

Dear Colleague,

The Iowa Primary Care Association (Iowa PCA) telehealth program focused on Medication Assisted Treatment (MAT) will continue in 2020, with its first session on January 10th. The goal of this program is to provide Iowa Community health center primary care clinicians an opportunity to become experts in the delivery of medication assisted treatment through a mentoring-based initiative. Project ECHO, developed by Dr. Sanjeev Arora at the University of New Mexico (UNM) in 2003, provides a framework for sharing expertise across the state and as a result will help improve access for patients suffering from opioid use disorder without leaving the providers they trust and the communities where they live and work. **We invite you to join colleagues from around Iowa in the Iowa PCA Medication Assisted Treatment ECHO clinic.**

What is ECHO?

ECHO uses technology to leverage medical expertise, reduce disparities in care by sharing knowledge, and **provide case-based learning to enhance mastery of new information**. Evaluation of the inaugural Hepatitis C ECHO at UNM, and many replications of this model since, showed increased patient and provider satisfaction, retention of patients in their medical home, **equal or better patient outcomes when treated in their community by their provider**, enhanced retention of providers in underserved areas, reduced costs of treating late-stage disease and improved public health prevention efforts.

Is there a fee to join?

Joining the Medication Assisted Treatment ECHO is free to all providers. MAT ECHO clinics will meet online using Zoom videoconferencing. Each session will consist of a brief didactic presentation of a topic related to medication assisted treatment and presentations and discussions of case patients by participating providers. The group of 25-30 community providers will have the opportunity to work through each case in a collaborative fashion and receive guidance from the multidisciplinary expert ECHO team. To participate, you only need to have access to the internet. Participation with a webcam is highly encouraged but not absolutely required.

Is CME available?

No cost CEUs and CME (*AMA PRA Category 1.5 Credit(s)TM*) are available to all participants by Des Moines University.

How to get connected?

The first 2020 MAT teleECHO clinic will be held on January 10th. Medication assisted treatment teleECHO clinics will be offered every second Friday through December 2020. Each clinic is 75 minutes in length. ECHO participants are highly encouraged to regularly join teleECHO community through these clinic sessions in order to become proficient at caring for patients using medication assisted treatment.

How do I register?

If you are interested in registering for the MAT ECHO or would like additional information, please reach out to our team via email at echo@iowapca.org. For more information, please see the attached infographic and FAQs.

As a member of MAT ECHO, you will gain the skills and confidence to treat patients using medication assisted treatment in your community. **The key to ECHO's success is moving knowledge, not patients, providing the right care, in the right place, at the right time.** We hope you'll consider joining us for MAT ECHO in Iowa!

Sincerely,

Gagan Lamba, MA, MS, MBA
Behavioral Health Manager
Iowa Primary Care Association





JOIN THE MEDICATION ASSISTED TREATMENT (MAT) ECHO

75-minute sessions every 2nd Friday of the month from
12:00 pm – 1:15 pm | January – December 2020

ABOUT ECHO

Extension for Community Healthcare Outcomes is a movement to de-monopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world.

MAT ECHO SESSIONS

Every Second Friday of the Month
(starts 1/10)
12:00 pm - 1:15 pm

PARTICIPATION

If you are interested in participating, please email echo@iowapca.org the following information:

- Name
- Title
- Organization Name
- Email

MEDICATION ASSISTED TREATMENT (MAT) ECHO

This interactive web-based program provides essential guidelines and steps to implementing and integrating a successful MAT program into an outpatient primary care setting. The MAT program aims to improve access for patients suffering from opioid use disorder. This is NOT the training needed to receive a Suboxone waiver. It is best suited to those who have their waiver and are ready to start, or who have recently started.

WHO SHOULD ATTEND?

Clinic staff who are interested in starting a MAT program (providers, nursing, front desk/scheduling, admin, etc.) or clinic staff who are already running a MAT ECHO.

HOW TO CONNECT

Connect using the platform Zoom for all sessions. You do not need a Zoom account. It is best if you are in a room or using a computer with a camera and microphone.

CONTINUING EDUCATION CREDIT

MD: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Iowa Medical Society (IMS) through the joint providership of Des Moines University (DMU) and Primary Health Care, Inc. DMU is accredited by the IMS to provide continuing medical education for physicians. DMU designates this live, online activity for 1.0 AMA PRA Category 1 Credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

DO: Des Moines University (DMU) is accredited by the American Osteopathic Association (AOA) to provide osteopathic continuing medical education for physicians. DMU designates this program for a maximum of 1.0 AOA Category 2-A credits and will report CME and specialty credits commensurate with the extent of the physician's participation in this activity.

Nurse: Des Moines University is Iowa Board of Nursing approved provider #112. This live activity has been reviewed and approved for 1.0 continuing education contact hour(s). No partial credit awarded.

Other Health Professionals: This live activity is designated for 1.0 AMA PRA Category 1 Credit(s)TM.

Everyone in a position to control the content of this educational activity will disclose to the CME provider and to attendees all relevant financial relationships with any commercial interest. They will also disclose if any pharmaceuticals or medical procedures and devices discussed are investigational or unapproved for use by the U.S. Food and Drug Administration (FDA).



PROGRAM DESCRIPTION

MAT ECHO

The MAT ECHO is a telementoring program that uses videoconferencing technology (Zoom) to combine MAT didactic presentations with interactive and practical MAT case presentations from participants.

Didactic sessions will include information on:

- Diagnosing Opioid Use Disorder
- Types of medications (naltrexone vs. buprenorphine) and requirements for each (labs, monitoring, etc.)
- Buprenorphine induction maintenance, relapse and tapering protocols
- Referral process, clinic flow
- Opiate withdrawal-treatment
- Drug screens
- Controlled substance agreement
- Multi-party consents
- Prior authorization requirements for buprenorphine (documentation, barriers, etc.)
- Clinic and community integration
- Other related topics



ECHO HUB

Team of Specialists



ECHO SPOKE

Providers



PATIENT REACH



 <p>Iowa Primary Care Association</p>	<p>Join the MAT ECHO</p> <p>Learn how to use MAT. Get no cost CME Credit. Get connected with expert specialists</p> <p>75-minute sessions every 2nd Friday of the month. 12:00pm – 1:15pm January – December 2020</p>
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Q&A Fact Sheet for Providers & Health Center Leadership

1. What is ECHO?

During a teleECHO™ clinic, using multi-point video technology, primary care providers in multiple locations present patient cases to a multidisciplinary team of specialists to determine treatment. These specialists serve as mentors, training community providers to provide care in clinical areas that were previously outside their expertise. Over time, the primary care providers operate with increased independence as their skills and self-efficacy grow.

2. How is the ECHO model™ different from traditional telemedicine?

The Project ECHO model is not ‘traditional telemedicine’ where the specialist assumes care of the patient, but instead a guided practice model where the primary care provider retains responsibility for managing the patient.

3. What is a teleECHO clinic?

A teleECHO clinic is, essentially, virtual grand rounds. Primary care providers from multiple locations connect at regularly scheduled times with a team of specialists using low-cost, multi-point videoconferencing. During teleECHO clinics, providers present patient cases to specialist expert teams who mentor the providers to manage patients with common, complex conditions. These case-based discussions are supplemented with short didactic presentations to improve content knowledge and share evidence-based best practices. Providers can connect to a teleECHO clinic that is focused on a complex condition that is of interest to them. There are currently over 45 different teleECHO clinics focused on conditions such as chronic pain, HIV, hepatitis C, addictions, and diabetes, just to name a few. Providers also receive free CME credits for each teleECHO clinic attended.

4. Why should I or my health center consider participating in a teleECHO clinic? What are the benefits?

Project ECHO® is a unique tool that enables providers to improve their expertise while treating patients with common complex conditions rather than referring them on. Increased patient retention and satisfaction keeps patients at their local health center and treated within their local community.

- i. **Physician/PA/NP Development and Retention:** Through Project ECHO, primary care providers acquire new skills and competencies, expanding access to care.

They become part of a community of learners, increasing professional satisfaction and decreasing feelings of professional isolation. For a health center, this means that providers are more productive and stay in their positions longer.

- ii. **Continued Learning:** Health centers and their providers also enjoy no-cost access to continued learning and specialist consultations during the teleECHO clinics. This enables health centers to be part of a knowledge network.
- iii. **Increased Efficiency:** ECHO has allowed health centers to see more patients and to better utilize their staff to serve more patients overall. The model allows health centers to be part of a professional network and referral network, making it easier to get patients in to be seen, a process which previously could take weeks. This standardization of 'best practices' also strengthens the health system as a whole.

5. What are the benefits of Project ECHO for patients?

The ECHO model dramatically improves health outcomes for patients while bolstering patient retention and satisfaction. When a local health center adopts ECHO, many patients no longer must travel long distances to see a specialist, a journey which is often very difficult for those with chronic conditions, and prohibitively expensive. With ECHO, patients with a wide range of chronic, complex conditions can be treated close to home, without waiting months for an appointment. The ECHO model has also demonstrated that when patients are treated in their local communities, by providers they know and trust, it enhances their adherence to treatment and follow-up care.¹ Expert consultations between providers and academic specialists also directly impact the health of patients, who benefit from the provider's increased knowledge of best practices.

6. What issues or challenges have health centers had in participating in teleECHO clinics?

Time constraints have been identified as one of the most significant challenges for health centers. The specialist teams, or 'hubs', often work to schedule the teleECHO clinics either before office hours or during lunch so as not to take away from provider-patient time. Participating in Project ECHO via video conferencing requires broadband internet access at every site, which has not been an issue for the health centers currently participating in the model.

7. How much time can I expect participation in a teleECHO clinic to take?

Most MAT teleECHO clinics will last 75 minutes and are scheduled once a month. There is a possibility an additional session will be scheduled for case presentations if needed. Our teleECHO clinics are scheduled during lunch to provide little disruption to clinic hours.

¹ Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D., et al. "Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers." *New England Journal of Medicine*. June 9, 2011.

8. Can participation in Project ECHO help me recruit and retain providers?

Project ECHO is a powerful tool in recruiting and retaining providers. Both in rural and urban areas, health center providers often feel professionally isolated. ECHO is a major selling point for providers, as it allows for professional development, CME credits, and access to a knowledge network of peers and experts. Providers participate in the ECHO model first and foremost to help their patients, and the model increases their capacity to do so. Increased provider satisfaction often results in greater provider retention.

9. Who should participate in teleECHO clinics? Providers as individuals? Teams?

All levels of providers are welcome and highly encouraged to participate in teleECHO clinics including physicians, physician assistants, nurse practitioners, nursing staff, behavioral and substance use counselors, psychiatrists, social workers, linkage navigators, and pharmacists – anyone that is interested is invited to participate.

10. How much does it cost to participate in a teleECHO clinic?

Participation in teleECHO clinics is free. The only associated costs are those for IT equipment (if needed) and time away from clinic. Many teleECHO clinics are offered early in the morning or during lunch hours to minimize the time away from direct patient care. Most clinics already possess the required IT equipment to connect via video (Internet and webcam) so no additional costs are incurred. Additionally, teleECHO clinics can be accessed via a smart phone application.

11. What IT equipment is required to participate in a teleECHO clinic?

The technology can be as simple as an individual using a laptop, a hand-held mobile device, a small room set-up for 1-2 people or a video conferencing room to allow the participation of groups. ECHO clinics utilize a cloud-based system called Zoom (<http://zoom.us>). This system has several benefits, including the ability to run on lower-speed Internet connections. Zoom works well on mobile devices such as iPhones, iPads, and Androids, requires no appliances, and has web-conferencing features like chat and sharing.

12. How can I connect with the MAT ECHO hub? What other teleECHO clinics are available in Iowa?

If you are interested in joining the MAT ECHO, please contact the Iowa Primary Care Association by emailing echo@iowapca.org and requesting to join the MAT ECHO. [Is this information correct? Should we include information about the HCV ECHO?]

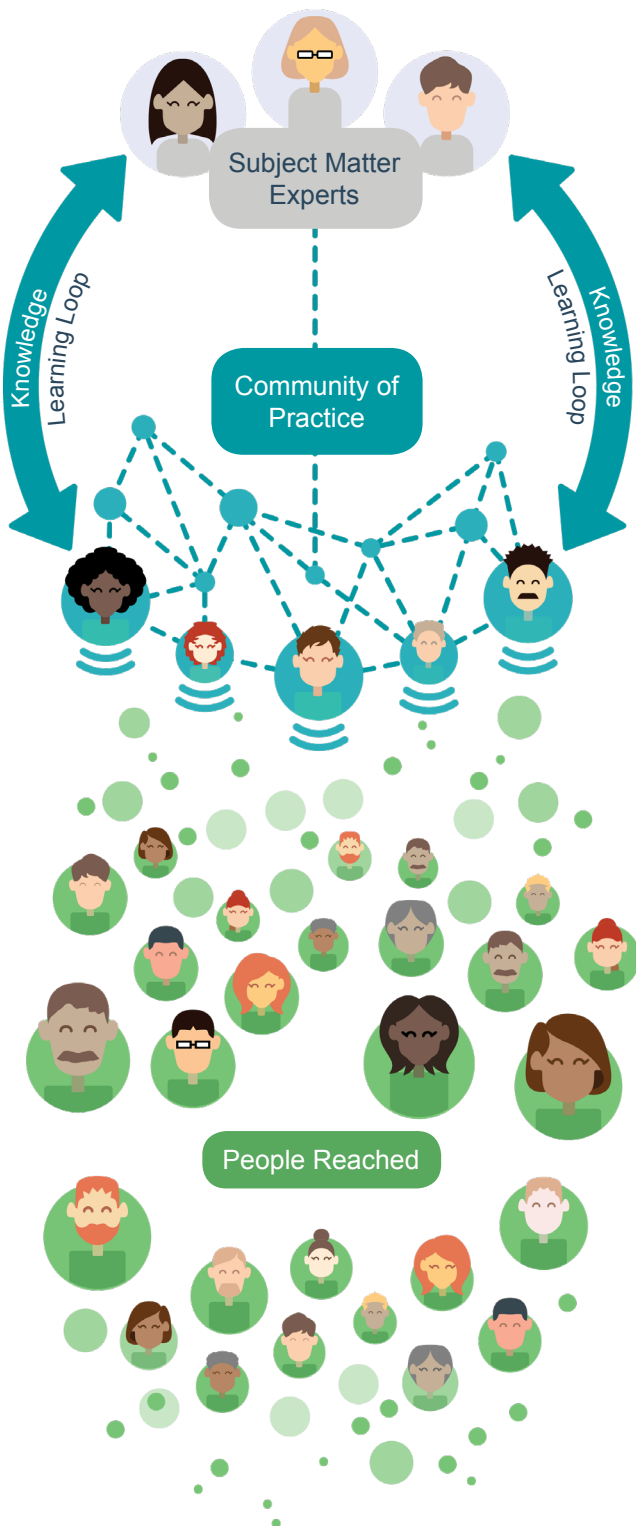
13. How do I get no-cost CMEs by participating in teleECHO clinics?

The Iowa PCA provides CEUs/CMEs through Des Moines University. All CMEs from participation in teleECHO clinics are given at no charge. Please indicate if you require CEUs/CMEs to the MAT facilitator during the session or by emailing echo@iowapca.org. Once approved, participants who join teleECHO clinics receive CMEs for the total time spent participating, including didactics and patient-case presentations.

14. Where can I go to learn more about the Project ECHO model?

- a. To learn more about the ECHO model, visit <http://echo.unm.edu/>.

The ECHO Model™



Moving Knowledge, Not People

Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world. The ECHO model is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

Four Principles of the ECHO Model



Use Technology to leverage scarce resources



Share “best practices” to reduce disparities



Apply case-based learning to master complexity



Evaluate and monitor outcomes

Benefits of Becoming a Part of the ECHO community



Access Communities



Reduce Disparities



Promote Consistency



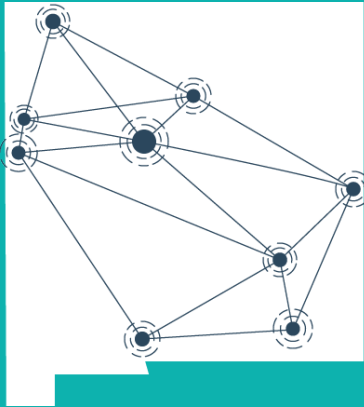
Rapid Dissemination



Increase Professional Knowledge



Isolation Decrease



Project ECHO's Story

Launched in 2003, Project ECHO grew out of one doctor's vision. Sanjeev Arora, M.D., a social innovator and liver disease specialist at the University of New Mexico Health Sciences Center in Albuquerque, was frustrated that he could serve only a fraction of the hepatitis C patients in the state. He wanted to serve as many patients with hepatitis C as possible, so he created a free, educational model and mentored community providers across New Mexico in how to treat the condition. A New England Journal of Medicine study found that hepatitis C care provided by Project ECHO trained community providers was as good as care provided by specialists at a university. The ECHO model is not traditional "telemedicine" where the specialist assumes care of the patient, but is instead telementoring, a guided practice model where the participating clinician retains responsibility for managing the patient.

Building a Global Community

Dozens of teleECHO™ programs addressing common complex conditions take place every week—and their reach extends far beyond New Mexico. Global interest is mounting. ECHO programs operate in North and South America, Europe, Australia, Africa and Asia.



Changing the World, Fast

Replicating the ECHO model across the U.S. dramatically increases the number of community partners participating in ECHO, enabling more people in rural and underserved communities to get the expertise they need.

190+

U.S. Partners

100+

Global Partners

35

Countries

Goal: Touch the lives of **1 Billion** by **2025**