

Pres ECHO: A Targeted Telehealth Strategy

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Using telehealth to strategically target needed changes in practice and provide support

- 3 problems that exist almost everywhere in the US health care system
 - Not enough addiction specialists
 - Not enough psychiatric specialists
 - Too many opioid overdose deaths

Step 1: Determine Our Priorities:

Presbyterian's SUD initiative

Goals:

- 1. Reduce stigma about people living with substance use disorders
- 2. Increase use of evidence-based treatments for substance use disorders
- 3. Reduce opioid-related mortality (initial focus), then expand to all substances

Step 2: Eliciting the needs of a system

- Stakeholders: mostly primary care providers
- Leadership
 - Primary care leadership
 - Enterprise leadership: Enterprise CMO, health plan, care coordination
 - PMG leadership

Methodology:

- 1. Elicited interest in brief teach-ins
- 2. Gave lunchtime talks with Q&A
- 3. Asked provocative questions about practice patterns
- 4. Listened for pain points

Step 3: Elucidating the need

- Listening for problems where education is a major part of the solution
 - Chronic Pain Management & Opioid Prescribing
 - Management of Psychiatric Conditions
 - Management of Substance Use Disorders
 - Engagement of Difficult to Engage Health Plan Members



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Step 4: Designing the telehealth solution

Presbyterian Chronic Pain,
 Addictions, & Other Psychiatric
 Disorders ECHO

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Step 4: Designing the telehealth solution

- Presbyterian Chronic Pain,
 Addictions, & Other Psychiatric
 Disorders ECHO
 - Presbyterian Pain & Addiction ECHO
 - Presbyterian Motivational Interviewing ECHO

First Pain and Addictions ECHO Clinic January 4th, 2018



Spring 2018 Curriculum

Pain and Addictions ECHO Clinic

Join us every Thursday from 12 p.m. to 2 p.m. Connect through Zoom

Who should attend?

 Physicians, advanced practice clinicians, nurses, counselors, discharge planners, social workers, pharmacists, peer support, community health workers – and anyone else with an interest.

Benefits

- Weekly case-based clinical discussion on evaluation and treatment of pain and addictions and mental health.
- Gain up-to-date knowledge of scientific advances.
- Improve confidence managing patients with substance use disorders (SUD).
- Enhance knowledge of SUD so that you can become a resource for referrals for SUD care in your practice and community.
- Help your patients and colleagues.
- Sessions are CME accredited for physicians.
- Other healthcare professionals can receive contact hours.
- Free activity.

TELEMEDICINE MODEL	ECHO CLINIC MODEL
EXPERT PATIENT	EXPERT OF THE PROPERTY OF THE
PRO Immediate increase in access to expertise	PRO Provider gains knowledge to help all patients
CON	

For connection details, contact clinic coordinator at PA_ECHO@phs.org or (505) 559-6725.

Referring provider does not gain knowledge to help patients



A PRESBYTERIAN

JANUARY	
01/04/18	Epidemiology of Pain and Addiction
01/11/18	Chronic Back Pain – Evaluation, Diagnosis, EBP
01/18/18	Opioid Use Disorder
01/25/18	Trauma and SUD and Pain

FEBRUARY	
02/01/18	Fibromyalgia
02/08/18	Dual Diagnosis
02/15/18	Opioid Rotation
02/22/18	Urine Drug Testing

MARCH	
03/01/18	Sleep Disorders and Pain
03/08/18	Alcohol Use Disorder
03/15/18	Headaches
03/22/18	Cannabis Use Disorder
03/29/18	Medical Marijuana

APRIL	
04/05/18	Narcan/Harm Reduction
04/12/18	Chronic Pelvic Pain
04/19/18	Visceral Pain
04/26/18	Stimulant Use Disorder

MAY	
05/03/18	Myofascial Pain
05/10/18	Tobacco Use Disorder
05/17/18	CAM for Pain
05/24/18	Relapse Prevention
05/31/18	Rheumatoid Disorders

JUNE	
06/07/18	Chronic Pain and SUD Co-Treatment
06/14/18	ASAM Placement Criteria/ Settings of Care
06/21/18	Complex Regional Pain Syndrome (CRPS)
06/28/18	Adolescent SUDs

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Education only works if people have access to it

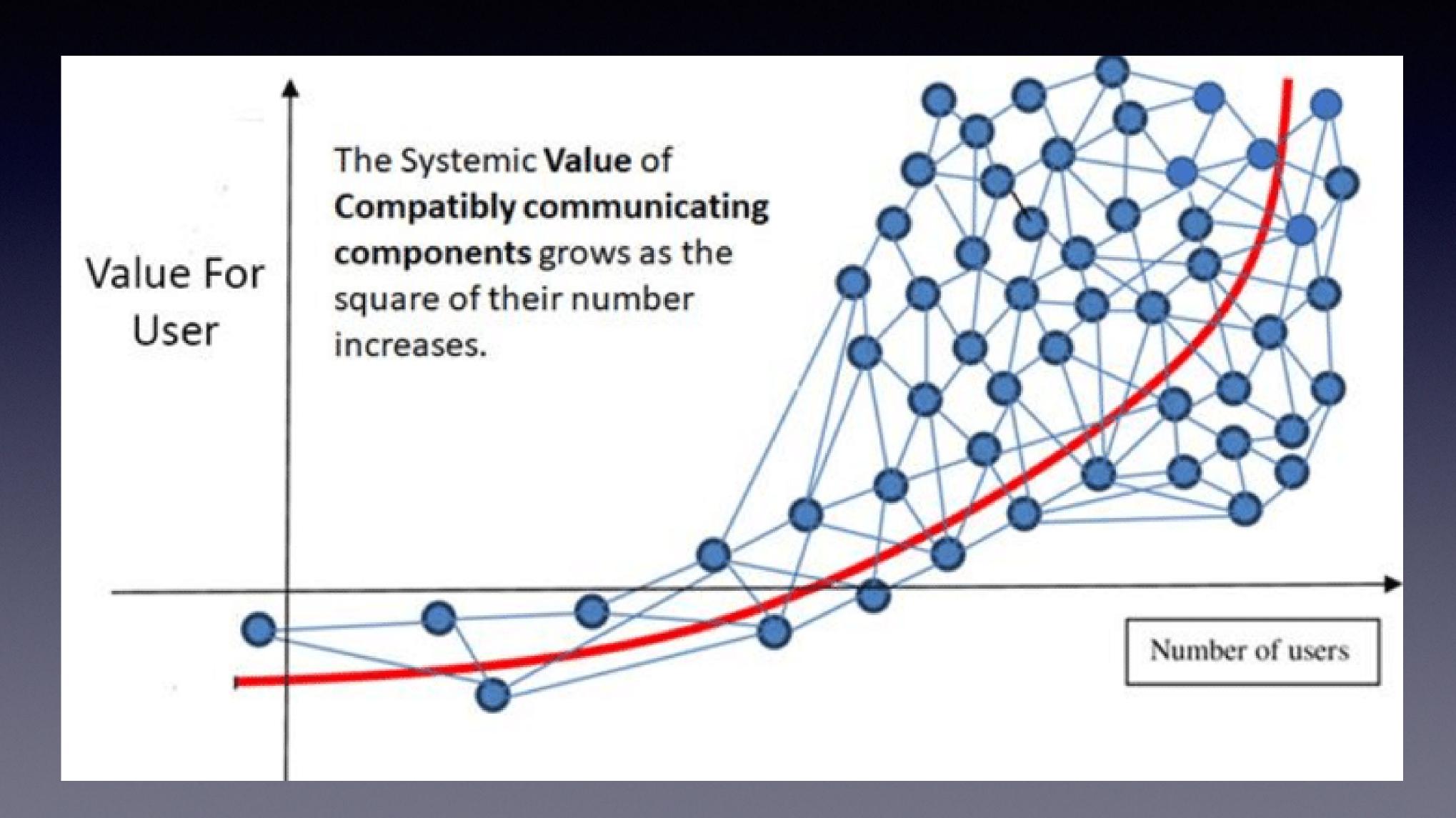
Proposal: Presbyterian should:

- Minimally: allow providers to join
- Optimally: pay providers to attend
- (Step -1: secure the commitment when you interview)
- Primary Care agreed.
 - QIP: Quality Incentive Pay
 - Requirements: Attend at least 75% clinics within 6 months
 - QIP payments given to date: 56

Embracing Telehealth as a Form of Industry Leadership

- **EXPIRED SLIDE CONTENT:** Getting people acclimated to online interactions.
 - Hosted "get to know zoom" sessions
- COVID made online platforms mainstream
- Bigger issue:
 - Organizational support for the telehealth activity is tied to successful adoption

Metcalf's Law Applies to TeleHealth Activities



Presbyterian Healthcare Services is the First Non-Academic Organization in the ECHOverse that has Subsidized Providers' Time to Participate in ECHO telehealth clinics.

The results:

- PHS Pain & Addictions ECHO:
 - 132 Clinics
 - 395 unique attendants (3,331 non-unique attendants)
 - 169 Cases presented, covering 155 individual patients
 - 137 Didactics
 - Average participant # per clinic: 25.2
- PHS Motivational Interviewing ECHO
 - 32 Clinics
 - 171 unique attendants (427 non-unique attendants)
 - 30 Didactics
 - · Case: record your use of motivational interviewing techniques and receive feedback on them





Motivational Interviewing ECHO Clinic

Join us every second Wednesday from 12 p.m. to 1:00 p.m. for presentations and discussions with Brian Serna, LPCC, LADAC.

Connect through Zoom - Meeting ID: 747-783-3246

Who should attend?

- Physicians
- · Advanced Practice Clinicians
- Pharmacists
- Nurses
- Counselors
- Social Workers
- Discharge Planners
- Peer Support Specialists
- Community Health Workers

Benefits

- Case-based clinical discussion on utilizing Motivational Interviewing (MI) skills
- · Gain feedback on current practice and skills
- Improve confidence using OARS
- Enhance knowledge of MI to become a resource to others using MI skills
- · Help your patients and colleagues
- Sessions are CEU and CNE accredited
- Free activity

2019 Schedule

	JANUARY		FEBRUARY
01/09/19	Fostering a Collaborative Atmosphere	02/13/19 Op	en-Ended Questions
	MARCH		APRIL
03/13/19	Affirmations	04/10/19 Mo	tivation to Change
	MAY		JUNE
05/10/19	Developing Discrepancies	06/12/19 Pro:	s, Cons & Ambivalence
	JULY		AUGUST
07/10/19	Problem Discussion and Feedback	08/14/19 Cha	ange Planning
	SEPTEMBER		OCTOBER
09/11/19	MI Styles & Traps	10/09/19 MI	Assessment Sandwich
	NOVEMBER		DECEMBER
11/13/19	MI Principals	No Clinic Wir	

A collaborative effort between:

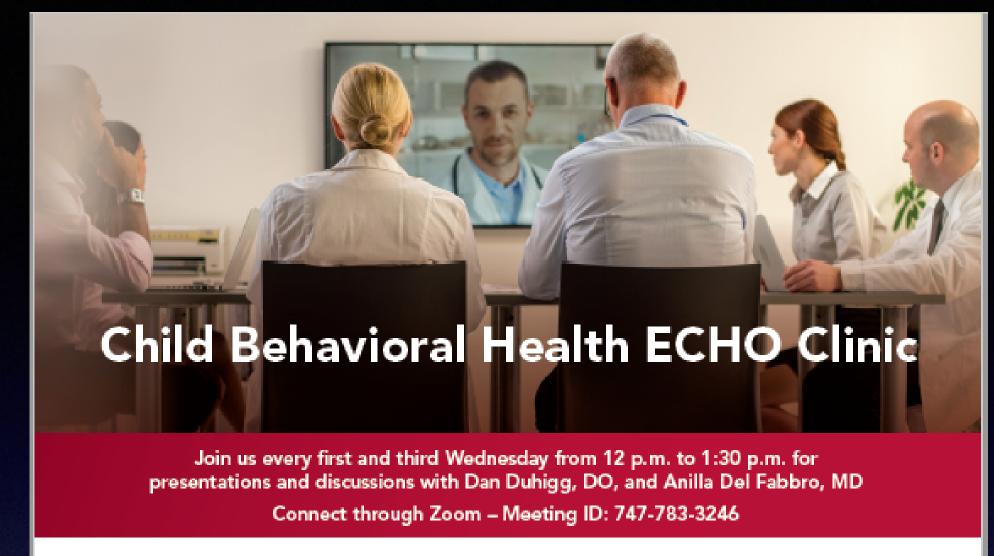






More Needs Elicited

- PHS lost all but 2 outpatient Child/Adolescent Psychiatrists
- 1st Try: PHS Child Mental Health ECHO (1 per month)
 - 5 clinics (Depression, Suicide, Substance Use, Autism Spectrum Disorder, ADHD)
 - 31 unique attendants (55 non-unique attendants)
 - 6 cases presented
- 2nd Try: PHS & UNM Child Behavioral Health ECHO (bi weekly sessions)
 - 20 clinics
 - 95 unique attendants (298 non-unique attendants)
 - 15 cases presented
 - 20 Didactics (from Children's Health Queensland Hospital and Health Services)



Who should attend?

- Physicians
- Advanced Practice Clinicians
- Pharmacists
- Nurses
- Counselors
- Social Workers
- Discharge Planners
- Peer Support Specialists
- Community Health Workers

July - November 2019		
07/03/19	Making Sense of Behavior: Part 1	
07/17/19	Making Sense of Behavior: Part 2	
08/07/19	Autism Spectrum Disorder	
08/21/19	Mood Disorders	
09/04/19	Learning Disorders	
09/18/19	Anxiety Disorders	
10/02/19	ADHD	
10/16/19	School Refusal	
11/06/19	Bullying	
11/20/19	Gender Identity	

Benefits

- Bi-weekly case-based clinical discussion on evaluation and treatment of behavioral health conditions for child and adolescents
- Gain up-to-date knowledge of evidence based practices
- Improve confidence managing patients with behavioral health needs
- Sessions are CME accredited for physicians
- Other healthcare professionals can receive contact hours
- Free activity

January - May 2020		
01/15/20	Eating Disorders	
01/29/20	Sleep Disorders	
02/05/20	Attachment	
02/19/20	Self Harm and Suicide Behaviors	
03/04/20	Abuse and Neglect	
03/18/20	Trauma	
04/01/20	Reproductive Health	
04/15/20	Medication Management	
05/06/20	Substance Misuse	
05/20/20	Legal and Ethical Issues	

A collaborative effort between:





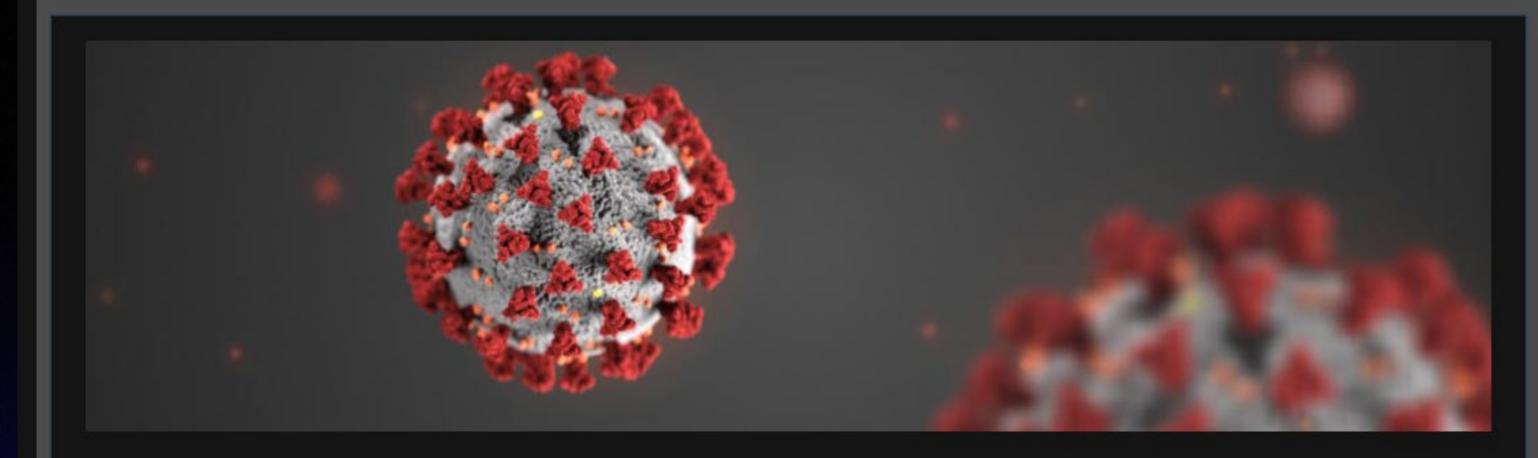


A novel need arose

Workforce needed answers and support:

PHS COVID ECHO structure:

- 1. Medical Director for Infection Control: state of the epidemic (30 min)
- 2. Case-based didactics on management of patients with COVID (30 minutes)
- 3. Facilitated check-in and support (60 minutes)



Presbyterian COVID-19 ECHO Clinic Takes Its Final Bow

Today was the last COVID-19 ECHO Clinic. It was a difficult decision but we felt it was time. We want to take a moment to express our appreciation for having you be a part of this very successful clinic.

Since the launch on April 10th we offered 14 clinics, reached 240 participants from 11 cities all over the state and awarded more than 450 CMEs

A special thank you to Dr. Jeff Salvon-Harman for the time and expertise he provided to navigate this epidemic. We would all be lost without his guidance.



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 - Provider Manuals, Training & Outreach
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 - About Presbyterian ECHOFrequently Asked Questions
 - Presbyterian ECHO Past Recordings
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Presbyterian ECHO

Presbyterian ECHO™ clinics are sub-programs of the Project ECHO model™. Project ECHO (Extension for Community Healthcare Outcomes) is a movement to spread knowledge and increase local access to best practice care for underserved people throughout the world. The program aims to establish and promote a robust knowledge network that builds community-based primary care capacity.

About Presbyterian ECHO

Presbyterian ECHO clinics are available to all healthcare professionals interested in improving their knowledge or ability to provide prevention, diagnosis, and treatment of various health conditions. Participation is free.

Learn More and Sign Up >

Frequently Asked Questions

Do you have questions about getting started with Presbyterian ECHO?

Review FAQs >

Past Recordings

For continuous learning, we record all of our ECHO sessions.

View a Past Recording

Thank you.