NP-C). She has over 25 years of clinical nursing experience working in diverse practice settings such as critical care, hospice and palliative care, integrative health and underserved populations in Guatemala.
- Ms. Morgan obtained her Masters of Science in Nursing from Monmouth University, her Bachelor of Science in Nursing from the University of Arizona and her Bachelors of Arts in Political Science from Rutgers University. She maintains her license as an Adult Nurse Practitioner from the American Association of Nurse Practitioners.
- She is published in several journals and has been invited to speak at various professional conferences on topics related to nursing as a subject matter expert.

Presenter: Laurie Lutz, PhD



- Dr. Laurie Lutz is currently serving as the Chief of Training, Education and Simulation for the Extremity Trauma and Amputation Center of Excellence (EACE).
- She established the Amputation Care ECHO in October of 2017; the first ECHO to address amputation care in the Department of Defense. EACE's Amputation Care ECHO has now grown to include Military Treatment Facilities, Veterans Affairs and civilian providers involved in amputation care.
- Dr. Lutz attained both her bachelors and master's degrees at Texas State University in San Marcos, Texas and her doctorate degree from Texas A&M University, located in College Station, Texas.

Contributors : Joanna Katzman, MD, MSPH

Professor, UNM HSC School of Medicine

Senior Associate Director of Project ECHO®



- Joanna Katzman, is currently a Professor of Neurology at the University of New Mexico, and the Senior Associate Director of the ECHO Institute. In 2008, Dr. Katzman began the ECHO Pain and Opioid Management teleECHO program. This program has been replicated by the Department of Defense, the Department of Veterans Affairs, the Indian Health Service, over 30 academic medical centers and the province of Ontario in Canada.
- Dr. Katzman earned her medical degree from Yale University, her Master's in Public Health from the University of California in Los Angeles and her Bachelors of Art in human biology from Stanford University.
- Dr. Katzman is a special governmental employee for the Food and Drug Administration (FDA), has served on two Institute of Medicine (IOM) Committees related to the Gulf War and Health.

Contributors: Robin Swift, MPH

Strategic Support Manager

ECHO Institute™



Robin Swift, MPH is presently employed as a Strategic Support Manager at UNM's ECHO Institute in Albuquerque, where she manages a contract with the Defense Health Agency to train military healthcare providers on the safe management of chronic pain.

Robin holds a Master's in Public Health from Emory University. Over her past four years of residence in New Mexico, she has managed the Department of Health's Office of Injury Prevention, and served as a grant/technical writer for Kewa Pueblo Health Corporation. She has held a series of unique jobs over her public health career: promoting adolescent sexual health education, educating providers about HIV/AIDS, grant writer, pediatric echocardiography technician, and program developer of a project to improve the health of United Methodist clergy. Throughout her career, Robin has worked to promote health equity, good scientific practice and adult learning-informed education.

Disclosures



- Sharon Morgan, Laurie Lutz, Connie Morrow, Robin Swift and Joanna Katzman have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
- The views expressed in this presentation are those of the authors and do not necessarily reflect the official policy or position of the Department of Defense, not the U.S. Government.
- This continuing education activity is managed and accredited by the Defense Health Agency J7 Continuing Education Program Office (DHA J7 CEPO). DHA J7 CEPO and all accrediting organizations do not support or endorse any product or service mentioned in this activity.
- DHA J7 CEPO staff, as well as activity planners and reviewers have no relevant financial or non-financial interest to disclose.
- Commercial support was not received for this activity.

Learning Objectives



At the conclusion of this activity, participants will be able to:

1. Define Project ECHO[®].
2. Identify the four key components of the ECHO model.
3. Distinguish between telemedicine and telementoring.
4. Recognize two examples of Project ECHO's[®] current use in DHA/MHS.

Polling Questions



■ Do you have prior experience using the Project ECHO model?

Yes

No

Project ECHO: Goals



- Develop capacity to safely and effectively treat HCV in all areas of New Mexico and to monitor outcomes.
- Develop a model to treat complex diseases in rural locations and developing countries.

Project ECHO



Rural New Mexico

Underserved Area for Healthcare Services

- 121,356 square miles
- 2.08 million people
- 47% Hispanic
- 10.2% Native American
- 19% poverty rate compared to 14.3% nationally
- 21% lack health insurance compared to 16% nationally
- 32 of 33 New Mexico counties are listed as Medically Underserved Areas (MUAs)
- 14 counties designated as Health Professional Shortage Areas (HPSA's)

(Statistics from 2013)



Copyright © ECHO Institute

“Medically Ready Force...Ready Medical Force”

Project ECHO



Project ECHO® is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best practice specialty care and reduce health disparities through its hub-and-spoke knowledge sharing networks.



People need access to specialty care for complex conditions



Not enough specialists to treat everyone, especially in rural areas



ECHO® trains primary care clinicians to provide specialty care services



Patients get the right care, in the right place, at the right time

The ECHO Model

Amplification – Use **Technology**
to leverage scarce resources

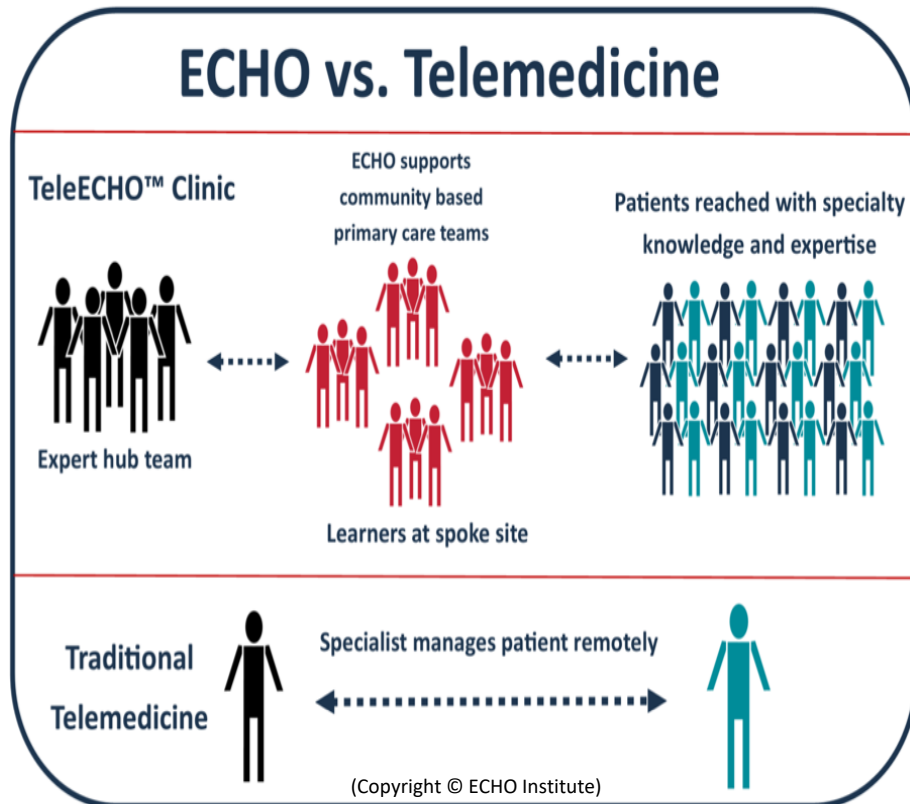


Share **B**est Practices
to reduce disparity

Case Based Learning
to master complexity

Web-based **D**atabase to
Monitor Outcomes

Telemedicine vs Telementoring



- ECHO model is not ‘traditional telemedicine’
- Hub Specialists mentor Healthcare Learners at spoke sites
- Both Didactic & Case Based Learning

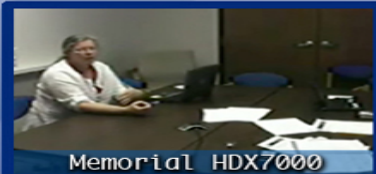
Sharing Best Practices to Reduce Disparities

- Evidence-based approach
- One-to-many allows leveraging scarce resources
- Reach learners in more rural and under-resourced areas to provide access to knowledge and best practices
- Learning from other community base providers, experiences, and knowledge creates a community of practice



(Copyright © ECHO Institute)

Hub & Spoke in Action



(Copyright © ECHO Institute)

“Medically Ready Force...Ready Medical Force”

ECHO Impact



ECHO Hubs and Superhubs: United States



“Medically Ready Force...Ready Medical Force”

Echo Impact

ECHO Hubs and Superhubs: Global



Expanding Capacity for Health Outcomes Act (ECHO Act), 2016



Mandated an evaluation of the evidence base for technology-enabled collaborative models of care

The term “technology-enabled collaborative learning and capacity-building model” means a distance health education model that connects specialists with multiple other health care professionals through simultaneous interactive videoconferencing for the purpose of facilitating case-based learning, disseminating best practices, and evaluating outcomes. (Public Law 114-270, 2016, Sec. 2)

Polling Question



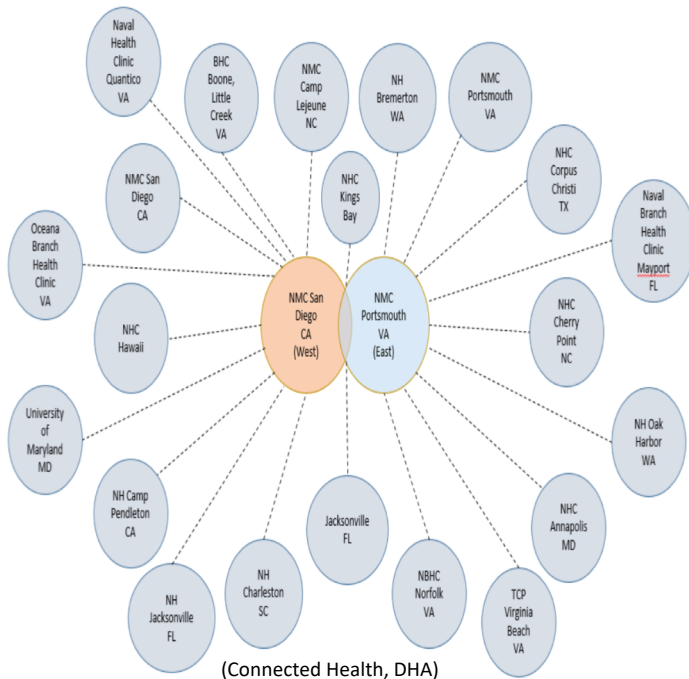
■ Do you envision Project ECHO unifying education efforts across the MHS?

Yes

No

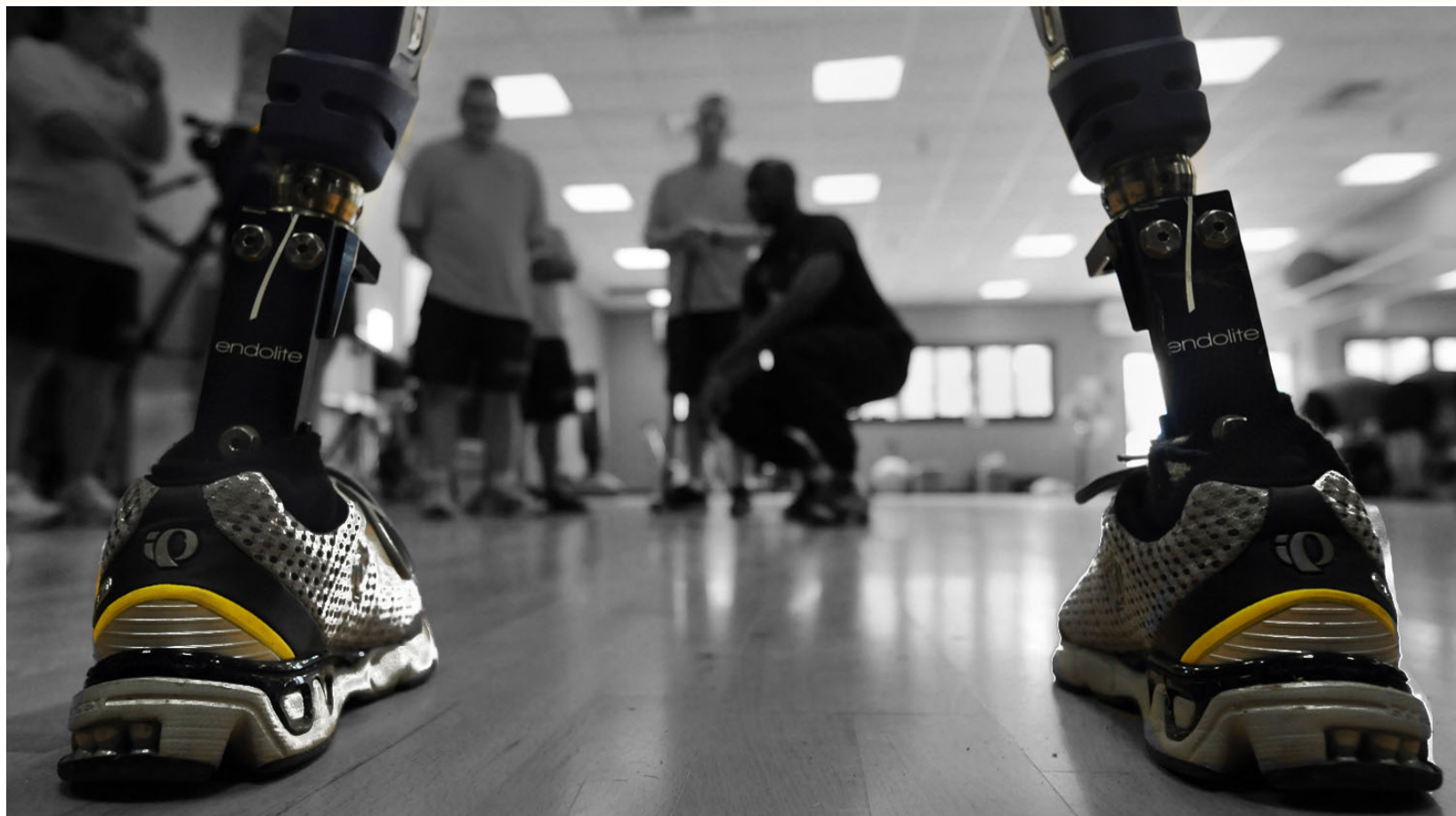
ECHO in the MHS

Navy Polypharmacy ECHO



- 11 implementations; > 85 spoke locations Worldwide
- Complex Conditions Covered:
 - Pain
 - Extremity Amputation
 - Diabetes
 - Polypharmacy
 - TBI
 - Sexual Assault Medical Forensics

Amputation Care ECHO



<https://webapp2.wright.edu/web1/newsroom/2012/02/24/wright-state-students-work-to-improve-design-of-artificial-limbs-for-military-veterans/>

“Medically Ready Force...Ready Medical Force”

Extremity Trauma and Amputation Center of Excellence



- Established by Congress: 2009 National Defense Authorization Act (NDAA)
- EACE Mission:
 - ❑ Serve as the **joint DoD and VA lead element** focused on the mitigation, treatment, and rehabilitation of traumatic extremity injuries and amputations.
 - ❑ **Conduct clinically relevant research**, foster collaboration, and build partnerships across the multidisciplinary, international, federal, and academic networks to optimize the quality of life of Service members and Veterans






Amputation Care ECHO



“Medically Ready Force...Ready Medical Force”

Amputation Care ECHO



Amputation Care ECHO

June 26, 2019
Session # 19
19-08

Ldd.adobeconnect.com/AmputationCareECHO
1-800-767-1750 / 14936#

Amputation Care ECHO (Classroom) - Adobe Connect

Meeting | Layouts | Pods | Audio

Camera: AC ECHO 2019_06_26.pptx

Start My Web...

Chat (Everyone): The chat history has been cleared

Immediate fit, Adjustable, Lower Limb Prosthetics: Technology and Scientific Rationale

IFIT PROSTHETICS
The Right Fit. Right Now.

Timothy Dillingham, MS, MD
The William J. Erdman II, Professor and Chair
Department of Physical Medicine and Rehabilitation
University of Pennsylvania
1800 Lombard St, First Floor
Philadelphia, PA 19146

Please list any topics you would like presented at Amputation Care ECHO.

Name	Size
ECHO Archive_01	16 KB
The Next Step Hz	11 MB
How_to_Obtain_	344 KB

Please list any topics you would like presented at Amputation Care ECHO.

Type your answer here...

Answers (0)

Broadcast Results

“Medically Ready Force...Ready Medical Force”

Diabetes ECHO/Prevention ECHO— DCOE



■ Description

- Virtual Grand Rounds
- Launched Jan 2012 (longest running USAF ECHO clinic)
- Adapted for diabetes care and diabetes prevention

■ Method of delivery

- Defense Collaboration Services (DCS)
- Real-time solution for PCM

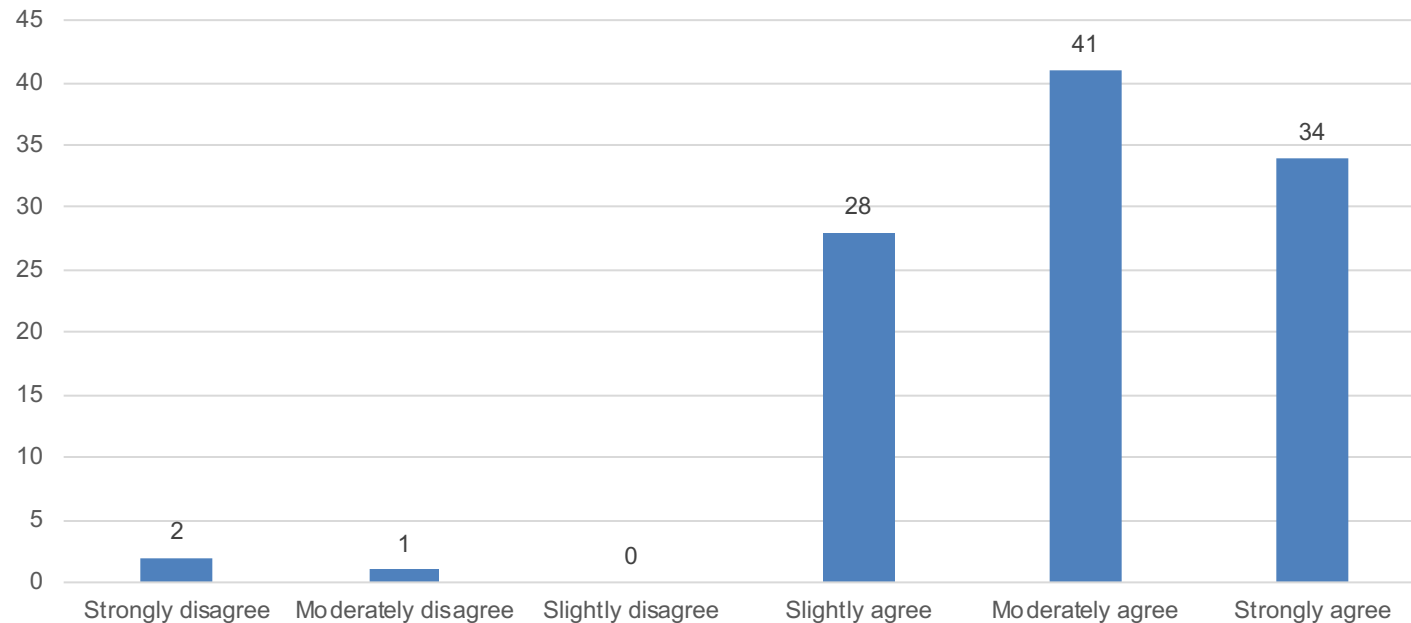
■ Response

- Recent (2017) self-reported surveys indicate 97% likelihood of change to practice

Diabetes ECHO/Prevention ECHO— DCOE



I am likely to make changes to my treatment practice for patients with diabetes based on what I learned in the ECHO session today.



Source: Project ECHO-Diabetes Feedback, Survey Monkey™ (March-October 2017)

Diabetes Center of Excellence ECHO Presentations



BRIDGES TO EXCELLENCE

U.S. Air Force Telehealth Initiative to Assist Primary Care Providers in the Management of Diabetes

Tamara J. Swigert, MSN, Mark W. True, MD, Tom J. Sauerwein, MD, and Houbei Dai, PhD

More than 50,000 active-duty U.S. Air Force (USAF) service members, retirees, and family members with diabetes receive care at more than 50 military treatment facilities (MTFs) throughout the continental United States. Although many of these patients are referred to civilian network diabetes specialists because of a scarcity of military endocrinologists, most are managed by USAF primary care providers (PCPs). In an effort to assist PCPs in managing complex diabetes cases, a team from the USAF Diabetes Center of Excellence (DCOE) in San Antonio, Tex., adopted the Extension for Community Healthcare Outcomes (ECHO) model of care.

Research Design and Methods
The ECHO model of health care delivery was developed and implemented originally by Dr. Sanjeev Aurora and his team at the University of New Mexico to treat underserved patient populations with hepatitis C. The model uses technology, specifically video teleconferencing, to provide support to PCPs in remote areas who may lack the experience, knowledge, or confidence needed to manage this complex condition. Results demonstrated that patients treated remotely through ECHO experienced similar clinical improvements with fewer adverse events than those treated at the university specialty clinic. The University of New Mexico has adapted the ECHO

model for 30 other chronic illnesses, including diabetes. After training with the New Mexico team, DCOE endocrinologists and support personnel adapted the ECHO model to address the unique needs of military PCPs and their patients with diabetes. The USAF ECHO initiative was designed such that sessions, open to all military medical staff (including, but not limited to, specialty care providers, midlevel providers, nursing staff, pharmacists, and nutritional medicine professionals), were transmitted via video and telephone conferencing systems twice monthly. The consulting team from the DCOE consisted of endocrinologists, endocrinology fellows, certified diabetes educators (registered dietitians and registered nurses), and behavioral specialists.

An electronic case referral form, including information about medical and psychosocial history, laboratory data, and current treatment plan, was designed and distributed to all participants to standardize case submissions. At each session, cases were presented by the submitting provider and discussed among participants, including the submitting provider, DCOE team members, and other medical professionals in conference who wished to contribute.

Each session also included a didactic presentation on a relevant diabetes-related topic provided by a subject matter expert. Topic suggestions were solicited from prospective participants. Continuing medical

education credit was offered as an incentive to participants who attended to sessions. The initial size of the project was to better equip PCPs with the tools (knowledge, support, and confidence) to better manage their complex diabetes patients. The DCOE team elected to track provider outcomes rather than clinical outcomes (such as measures of glycemic control) because multiple factors influence clinical outcomes, many of which cannot be isolated from the impact of the ECHO intervention. In addition, the concurrent launch of several other USAF diabetes initiatives further compounded the problem of being able to establish the specific effect of ECHO on clinical outcomes.

After each session, participants were asked to complete a feedback questionnaire, through which respondents rated their agreement to statements regarding their pre- and post-session knowledge and confidence levels, as well as their intention to change their practice. The questionnaire used a Likert scale in which 0 indicated strong disagreement with a statement and 5 indicated strong agreement with a statement. To isolate the effects of the intervention on the target population of PCPs from total participants, DCOE planners included a section in which respondents selected their appropriate medical background. A paired *t*-test was used to determine the significance of

BRIDGES TO EXCELLENCE

Table 1. Participant Feedback*

Questionnaire Item (Participants were asked to rate their degree of agreement with each statement.)	All Participants	PCPs Only
Perceived knowledge		
"I had sufficient knowledge of the discussion topic before the ECHO presentation/session."	3.62	3.6
"I have sufficient knowledge of the discussion topic after the ECHO presentation/session."	4.5	4.42
Significance value from paired <i>t</i> -test (P)	<0.001	<0.001
Confidence		
"I feel confident with regard to the treatment of complex diabetes patients before this ECHO session."	3.52	3.61
"I feel confident with regard to the treatment of complex diabetes patients after this ECHO session."	4.24	4.39
Significance value from paired <i>t</i> -test (P)	<0.001	<0.001
Intention to change current practice		
"I am likely to make changes to my treatment practice for patients with diabetes based on what I learned in the ECHO session today."	4.08	4.29
Respondents who rated intent to change practice at 3 (slightly agree) or higher (%)	94.9	96.8
Respondents who rated intent to change practice at 5 (strongly agree) (%)	41.8	45.2
Total responses from 20 sessions (n)	98	31
Average response rate (%)	23.4	27.9

*Average feedback for all sessions in 2012. Likert scale by: 0, strongly disagree; 1, moderately disagree; 2, slightly disagree; 3, slightly agree; 4, moderately agree; and 5, strongly agree.

differences between pre- and post-session scores.

Results

The first session was held on 13 January 2012; 20 ECHO sessions were conducted throughout that year. Over the course of the year, 142 participants registered for ECHO from 20 separate MTFs; however, 28 participants (19%) did not attend any sessions, primarily because of schedule constraints. Participants included 50 PCPs (12 of these identified themselves as mid-level providers), as well as primary care residents, endocrinologists, registered nurses, dietitians, pharmacists, and others. The average attendance was 25 participants per session. Participants submitted 17 cases for discussion in 2012; these were supplemented with 20 DCOE clinic cases for

a total of 37 cases addressed over the course of the year.

Outcome data (Table 1) showed the overall response rate was 23.4% for all participants and 27.9% for PCPs. The average self-score for perceived level of knowledge before sessions was 3.62 for all respondents and 3.60 for PCPs. The average self-score for perceived level of knowledge after sessions was 4.50 for all respondents and 4.42 for PCPs. For both groups, this increase in perceived diabetes knowledge was statistically significant ($P < 0.001$ and $P < 0.001$, respectively). The average self-score for personal confidence level with regard to treating complex diabetes patients before sessions was 3.52 for all respondents and 3.61 for PCPs. The average self-score for personal confidence level with regard

to treating complex diabetes patients after sessions was 4.24 for all respondents and 4.39 for PCPs. For both groups, this increase in personal confidence level was statistically significant ($P < 0.001$ and $P < 0.001$, respectively).

Nearly all (94.9%) respondents indicated that they were at least somewhat likely to alter their current diabetes management practices based on what they had learned at the session. A similar proportion of PCPs (96.8%) agreed with the statement, "I am likely to make changes to my treatment practice." Six patients with diabetes based on what I learned in the ECHO session today" at a level of 3 ("somewhat agree") or higher. Nearly half of the PCPs (45.2%) agreed with this

statement at the maximum level of 5 ("strongly agree").

Discussion and Conclusions

The ECHO Initiative, like other current USAF Medical Services initiatives, fits the patient-centered medical home model of care by supporting the PCP team's ability to provide comprehensive, high-quality care. Data collected from participant feedback indicated that the ECHO intervention resulted in a significant

positive change in perceived diabetes

knowledge and personal confidence levels, as well as intention to modify practice, among PCPs and other medical personnel in the Military Health Services. Surprisingly, a substantial number of participants were from outside the original target population (PCPs), and, like the PCPs, these participants found ECHO sessions to be educational, confidence build-

ing, and likely to result in a change in personal practice.

The implications of these results include the potential to successfully manage complex diabetes patients at the primary care level and reduce referrals to the private sector. Treating more patients at the primary care level will lead to improved continuity of care, improved patient access, and significant cost savings. In the future, the DCOE plans to

examine the effects of ECHO on

clinical outcome trends and referral rates. The USAF is also expanding the ECHO initiative to include other specialty care areas.

ACKNOWLEDGMENTS

The opinions expressed on this article are solely those of the authors and do not represent an endorsement by or the views of the USAF, the

U.S. Department of Defense, or the U.S. government.

REFERENCES

- U.S. Department of Defense. Military health system population health portal. Available from <https://mhpnp.afmip.mil/MHS/PHP>. Accessed 19 February 2013.
- Aurora S, Thornton K, Murza G, Deming P, Kalschman S, Dion D, Parish B, Burke T, Pak W, Dunkelberg J, Kosta M, Brown J, Jendryak S, Kozlowski M, Quinn C. Outcomes of treatment for hepatitis C virus infection by primary care providers. *N Engl J Med* 364:2159-2167, 2011.

All of the authors are based at the USAF Diabetes Center of Excellence (DCOE) at Joint Base San Antonio—Lackland, Tex. Tamara J. Swigert, MSN, is a certified diabetes educator with the outreach team. Mark W. True, MD, is the endocrinology fellowship program director. Tom J. Sauerwein, MD, is director of the DCOE, and Houbei Dai, PhD, is a data analyst.

78

Volume 32, Number 2, 2014 • CLINICAL DIABETES

CLINICAL DIABETES • Volume 32, Number 2, 2014

79

Swigert, T. J., True, M. W., Sauerwein, T. J., & Dai, H. (2014). US Air Force telehealth initiative to assist primary care providers in the management of diabetes. *Clinical Diabetes*, 32(2), 78-80.

"Medically Ready...Ready Medical Force"

Background

- The US Air Force Medical Service (AFMS) provides care for over 50,000 patients with diabetes.
- There are only 12 endocrinologists currently in the AFMS.
- The majority of diabetes care must be done by primary care managers (PCMs) and their teams.
- Diabetes Clinical Practice Guidelines are routinely updated and it's important to keep up to date, which is difficult for PCMs to do.
- Since 2012, the AFMS Diabetes Center of Excellence (DCOE) has established a continuing telemedicine education program patterned after the Project Extension for Community Healthcare Outcomes (ECHO) model.
- Project ECHO Diabetes** is a twice-monthly video teleconference delivered from the DCOE that:
 - Reviews standard topics in diabetes prevention and care
 - Has real case discussions between PCMs and Endocrinologists to provide optimal care

Purpose

We sought to review our impact over the past 7 years in regards to breadth (number of participants and locations); perceived knowledge and confidence gains; and likelihood to change clinical practice.

Method

We keep a record of all participants in each session and where they participate from. After each Project ECHO Diabetes session, a survey is distributed to all participants via SurveyMonkey through email. The survey has 8 questions total. In order to assess change, using a 6 point scale (strong/moderate/slight agreement or disagreement), we assess how the participant felt about their knowledge and confidence before the session and then after the session. We also assess how likely the participant is to change their clinical practice based on the session. Survey results from 2018 were coalesced for analysis in perceived knowledge and confidence gains and likelihood to change clinical practice.

Results

- Totals since inception in 2012:
 - Individual Participants (1 or more sessions): 560
 - Locations: 93
- 2018 Review:
 - Presentations: 18
 - Continuing Education Credits: 512
 - Participant Job Titles: PCMs, specialists, PharmDs, NPs, PAs, RNs, RDs, and educators
- 2018 Survey Results:
 - Response Rate: 224/512 (44% response rate)
 - Responses to analyzed questions can be found in Table 1.

Table 1. Pre and Post Course Responses

Question	Category	Pre-Course	Post-Course
Knowledge: <i>(Figure 1)</i> I have sufficient knowledge of the discussion topic.	Moderate/Strong Agreement	28%	84%
Confidence: <i>(Figure 2)</i> I feel confident with regards to the treatment of complex diabetes patients.	Moderate/Strong Agreement	33%	72%
Practice: I am likely to make changes to my treatment practice based on what I learned in this session.	Slight/Moderate/Strong Agreement	N/A	96%

Figure 1

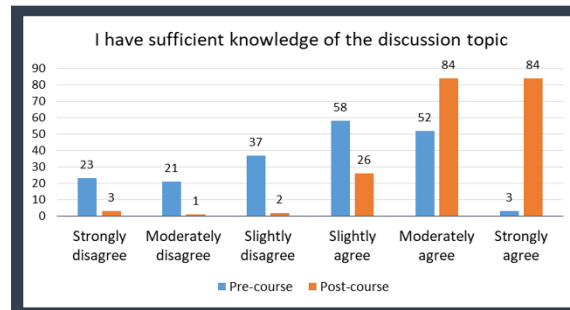
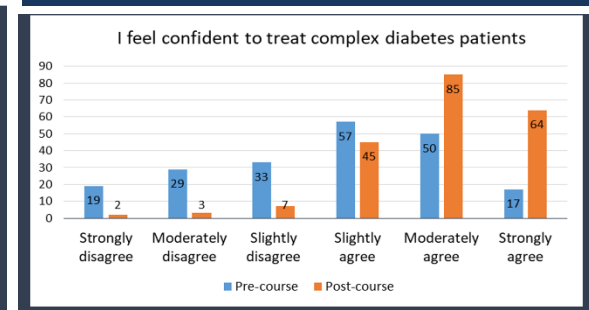


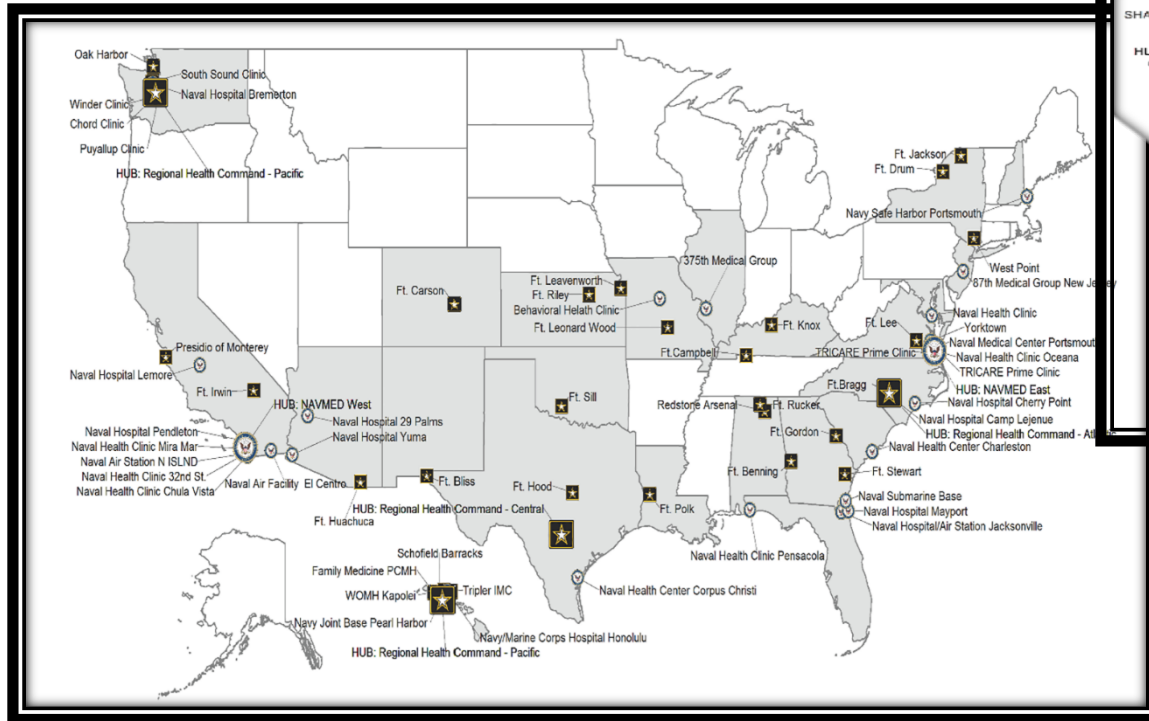
Figure 2



Discussion

In contrast to a traditional tertiary care referral model, models like Project ECHO Diabetes provide far greater reach, leveraging expert knowledge to increase quality of diabetes care at the primary care level through increasing knowledge and confidence. While this is self-reporting without clinical outcomes measure, it shows a high likelihood to change practice. In the context of the national diabetes epidemic and endocrinologist shortage, this model represents a realistic and responsible use of diabetes experts.

Geographic Distribution of Army and Navy ECHO Pain Hubs and Spokes



“Medically Ready Force...Ready Medical Force”

Army & Navy Pain ECHO Publication



Army and Navy ECHO Pain Telementoring Improves Clinician Opioid Prescribing for Military Patients: an Observational Cohort Study

Joanna G. Katzman, MD, MSPH¹, Clifford R. Qualls, PhD², William A. Satterfield, PhD^{3,4}, Martin Kistin, MD¹, Keith Hofmann, BS⁵, Nina Greenberg, MS, MPH⁶, Robin Swift, MPH¹, George D. Comerchi Jr, MD, FACP⁷, Rebecca Fowler, MPH⁸, and Sanjeev Arora, MD, MACP, FAGG¹

¹ECHO Institute, University of New Mexico, Albuquerque, NM, USA; ²Department of Statistics, University of New Mexico School of Medicine, Albuquerque, NM, USA; ³Defense Health Agency, Falls Church, VA, USA; ⁴University of New Mexico, Albuquerque, NM, USA; ⁵Kennell and Associates, Falls Church, VA, USA; ⁶Department of Mathematics, University of New Mexico, Albuquerque, NM, USA; ⁷Department of Internal Medicine, University of New Mexico School of Medicine, Albuquerque, NM, USA; ⁸Department of Psychiatry and Behavioral Sciences, University of New Mexico School of Medicine, Albuquerque, NM, USA.

BACKGROUND: Opioid overdose deaths occur in civilian and military populations and are the leading cause of accidental death in the USA.

OBJECTIVE: To determine whether ECHO Pain telementoring regarding best practices in pain management and safe opioid prescribing yielded significant declines in opioid prescribing.

DESIGN: A 4-year observational cohort study at military medical treatment facilities worldwide.

opioid and benzodiazepine per opioid user per year (−53% vs. −1%, $p < .001$), and (d) the number of opioid users (−20.2% vs. −8%, $p < .001$). Propensity scoring transformation-adjusted results were consistent with the opioid prescribing and MME results.

CONCLUSIONS: Patients treated by PCCs who opted to participate in ECHO Pain had greater declines in opioid-related prescriptions than patients whose PCCs opted not to participate.

Army & Navy ECHO Pain Telementoring

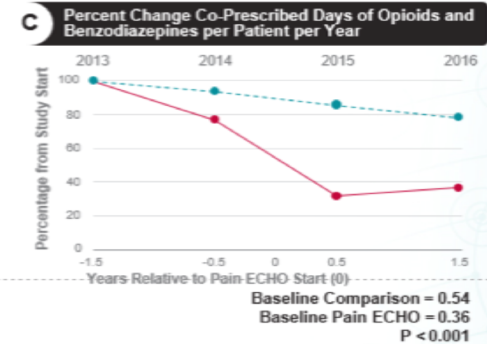
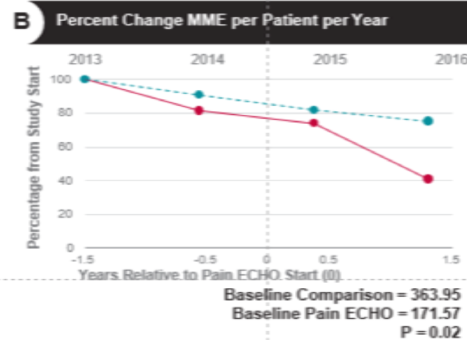
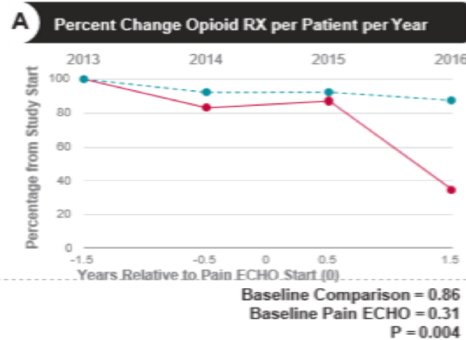


- **Objective:** To determine whether ECHO Pain telementoring regarding best practices in pain management and safe opioid prescribing yielded significant declines in opioid prescribing
- **Design:** A 4-year observational cohort study at military medical treatment facilities worldwide
- **Intervention:** PCCs attended 2-h weekly Chronic Pain and Opioid Management TeleECHO Clinic, which included pain and addiction didactics, case-based learning, and evidence-based recommendations

Army & Navy ECHO Pain Cohort Study Results



Percent Change of Opioid Prescriptions, Opioid Dose and Co-Prescription of Opioids and Benzodiazepines for Patients whose Clinicians Participate in ECHO Pain



Comparison Group -----
ECHO Group _____

Katzman, J, Qualls, C, Satterfield, W, Army and Navy ECHO Pain Telementoring Improves Clinician Opioid Prescribing for Military Patients, 2018, J Gen Intern Med



Key Takeaways



At ECHO, our mission is to democratize medical knowledge and get best practice care to underserved people all over the world.

Our goal is to touch the lives of 1 billion people by 2025.

Supported by New Mexico Department of Health, Agency for Health Research and Quality, New Mexico Legislature, the Robert Wood Johnson Foundation, the GE Foundation, Helmslev Charitable Trust, Merck Foundation, BMS foundation, NM Medicaid

- Access to specialty care has long been unevenly distributed
- ECHO provides a model by which to address these disparities
- Worldwide implementation has occurred in unique ways with various adaptations to the original Project ECHO, and evaluations should account for this diversity

References



Arora, S., Kalishman, S., Dion, D., Som, D., Thornton, K., Bankhurst, A.,...Yutzy, S. (2011). Partnering urban academic medical centers and rural primary care clinicians to provide complex chronic disease care. *Health Affairs*, 30 (6), 1176-1183. doi: 10.1377/hlthaff.2011.0278

Arora, S., Kalishman, S., Thornton, K., Komaromy, M., Katzman, J., Struminger, B.,... Rayburn, W.F. (2016). Project ECHO (Project Extension for Community Healthcare Outcomes): A national and global model for continuing professional development. *Journal of Continuing Education and Health Professionals*, Suppl 1:S48-S49. doi: 10.1097/CEH.0000000000000097

References



Arora, S., Thornton, K., Komaromy, M., Kalishman, S., Katzman, J., & Duhigg D. (2014).

Demonopolizing medical knowledge. *Academic Medicine*, 89 (1):30-32. doi:

10.1097/ACM.0000000000000051

Beckman, D., True, M. W., Morrow, C. C., Watson, N., Wardian, J. L., Tate, J. M., & Sauerwein, T. J.

(2019). 1286-P: US Air Force Project ECHO Diabetes: Our Seven-Year Experience-Slide 28

Katzman, J.G., Qualls, C.R., Satterfield, W.A., Kistin, M., Hofmann, K., Greenberg, N.,..., Arora, S.

(2019). Army and Navy ECHO pain telementoring improves clinician opioid prescribing for military patients: An observational cohort study. *Journal of General Internal Medicine*,

34(3):387-395. doi: 10.1007/s11606-018-4710-5

References



Swigert, T. J., True, M. W., Sauerwein, T. J., & Dai, H. (2014). US Air Force telehealth initiative to assist primary care providers in the management of diabetes. *Clinical Diabetes*, 32(2), 78-80.
doi: 10.2337/diaclin.32.2.78

U.S. Department of Health and Human Services. (2019). Current State of Technology-Enabled Collaborative Learning and Capacity Building Models. Washington, D.C: Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation (ASPE). Retrieved from <https://aspe.hhs.gov/office-health-policy-hp>

Questions?



- Please submit your questions in the Q&A pod in Adobe Connect

How to Obtain CE Credits



To receive continuing education credit (CE), you must complete the program posttest and evaluation for each session of the event. The posttests and evaluations will be available through 3 October 2019 at 2359 ET. Please complete the following steps to obtain CE credit:

1. Go to URL <https://www.dhaj7-cepo.com/content/august-2019-dha-clinical-communities-speaker-series>
2. Click on the REGISTER/TAKE COURSE tab.
 - a. If you have previously used the CEPO LMS, click login.
 - b. If you have not previously used the CEPO LMS click register to create a new account.
3. Verify, correct, or add your profile information.
4. Follow the onscreen prompts to complete the post-activity assessments:
 - a. Read the Accreditation Statement
 - b. Complete the Evaluation
 - c. Take the Posttest
5. After completing the posttest at 80% or above, your credits will be recorded in the LMS. In addition, you will be able to print or download your certificate. Repeat this process for each session you wish to claim CE Credit.
6. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
7. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-lms-support@mail.mil