



Building Community Capacity to Address the Opioid Crisis

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Objectives

1. Describe Project ECHO
2. Examine the efficacy of the ECHO Model
3. Discuss the work of Indiana's Project ECHO for Opioid Use Disorder
4. Identify ways to become involved with this initiative



ECHO Origin Story: HCV

- 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

Arora, S., Thornton, K., Murata, G., Deming, P., Kalishman, S., Dion, D., ... & Kistin, M. (2011). Outcomes of treatment for hepatitis C virus infection by primary care providers. *New England Journal of Medicine*, 364(23), 2199-2207.



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



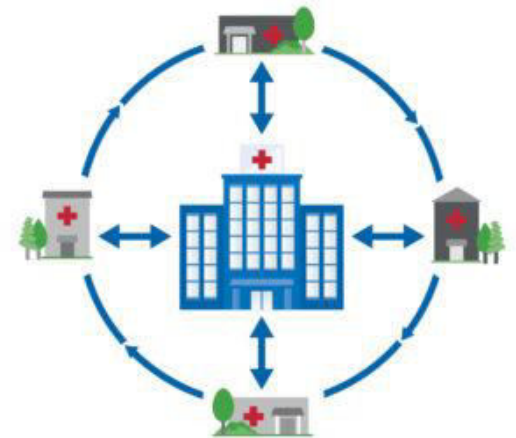
Patients get the right care, in the right place, at the right time.



All Teach All Learn Model

Hub and spoke knowledge sharing creates a learning loop:

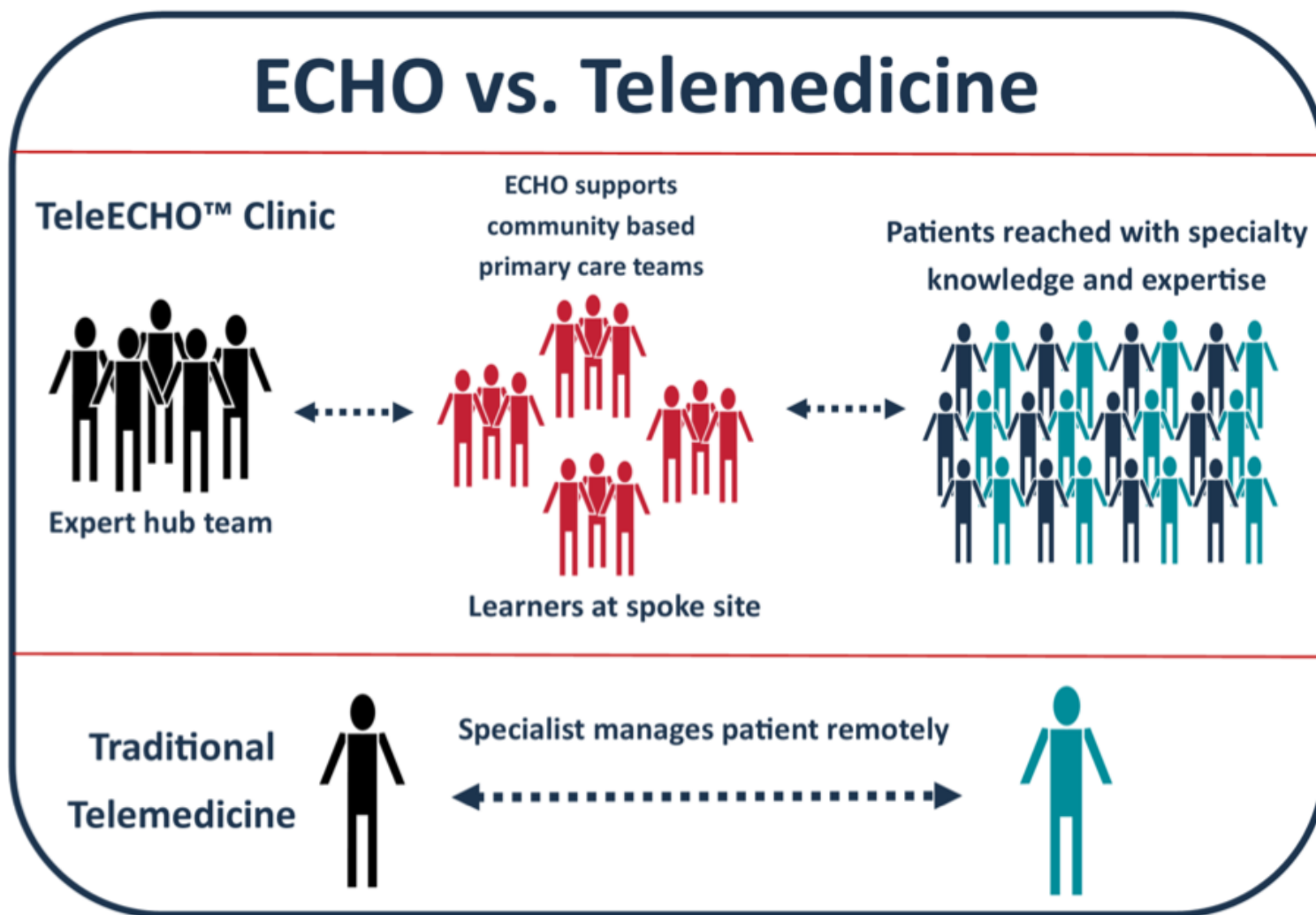
- Community providers learn from specialists
- Community providers learn from each other
- Specialists learn from community providers as best practices emerge



Are You Part of the ECHO?



ECHO vs. Telemedicine



Treating provider retains responsibility for managing patient.

Project ECHO: Outcomes

Research demonstrates that Project ECHO can:

- Increase knowledge, competence, and confidence in treating patients with complex conditions
- Improve access to care
- Improve patient health
- Increase job satisfaction



Project ECHO: Outcomes

Arora S., Thornton K., Murata G., Deming P., Kalishman S., Dion D., et al. (2011) Outcomes of treatment for hepatitis C virus infection by primary care providers. *New England Journal of Medicine* 364(23), 2199-207. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/21631316>

Hager, B., Hasselberg, M., Arzubi, E., Betlinski, J., Duncan, M., Richman, J., & Raney, L.E. (2018). Leveraging behavioral health expertise: Practices and potential of the Project ECHO approach to virtually integrating care in underserved areas. *Psychiatric Services*, 69(4), 366-369. <https://doi.org/10.1176/appi.ps.201700211>

Komaromy, M., Duhigg, D., Metcalf, A., Carlson, C., Kalishman, S., Hayes, L., Burke, T., Thornton, K., & Arora, S. (2016). Project ECHO (Extension for Community Healthcare Outcomes): A new model for educating primary care providers about treatment of substance use disorders. *Substance Abuse* 13(37), 20-24. doi: 10.1080/08897077.2015.1129388

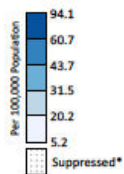
Zhou C., Crawford A., Serhal .E, Kurdyak, P., Sockalingam, S. (2016). The impact of Project ECHO on participant and patient outcomes: A systematic review. *Academic Medicine* 91(10), 1439-1461. doi: 10.1097/ACM.0000000000001328



The Opioid Crisis in Indiana

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

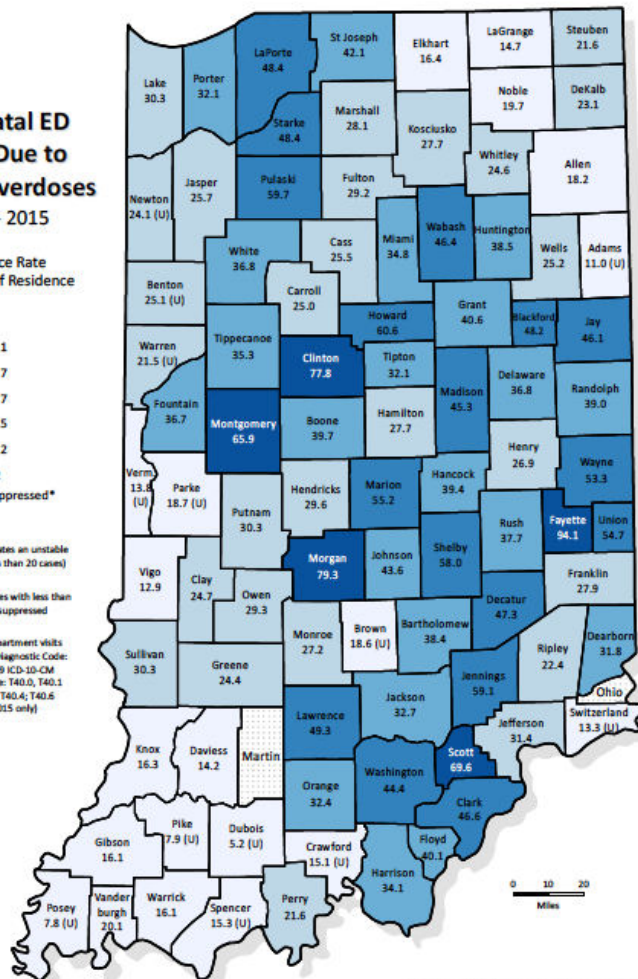
Incidence Rate
By County of Residence



(U) on map indicates an unstable county rate (less than 20 cases)

*Rates for counties with less than 5 cases are suppressed

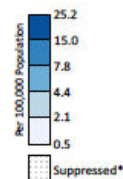
Emergency Department visits with ICD-9-CM Diagnostic Code: 965.00-965.09 ICD-10-CM Diagnostic Code: T40.0, T40.1 T40.2, T40.3, T40.4, T40.6 (for Q4 2015 only)



Data Source: ISDH, Trauma and Injury Prevention Division
Map Author: ISDH ERIC PHG, 2017

Deaths From Drug Poisoning - Opioids 2011 to 2015

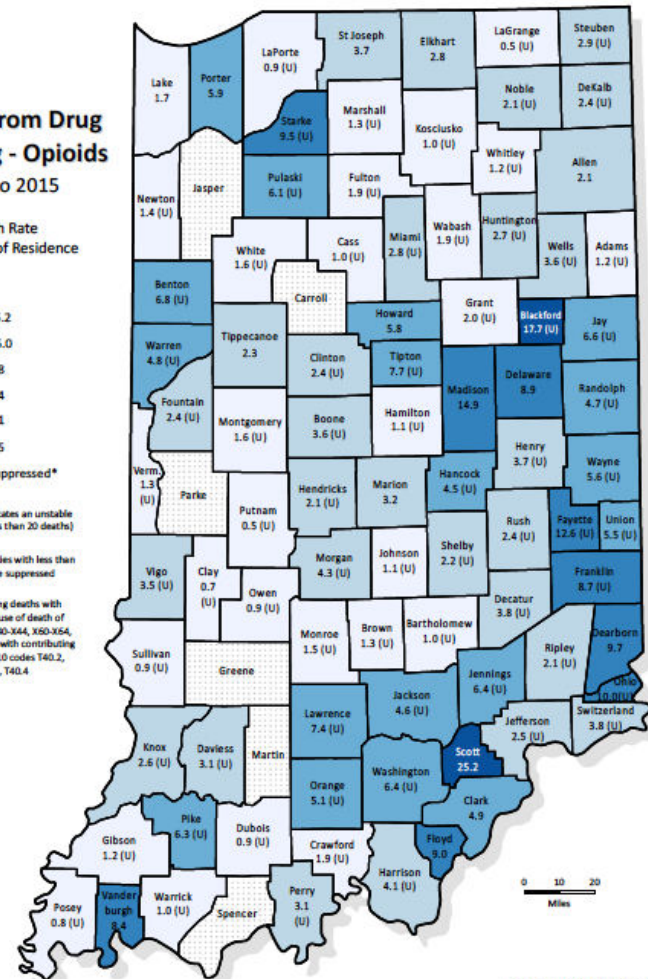
Death Rate
By County of Residence



(U) on map indicates an unstable county rate (less than 20 deaths)

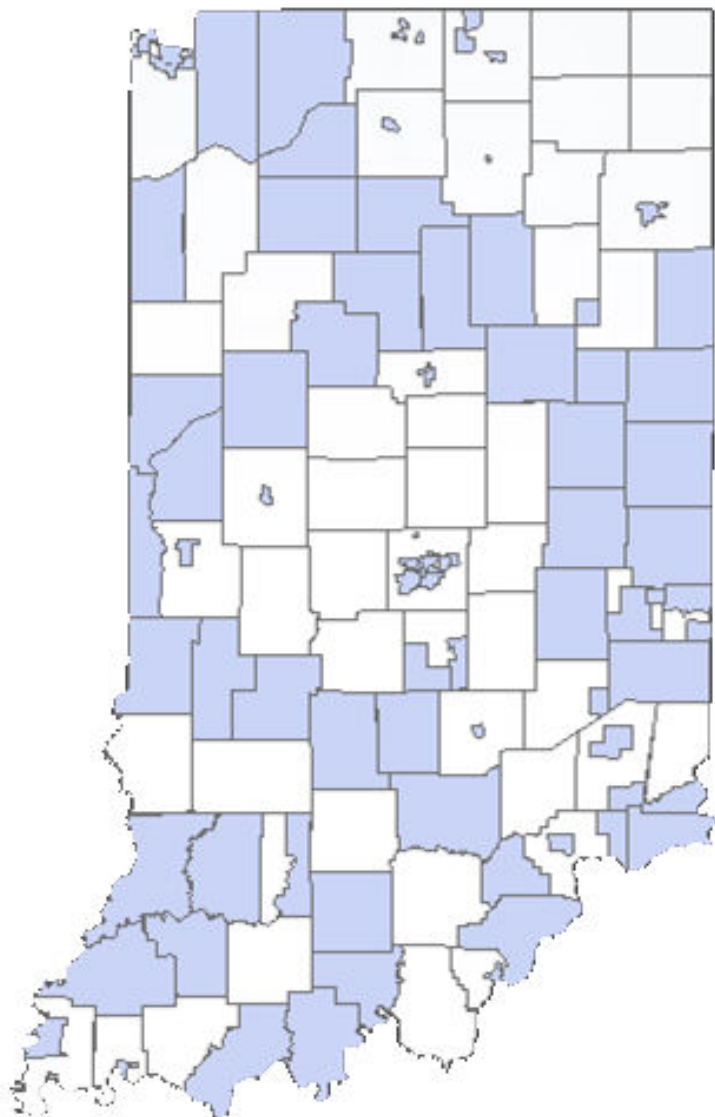
*Rates for counties with less than 5 deaths are suppressed

Drug poisoning deaths with underlying cause of death of ICD-10 codes X40-X44, X50-X54, X58 or Y10-Y14 with contributing cause of ICD-10 codes T40.2, T40.3, T40.4

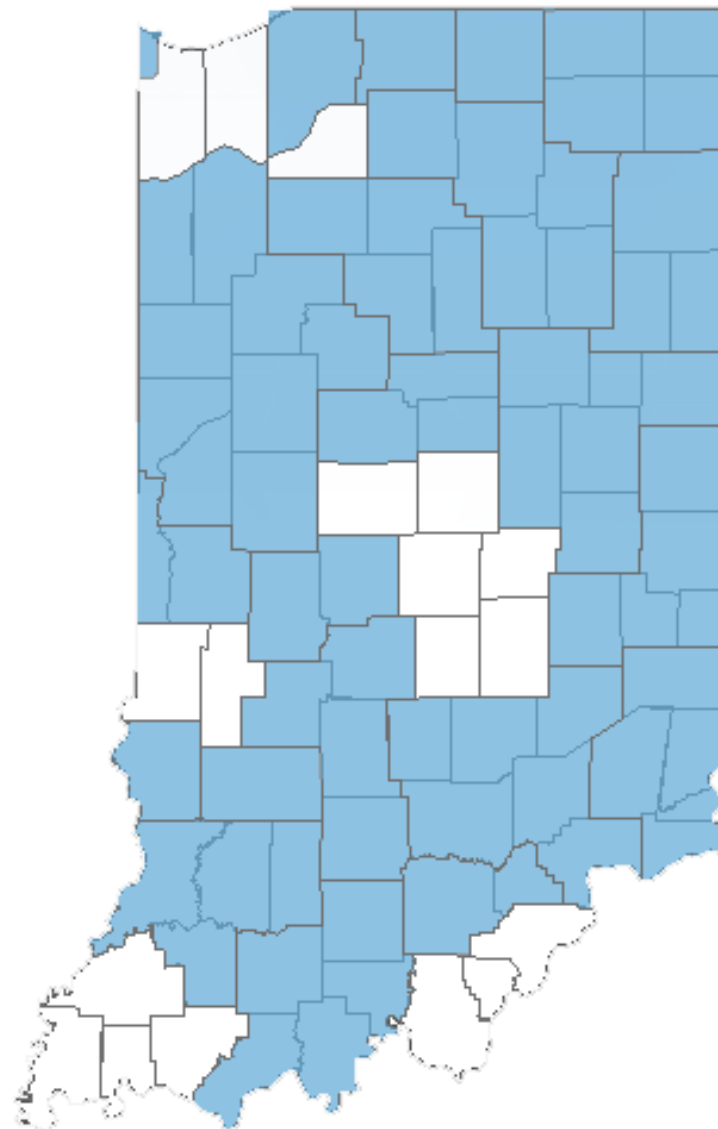


Data Source: ISDH, ERIC Division, DAT
Map Author: ISDH ERIC PHG, 2017





Medically Underserved Areas
and Populations (MUA/P)



Mental Health Professional
Shortage Areas



Barriers to Opioid Use Reduction in Indiana



Patients are reluctant to engage in evidence-based treatment due to messaging based on stigma around treatment in the community.



Lack of coverage for many treatment and supportive services that are known to improve outcomes for opioid use disorder.



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.

Indiana Opioid Use Disorder ECHO

- Partnership between community-based providers and Indiana University-led team of specialists to improve treatment of OUD in rural and other underserved areas
- Supported by IN Family & Social Services Administration contract as part of state 21st Century Cures Act funding
 - Awarded Fall 2017, Renewed spring 2018



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**



Upcoming Tracks

- Providers treating **OUD in Pregnancy**
- Providers treating **OUD in Adolescents**
- **First Steps Workers**
- **Peer Recovery Coaches** working in Emergency Depts.



Anatomy of an ECHO Clinic

- 12 week sessions
- Meets every other week for 90 minutes
- Introductions
- 20 Minute Didactic plus Q + A
- 1-2 de-identified patient Case Presentations
- FREE Continuing education from Indiana School of Medicine, Indiana Addictions Coalition and Mental Health of America for 1.5 hours





Hub Panel Expertise

Medical-legal partnerships

Psychosocial interventions for OUD

Peer recovery support/CHW

Addiction psychiatry, adolescents

Outpatient, inpatient psychiatric pharmacy

Addiction psychiatry, adults

Internal medicine, MAT

Social work and case management





Learning Objectives for Prescriber & Behavioral Health Tracks

Objectives: Participants of this new ECHO should be able to:

1. Describe the physiology and neurobiology of opioid use disorder
2. Assess and diagnose OUD
3. Evaluate and identify risk and protective factors for OUD, treatment outcome
4. Use current clinical practice guidelines in managing patients with OUD in community clinic
5. Communicate the balance of benefits and risks with various treatments
6. Individualize treatment decisions through shared decision making
7. Monitor OUD treatment for adherence, tolerance, and effectiveness
8. Coordinate with other health care providers and systems of care to deliver best practice OUD treatment



Learning Objectives for CHW/Peer Support Track

Objectives: Participants of this ECHO should be able to:

1. Recognize Opioid Use Disorder in clients
2. Understand proper and available evidenced based treatment programs including MAT
3. Counsel recoverees with current Harm Reduction Strategies
4. Identify legal challenges of clients with OUD.
5. Learn motivational interviewing and crisis intervention skills in relation to OUD
6. Create a collaboration and network of peer recovery coaches/specialists and community health workers who are assisting clients with OUD.
7. Learn skills to help reengage those with the community and loved ones

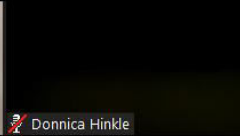




Jenni Vanskyock



Elizabeth Sickels



Donnica Hinkle



katrinah



Karri Anderson



Thomas's iPad



Recording...



Kristen Kelley



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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.



Curriculum for Prescribers and Behavioral Health

- Free continuing education!
- Curriculum adapted from ECHO Institute materials by Indiana experts
- Evaluation

Session	Date	Topic
1	March 21st	Introduction to Opioid Use Disorder
2	March 28th	Neurobiology and diagnosis of Opioid Use Disorder
3	April 4th	MAT basics
4	April 11th	Assessing and treating co-occurring mental illness and OUD
5	April 18th	Legal Matters Related to Treating for OUD
6	April 25th	Office Management of OUD
7	May 2nd	Introduction to Motivational Interviewing
8	May 9th	Evidence-based Screening and SBIRT techniques
9	May 16th	Introduction to Peer Recovery Coaches
10	May 23rd	Treating Pain in the Setting of Prescription OUD
11	May 30th	Harm Reduction Strategies
12	June 6th	Behavioral Interventions



Curriculum Schedule for CHW/Peer Support

- Session 1 Introduction to Opioid Use Disorder
- Session 2 Overview of Community Health Workers and PR and CHW
- Session 3 ISDH Humanizing Campaign and Stigma Reduction
- Session 4 Available and Recommended Evidenced Based Treatment & MAT
- Session 5 Harm Reduction Strategies
- Session 6 Legal Matters Related to OUD
- Session 7 Introduction to Motivational Interviewing
- Session 8 Residential Housing and Recovery Works Services
- Session 9 Other Medical/Mental Health Conditions related to OUD
- Session 10 Crisis Intervention
- Session 11 Life Skills and Education related to OUD
- Session 12 Re-engagement into the Community





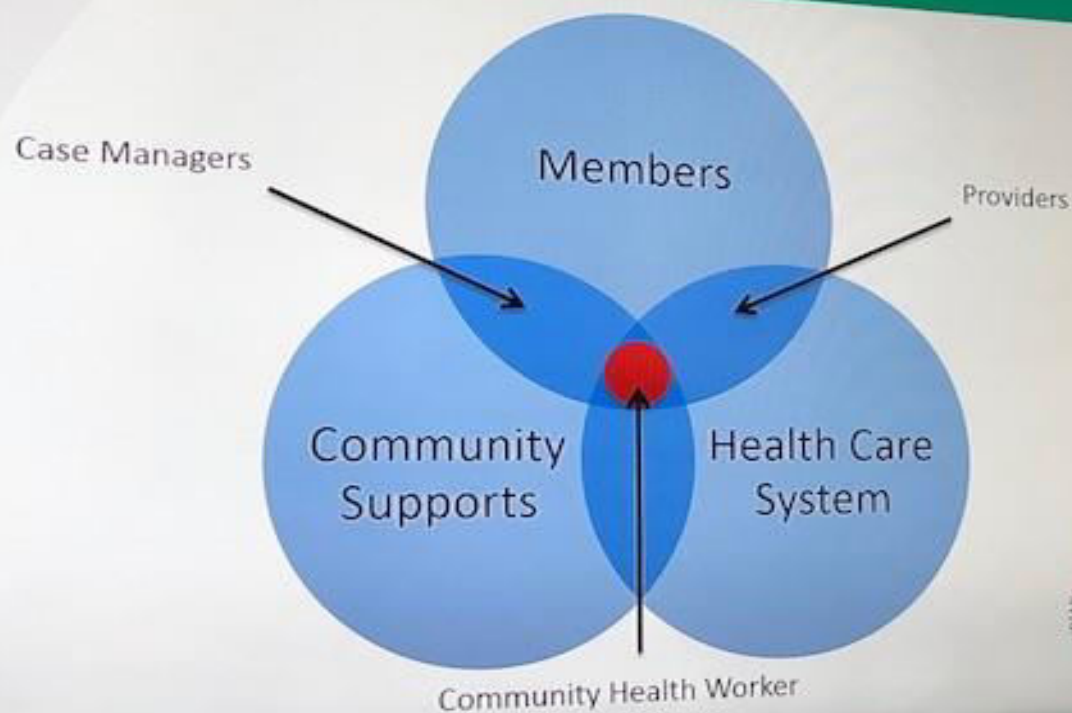
Medical co-occurring disorders (caused by opioid Addiction):

Pharmacologic:

Gastrointestinal Motility decrease/irregularity
Respiratory Depression (lethal overdose)
near lethal overdose



Intersection of Three Key Actors



From April 2020 - ASPB to Community
Burt Shively - ASPB

From April 2020 - ASPB to Community
Sarah Shively - ASPB

From April 2020 - ASPB to Community
Burt Shively is also being there. ASPB is the
administrator. However, the person is not
working on it. I am sharing with you. Thank you.

From April 2020 - ASPB to Community

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



Opioid Use Disorder (OUD) Case Presentation Form

Presentation Date: 9/26/18

Presenter: John Doe

ECHO ID: OUD-P000

Case: New

General Information

- 68-year-old, Male
- Lifelong history of addiction to heroin

Opioid Use History:

- Has been on and off methadone
- Remained off of opioids for 6 months until he developed Ulcerative Colitis with pain
- Presented with IV heroin use daily and was placed on buprenorphine (he was unable to make it to the methadone clinic daily)
- UDS remained positive

Other Substance Use:

- Alcohol (minimizes the use)
- THC

Current Medications:

- Buprenorphine 16mg q am and 4mg q
- Insulin
- Mesalamine,

Main Questions for this Patient Case:

- Should I continue prescribing buprenorphine?
- Help with medications
- Help with non-medication treatment

Treatment/Interventions Tried:

- Weekly or biweekly meetings with prescriber or social worker therapist.
- Recently started to attend weekly group therapy.

Employment/Housing

- Lives in own apartment
- Lives off social security

Strengths

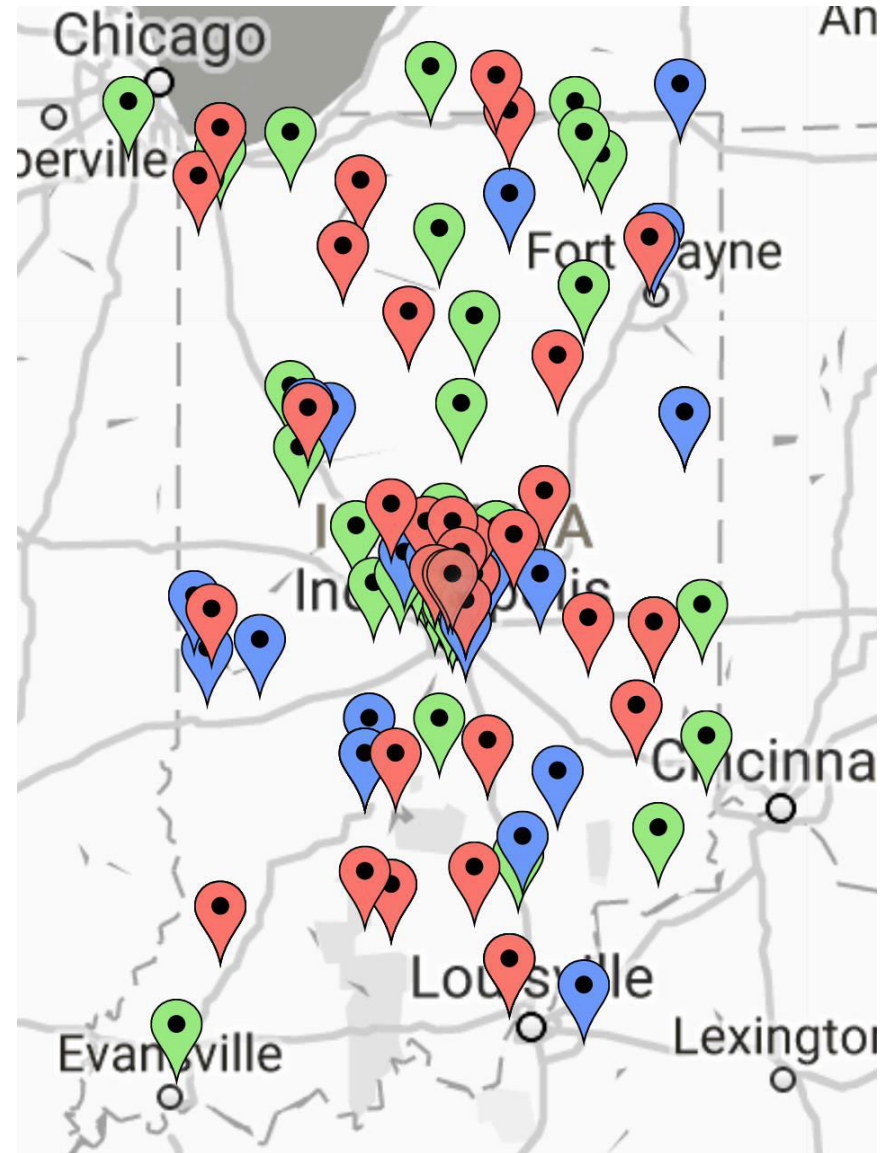
- Honest about his addiction
- Says he is committed to stopping
- Remains engaged and generally keeps his appointments

Other:

- Single
- 6 children (only has a relationship with daughter)

Current Tracks

- **Prescribers**
- **Behavioral Health Specialists**
- **Community Health Workers**
- 153 total participants
- 34 participants completed 75% of sessions
- Average 25 participants per session



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 consultation with specialists



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”



ODD ECHO Testimonials:

“From the case I presented, it connected us with people from WeCare as well as Regenstrief Institute. They came to the office last Friday and we met for about an hour and they are going to be connecting with the young lady for whom the case related. This is a resource we wouldn't have known about, and thank you!”

– Client Care Coordinator from Lebanon, IN

“The ECHO program has been a godsend for me. Being in a small rural community it has made medical education accessible and relatively painless. It has brought to my community improved diagnosis and treatment of an undertreated disease, opiate use disorder. The professional expertise has been enlightening. I’m looking forward to other presentations.”

– Primary Care Physician from Pulaski County



Becoming Involved!

Currently, we will be conducting 3 separate ECHO tracks for the following disciplines:

- **Prescribers and Dispensers** (MD, DO, NP, Pharmacists) who have or who are planning to obtain their SAMHSA waiver to prescribe or dispense buprenorphine for OUD Meet every Wednesdays from noon-1:30pm (A new 12 week session will begin on October 31st)
- **Behavioral Health Therapists (psychologists, social workers, counselors, etc)** Start: Sept 6th from 1:00-2:30 and meets every other Thursday (next clinic is Sept 20th.)
- **Community Health Workers/Peer Recovery Coaches and Specialists who provide direct client care** Meets every other Thurs from 9:00-10:30 am. (next Clinic is September 20th)

REGISTER at OUDecho.iu.edu





Opioid ECHO

[ABOUT ECHO](#)[GET INVOLVED](#)[TRACKS](#)[FAQ](#)[RESOURCES](#)[LIBRARY](#)[OUR TEAM](#)

Joining the Opioid TeleECHO Clinic

Participation in the program is available at no cost to primary care providers and other stakeholders in Indiana. We would particularly like to collaborate with providers who would be interested in becoming a local expert in the field in their region of the state.

We will select up to **30 participants from each cohort** (based on interest and geographic distribution throughout Indiana). Clinicians are encouraged to invite other staff member such as nurses, medical assistants, or practice managers to participate in the sessions with them.

We will be conducting 3 separate ECHO clinics for the following disciplines –

1. Providers who have or who are planning to obtain their SAMHSA waiver to prescribe or dispense buprenorphine for OUD
2. Behavioral Health Specialists (psychologists, social workers, counselors)
3. Community Health Workers/Peer Recovery Coaches/Community Advocates



ODD ECHO Resources



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Opioid ECHO

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Participant Materials

Links

Pregnancy Related

Resources

Select a section to the left to view ECHO and Opioid Use Disorder resources.

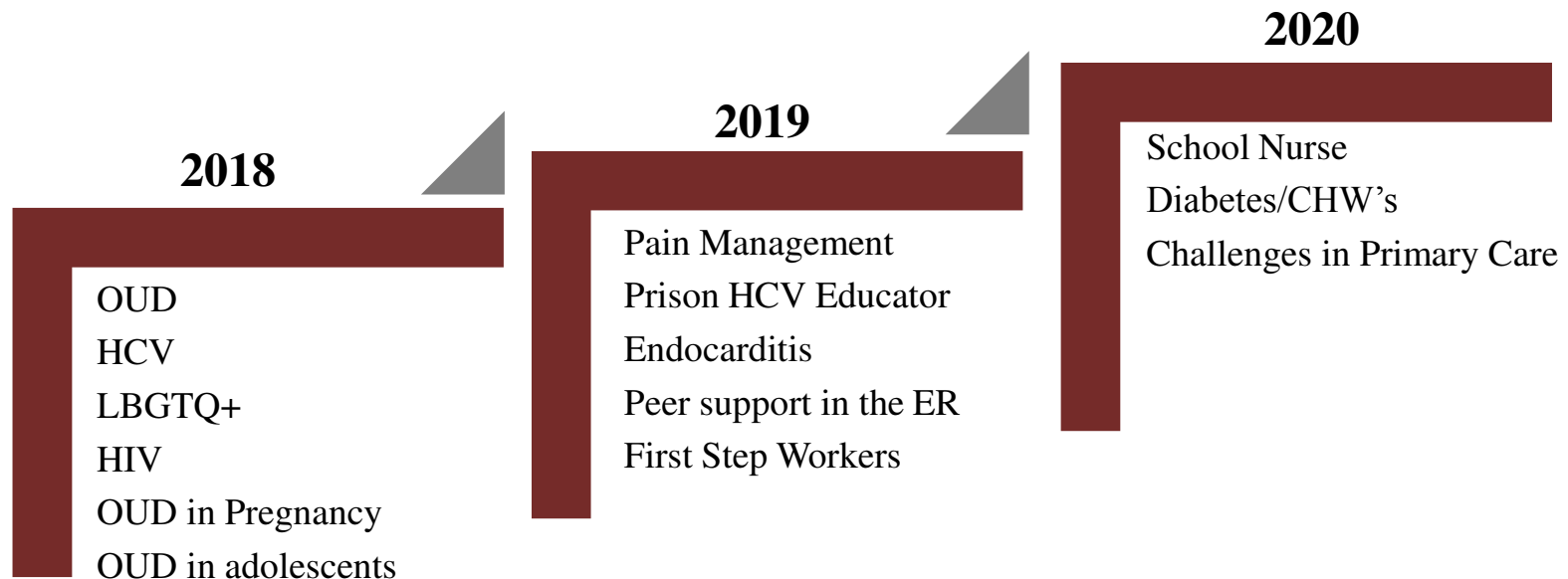
- **Participant Materials** - Participants in the ECHO clinic can find the welcome packet, case presentation form, and confidentiality agreement here.
- **Links** - This section contains links to external resources relating to OUD.
- **Pregnancy Related** - A collection of articles related to OUD and pregnancy.

The weekly didactic presentations can be found in the [Tracks](#) section.



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Indiana ECHO Center Priorities





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](#)

Questions?

Thank you!



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