

PROJECT ECHO NEVADA

Closing The Distance Between Rural Nevadans And Specialty Care

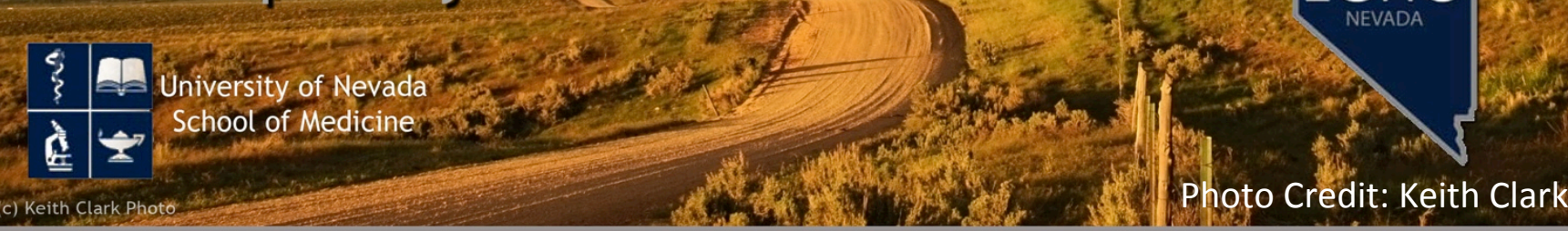


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University of Nevada School of Medicine

Project ECHO Nevada



Project ECHO Nevada: Using Interprofessional Teams to Improve Health Care in Nevada

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Mission

Project **ECHO** (Extension for Community Health Outcomes) Nevada is determined to improve the health and well being of Nevadans:

- Meet rural primary health care providers' needs by offering an innovative health care delivery through telehealth consultations that link University-based faculty specialists with primary health care providers in rural and underserved areas
- Reduce costly travel and long waits for appointments for patients who need specialty care

Background

Nevada is the 7th largest state by area. With a population of 2,700,551, it ranks 44th by population density. 10.7% of the population in Nevada lives in vast rural regions.¹

Rural residents in Nevada tend to be older, poorer, and have a higher prevalence of suffering from chronic, complex, and costly illnesses and behaviors.

The shortfall of both primary and specialty care workforce in rural Nevada adds to the burden of illness. The average distance between rural Nevada towns and tertiary care hospitals is 115 miles. Some remote communities do not have full-time access to primary health care.² Access to specialty health care for rural residents is expensive and time-consuming. This often leads to delay in treatment and reduced likelihood of compliance.

Nevada's main challenge is to overcome the impediments of great distance and limited manpower that currently limit rural patient access to specialty health care.

Methodology

Disease-specific clinics include:

- Sessions lasting between 60-90 minutes
- Patient case consultations
- Brief didactic presentation

To participate in a clinic:

- Fax Case Presentation Template (optional)
- Fax sign-in sheet
- Follow instructions to dial-in
 - Desktop camera
 - Conference room
- Fax evaluation and CME/CU credit claim form to receive CME/CU credits at no cost.

Interprofessional Teams

Primary health care providers at all levels are welcome to participate in health care education settings that link them to interprofessional teams of specialists via telehealth communication.

Interprofessional Teams Include:

Diabetes/CRRC Clinic:

- Internal medicine specialist
- Nurse coordinator
- Psychiatrist
- Psychologist
- Nutritionist

Antibiotic Stewardship Clinic:

- Internal medicine and infectious disease specialist
- Two doctoral level of pharmacists

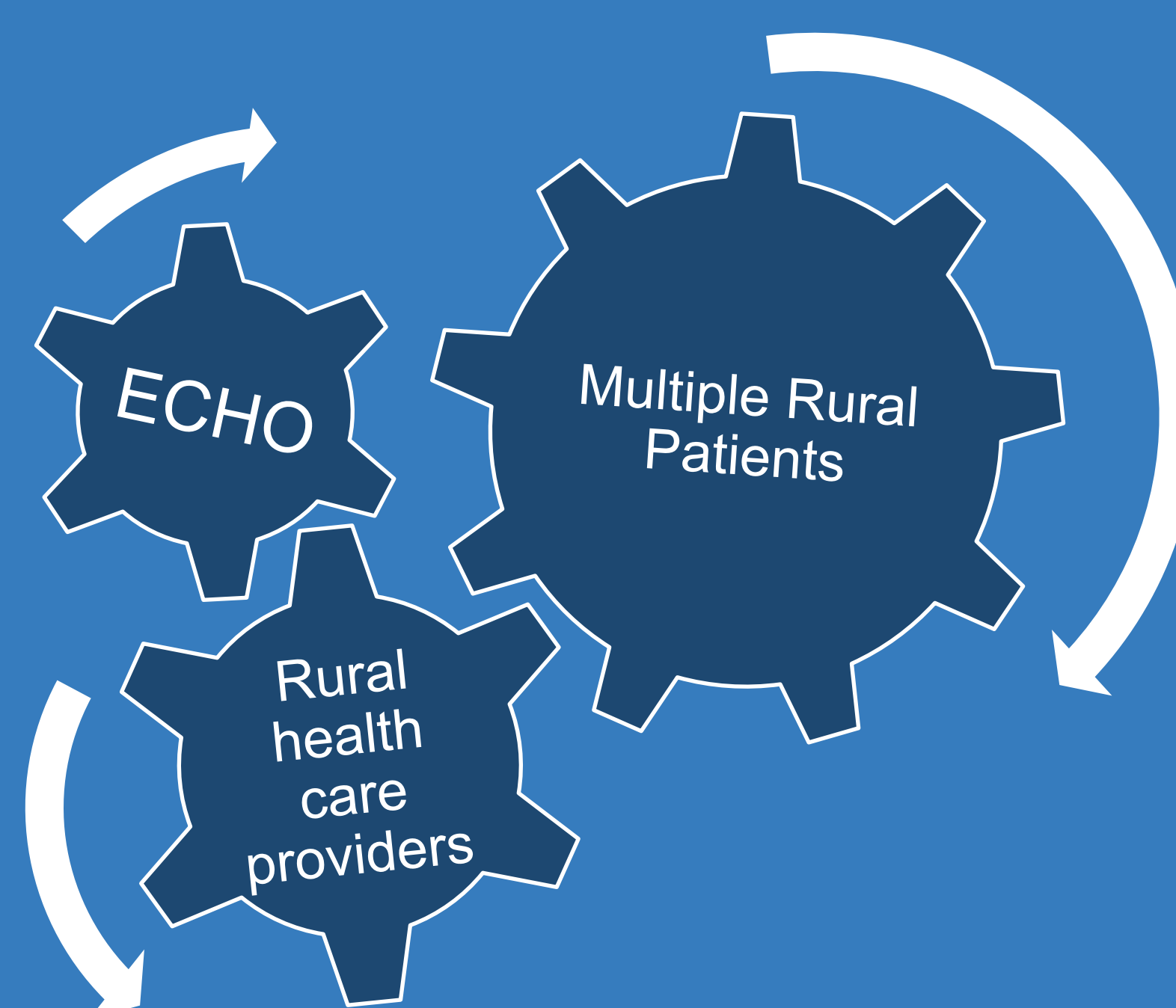
Thyroid Clinic:

- Internal medicine specialist
- Nurse coordinator

Sports Medicine Clinic:

- Family and sports medicine specialist

Participating Sites



Coming soon:

- Chronic Pain & Headache Clinics
- Mental Health Clinics
- Hepatitis C Clinics

Results

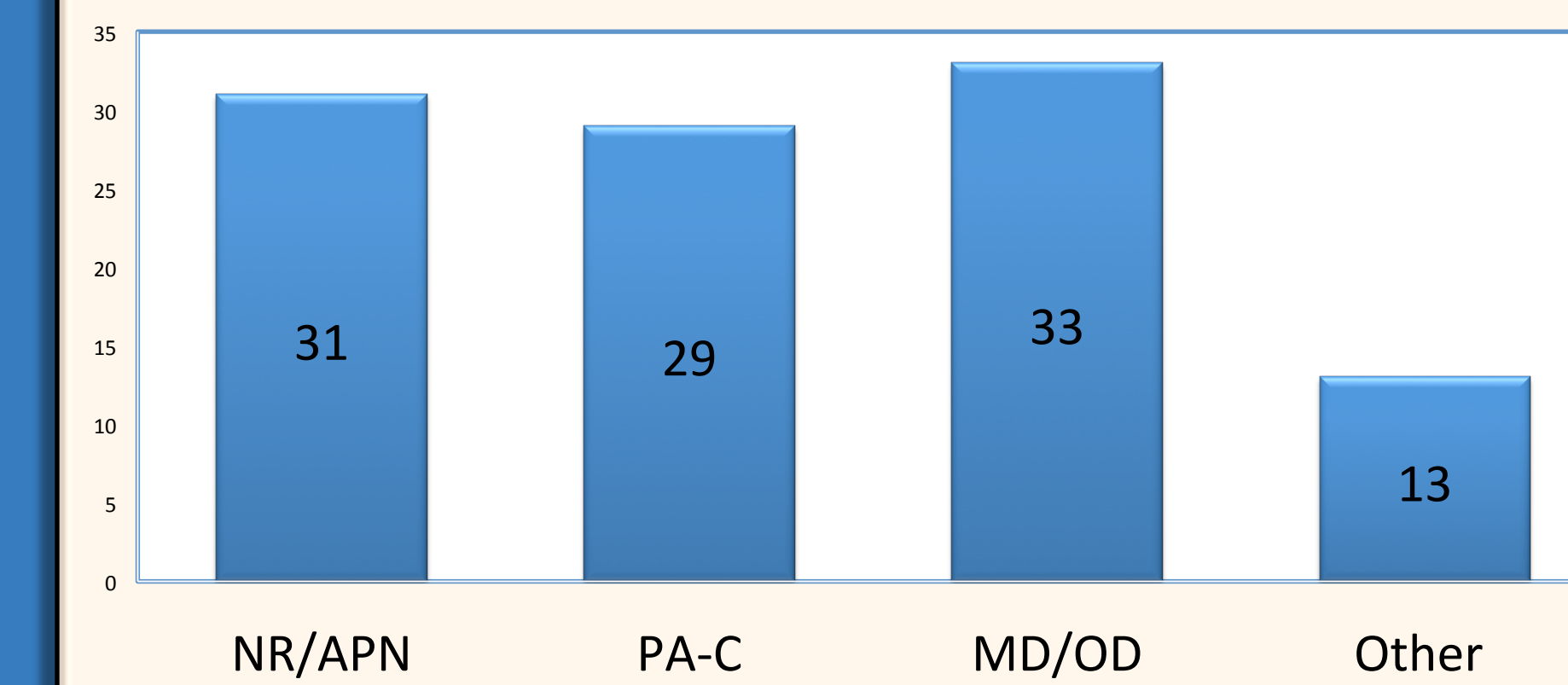
Since April 2012, Project ECHO NV has implemented:

- Diabetes/Cardiovascular Risk Reduction Clinics
- Antibiotic Stewardship Clinics
- Thyroid Clinics
- Sports Medicine Clinic

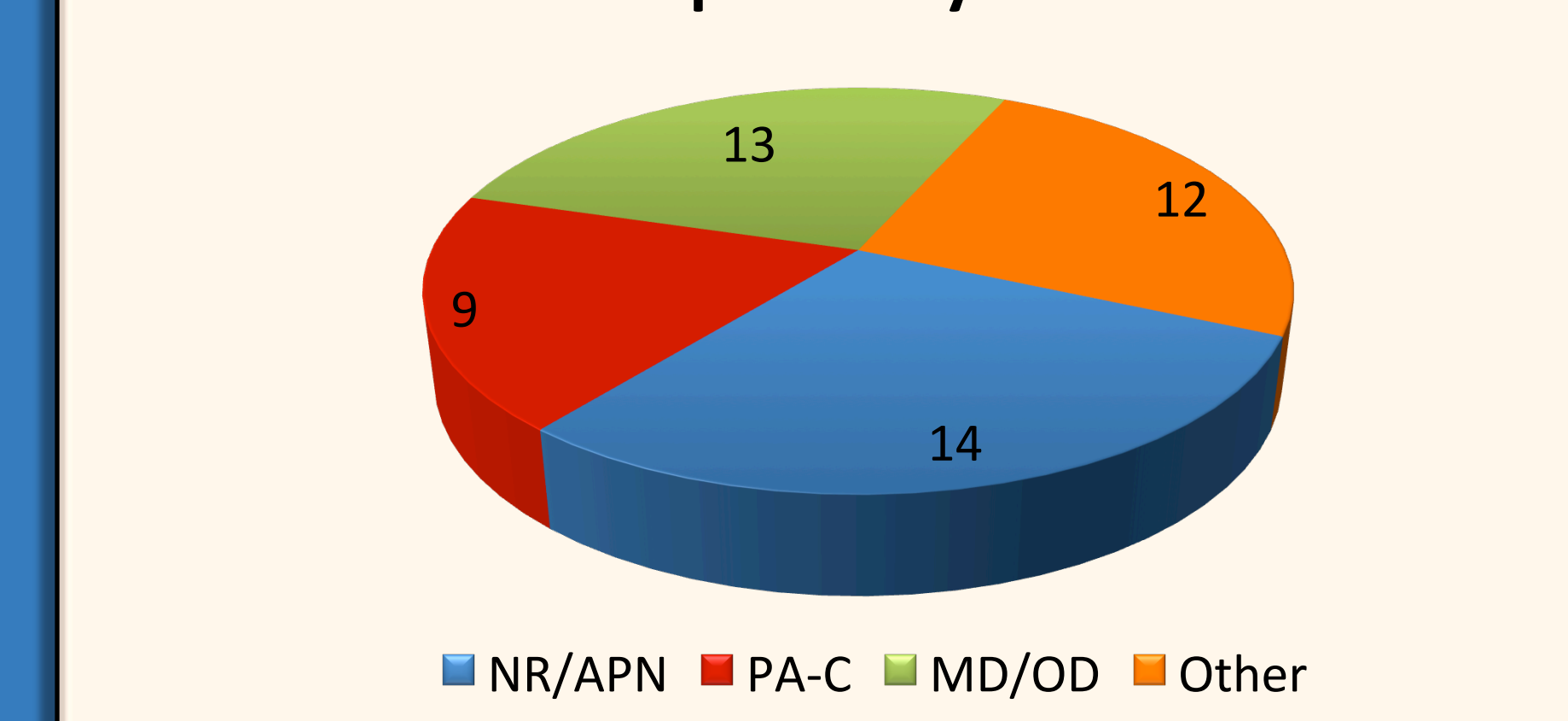
Over a 6-months period:

- 14 medical facilities participated in these clinics
- 48 rural primary health care providers participated
- 131 CME/CU credits received

Participation By Profession: number of times attended clinics



Participation by Profession



The participation numbers are underestimated. They represent only rural health care providers who submitted CME /CU credit claim forms.

Underway

A survey about the impact of Project ECHO NV on rural health care providers. We anticipate decreased professional isolation, changed attitudes, and increased knowledge of specific common chronic diseases, diagnosis, and treatment.

Evidence Based Practice

Project ECHO was pioneered in New Mexico by Dr. Sanjeev Arora. Project ECHO has assisted rural primary health care providers since 2002.

A Hepatitis C Virus study compared patients treated by Project ECHO rural providers and academic medical centers in urban area. The results showed no significant difference in patient outcomes, thus concluding that Project ECHO rural primary health care providers can be just as effective in treating complicated chronic diseases.³

Conclusion

The first clinic began on April 5, 2012. Since then, four different Disease-Specific clinics were implemented with 48 rural primary health care providers participating from 13 rural sites. Patients in underserved areas in Nevada benefit from the specialty care available without the cost and time of accessing specialist directly. And, rural primary health care providers benefit from interaction with interprofessional teams of specialist to reduce professional isolation.

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