

Introduction to the ECHO Model & Age-Friendly Healthcare

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Background of Project ECHO



- Created by Sanjeev Arora, MD at University of New Mexico
- First designed to support the treatment of Hepatitis C
- Telementoring model to support the management of complex cases
- Outcomes: Community providers treated Hepatitis C as well as specialists at a university. Published in Arora et al. 2011.
- Other specialties quickly became interested in the model



People need access to specialty care for their complex health conditions.



There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities.



ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need.



Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.

Guiding Principles of the ECHO Community

- **Demonopolization (democratization) of knowledge**
- Mutual respect and intellectual honesty
- Non-exclusivity
- Fidelity to the ECHO model
- Empowerment of providers to perform at their maximum capacity
- **Primacy of human relationships/mentoring/sponsorship**
- Commitment to listening/learning
- Commitment to service
- Positive communication, motivational interviewing and empathic skills
- Collective data and community-based research to improve outcomes

Core Components

1) Technology to leverage scarce resources

- Videoconferencing technology (Zoom)
- Archived sessions

2) Didactic training on core professional development topics

- High incidence and timely topics
- Incentivized with professional credits
- Research and evidence based

3) Case presentations and ongoing co-management

- HIPAA compliance
- Standardized case presentation forms
- Centered on individuals
- Access to ongoing support by expert teams

4) Outcome measurement

- Model fidelity measures
- Network pre/post tests
- Weekly session evaluation
- Qualitative learner outcomes
- Individual progress toward goals
- Standardization of recommendations

UW ECHO in Geriatrics Session Format

12:00pm-12:05pm: Introductions & Welcome

12:05pm-12:30pm: Case Presentation

12:30pm-12:55pm: Community Discussion

12:55pm-1:00pm: Closing & Evaluations

Evaluation & Continuing Education: Please make sure to complete the evaluation survey to receive continuing education credits.

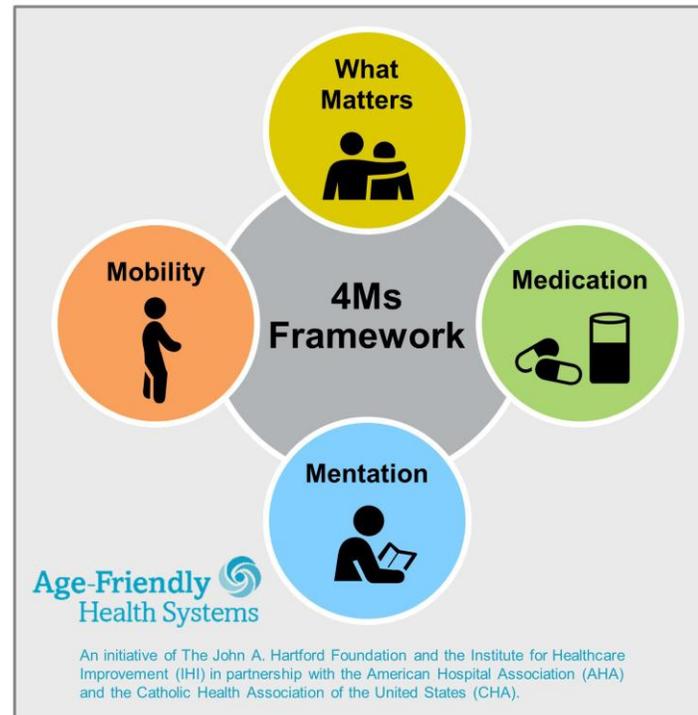
The Hub Team

- Emma Bjore, MD. Geriatrician, Ivinson Medical Group, IMH: Laramie, WY
- Tonja Woods, PharmD, BCGP. Geriatric Pharmacist, UW Clinical Associate Professor: Laramie, WY
- Monica Trimble, LCSW. Social Work, Stevensville Family Medicine: Stevensville, MT
- Mary Kerber, MD. Neurologist, Cheyenne Medical Specialists: Cheyenne, WY
- Soo Borson, MD. Geriatric Psychiatrist, University of Washington: Seattle, WA
- Maya Pignatore, PhD. Psychologist, Omaha VAMC: Omaha, NE
- Tennille Nelson, PT, DPT, GCS. Physical Therapist, Ivinson Memorial Hospital: Laramie, WY
- Erin J. Bush, PhD, CCC-SLP. Speech Language Pathologist, UW Assistant Professor, Neurogenic Communication Disorders: Laramie, WY
- Faith Jones, MSN, RN, NEA-BC, Care Coordination Specialist: Sheridan, WY
- ***AND YOU!***

Age-Friendly Healthcare

- Age-Friendly Health Systems is an initiative of the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with American Hospital Association and Catholic Health Association of the United States.
- **Overall Goal:** Build a social movement so all care with older adults is age-friendly care:
 - Guided by an essential set of evidence-based practices (4Ms);
 - Causes no harms; and
 - Is consistent with What Matters to the older adult and their family.

The 4Ms Framework



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Age-Friendly Healthcare & ECHO

- Incorporation of the principles of Age-Friendly Healthcare in case discussions and didactics
- Identification of the 4Ms on the Case Presentation Form
- Recommendations around 4Ms
- WyCOA staff can provide resources if you are interested in joining the Age-Friendly movement

Becoming Age-Friendly

Age-Friendly Health System Participant: Recognized for being *on the journey* to becoming Age-Friendly and has submitted a description of how it is working towards putting the 4Ms into practice.

- To be recognized, complete the *4Ms Description survey* with how you plan to adopt the 4Ms into your health care setting.

Age-Friendly Health System Committed to Care Excellence: Recognition for being an exemplar in the movement based on 4Ms work that is aligned with the *Age-Friendly Health System Guide to Using the 4Ms in the Care of Older Adults* AND at least three months' count of older adults reached with evidence-based, 4Ms care.

Age-Friendly Action Community beginning in March!
<http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

Resources

- University of New Mexico ECHO Institute: <https://echo.unm.edu>
- Arora et al. (2011)
<https://www.nejm.org/doi/full/10.1056/NEJMoa1009370>
- Institute for Healthcare Improvement Age-Friendly Health Systems Initiative <http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>
- http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf