

Project ECHO Pain

The El Rio Experience

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Chief Clinical Officer

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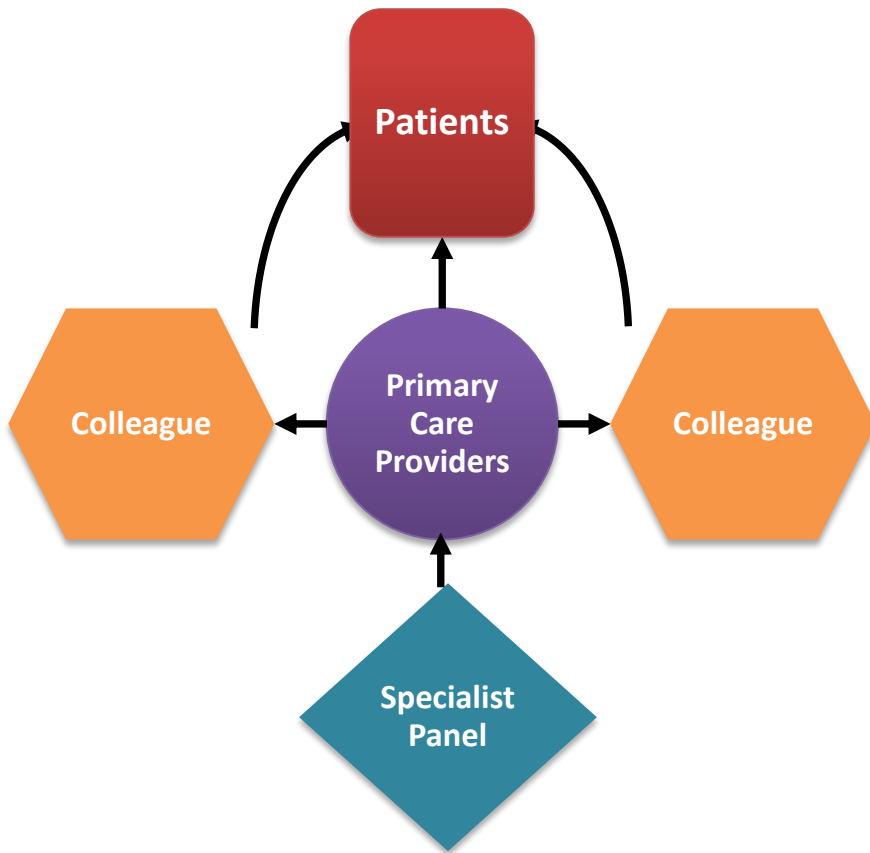
EL RIO
COMMUNITY HEALTH CENTER

*Your HEALTH
is our PASSION*

Are You Part of The ECHO?



The Project ECHO[®] Model



- ◆ Sanjeev Arora, MD – 2003
Hepatitis C management
- ◆ Video conferencing, care coordination, transforming interfaces, improving outcomes
- ◆ UNM-RWJ collaboration
- ◆ “Extension for Community Healthcare Outcomes”
- ◆ Develop the capacity to treat chronic, common and complex diseases in underserved and rural areas
- ◆ Promoting EBM, practice efficiencies, patient care best practices, learning communities



Community Health Center, Inc.

Hepatitis C

Overview

- Nationally, between 2.7 million and 3.9 million Americans live with a chronic Hepatitis C infection.
- Less than 20% receive treatment.
- HCV is particularly prevalent in populations struggling with substance abuse problems, poverty, homelessness, mental illness, low literacy and language issues.
- Many medically underserved patients who are eligible for antiviral therapy are not receiving treatment because of barriers such as lack of insurance coverage and the high cost of antiviral therapy.
- Patient-Centered Medical Homes (PCMH like CHC are ideal locations to treat patients with Hepatitis C.
- Few primary care providers have adequate training in HCV diagnosis and treatment.
- A National survey shows that only 1% of PCPs had ever treated patients with antiviral treatment on their own.
- Without a consultative support from a specialist, managing patients on HCV treatment is difficult.
- Support from specialists can be difficult to obtain in under-resourced settings.
- Specialists have long waiting lists, resulting in treatment delays and potentially leading to more advanced liver disease.



Project ECHO® Hep

- Offers multidisciplinary support
- Facilitates the meaningful integration of clinical guidelines and recommendations
- Improves access to lifesaving treatment for providers able to employ evidence in the face of deadly illness.



HIV/AIDS

Faculty

Membe

- Abstracts** 101, 102A, 103A, 104A, 105A, 106A, 107A, 108A, 109A, 110A, 111A, 112A, 113A, 114A, 115A, 116A, 117A, 118A, 119A, 120A, 121A, 122A, 123A, 124A, 125A, 126A, 127A, 128A, 129A, 130A, 131A, 132A, 133A, 134A, 135A, 136A, 137A, 138A, 139A, 140A, 141A, 142A, 143A, 144A, 145A, 146A, 147A, 148A, 149A, 150A, 151A, 152A, 153A, 154A, 155A, 156A, 157A, 158A, 159A, 160A, 161A, 162A, 163A, 164A, 165A, 166A, 167A, 168A, 169A, 170A, 171A, 172A, 173A, 174A, 175A, 176A, 177A, 178A, 179A, 180A, 181A, 182A, 183A, 184A, 185A, 186A, 187A, 188A, 189A, 190A, 191A, 192A, 193A, 194A, 195A, 196A, 197A, 198A, 199A, 200A, 201A, 202A, 203A, 204A, 205A, 206A, 207A, 208A, 209A, 210A, 211A, 212A, 213A, 214A, 215A, 216A, 217A, 218A, 219A, 220A, 221A, 222A, 223A, 224A, 225A, 226A, 227A, 228A, 229A, 230A, 231A, 232A, 233A, 234A, 235A, 236A, 237A, 238A, 239A, 240A, 241A, 242A, 243A, 244A, 245A, 246A, 247A, 248A, 249A, 250A, 251A, 252A, 253A, 254A, 255A, 256A, 257A, 258A, 259A, 260A, 261A, 262A, 263A, 264A, 265A, 266A, 267A, 268A, 269A, 270A, 271A, 272A, 273A, 274A, 275A, 276A, 277A, 278A, 279A, 280A, 281A, 282A, 283A, 284A, 285A, 286A, 287A, 288A, 289A, 290A, 291A, 292A, 293A, 294A, 295A, 296A, 297A, 298A, 299A, 300A, 301A, 302A, 303A, 304A, 305A, 306A, 307A, 308A, 309A, 310A, 311A, 312A, 313A, 314A, 315A, 316A, 317A, 318A, 319A, 320A, 321A, 322A, 323A, 324A, 325A, 326A, 327A, 328A, 329A, 330A, 331A, 332A, 333A, 334A, 335A, 336A, 337A, 338A, 339A, 340A, 341A, 342A, 343A, 344A, 345A, 346A, 347A, 348A, 349A, 350A, 351A, 352A, 353A, 354A, 355A, 356A, 357A, 358A, 359A, 360A, 361A, 362A, 363A, 364A, 365A, 366A, 367A, 368A, 369A, 370A, 371A, 372A, 373A, 374A, 375A, 376A, 377A, 378A, 379A, 380A, 381A, 382A, 383A, 384A, 385A, 386A, 387A, 388A, 389A, 390A, 391A, 392A, 393A, 394A, 395A, 396A, 397A, 398A, 399A, 400A, 401A, 402A, 403A, 404A, 405A, 406A, 407A, 408A, 409A, 410A, 411A, 412A, 413A, 414A, 415A, 416A, 417A, 418A, 419A, 420A, 421A, 422A, 423A, 424A, 425A, 426A, 427A, 428A, 429A, 430A, 431A, 432A, 433A, 434A, 435A, 436A, 437A, 438A, 439A, 440A, 441A, 442A, 443A, 444A, 445A, 446A, 447A, 448A, 449A, 450A, 451A, 452A, 453A, 454A, 455A, 456A, 457A, 458A, 459A, 460A, 461A, 462A, 463A, 464A, 465A, 466A, 467A, 468A, 469A, 470A, 471A, 472A, 473A, 474A, 475A, 476A, 477A, 478A, 479A, 480A, 481A, 482A, 483A, 484A, 485A, 486A, 487A, 488A, 489A, 490A, 491A, 492A, 493A, 494A, 495A, 496A, 497A, 498A, 499A, 500A, 501A, 502A, 503A, 504A, 505A, 506A, 507A, 508A, 509A, 510A, 511A, 512A, 513A, 514A, 515A, 516A, 517A, 518A, 519A, 520A, 521A, 522A, 523A, 524A, 525A, 526A, 527A, 528A, 529A, 530A, 531A, 532A, 533A, 534A, 535A, 536A, 537A, 538A, 539A, 540A, 541A, 542A, 543A, 544A, 545A, 546A, 547A, 548A, 549A, 550A, 551A, 552A, 553A, 554A, 555A, 556A, 557A, 558A, 559A, 560A, 561A, 562A, 563A, 564A, 565A, 566A, 567A, 568A, 569A, 570A, 571A, 572A, 573A, 574A, 575A, 576A, 577A, 578A, 579A, 580A, 581A, 582A, 583A, 584A, 585A, 586A, 587A, 588A, 589A, 590A, 591A, 592A, 593A, 594A, 595A, 596A, 597A, 598A, 599A, 600A, 601A, 602A, 603A, 604A, 605A, 606A, 607A, 608A, 609A, 610A, 611A, 612A, 613A, 614A, 615A, 616A, 617A, 618A, 619A, 620A, 621A, 622A, 623A, 624A, 625A, 626A, 627A, 628A, 629A, 630A, 631A, 632A, 633A, 634A, 635A, 636A, 637A, 638A, 639A, 640A, 641A, 642A, 643A, 644A, 645A, 646A, 647A, 648A, 649A, 650A, 651A, 652A, 653A, 654A, 655A, 656A, 657A, 658A, 659A, 660A, 661A, 662A, 663A, 664A, 665A, 666A, 667A, 668A, 669A, 670A, 671A, 672A, 673A, 674A, 675A, 676A, 677A, 678A, 679A, 680A, 681A, 682A, 683A, 684A, 685A, 686A, 687A, 688A, 689A, 690A, 691A, 692A, 693A, 694A, 695A, 696A, 697A, 698A, 699A, 700A, 701A, 702A, 703A, 704A, 705A, 706A, 707A, 708A, 709A, 710A, 711A, 712A, 713A, 714A, 715A, 716A, 717A, 718A, 719A, 720A, 721A, 722A, 723A, 724A, 725A, 726A, 727A, 728A, 729A, 730A, 731A, 732A, 733A, 734A, 735A, 736A, 737A, 738A, 739A, 740A, 741A, 742A, 743A, 744A, 745A, 746A, 747A, 748A, 749A, 750A, 751A, 752A, 753A, 754A, 755A, 756A, 757A, 758A, 759A, 760A, 761A, 762A, 763A, 764A, 765A, 766A, 767A, 768A, 769A, 770A, 771A, 772A, 773A, 774A, 775A, 776A, 777A, 778A, 779A, 780A, 781A, 7



Project ECHO® HIV

- Reduces variation in the quality and accessibility of treatment for HIV/AIDS.
- Facilitates meaningful integration of specialty and primary care and evidence-based guidelines and recommendations into daily practice.
- Provides PCPs with access to a multidisciplinary team of HIV specialists.
- Through regular attendance of video conference sessions the participating providers:
 - Gain expertise in HIV treatment
 - Take on the primary diagnosis and management of HIV care for additional patients
- Brief didactic keeps PCPs up-to-date on the latest evidence-based treatment guidelines.

Pain Management

Overview

- Chronic pain is an extremely prevalent and costly condition that affects approximately 116 million Americans, with an estimated annual cost of up to \$635 billion in medical treatment and lost productivity.
- Over half of these patients may receive their care in a primary care setting.
- Evidence suggests that primary care providers are not well-equipped to manage chronic pain effectively. Most PCPs express low confidence in their ability to effectively manage pain and receive little or no pain management education during medical training.
- Studies show that there is wide variation in the adherence of primary care providers to guidelines for documentation and management of pain.



Specific Aims

- Provide weekly "Project ECHO" case-based learning via video conference between a team of pain management specialists and primary medical and behavioral health staff practicing in multiple sites in three different states.
- Increase the number of patients with chronic pain receiving integrated behavioral health and medical care.
- Increase the knowledge and self-efficacy of primary care providers managing patients with complex chronic pain.



Project ECHO®

- Reduces variation in the quality and accessibility of treatment for sub-acute and painful chronic conditions.
- Facilitates meaningful integration of evidence-based guidelines and recommendations into daily practice.
- Places special emphasis on the integration of behavioral health and neuroscience.

Project Innovations

- Google Sites project page
- Twitter feed for questions/comments from participants and observers.
- Integration of behavioral health and primary care through co-presentation.
- eConsults secure messaging.



Buprenorphine

Overview

- ## Overview
- Approximately 2 million Americans are affected by opioid dependence and abuse.
 - This includes the use of heroin or prescription pain medications.
 - There is limited access to specially licensed and highly structured medication maintenance programs.
 - Over 80% of the opioid dependent population is untreated.
 - Recent legislation allowed certified physicians to prescribe buprenorphine in a primary care setting.
 - This makes opioid maintenance treatment more available and easier to access.
 - Despite this legislation, few primary care physicians currently obtain certification to prescribe buprenorphine maintenance treatment.
 - Many PCPs lack access to the expert consultation, advice and support from providers experienced in prescribing buprenorphine.
 - This may contribute to the loss of PCPs willing to prescribe buprenorphine.
 - Evidence strongly suggests that treatment for opioid dependence and abuse is best delivered by an integrated primary care team.



Project ECHO® Buprenorphine

- Provides support to PCPs to treat Buprenorphine patients effectively and confidently.
- Features case presentations co-delivered by a front-line primary care provider and a Behavioral Health provider (including RNs and MAAs).
- Promotes the integration of behavioral health and co-management of patients to expand access to integrative treatment.
- Expert CHC faculty makes recommendations to presenting providers on appropriate case management.
- Brief didactic presentations by expert CHC faculty emphasize the latest evidence-based guidelines for addiction management.
- Patient co-management strategies emphasize team-based intervention including both medication and behavioral health therapies.

Coaches International

Faculty

Member

- Daren Anderson, MD,**
W, Chief Quality Officer
anderson@pchs.com
General internist; oversees all
quality related activity across the
agency and leads all clinical
research at CHC



Project ECHO® Coaches International

- Connecting coaches with expert faculty from CHC and England using videoconferencing system.
- Coaches present challenging problems from their own practices.
- Expert team offers advice and recommendation.
- Participants gain new skills that can be used to make the healthcare system more patient-centered, more effective, and more efficient.



Pain Background

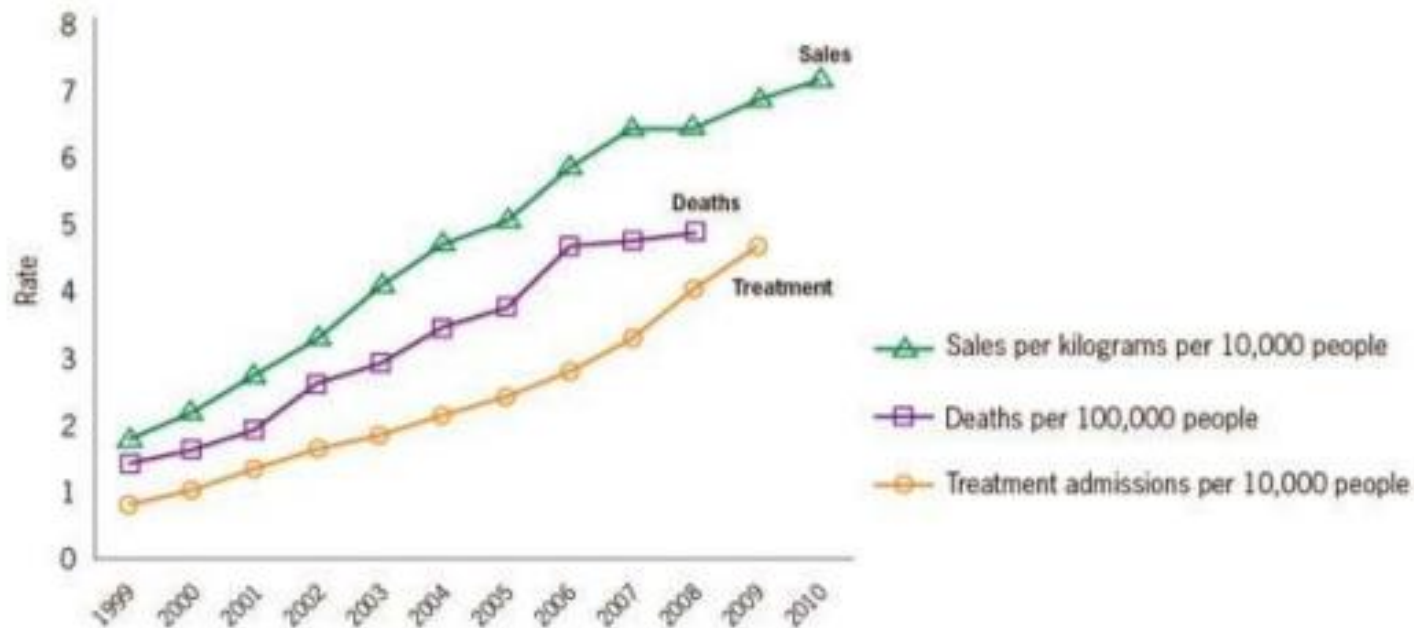
- ◆ Chronic pain affects approximately 100 million Americans
- ◆ Annual cost of \$635 billion in medical treatment and lost productivity
- ◆ Majority of patients with pain seek care in a primary care setting
- ◆ Opioids are heavily relied on for pain management in primary care
- ◆ Prescription opioid overdose is a major and growing public health concern

The Problem

CDC Vital Signs Report (2011)

- ◆ 1 in 20 people in the US (age 12 or older) reported using prescription pain medications for non medical reasons during 2010
- ◆ Enough prescription pain medications were prescribed to medicate every American adult around the clock for one month
- ◆ ~46 deaths per day from prescription pain medications (exceeds the number of deaths related to heroin and cocaine combined) > 16,000 per year

Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)



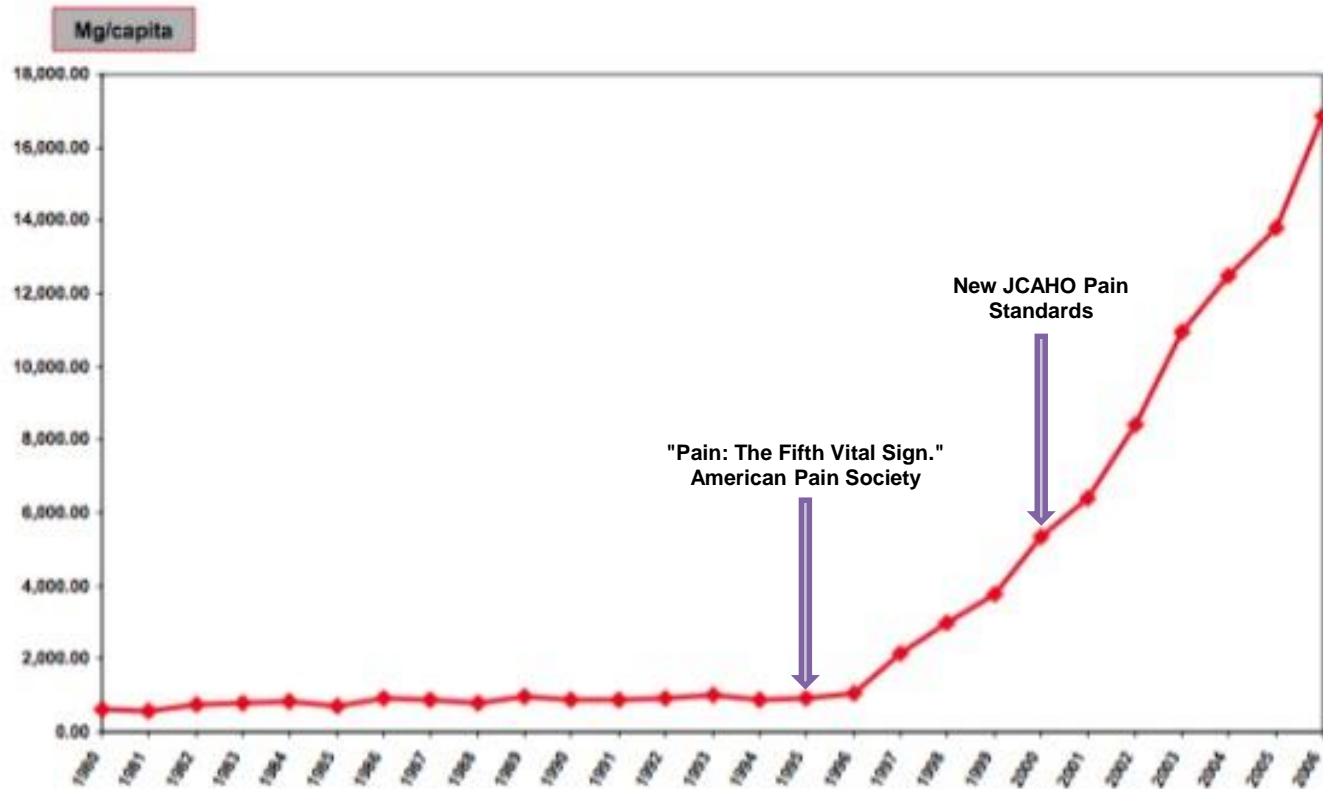
SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009

How Did We Get Here?



"And with 10 being the highest, you're sure you're only at a 6?"

New York Consumption of Oxycodone 1980 - 2006



Sources: U.S. Dept of Justice, Drug Enforcement Administration, Office of Diversion Control

Arizona

AZ Prescription Drug Monitoring Program

- ◆ In 2013 oxycodone and hydrocodone represented 47.4% of all prescription pills prescribed
- ◆ 33% of Arizona adults surveyed reported misuse or abuse of prescription pain medications
- ◆ AZ has the 6th highest rate of prescription drug misuse or abuse in people age 12 and over in the US

Chronic Pain

Patient Perspective

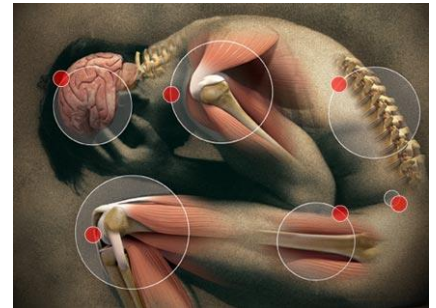
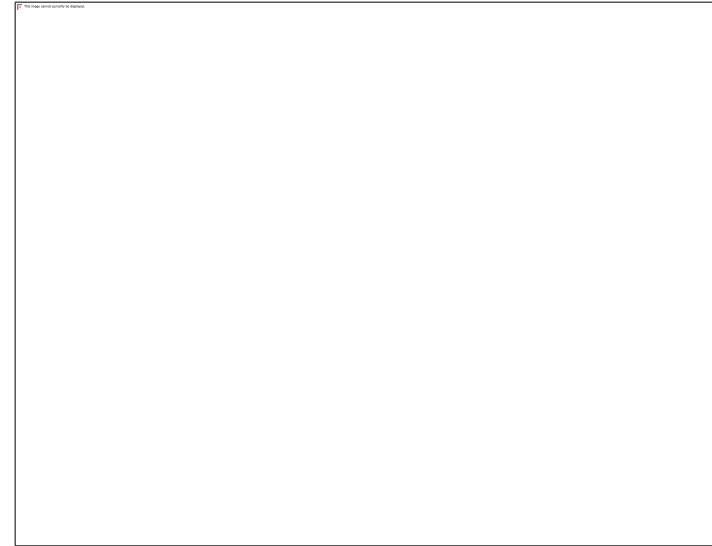


Provider Perspective



The Challenge for the PCP

- ❖ Increasing demand to identify and manage painful conditions
- ❖ Increasing rates of opioid abuse and diversion
- ❖ Limited encounter time
- ❖ Limited ancillary support
- ❖ Limited access to specialists
- ❖ Limited training in pain management
- ❖ Limited access to pain management specialty centers



An Intentional Journey

- ◆ Understanding our patients
- ◆ Understanding provider patterns
- ◆ Understanding EBM and best practices
- ◆ Lessons learned
- ◆ Hardwiring processes

Our Patients



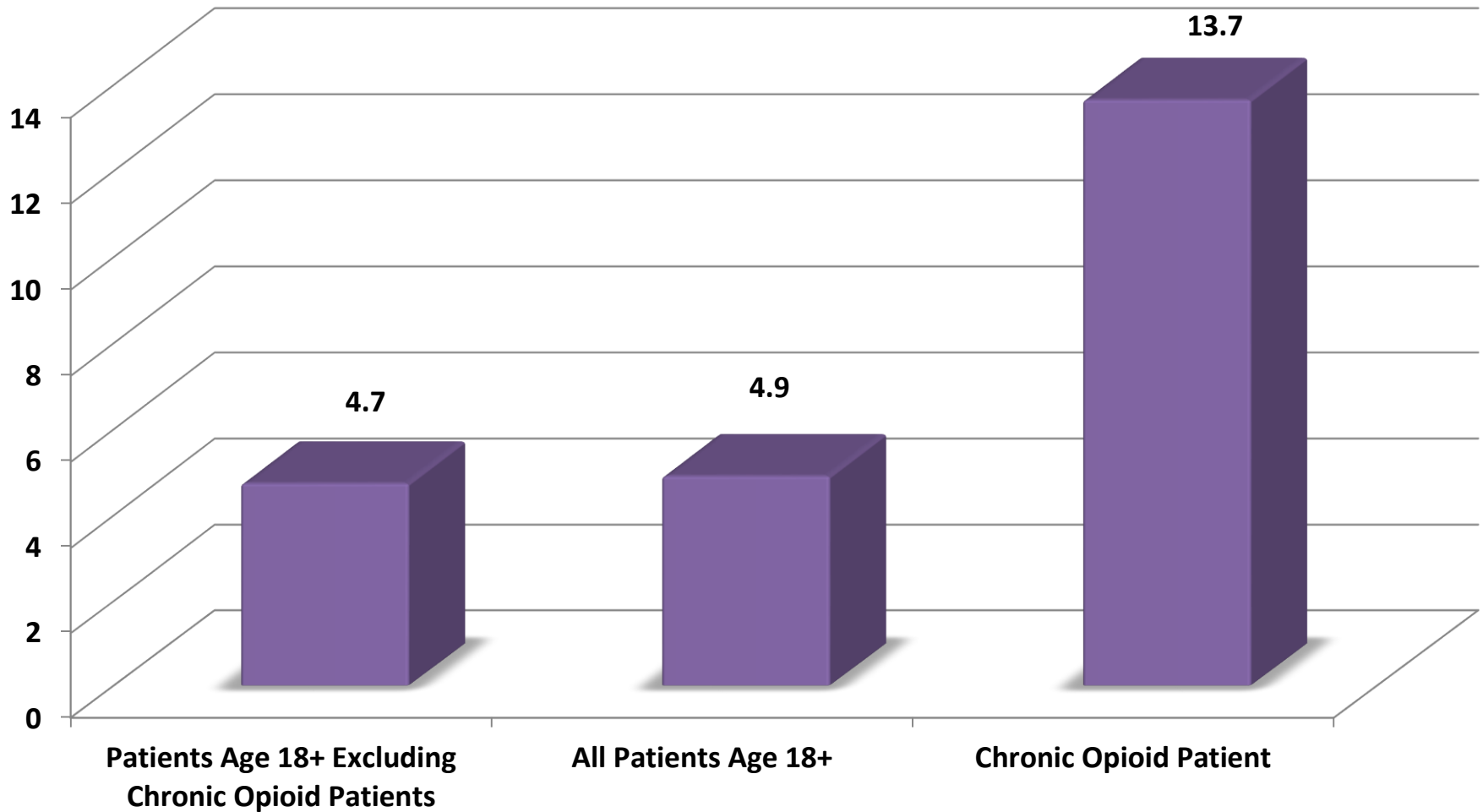
El Rio Pain Management Project Summary

(6/01/13-5/31/14)

	Patients Age 18+ (All)	Patients Age 18+ (Excluding Chronic Opioid Patients)
Patients & Visits		
Total Patients age 18 and over	42,848	42,033
Total Visits During Reporting Period	210,379	199,253
Average Visits/Patient	4.9	4.7
Pain Score		
Total Patients with Pain Score ≥ 8	2,606	
Total Patients with Pain Score ≥ 4 , 90+ Days Apart	599	
Opioid Prescriptions		
All Prescriptions	598,831	
All Opioid Prescriptions	35,623	
Prescribed Here	34,260	
Prescribed Elsewhere	1,363	
Chronic Opioid Cohort (Patients w/12+ Opioid RXs)		
Total Patients in Chronic Opioid Cohort	815	
Total Visits for Patients in Chronic Opioid Cohort	11,126	
Average Visits/Chronic Opioid Patient	13.7	
Average Opioid Prescriptions for Chronic Opioid Patient in Reporting Period	43.7	
Patients Who Meet the Pain Algorithm Criteria	5,794	
Patient with Chronic Pain/Potential Chronic Pain	5,639	

Average Visits by Type of Patient

6/01/13 - 5/31/14

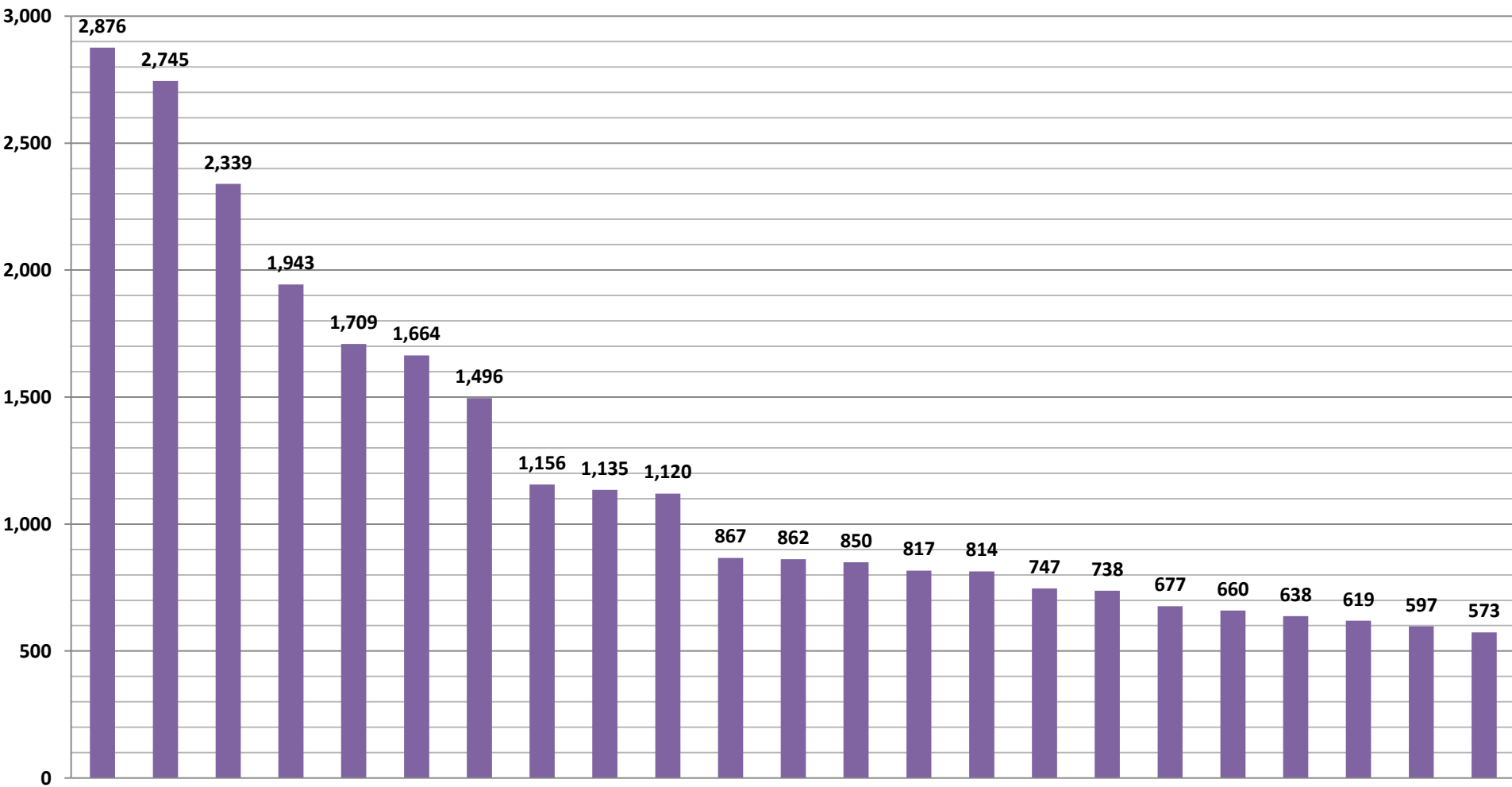


Provider Patterns

- ◆ Opiate prescribing
- ◆ Opiate prescribing as percentage of prescriptions
- ◆ Average number of opiate prescriptions per chronic pain patient
- ◆ Number of opiate prescriptions > 100mg morphine equivalent per day
- ◆ Number of short acting opiate prescriptions for chronic pain without a long acting opiate prescription

Opioid Prescriptions by Provider (n>500)

6/01/13 - 5/31/14



Building the Learning Environment

Key Elements of Project ECHO Pain Sessions

Chronic Pain Presentation Form
Please complete ALL items on this form.
CHC Providers: Please email to Agi Erickson (EricksA@chc1.com)
Fax to (860) 638-6605 Attn: Agi Erickson

1. Patient
2. Patient
3. Patient
4. Patient
5. ECH

GENERAL EXAM: ☐ HEENT ☐ GI ☐ Extremities
☐ Cardiac ☐ Pulmonary ☐ Neurological
Describe if checked is abnormal: _____

ROS: ☐ Constipation ☐ Nausea ☐ Weight gain: how much? _____
☐ Incontinence ☐ Insomnia ☐ Weight loss: how much? _____
☐ Fatigue ☐ Daytime sleepiness

NEUROLOGICAL:
Alert: ☐ Yes ☐ No Slurred Speech: ☐ Yes ☐ No Straight leg raise: ☐ pos ☐ neg
Strength: ☐ full ☐ weakness (indicate location): _____
Reflexes: ☐ normal ☐ absent (indicate location): _____
Sensory: ☐ normal ☐ decreased (indicate location): _____
Gait (describe): _____

MUSCULOSKELETAL:
ROM- Neck: ☐ nt ☐ abnl
Hips: ☐ nt ☐ abnl
Please complete if FMS is suspected:

Tender Points:
☐ A ☐ B ☐ C ☐ D ☐ E
☐ F ☐ G ☐ H ☐ I

Myofascial Trigger Points:
Front: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Back: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

(Please fill out as much as possible. This form is requested for initial presentations only)

Case Presentations

- 2-3 Cases per ECHO session
- Co-presented by PCP and BH Provider
- Complex cases
- Multi-disciplinary consultation available
- Valuable for discussion and teaching
- Total time = 1.5 hours

Didactic Presentations

- 1 per session
- Focused and topical
- By expert faculty
- Total time < .5 hour

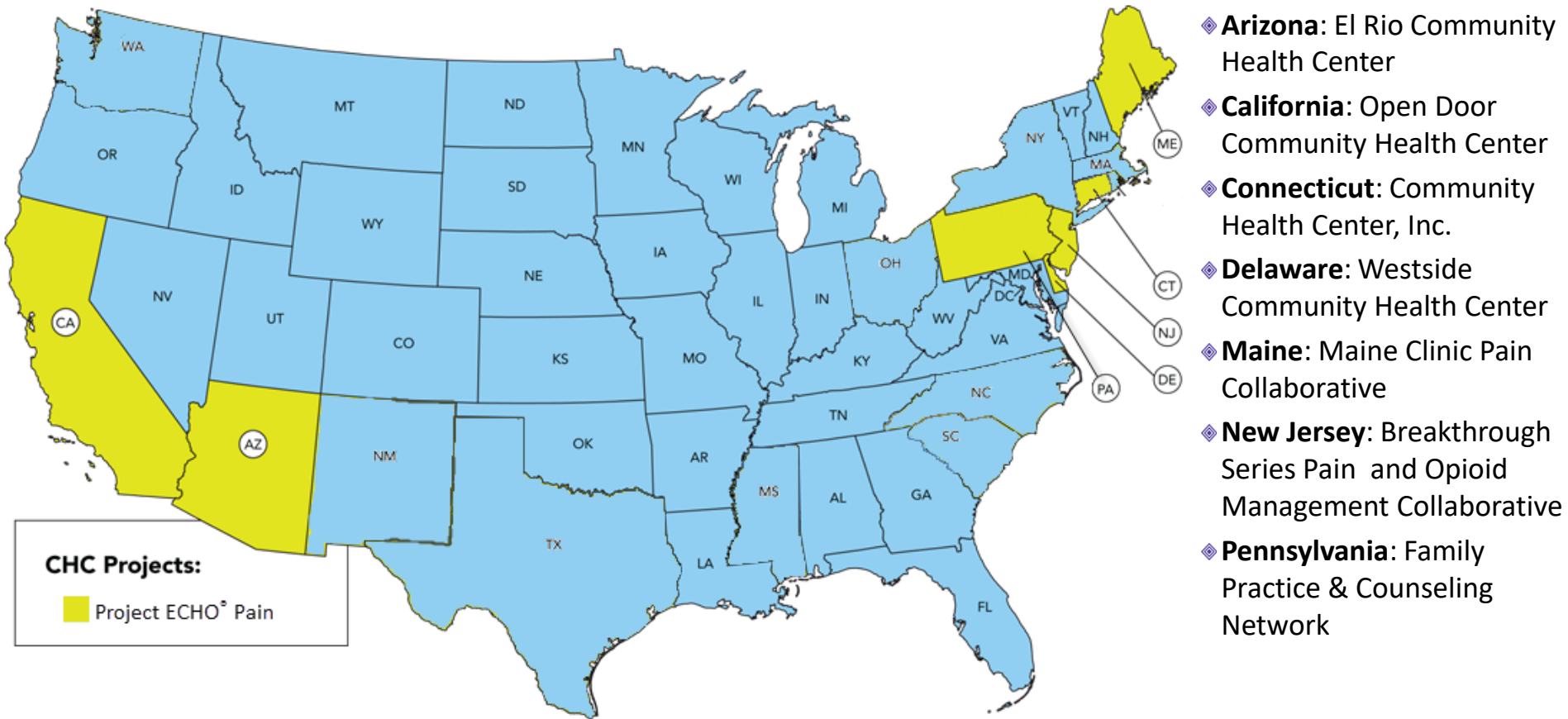
PROJECT ECHO PAIN COLLABORATIVE



- ◆ Primary Care teams linked to pain specialists
- ◆ A two hour session every week



Project ECHO Pain Participants



Integrative Pain Center of Arizona



Bennet Davis, MD, Founder IPCA
Anesthesiology, orthopedics, and Pain Medicine

Amy Kennedy, PharmD, BCACP
Clinical Assistant Professor at the Univ. of Arizona College of Pharmacy and Clinical Pharmacist

Cela Archambault, Ph.D., Founder IPCA
Clinical Psychology, Health Psychology and Pain Management

Kathy Davis, RN, ANP-C, Founder IPCA
Primary care, pain management

Jennifer Schneider, MD, Ph.D.
Internal Medicine, Addiction Medicine and Pain Management

Ancillary staff: *Rehabilitation/Occupational Medicine, Chinese Medicine, Nutrition*

El Rio ECHO Pain Experience

- ◆ 1st Cohort of provider/behavioral health teams began in January 2012 lasting 12 months
- ◆ Subsequent cohorts every 6 months
- ◆ To date: 4 Cohorts have participated across 7 clinic sites
- ◆ Staff Involvement to date:
 - ◆ 26.2% of Adult Providers (MD/DO)
 - ◆ 15.0% of Advance Practice Practitioners (NP/PA)
 - ◆ 77.8% of Integrated Behavioral Health Specialists
 - ◆ Nursing Staff and Care Managers

Preliminary Project ECHO Pain Results

- ◆ 664 El Rio charts reviewed
 - ◆ Random sample reviewed at baseline and post-ECHO involvement
- ◆ Pain medication prescribed decreased from 90% to 76%*
- ◆ Average patient pain scores decreased from 6.97 to 5.49*
- ◆ Behavioral health visits increased from 7% to 26%*

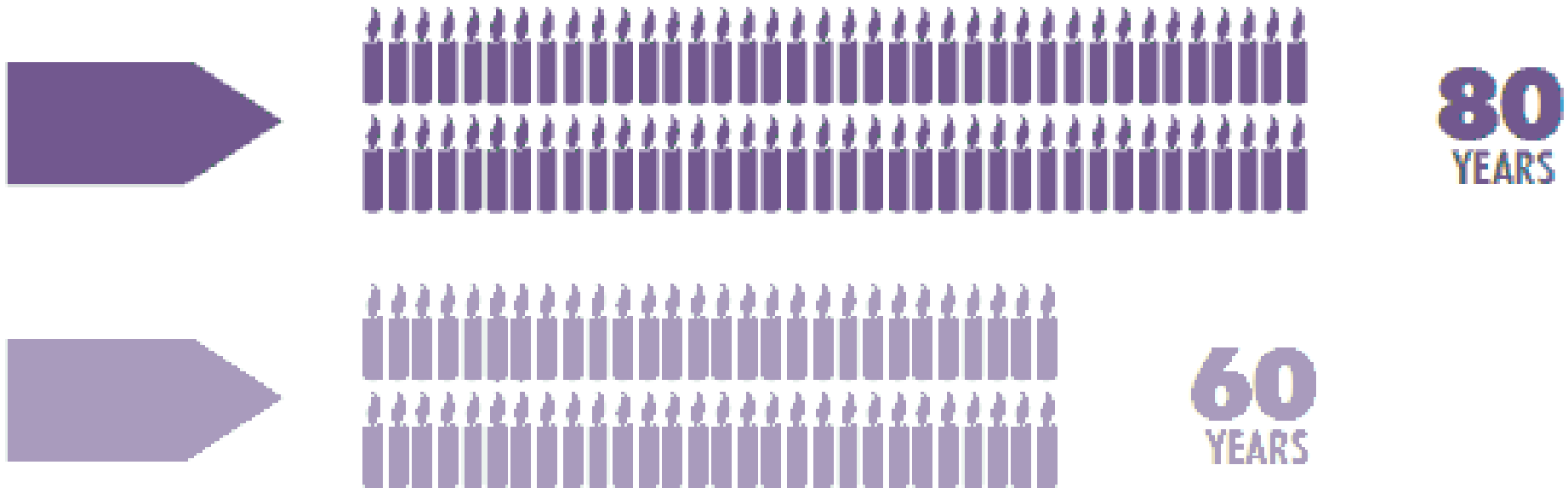
* = statistically significant

Trauma Informed Care

- ◆ 10 question survey on Adverse Childhood Experiences (ACEs)
 - ◆ 3 Domains: Abuse, Family Dysfunction and Neglect
- ◆ CDC/Kaiser ACE Study:
 - ◆ 1995-1997 study of ~17,000 patients \geq 18 years of age presenting for an annual physical exam
 - ◆ Linked Adverse Childhood Experiences with subsequent health and financial outcomes as well as premature death
 - ◆ 67% had at least on ACE
 - ◆ 12% had ≥ 4 ACEs
- ◆ 201 El Rio chronic pain patients were surveyed
 - ◆ 89.1% had at least one ACE
 - ◆ 58.2% had ≥ 4 ACEs
 - ◆ 32.8% had ≥ 6 ACEs
 - ◆ 15.9% had ≥ 8 ACEs

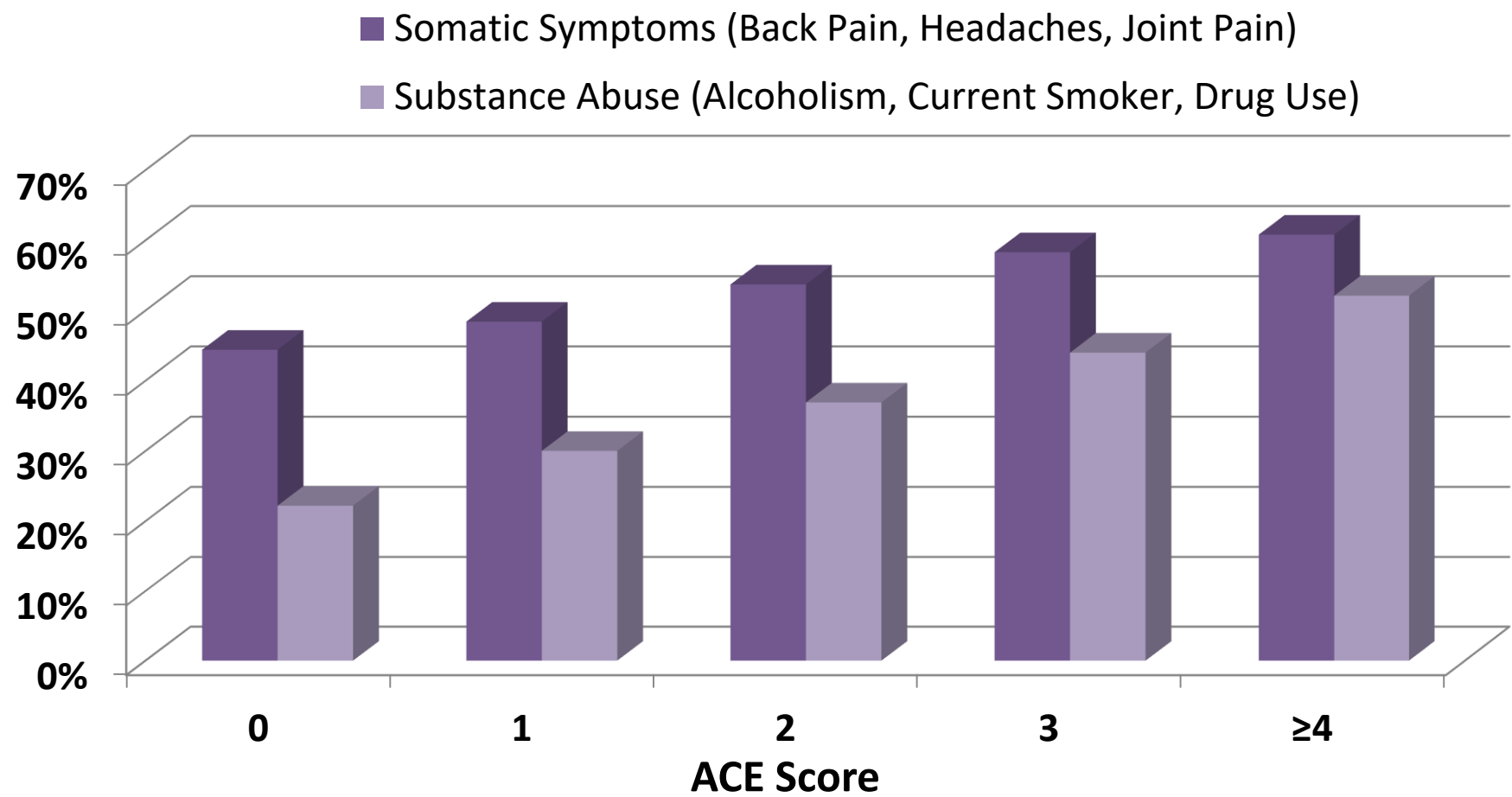
Life Expectancy

People with 6 or more ACEs died nearly **20 years earlier on average** than those without ACEs



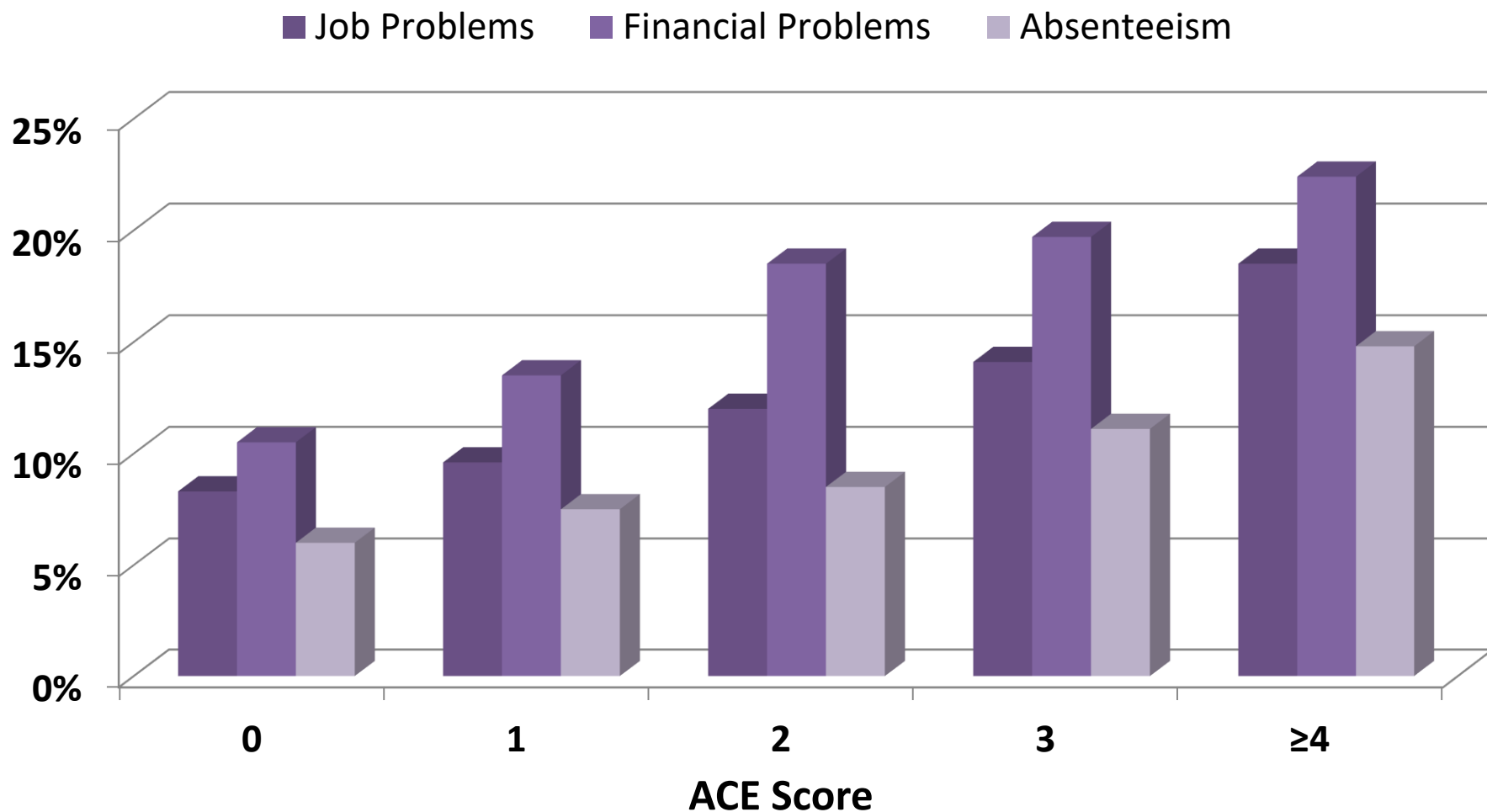
◆ 32.8% of El Rio's Chronic Pain Cohort had ≥ 6 ACEs

Relation Between ACE Score and Problems Related to Health and Well-Being

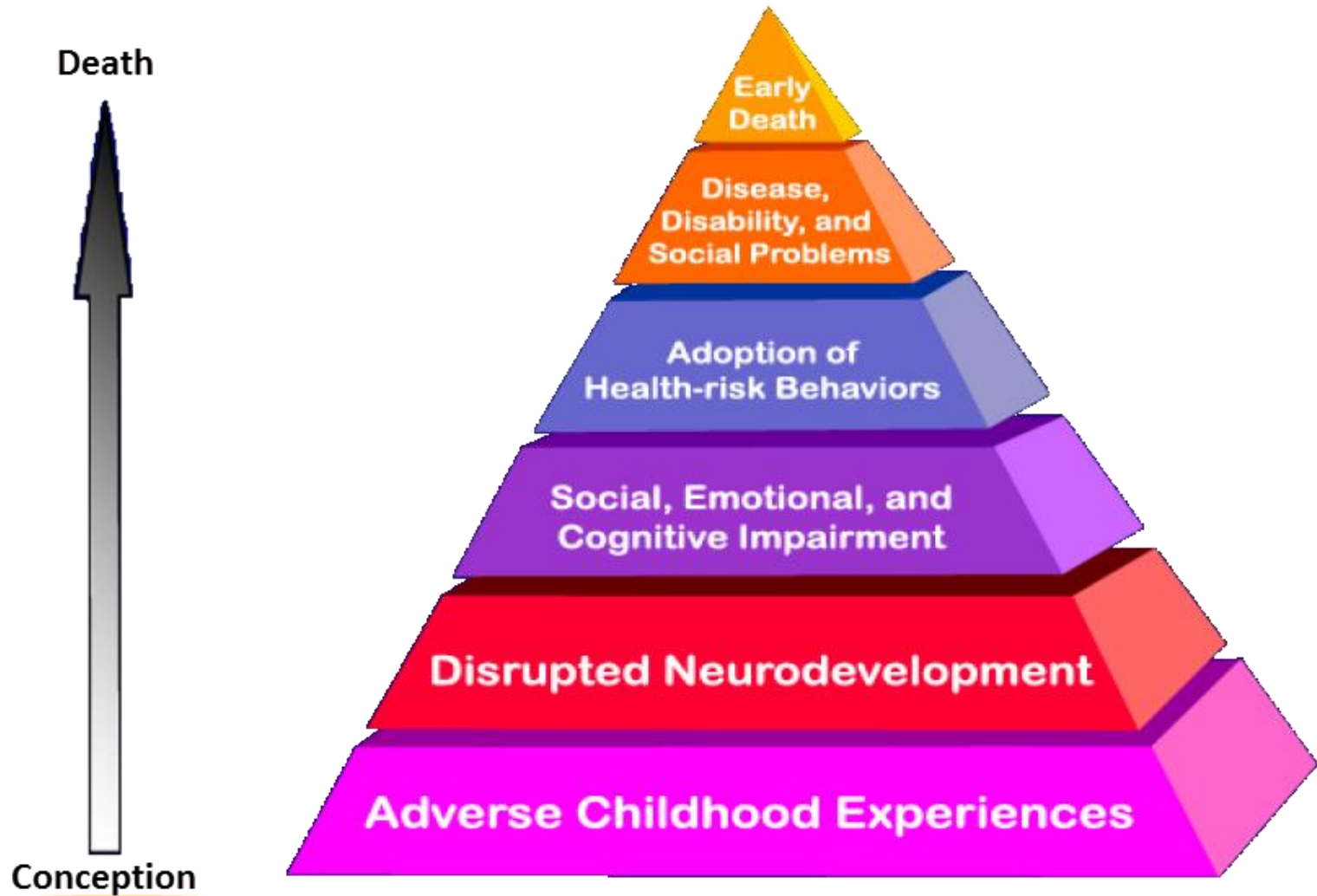


◆ 58.2% of El Rio’s Chronic Pain Cohort had ≥ 4 ACEs

Relation Between ACE Score and Indicators of Worker Performance



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-Being Throughout the Lifespan



Understanding Best Practices

- ◆ Document Functional Goals by use of validated brief pain inventory
- ◆ Do not use opiates to treat anxiety
- ◆ Understand pain cascade where fear and anxiety can predispose to depression, somatization, substance abuse and dependence, anger and learned helplessness
- ◆ Create a safe environment to allow discussion of adverse life events as they relate to health choices
- ◆ Team approach with mind, body, spirit modalities
- ◆ Active opiate and dependency management: UDS, OPCA
- ◆ Active use of AZ Controlled Substances Prescription Monitoring Program

Hardwiring Processes

- ◆ Understanding current realities, barriers and workflows
- ◆ Facilitated performance improvement team using WQI model
- ◆ Creating clinical playbooks to drive spread and sustainability
- ◆ Monitor meaningful clinical measures
- ◆ Engage specialists in an accountable narrow network of mutual shared practice principles
- ◆ Engage payers

Are You Part of The ECHO?

