MEDTAPP HEALTHCARE ACCESS (HCA) INITIATIVE

Technical Assistance Webinar

Community Health Workers in New Mexico and Project ECHO

October 25, 2016
Speakers

• Gina Weisblat, PhD, MACHS, Assistant Professor, Northeast Ohio Medical University

• Cory Gates, M.Ed., HRSA HCOP Manager, Northeast Ohio Medical University

• Nita Carter, Health Equity Project Director, Universal Health Care Action Network

• Cara Whalen, PT, DPT, MPH, CHES, Program Manager, The Ohio Colleges of Medicine Government Resource Center

• Chelsey Bruce, MPH, Pipeline Coordinator, Community Health Worker Program, Northeast Ohio Medical University
Agenda

• Welcome and Overview
• Context for Trip to New Mexico (5 min)
  o Snapshot of Ohio
  o Connection to the University of New Mexico
• CHW Programs in New Mexico (5 min)
• Project ECHO Overview (5 min)
• NEOMED: Ohio Alliance ECHO (20 min)
  o What we are doing in Ohio and Please Join Us!
• Q&A Session (5 min)
• HCA Updates (10 min)
• Q & A Session (5 min)
Ohioans are less healthy than people in most other states. Ohio ranks 40th on a composite measure of population health. Thirty nine states are healthier. This overall rank is based on Ohio’s rank in the following areas:

- **38 Overall health and wellbeing** Length and quality of life
- **49 Health behaviors** Tobacco, alcohol, physical activity
- **41 Conditions and diseases** Physical, mental and oral health
Percent of Population Residing in Primary Care Health Professional Shortage Areas (HPSAs), 2014

U.S. Overall: 18.7%

- 0 – <10% (8 states)
- 10 – <20% (19 states)
- 20 – <30% (16 states)
- 30% + (6 states, including DC)
Determinants of Health

- Social & Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 10%
- Physical Environment: 10%
- Genes & Biology: 10%
Healthy People 2020: Goals

1. Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death

2. Achieve health equity, eliminate disparities and improve health for all groups

3. Create social and physical environments that promote good for all

4. Promote quality of life, healthy development, and healthy behaviors across life stages

www.healthypeople.gov
CMS is now leading with...

**Penalty-based**
- MU: Meaningful Use
- PQRS: Physician Quality Reporting System
- VBM: Value-Based payment Modifier program

**Incentive-based**
- CCM: Chronic Care Management
- TCM: Transitional Care Management
- PCMH: Patient Centered Medical Home

**Risk-based**
- ACO, MSSP
- Capitation
- Bundles
UU Health 3 year Learning Collaboration

- Enhance and expand a
  - Culturally sensitive
  - Diverse
  - Prepared health workforce
  that improves health and reduces health disparities

- Coalition of Urban Serving Universities (USU)
- Association of Public and Land-grant Universities (APLU)
- Association of American Medical Colleges (AAMC)
- National Institutes of Health (NIH)
University of New Mexico CHW Models

• Integrated Primary Care and Community Support (I-PaCS):
  - Proven strategy to reduce health care cost using CHWs; works with primary care; addresses social and medical needs; financed by Medicaid, serving Medicaid patients; offers provider training and has a manual.

• Connections:
  - Social Service Referral Program- Partnership between UMN, Community Health Worker Initiatives Pathways to a Healthy Bernalillo County and Albuquerque Ambulance.
• **CHW Medical Home:**
  o 16 CHWs integrated in 7 UNM, 1 First Choice Clinics

• **Pathways:**
  o 32 CHWs in 24 community-based organizations

• **Care New Mexico:**
  o Statewide program using CHWs to connect Medicaid recipients to resources

• **New Mexico Peer Education Project:**
  o Prisoners are trained to educate peers on key health issues (Hepatitis C, substance use and addiction and HIV AIDS, diabetes, harm reduction)
Lessons Learned

• Clear effective communication on the benefits of CHWs and lots of information describing the programs that use CHWs;
• I-PaCS have studied and demonstrated ROI;
• Provider training key to gaining buy-in from providers (UMN Provider training manual);
• New Mexico has a couple of financing mechanisms for CHWs: Hospital funds, I-PaCS are Medicaid funded, managed care plans pay for CHW services;
• Clinics have all services under one roof, (including pharmacy, (Labs, radiology, pharmacy, behavioral health, social workers)
Next Steps for Ohio

• Institute Provider training;

• Examine how Ohio can use learning from New Mexico to create financing for its CHWs;

• CHW report and CHW statewide conference.
• Project ECHO® (Extension for Community Healthcare Outcomes) dramatically improves both capacity and access to specialty care for rural and underserved populations.

• This low-cost, high-impact intervention is accomplished by linking expert interdisciplinary specialist teams with primary care clinicians through teleECHO™ clinics, in which the experts mentor primary care clinicians to help them manage their patient cases and share their expertise via mentoring, guidance, feedback and didactic education.

http://echo.unm.edu/
Technology is used to leverage scarce healthcare resources, and the specialists at academic medical centers are better able to attend the most complex, high-risk patients.

The ECHO model™ is not “telemedicine” where the specialist assumes the care of the patient, but instead a guided practice workforce development model to empower the primary care clinician to retain the responsibility for managing complex patients, operating with increasing independence as their skills and self-efficacy grow.
“One to Many” – Leveraging a proven model to significantly increase access to specialty care for common complex conditions

Hubs & Spokes - ECHO provides front-line providers with the knowledge and support they need to care for complicated patients they would otherwise refer out. ECHO links expert specialist teams at an academic ‘hub’ with primary care providers in local communities – the ‘spokes’ of the model.

Together, they participate in weekly teleECHO™ clinics, which are like virtual grand rounds, combining patient case presentations with didactic learning and mentoring.
How is ECHO Different from Telemedicine?

Telemedicine
• Focus is direct service delivery
• Usually billable
• Usually one-to-one
• Unidirectional flow of information
• Usually one-and-done, or time-limited/specific
• Single expert proving opinion

ECHO
• Focus is on education and capacity building
• Not usually billable
• One-to-many (hub and spokes)
• Multidirectional flow of knowledge
• Ongoing, based on learner’s needs
• Multidisciplinary expert team providing mentoring, advice and support
• The ECHO model develops knowledge and capacity among community clinicians through:
  o Using technology to leverage scarce resources and create knowledge networks
  o Improving outcomes and reducing disparities by sharing best practices to reduce variations in process of care
  o Case-based learning and guided practice
  o Track outcomes for quality improvement

• Key strengths of Project ECHO:
  o Collaboration and team-based care at heart of model
  o Develops specialty care capacity in underserved communities through knowledge expansion
  o De-monopolizing knowledge
Benefits of ECHO

- Rapid learning and best-practice dissemination
- Reduced variation in care
- Reduced disparities through improved access to care for rural and underserved populations
- Improved quality of care and efficiency
- Improved workforce training
- Improved professional satisfaction and retention
- Support of the medical home model
- Integration of public health into treatment
NEOMED Application of ECHO

• Education for Service (EFS) Clinic
  o AmeriCorps members
  o Expert panel: AmeriCorps members, staff members, community stakeholders
  o Case 1: struggle having with a site
  o Didactic: relevant to their service timeline
  o Case 2: member representing case and success of feedback or member present different challenge

• Family Medicine Education Consortium (FMEC) Clinic
  o HPAC Students
  o Expert panel: fellow HPAC students, medical students, staff members, community stakeholders
  o Case 1: students highlight challenges experiencing with community engagements
  o Didactic: college readiness, ACT preparation, other relevant topics
  o Case 2: student representing case and success of feedback or student present different challenge
Why ECHO?

Some Social Determinants... (examples)

- Income
- Education
- Nutrition
- Housing
- Utilities

- Transportation
- Safety
- Social Inclusion
- Built Environment
- Legal Services
Impacting the Social Determinants at all levels

How can we ensure more people do not move out of the green #1?

Well Rx Survey Responses (N = 3,048)

Healthcare Utilization
ECHO a Tool for Equity

The Health Impact Pyramid

1. Socioeconomic Factors
   - Poverty, education, housing, inequality
2. Changing the Context to Make Individuals' Default Decisions Healthy
   - Fluoridated water
3. Long-Lasting Protective Interventions
   - Immunizations
4. Clinical Interventions
   - Treatment of hypertension
5. Counseling and Education
   - Dietary counseling
6. Increasing Population Impact
   - Increasing individual effort needed
76% of doctors say their patients’ use of wearable health devices helps patient engagement with their own health.
Goals of ECHO

Triple AIM

- Improve quality and access to care
- Decrease cost of care
- Improve patient satisfaction

Population Health

Experience of Care

Per Capita Cost
NEW MEXICO MODEL: ECHO Impact on Multidisciplinary, Interprofessional Teams and Patient Centered Care Model

- 1/3 of ECHO Care patients receive help with obtaining or maintaining housing
- 60 patients have gotten housed while in the program
- Other activities include patient assessment, health education, help with medication adherence, food security, heat and utilities...
- 10,000 hours of patient contact
CHW ~ Pipeline ~ Citizenship Health

Model on NM ECHO

CHW Ohio ECHO: Pipeline Focus

Ohio Alliance: Focus Health Equity Action

HUB: FBO, AHEC, Faculty, NPO, Government, NEOMED Staff
HEALTH EQUITY Together

OHIO ALIANCE TODAY

- Advancing Diversity and Community Engagement in Health Professions Training
- An alliance of educational, workforce, and community partners
- Health Equity in Ohio and Citizenship Health Model

ECHO hub to align with the state’s efforts to Transform our Healthcare

Hub of Experts

- Government
- Education
- Community: FBO/NPO
- Industry
- Other
Ohio Alliance ECHO PROPOSED

- Meet 2x a month, begin January 2017
- Committee to operationalize begins meeting in November 2016
- Training to sites November and December 2016
- Topics Related to OA goals (Participant Driven)
- 2 Case Presentations (min)
- Didactics to focus on: Ohio Dashboard Update Metrics, Strategic Opportunities for Collaboration, Funding etc.

Plan your Own Hub!
- How to create your own hub
- TA available!
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- Chelsey Bruce: cbruce1@neomed.edu
- Cory Gates: cgates@neomed.edu
HCA Updates

- Dean’s Meeting
- HCA Evaluation
- Site Visits
- RFP
- CHW Conference
  - [http://medicine.wright.edu/Ohio-CHW-Conference](http://medicine.wright.edu/Ohio-CHW-Conference)
Q & A Session
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