Keeping Care Local: eConsults and ECHOs in Rural and Frontier Counties

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March 2, 2024
Disclosures

- BreAnna Teeters: No financial or business disclosures
- Melissa Griffith: No pertinent financial or business disclosures
Learning Objectives

• Describe how eConsults and ECHO improve access to care in rural and frontier counties.
• Understand how telehealth methods can improve equity.
• Describe how eConsults and ECHOs support peer-models of care.
CU School of Medicine developed the Peer Mentored Care Collaborative (PMCC) with the aim of assuring that regardless of where patients live in the state, healthcare providers can connect and be assisted in providing care in partnership with the Anschutz Medical Campus (AMC).

*PMCC consists of two innovative programs which support peer mentored approaches to improving access to care:*

1. The **ECHO program** is a virtual platform which helps disseminate curated knowledge to frontline providers and supports an “all teach, all learn” collaborative focused on a particular clinical or public health topic.

2. The **eConsult program** facilitates a virtual patient-centered medical neighborhood by improving communication and care coordination between primary care providers and specialists, reducing fragmented care, and accelerating and expanding access to specialty care.
What is ECHO?

ECHO = Extension for Community Health Outcomes

- Tele-mentoring and capacity building program
- Hub-and-spoke knowledge-sharing approach where expert teams lead virtual session that are a blend of didactic and case-based learning
- Specialists support to PCPs to manage straightforward conditions without referral
- Specialty referral network development
Project ECHO Story

• Initially began as a program to treat Hepatitis C in New Mexico.

• In 2001 there were 28,000 patients with hepatitis C in New Mexico and only 1,500 had been treated.

• People were dying of a treatable and curable disease because they could not access timely treatment.

• University of New Mexico hepatologist (Dr. Sanjeev Arora) recruited primary care clinicians around the state to create a virtual “community of practice” or a space where doctors could learn from experts and each other; where they could discuss real-life case examples that offered insight on New Mexico’s unique patients and systems.

• In one year, these clinicians became experts in the treatment of hepatitis C – the first success story of the global organization now known as “Project ECHO.”
ECHO Hubs: Worldwide

[Map showing ECHO Hubs around the world with statistics: 45 countries, 436 hubs, 960 programs]
ECHO Colorado

• ECHO Colorado’s mission is to leverage the knowledge and experience of geographically diverse communities for workforce development and improved health for all.

• We use Zoom to disseminate curated medical knowledge to frontline providers and to promote best practices to reduce disparities in health equity.

• Regularly scheduled ECHO sessions create an “all teach, all learn” collaborative where specialists and frontline clinicians focus on a particular clinical or public health-related topic.
ECHO Colorado

Who Have We Reached in Colorado?

FY 2023 REACH

2,223 participants came from 54 of Colorado’s 64 counties

Colorado participation was up 56% over 2022
ECHO Colorado

Who Have We Reached in the U.S.?

2,953 participants came from 46 U.S. states
## ECHO Colorado in 2023

### 2023 Statistics
- **Series**: 39
- **Sessions**: 282
- **Participants**: 2,953
- **Avg Participants/Session**: ~29.5
- **Sessions Attended**: 8,308

### Populations Served

<table>
<thead>
<tr>
<th>Population</th>
<th>2022</th>
<th>2023</th>
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<tbody>
<tr>
<td>Medically underserved</td>
<td>37%</td>
<td>54%</td>
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<tr>
<td>Rural or frontier communities</td>
<td>18%</td>
<td>20%</td>
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<tr>
<td>Medicaid population</td>
<td>57%</td>
<td>61%</td>
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*Data not captured for all series*

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The Colorado Department of Public Health and Environment (CDPHE) values our ongoing partnership with ECHO Colorado. It has helped reach a new audience and continues to build bridges between public health and clinicians statewide. We look forward to continuing to partner with ECHO on additional projects of importance to the state of Colorado.

Dr. Rachel Herlihy, CDPHE
A Sampling of Past ECHO Series

- ALTO (Opioids)
- AUTISM
- BEHAVIORAL HEALTH INT
- BRIDGING ONC TO PC
- CLINIC BUILDING
- CAN KEMPE
- PATIENT ENGAGEMENT & CARE COORDINATION
- DIABETES CARE, QI, SNURSE
- CERVIC CANCER SCRGNG
- PED EPILEPSY
- KEMPE CHILD WELFARE
- RMPHTC COALITIONS
- COLORECTAL CANCER SCRGNG FOR FQHCs
- CANCER AND BH
- CW SABUSE AND FAMILIES
- DEV BEHAVIORAL PEDS
- DUAL DIAGNOSES
- HEPATITIS
- FOOD SAFETY
- LUPUS
- MOOD AND ANXIETY
- MOTIVATIONAL INTERVIEWING
- NEUROLOGY SCHOOL NURSING
- NFP PARTNERSHIP AMER INDIAN
- OIL AND GAS AND PUBLIC HEALTH
- ITMATTRS MAT OPIATES
- ORAL HEALTH
- PATIENT NAVIGATOR HEALTH PROMOTION
- PATIENT NAVIGATOR RESOURCES
- Peds Complex Care
- Peds Asthma Management
- Peds Psychiatry
- Pharmacy Management
- Rheum Endo Core
- Resilience
- TB
- Hypotheses Genrtn Food Safety
- Health Equity
- Cancer Survivorship
Current ECHO Series in 2024

• Navigating Patient Care to Improve the Well-Being of Cancer Survivors in Rural/Frontier Colorado and Wyoming

• Autism: Care Concepts for Primary Care

• Perinatal Mental Health: An Interdisciplinary Approach

• Transgender Health: Comprehensive Approach In Primary Care

• Colorado Updates in Public Health: COVID and Beyond
Intent for ECHO Attendees

• Foundational specialty information
• New treatments and medications
• Management practices and patient maintenance

• What are participants gaining? – (from “Endocrine Explained” ECHO)
  • “The unique opportunity to ask the experts any question, as well as hear the clinical pearls not taught in NP programs. The information provided was practical, evidence-based and the topics selected very useful!”
  • “We have difficulty referring patients to endocrinology in our area and this content helps me to feel more confident in evaluating and managing more complex cases.”
  • “This was a phenomenal course where I gained useful pearls with each session! I appreciated the allotted time for questions at the end of sessions All the speakers and mediator were extremely knowledgeable in their respective specialties and gifted educators”
Opportunities with Peer Model Care Education

• Didactic with cases & peer to peer sharing and discussion with experts
• Community of practice v. knowledge distribution
• How structure matters
  • Learning Series
  • Case Review
  • Canvas Course
Considerations in Integrating Equity

• Rural and Frontier: resources, marketing, timing, community priorities, communication of needs from health professionals

• Understanding community needs – who brings the ECHO idea to the table?

• Community engagement strategies – future goals
Who’s Involved?

• Planning

• Persons with lived experience from the community

• Participants

• Patients
Opportunities for Exploration

• Community and County specific series

• Community Informed Series

• Cohort Education
  • Continued education single learning series

• Digging deeper in eConsult data usage long term
What are Electronic Consultations (eConsults)?

Electronic consultations (eConsults) are asynchronous, consultative, provider to provider communications within a shared electronic medical record (or web-based platform).
Benefits of eConsults

• Rapid access to specialty clinician input

• Triage: Avoidance of unnecessary face-to-face patient visits

• Improve appropriateness of clinical work-ups

• Reduced cost of care

• Educational for primary care colleagues

• High satisfaction amongst patients and clinicians

• Improved safety (i.e. medication interactions)

• Improved hard clinical outcomes
  ▪ Ex: increased anticoagulant prescribing in atrial fibrillation
AAMC CORE Initiative: Implementing eConsults and Enhanced Referrals

CORE = Coordinating Optimal Referral Experiences
Growing Community of AMCs Participating in eConsults

The AAMC Project CORE

- CUSOM launched in cohort #3
- EPIC based platform
- Pediatric and Adult specialties
  - ~50 specialties
CU School of Medicine eConsult Development Timeline

2018
- CORE Program Launch
- 8 adult/7 pediatrics specialties
- Medicaid Supplemental Funding

2019
- UCIHealth Medical Group expansion
- 13 adult/10 pediatrics specialties

2020
- SIM Grant for EHR interoperability

2021
- 2 FQHC partners launch

2022-PRESENT
- 5 FQHC partners
- 28 adult/22 pediatrics specialties
The CUSOM eConsult program utilizes three workflows to connect CU and non-CU providers:

1. Epic integration for all CU and UCHealth Medical Group providers (CORE Program).
2. Epic-to-Epic platform integration between CU and external STRIDE providers.
3. External platform (AristaMD) connection for all primary care providers outside Epic.
Current eConsult Program Reach

- Coverage of EPIC internal eConsults
  - Metro Denver
- Future Growth of EPIC internal eConsults
  - UCHealth Network
  - **FQHC Partner Networks**
    - Salud Family Health Centers
      - 13 locations
    - Peak Vista Community Health Centers
      - 14 locations
    - Valley-Wide Health Systems
      - 12 locations
    - STRIDE Community Health Center
    - Valley-Wide Health Systems Inc
# eConsult Program Growth

**Outcomes**

- Completed: 76%
- Converted: 16%
- Declined: 8%

>20,000 adult eConsults since program inception

![# E-CONSULTS](chart)

<table>
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<tr>
<th>Year</th>
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<th>External Pivot</th>
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<td>507</td>
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<tr>
<td>FY 2023</td>
<td>5309</td>
<td>312</td>
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</table>

*Project Core vs External Pivot eConsults from FY2018 to FY2023*
Specialty Care eConsult Utilization

TOP SPECIALTY CARE AREAS

- Infectious Disease
- Gastroenterology
- Urology
- Hepatology
- Dermatology
- Nephrology/Renal
- Rheumatology
- Neurology
- Cardiology
- Endocrinology

Number of eConsults

0 50 100 150 200 250 300 350 400
eConsult Utilization

PCP Utilization

• > 540 different PCPs have placed an eConsult
  • 80% physicians
  • 12% APPs
  • 8% Residents/Fellows
• 87% have placed more than 10 eConsults
• 88% are placed during normal business hours

Specialty Care Provider Experience

• Average time to answer eConsult is just over 10 minutes
• Average turnaround time of 2 business days
• 78% answered during normal business hours
  • The volumes seen in Endocrine has forced some adaptations

PCP Satisfaction

• 95% of PCPs have been highly satisfied with the eConsult responses they have received from the specialists
• 100% of PCPs believe specialists’ responses have advanced their clinical knowledge and practice
• 95% of PCPs find eConsults to be easy to use
• 95% of all PCPs find eConsults to be extremely valuable
HCPF partnered with Safety Net Connect (SNC)
- SNC = boutique software development company that builds tools to improve care coordination and access

SNC partnered with ConferMed who will provide specialty network and recruit specialists to answer e-consults
- Network has 300+ specialists across 70+ specialties
- Specialists from out of state will need a Colorado license to participate

Compensation for Medicaid e-consults:
- $17 fee-for-service for PCPs
- $35 for specialist completing e-consult
How Can eConsults and ECHO Mesh?

eConsult Database =
What does primary care want to know?

Design ECHO specialty care curriculum

Provide “common case” study examples during ECHO sessions

Recruitment of specific providers for education
Rheumatology Workforce Shortage
Rheumatology Workforce Shortage
Supply-Demand, 2015-2030
Project ECHO Colorado-Rheumatology Series
Sample Rheumatology E-Consult

METRO-D RHEUMATOLOGY
I am requesting an E-Consult for a 34 y.o. female with ANA+ with Arthralgia-Myalgia.

My Clinical Question is:
Pt with generalized fatigue and ANA positive, please eval for further workup and whether possible to be seen at your clinic

If this clinical question is too complex for e-Consult, please: Route the request back to me and I will follow-up with the patient prior to scheduling for a specialty visit.
Sample Rheumatology E-Consult Reply

• Referral Question provided: ANA, fatigue

• Data: ANA 1:160. No exam since 2/23 in primary care's clinic.

• Data Needed: In there setting of a concern for a collagen vascular disease as an explanation of arthralgias and myalgias, if an ANA is found to be positive, there should be further serologic testing done. This should include: SSA/SSB ab, dsDNA antibodies, anti Smith antibodies, anti-RNP antibodies, C3 level, C4 level, CMP, U/A, and a CBC. No labs since 4/2023. Given myalgias, would also consider cpk, aldolase. Consider TSH. Would evaluate in person to see if any evidence of connective tissue disease.
Top 10 Rheumatology Clinical Questions by Natural Language Processing Analysis

1. Joint pain
2. Uric acid
3. Positive ANA
4. Inflammatory markers
5. Additional testing?
6. Elevated ESR
7. Speckled pattern
8. Elevated CRP
9. Hand pain
10. Knee pain

Prepared by Stephanie Grim, MS, MPH
Project ECHO Colorado-Rheumatology

- Reflection
- Curriculum Development
- Participant Feedback
- Implementation

TO ECHO IS TO LEARN, TO SHARE, TO ENGAGE AND TO CONNECT.
Goals

• Give primary care providers the knowledge to work-up rheumatologic illness and treat patients locally, if possible

• Bring patients into clinic when necessary

• Extend our “reach” with use of e-consultation platforms

• Improve appropriateness of referrals and e-consults
Summary

• ECHO Colorado has had widespread reach in engaging health professionals in specialized education opportunities, but there are numerous possibilities in further integrating equity and community in future programming.

• eConsult use is an expanding modality for healthcare delivery in Colorado. The PMCC is working to integrate eConsults with the ECHO model to expand specialty care reach in the state.

• Rheumatology is a limited medical specialty resource where the eConsult and ECHO models are being used to improve referral quality and support primary care providers so that patients can receive care in their medical homes when appropriate.