Building Community Capacity to Address the Opioid Crisis

Kristen Kelley
Andrea Janota, MPH
Objectives

1. Describe Project ECHO
2. Examine the efficacy of the ECHO Model
3. Discuss the work of Indiana’s ECHO Projects
4. Identify ways to become involved with these initiatives
ECHO Origin Story: Hepatitis C (HCV) in New Mexico

- Estimated 36,000 individuals in New Mexico with HCV
  - Only 5% were in treatment

- Shortage of specialists
  - Only 2 clinics in New Mexico with the necessary expertise

- Virtual clinics for providers to treat HCV in their own communities

- Increased community capacity → Increased access to care → Reduction in racial and ethnic disparities in treatment outcomes → Healthier communities

About Project ECHO

- ECHO = Extension for Community Healthcare Outcomes

- Mission: “…democratize medical knowledge and get best practice care to underserved people all over the world.”

- 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 communities

ECHO® trains primary care clinicians to provide specialty care services

Patients get the right care, in the right place, at the right time.
All Teach, All Learn

Hub and spoke knowledge sharing creates a learning loop:

- Community providers learn from specialists
- Community providers learn from each other
- Specialists learn from community providers as best practices emerge
Are You Part of the ECHO?

https://www.youtube.com/watch?v=Faz3O1clDMU&t=10s
ECHO vs. Telemedicine

TeleECHO™ Clinic
- Expert hub team
- ECHO supports community based primary care teams
- Learners at spoke site
- Patients reached with specialty knowledge and expertise

Traditional Telemedicine
- Specialist manages patient remotely

Treating provider retains responsibility for managing patient.
Anatomy of an ECHO Clinic

- Meets virtually on a regular schedule
- Group Introductions
- ~20 Minute Didactic + Q&A
- 1-2 de-identified patient Case Presentations
Medical co-occurring disorders (caused by opioid Addiction):

Pharmacologic:
- Gastrointestinal Motility decrease/irregularity
- Respiratory Depression (lethal overdose)
- near lethal overdose
<table>
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<tr>
<th>OUD ECHO Hub Panel Expertise</th>
<th>HCV ECHO Hub Panel Expertise</th>
<th>LGBTQ+ ECHO Hub Panel Expertise</th>
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<td>Pharmacy</td>
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<td>Clinical Social Work</td>
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<td>management</td>
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Sample Didactic Presentation

Oh no! I just tested positive for hepatitis C again!

https://youtu.be/nuQV58u8CCQ
# Hepatitis C (HCV) Case Presentation Form

**Presentation Date:** 9/27/2018  
**Patient Visit Date:** 9/5/2018  
**ECHO Case ID:** HCV3RGU34

## General Information
- 26 yo, non-Hispanic, White, Male  
- Straight  
- Medicaid

## Substance Use History
- Patient has history of injection drug use for period of 6 months 4 years ago. Most drug use was oral or inhaled.  
- Patient is not currently injecting drugs  
- No hx of AUD  
- Substance use hx includes opioids, stimulants, suboxone  
- Currently in treatment  
- Patient uses nicotine w/ no current interest to quit

## Patient History
- HCV diagnosis 7/2014, tx naïve  
- Fibrosure: F3  
- Unsure if cirrhosis is present  
- Other medical hx:  
  - Chronic pain in hands  
  - Rheumatoid arthritis  
  - Fully vaccinated for hep B, not hep A  
  - BMI: 27.7

## Mental Health History
- Depression, currently well controlled  
- ADHD, controlled with Strattera  
- PHQ-9: 0  
- GAD 7: 1, 7/12/2018

## Current Medications
- Gabapentin 600mg tid  
- Meloxicam 15mg daily

## Laboratory Testing
- Date of Lab Draw: 7/18/2018  
- Genotype: 1a  
- Viral Load: 8,770,000  
- INR: 1.1  
- Platelets: 140  
- AST Level: 138  
- AST Upper: 40  
- ALT: 159  
- Total Bilirubin: 0.5  
- Albumin: 4.6  
- APRI: 2.464  
- MELD: 7

## Main Discussion Questions
1. Additional tests needed?  
2. In presence of RA, any special considerations?
Case Presentations

- 1-2 per session
- Participant will present de-identified case – NO PHI
- Spoke will ask clarifying questions
- Experts will ask clarifying questions
- Spoke will make recommendations and share knowledge
- Experts will make recommendations
- Written recommendations will be submitted to participant only
- Follow up presentation will be encouraged
Sample Case Presentation

Hepatitis C (HCV) Case Presentation Form

Presentation Date: 6/7/2018
Patient Visit Date: 5/23/2018

Provider ECHO ID #: HCV1RGU3
ECHO Case ID #: HCV3RGU24

General Information

- 34, non-Hispanic, Native Hawaiian/Pacific Islander, Female
- Straight/heterosexual
- Recovery Works insurance

Patient History

  - HCV RNA: 175,000
  - Genotype: 1a
  - Compensated, non-cirrhotic
  - Not vaccinated for both hepatitis A or B

Mental Health History

- Patient is 7 weeks pregnant
- BMI: 26.0

https://youtu.be/xVIn-Thmwqc
Project ECHO: Outcomes

Research demonstrates that Project ECHO can:

- Increase provider knowledge, competence, & confidence in treating patients with complex conditions
- Improve access to care
- Improve patient health
- Increase job satisfaction & retention
Project ECHO: Outcomes


Barriers to Treating Complex Medical Conditions

- Patients are reluctant to engage in evidence-based treatment due to messaging based on stigma around treatment in the community.
- Community stigma against people with opioid use disorder and evidence-based treatment.
- Lack of transportation makes treatment participation difficult.
- Lack of collaboration between providers in many communities.
- Inadequate funding for treatment and supportive services.
The Opioid Crisis in Indiana

Non-Fatal ED Visits Due to Opioid Overdoses 2011 - 2015

Deaths From Drug Poisoning - Opioids 2011 to 2015

Death Rate By County of Residence

Data Source: ISDH, Trauma and Injury Prevention Division
Map Author: DOH-EN, HFS, 2017

https://www.in.gov/isdh/files/CountyProfilesOfOpioidUse2017.pdf
Hepatitis C in Indiana

Map Description

County
- > 452 to 1,060
- > 286 to 452
- > 166 to 286
- > 98 to 166
- 0 to 98

Source: Indiana State Department of Health
Epidemiology Resource Center
https://www.in.gov/isdh/26720.htm
Medically Underserved Areas and Populations (MUA/P)

Mental Health Professional Shortage Areas
ECHO Participation across Indiana
OUD ECHO: Current Tracks

- **Prescribers and Dispensers** (MD, DO, NP, PA, RPh) who have or who are planning to obtain their SAMHSA waiver to prescribe or dispense buprenorphine for OUD  *Wednesdays from noon-1:30pm EST*

- **Behavioral Health Specialists** (psychologists, social workers, counselors, etc.)  *Thursdays at 1:00 – 2:30 pm EST*

- **Community Health Workers** (including Peer Recovery Coaches/specialists, community advocates & patient navigators)  *Thursdays from 9:00-10:30am EST*

- 12 week sessions every other week
Richard M. Fairbanks School of Public Health at IUPUI
ECHO Center

- **Hepatitis C (HCV) ECHO.** Interdisciplinary teams of MDs, PAs, APRNs, PharmDs, etc. Every other Thursday, 12:30-1:30pm ET

- **LGBTQ+ ECHO:** Interdisciplinary teams of MDs (+ residents), APRNs, RNs, social work, mental & behavioral health, PhDs, students, spiritual care & chaplaincy services. 2nd/4th Wednesdays, 2:30-4:00pm ET
  - Both 1-year in program duration
Continuing Education - FREE

- **Community Health Worker and Peer Recovery track** – each session has been approved for 1.5 hours of Continuing Education by ICAADA and Mental Health America of Northeast Indiana for Community Health Workers. Please note that a maximum of 7 CEU can be obtained from Project ECHO for CHW recertification.

- **Behavioral Health track** – each session has been approved for 1.5 Category I Continuing Education Units for Social Workers, Clinical Social Workers, Marriage and Family Therapists, Marriage and Family Therapy Associates, Mental Health Counselors, Mental Health Counselor Associates, Addiction Counselors, and Clinical Addiction Counselors as outlined by the Indiana Behavioral Health and Human Services Licensing Board pursuant to Indiana Code 25-1-4-0.2

- **Prescriber track** - this activity has been approved for AMA PRA Category 1.5 Credit(s)™ by Indiana University School of Medicine.
Accreditation Statement: In support of improving patient care, Indiana University School of Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

- **Nurses:** Indiana University School of Medicine designates this activity for a maximum of 1.5 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

- **Physicians:** Indiana University School of Medicine designates this live activity for a maximum of 1.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

- **Social Workers:** Indiana University School of Medicine has been approved by the Indiana Social Worker, Marriage and Family Therapist and Mental Health Counselor Board to provide Category I Continuing Education program. This activity qualifies for 1.5 Category I CEU as outlined by the Indiana Behavioral Health and Human Services Licensing Board.
Curriculum Schedule for Prescriber & BH Track

- Session 1  Introduction to Opioid Use Disorder
- Session 2  Overview of Medicated Assisted Treatment
- Session 3  OUD Office Based Management Part 1
- Session 4  OUD Office Based Management Part 2
- Session 5  Stigma Reduction
- Session 6  Legal Matters Related to OUD
- Session 7  Introduction to Motivational Interviewing
- Session 8  Pain Management in OUD Patients
- Session 9  Other Medical/Mental Health Conditions related to OUD
- Session 10  SBIRT – Intervention & Screening
- Session 11  Life Skills and Education related to OUD
- Session 12  Harm Reduction Strategies
Benefits to Participants

- No cost CMEs / CEUs
- Professional interaction with colleagues with similar interest
  - Less isolation with improved recruitment and retention
- Resource sharing – access to ECHO materials
- Access to consultation with specialists
Getting Patients Treated

IN Medicaid Hep C Prior Authorization Form

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>N/A (patient is male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Member is 18 years of age or older (or 12 years of age and older for Harvoni and Sovaldi)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. For women of childbearing age, patient has confirmed negative pregnancy test prior to therapy</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>☐ N/A (patient is male)</td>
</tr>
<tr>
<td>If no, explain:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Prescription written by or in consultation with an Infectious Disease or Gastrointestinal Specialist</td>
<td>☐ Yes (including hepatitis C ECHO Program participants)</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>
Who’s Participating in ECHO

- MDs & DOs
- APRN
- Other
- Social Workers
- RN
- PharmD
- PA
- CHWs
- Licensed Mental
- Recovery Coaches
What Participants are Saying about OUD ECHO

- Greater **confidence** in ability to manage OUD

- **Most helpful aspects** of IN OUD ECHO (sample responses):
  - “Developing a network of other providers”
  - “I learned a lot about the disorder, treatment options, and patient support groups.”
  - “Getting the panel to weigh in on difficult cases was helpful”
  - “The didactic sessions and suggestions were very informative and helpful”
Indiana ECHO Center Priorities

2018
- OUD
- HCV
- LBGTQ+
  - *HIV
  - *Peer Education in Corrections
  - *Pain Management
  - *OUD in Pregnancy
  - *OUD in Adolescents

2019
- Endocarditis
- Peer support in the ER
- First Step Workers
- Cancer Care

2020
- School Nurse
- Diabetes/CHW’s
- Challenges in Primary Care

*start dates tentative & subject to change
...Are you ready to be part of the ECHO?
ECHO (Extension for Community Healthcare Outcomes) is a movement to connect local primary care teams with inter-disciplinary specialist teams to improve treatment for complex and chronic health conditions. ECHO uses technology to facilitate mentoring and knowledge sharing, enabling local primary care clinicians to provide best practice care for patients when they need it, close to home.

Experts at Indiana University School of Medicine and the Fairbanks School of Public Health are leading ECHO clinics that are freely available to all providers. Visit the individual project sites below to learn more about ECHO clinics and how to participate:

- **Hepatitis C ECHO**
  - Visit
- **LGBTQ+ ECHO**
  - Visit
- **Opioid Use Disorders ECHO**
  - Visit
Funding Acknowledgements

- Indiana Family and Social Services Administration—21st Century Cures
- IU Addictions Grand Challenge
- Indiana State Department of Health
- Richard M. Fairbanks School of Public Health
- IU School of Medicine Department of Psychiatry
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Thank you!

WEB: echo.iu.edu

EMAIL: oudecho@iu.edu

TWITTER: @IndianaOUDECHO @FSPH_ECHOCenter

Kristen Kelley: Kelleykr@iu.edu
Andrea Janota: ajanota@iu.edu