Building Community Capacity to Address the Opioid Crisis

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Objectives

1. Describe Indiana’s Project ECHO for OUD and other complex medical conditions.
2. Describe upcoming expansions and initiatives of Indiana Project ECHO
3. Discuss Benefits and how you can get involved
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

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.

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**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

Project ECHO Hubs (Global)

ECHO Countries: 32
ECHO Hubs: 249
ECHO Programs: 575
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
ECHO vs. Telemedicine

TeleECHO™ Clinic

- Expert hub team
- ECHO supports community based primary care teams
- Learners at spoke site

Traditional Telemedicine

- Specialist manages patient remotely

Patients reached with specialty knowledge and expertise

Treating provider retains responsibility for managing patient.
View the online video at oud.iu.edu
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


The Opioid Crisis in Indiana

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

Deaths From Drug Poisoning - Opioids
2011 to 2015

Source: https://www.in.gov/isdh/files/CountyProfilesOfOpioidUse2017.pdf
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.
- Community stigma against people with opioid use disorder and evidence-based treatment.
- Lack of collaboration between providers in many communities.
- Lack of coverage for many treatment and supportive services that are known to improve outcomes for opioid use disorder.
- Lack of transportation makes treatment participation difficult.
- Inadequate funding for treatment and supportive services.
Indiana OUD ECHO

1. Partnership between community-based providers and Indiana University-led team of specialists to improve treatment of OUD in rural and other underserved areas

2. Supported by IN Family & Social Services Administration contract as part of state 21st Century Cures Act funding
   – Awarded Fall 2017, Renewed spring 2019 through Sept 2020
   – Funds expert panels, 1.5 FTE coordinator, marketing, administration
Learning Objectives for OUD ECHO - Prescriber

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 & ED settings
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 for all aspects of the patients, including social and legal.
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
**Hub Panel Expertise**

- Medical-legal partnerships
- Psychosocial interventions for OUD
- Peer recovery support
- Addiction psychiatry, adolescents
- Outpatient, inpatient psychiatric pharmacy
- Addiction psychiatry, adults & children
- Internal medicine, MAT
- Social work and case management
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
### General Information
- 31 y.o., Male
- Referral from Law Enforcement
- Role: Recovery Coach
- Worked with recovery for 8 months
- No insurance

### Opioid Use History
- Rx opioids – started at age 21. Daily use; last use 3 years ago
- Daily Heroin – IV use, started at age 24
- Overdosed several times – last 2 times this year within a month

### Other Substance Use History
- Meth – IV use, started use at 21 yo; last use 1 year ago
- Cocaine – IV use, 1st use at 20 yo; last use one year ago
- Xanax weekly – 1st use at age 24. Last use this year
- Alcohol – 1st use 15 yo. Last use this year
- Marijuana – 1st use at 15 yo; last use this year

### Diagnoses:
- Anxiety and depression – prescribed Xanax at age 21. Discontinued due to lack of insurance
- OUD – Severe (diagnosed at intake)
- Stimulant Disorder – Mild

### Treatments/Interventions Tried:
- Recovery Coaching
- Relapse Prevention
- Peer Support
- AA/NA
- Suboxone approximately 2 years ago. None current, drug court does not allow.

### Employment/Housing
- Currently unemployed but has worked in recent past. Enjoys working and a hard worker
- High School Diploma
- Currently residing at a recovery home. Lived in different recovery home the first of the year.

### Recovered’s Strengths
- Musically inclined. Plays guitar, hard work ethic, kind, caring

### Patient Goal for Treatment
- Medicated Assisted Treatment/MAR

### Social History
- No identified social support
- Does not want to live at home. Mother is in active use

### Legal
- History of incarceration – recent detainment in jail until placement of residential/sober living availability.
- Arrested for possession of heroin in Spring 2019
- Arrested for paraphernalia/possession of syringe/possession of narc in 2019
- Arrested for theft and forgery 2018
- House arrest/Home detention – currently wearing monitor

### Main Questions for this Patient Case:
- Needs ongoing support to successfully complete legal requirements. May benefit from MAT/MAR if legal system agrees
- Steps needed/Educational “pieces” for corrections regarding the use of MAT/MAR
- Effective/Evidenced Based Support and Services regarding what medical providers have success with.
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
- Meets the requirement for CME to renew Controlled Substance Registration
- One of the requirements for ISDH Loan Repayment Program
Learner Information

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.

Behavioral Health
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.

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.
# OUD ECHO Tracks

<table>
<thead>
<tr>
<th>Track</th>
<th>Participants</th>
<th>Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescriber*</td>
<td>239</td>
<td>48</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>75</td>
<td>23</td>
</tr>
<tr>
<td>Community Health Worker</td>
<td>65</td>
<td>13</td>
</tr>
<tr>
<td>Early Home Visitor</td>
<td>122</td>
<td>4</td>
</tr>
<tr>
<td>Adolescent</td>
<td>47</td>
<td>7</td>
</tr>
<tr>
<td>Emergency Dept.</td>
<td>66</td>
<td>8</td>
</tr>
<tr>
<td>Medical Complications</td>
<td>40</td>
<td>6</td>
</tr>
<tr>
<td>Jail Based MAT</td>
<td></td>
<td>Coming Soon!</td>
</tr>
</tbody>
</table>

*Includes management of OUD in pregnant and parenting women*
OUD ECHO for Prescribers
Every Wednesday noon-1:30 pm

- Session 1  Landscape of Opioid Use Disorder in Indiana
- Session 2  Overview of Medicated Assisted Treatments
- Session 3  Assessing and Diagnosing OUD
- Session 4  Induction to Medicated Assisted Treatment
- Session 5  Drug Testing/Patient Agreements/Non-Compliance
- Session 6  Neurobiology of OUD & MAT
- Session 7  Stigma Reduction
- Session 8  Legal Issues Related to OUD Patients
- Session 9  Peer Recovery Support Services
- Session 10 Harm Reduction Strategies
- Session 11 Methamphetamines
- Session 12 Addressing Chronic Pain
- Session 13 Co-occurring Psychiatric Health Conditions
- Session 14 Self Care and Boundary Related Issues
Jail MAT Treatment
TBD

- Session 1  Landscape of Opioid Use Disorder in Indiana
- Session 2  Overview of Medicated Assisted Treatment
- Session 3  Stigma Reduction
- Session 4  How to Implement a Jail MAT Treatment Program
- Session 5  Diversion, Storage and Security Protocols
- Session 6  Recovery Works and Medicaid Reimbursement
- Session 7  Peer Recovery Coaching
- Session 8  Behavioral Health Interventions/Life Skills
- Session 9  Continuity of Care Upon Release
- Session 10  Overview of Victory Clinic and Hamilton Center Pilots

Starts January 2020
OUD Medical and Psychiatric Co-morbidities
Every Wednesday 3:00-4:30 pm

- Session 1  Hep C Screening, Diagnosis and Referral
- Session 2  Skin and Soft Tissue Infections
- Session 3  Endocarditis Part 1
- Session 4  Endocarditis Part 2
- Session 5  HIV Screening, Diagnosis and Referral Session
- Session 6  Behavioral Health Co-Morbidities
- Session 7  OUD & Suicide
- Session 8  Addressing other Substance Use Disorders

Starts September 18, 2019
OUD Medical and Psychiatric Co-morbidities
Every other Thursday 10:30 am - noon

- Session 1  Landscape of Opioid Use Disorder in Indiana
- Session 2  Overview of Medicated Assisted Treatments
- Session 3  Roles of Peer Recovery Support
- Session 4  Stigma Reduction
- Session 5  Co-Occurring Mental Health Conditions
- Session 6  Indiana Resources – Residential Housing/Recovery Works/IAPRSS/Open Beds
- Session 7  Crisis Intervention
- Session 8  Harm Reduction Strategies
- Session 9  Life Skills and Education for Addiction Treatment
- Session 10  Motivational Interviewing
- Session 11  Tobacco Cessation and Prevention
- Session 12  Legal Issues Related to OUD
- Session 13  Situational Awareness and Home Safety
- Session 14  Professional Development & Ethics
Target Audience

- Sheriffs
- Jail Commanders and other jail staff
- Community Corrections
- Probation
- Clinical Teams
- Community Partners
- Behavioral Health/Contractual Services
- Judge
- Public Defenders & Prosecutors
- Quick Response Teams
OUD ECHO Tracks

- 682 total participants
- 106 sessions completed
- Average 25 participants*
- 74 counties represented

* Exception of First Steps
ECHO Participation Across Indiana

- CHW/PRC
- Behavioral Health
- Adolescent
- Prescriber
- Emergency Dept.
Outcomes of OUD ECHO:

“Developing a network of other providers”

“Getting the panel to weigh in on cases was helpful!”

“The didactic sections and suggestions were very informative and helpful!”

Providers who attended ECHO reported improved confidence working with opioid use disorders.

In the first group of attendees, average confidence across seven behaviors, on a scale of 1 [Very Low Confidence] to 5 [Very High Confidence] increased significantly ($t=-2.88$, $df=17$, $p=0.01$, $D=0.68$).
OUD 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
Data on training times was computed by Dr. Jon Agley, Prevention Insights, School of Public Health, Bloomington. County boundaries and 5-digit Zip Code Tabulation Areas (ZCTA5) were obtained from Indiannamap.org in March 2019 and modified to include all missing zip codes.

This map was created by Dr. Bernadette de Leon, School of Public Health, Bloomington.
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
- HIV ECHO
  - Visit
- LGBTQ+ ECHO
  - Visit
- Opioid Use Disorders ECHO
  - Visit
- Child and Adolescent Mental Health ECHO
  - Visit
- Cancer ECHO
  - Visit
# Other Indiana ECHO Clinics

<table>
<thead>
<tr>
<th>Track</th>
<th>Audience</th>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribers and Dispensers OUD ECHO</td>
<td>MD, DO, NP, PA, RPh who are planning to obtain their SAMHSA waiver to prescribe or dispense buprenorphine for OUD</td>
<td>Every Wednesday</td>
<td>12:00-1:30 pm EST</td>
</tr>
<tr>
<td>Child and Adolescent Mental Health</td>
<td>Pediatricians, Behavioral Health Workers, Advanced Practice Providers, Adult Community Providers who occasionally treat pediatric patients</td>
<td>Every Thursday</td>
<td>9:30-11:00 am EST</td>
</tr>
<tr>
<td>Peer Recovery Support and Behavioral Health OUD ECHO</td>
<td>Peer Recovery Coaches &amp; Specialists, Community Health Workers, Social Workers, Mental Health Counselors and other Behavioral Health Providers</td>
<td>Thursdays every other week</td>
<td>12:00-1:30 pm EST</td>
</tr>
<tr>
<td>Medical Co-Morbidity of OUD Track</td>
<td>Prescribers, behavioral health providers, Nurses, hospital administration .</td>
<td>Every Wednesday beginning September 18th X 6 weeks</td>
<td>3:00-4:30 pm EST</td>
</tr>
<tr>
<td>HCV ECHO</td>
<td>Prescribers, Behavioral Health, Nurses, Pharmacists, Administration, Public Health</td>
<td>2nd and 4th Thursdays</td>
<td>12:30-2:00 pm EST</td>
</tr>
<tr>
<td>LGBTQ+ ECHO</td>
<td>Prescribers, Behavioral Health, Nurses, Care Coordinators, DIS, Pastoral Care</td>
<td>2nd and 4th Wednesdays</td>
<td>2:30-4:00 pm EST</td>
</tr>
<tr>
<td>HIV ECHO</td>
<td>Prescribers, Behavioral Health, Nurses, Pharmacists Care Coordinators, Public Health</td>
<td>2nd Thursday of the month (8:30-10:00am) 4th Thursday of the month (12:30-2:00pm)</td>
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</tr>
<tr>
<td>Cancer Prevention/Survivorship Care ECHO</td>
<td>Physicians, APRNs, PAs, Behavioral Health, Administration, Public Health</td>
<td>1st and 3rd Tuesdays</td>
<td>12:00-1:30 pm EST</td>
</tr>
<tr>
<td>Integrated Pain Management ECHO</td>
<td>Physicians, APRNs, PAs, Behavioral Health, Administration, Pharmacists, PT/OT,</td>
<td>1st and 3rd Fridays beginning November 1st</td>
<td>8:00-9:30 am EST</td>
</tr>
<tr>
<td>Prison Peer Education Program</td>
<td>Individuals who are incarcerated</td>
<td>1st Tuesday</td>
<td>8:00-10:30 am EST</td>
</tr>
<tr>
<td>IN CAREs Communities Advancing Recovery Efforts</td>
<td>Community Teams</td>
<td>Once a month</td>
<td>TBD</td>
</tr>
<tr>
<td>Ehlers Danlos Syndrome ECHO</td>
<td>Physicians, APRNs, PAs,</td>
<td>3rd Wednesday</td>
<td>12:00-1:30 pm EST</td>
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</tbody>
</table>
The IUPUI ECHO Center at FSPH

Grand Challenge
Responding to the Addictions Crisis
FSPH ECHO Programs

- Hepatitis C
- HIV
- LGBTQ+
- Cancer Prevention and Survivorship
- INPEP
- Pain Management
- INCARES (Community Advancing Recovery Efforts)
“The interaction with multidisciplinary team members has been a very effective teaching method for all members in the management of a very complex patient population.” - Rebecca Gump

“Being active in the LGBTQ+ ECHO program has been very beneficial to me professionally – which ultimately impacts the quality of services I provide to clients.” - Sandra Laski, DSW, MSW, M.Ed., LICSW, LADC

“Through this unique program, primary care providers across Indiana are partnering with leading Hepatitis C experts and extending treatment to large numbers of patients that otherwise would not have access to the curative treatments now available for Hepatitis C.” - Christopher A. Steinmetz, MD

“Since starting project echo my hepatitis C practice has grown. I’ve treated 19 patients. I now start one patient per week on medication for hepatitis C.” - Britt Borden M.D.

“Who says learning can’t be fun and high tech? With videoconferencing, we here at CHN have gained knowledge and skills to assist us with managing the complex cases seen in our practice. The support from the panel of experts are top notch and are definitely translated into the care we use in our daily care of our patients. Great resource for all!” - Hope Nalls, Program Director

“The education and resources provided have allowed me to offer a wider range of services to my patient population and have made me more prepared to deliver inclusive care. Discussion of real-life cases with other practicing colleagues and across disciplines has also been extremely informative in answering many questions on the topic of LGBTQ+ specific care. I feel so much more supported in my practice due to the education I have received and the network I have built as a participant in this ECHO clinic.” - Kelly O'Shaughnessey, MS, AGPCNP-BC

Testimonials
HCV ECHO
1st/3rd Thursdays, 12:30-2:00 pm

Curriculum Topics:

- HCV Epidemiology & Testing
- Assessing Liver Disease
- Intro to HCV Treatment
- Most Commonly Use DAAs
- Strategies for Detecting Decompensation in Patients with Chronic Hepatitis C
- HCV and other infectious diseases
- Tobacco considerations in patients with HCV
- Motivational Interviewing
- HCV and Pregnancy
Impact of HCV ECHO participation on Dx and Tx by PCPs

Member w/ a HCV ICD-10:

Number of Unique Members with Paid Claims for a Hepatitis C Drug:
HIV ECHO

2nd Thursdays, 8:30-10:00 am
4th Thursdays, 12:30-2:00 pm

Curriculum Topics

• Immunization of Adults with HIV
• HIV Case Management
• Switching or Simplifying an Antiretroviral Regimen
• Managing HIV in Pregnancy
• Hepatitis C and HIV
• Refugees and HIV
• Role of Pharmacist in HIV Care
• Ending the Epidemic
• Cervical and Anal Cancer Screening
• Motivational Interviewing
• Corrections and HIV
• Drug Resistance
LGBTQ+ ECHO
2nd/4th Wednesdays, 2:30-4:00 pm

Curriculum Topics
• The Importance of Language
• Development of Gender Identity
• HIV Prevention and PrEP
• Gender affirming surgery and post op care
• Insurance Tips & Pitfalls
• Primary Care of LGBTQ+ Individuals
• Nutrition and Abnormal Shape Concerns / Eating Disorders
• Sexual Orientation, Sexual Health, Sexuality and Romance
• Creating a Welcoming Office Environment
• Gender Dysphoria, Introduction to Affirmation and Transition
• Behavior Health Concerns in Transgender Patients
Cancer ECHO
1st/3rd Tuesdays, 12-1:30 pm

Curriculum Topics
• Post Radiation Oncology Surveillance
• Smoking with a Cancer Diagnosis
• Talking with Patients about Alternative Treatment
• Cancer Risks in Survivorship
• Community Resources for Cancer Survivors
• Brief Action Planning
• Smoking Cessation
• A Survivor’s Story
• Trauma Informed Care
• Cancer Genetics for Primary Care
• Special Populations
• Family Psychosocial Stresses
Indiana Peer Education Program (INPEP) ECHO

**40-hour Training**
Selected Individuals -> Peer Health Educators
- Health Education & Professional Skills

**10-hour Workshops**
- Any person incarcerated or as part of RDC orientation
- Health Education & Prevention

**Monthly Site Visits**
- FSPH, Step-Up Inc. & ISDH Staff
- Ongoing support

**teleECHOs**
- All Peer Health Educators & Staff
- Continuing Education & Case-based learning

"While the program prepares peer educators with a strong understanding of health topics and preventative measures, it also helps them develop a professional skill set that is applicable anywhere in the workforce." - Andrea Janota, ECHO Center Program Coordinator

[https://www.youtube.com/watch?v=0pgXDHt1K74](https://www.youtube.com/watch?v=0pgXDHt1K74)
Integrated Pain Management ECHO
1st and 3rd Fridays, 8:30a-10a (ET)

Objectives:

- Enhance the capacity of Primary Care Providers in rural and underserved communities to assess patients presenting with chronic pain and provide evidence-based pain management.
- Support interprofessional practice of health professions students and recent graduates by engaging them in guided learning about assessing and managing patients with chronic pain.
- Practice more appropriate use of opioids for the management of chronic pain.
- Pursue community partners to assist with assessment and management of patients with chronic pain.
- Increase knowledge about and comfort with interprofessional collaborative practice to support Integrated Pain Management.
IN CARES (Communities Advancing Recovery Efforts)

Goal: Reduce drug overdose deaths

- **Key IN CAREs ECHO focus areas:**
  - Collect and monitor data on OD death
  - Provide rapid access to low-barrier OUD treatment
  - Promote widespread availability of naloxone
  - Promote ready access to recovery supports

- **TeleECHO component:**
  - Connect a group of faculty experts, the “Hub” who have experience in reducing overdose (OD) deaths with community based teams - “Spokes”- comprised of leaders from various sectors of the community.
  - The Spoke team will be committed to working together to implement strategies and coordinate efforts to reduce opioid misuse and reduce morbidity and mortality associated with opioid use disorder.
Thank you!

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