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Introduction to ECHO Projects
John Scott, MD

• Originated in New Mexico (Sanjeev Arora MD)
• University of Washington
  – Hepatitis C at UW
  – HIV/AIDS at UW
  – Other
• MS pilot
Vision of Project ECHO (Extension for Community Health Outcomes)

To use case-based teleconferencing between rural communities and academic specialists to build clinician capacity and improve health outcomes
Project ECHO: How it works

- 1 telemedicine clinic/week, per discipline
- 10-15 min didactic
- De-identified cases sent in advance
- Primary care physicians present cases to specialist panel
- Multi-specialty co-management
- “Learning Loops”
- CME credits per hour of participation at no cost
ECHO - Chronic Pain
27 sites

ECHO – HCV, 23 sites

ECHO – HIV, 14 sites
Project ECHO Increases Capacity
Multiple Sclerosis Project ECHO is a collaborative effort between the University of Washington (UW) and the National MS Society to partner with healthcare providers in underserved areas to increase the capacity in the treatment and management of MS*. The MS Project ECHO connects participants to the UW comprehensive MS center team and the National MS Society.

- Neurology
- Rehabilitation medicine
- Psychology
- Rehabilitation counseling
- National MS Society
- Other specialties including neuroradiology, pharmacy, nursing, physical therapy

*Funding provided from the Medtronic Foundation – Patient Link Program
Why this Pilot?

• Develop a protocol for facilitating an MS ECHO
• Establish if the model is viable for MS: prevalence lower than other diseases tested with the ECHO model
  – recruitment
  – retention
MS ECHO: pilot

• Goal: To improve the capacity of healthcare providers in rural communities to serve people with MS

• Desired Outcomes:
  – Increased in MS knowledge
  – Increased confidence in treating people with MS
  – Enhanced patient connections to resources of the National MS Society
  – Determine whether this model could effectively expand the reach for MS care
Increasing Capacity

• Innovative use of video conferencing
• Creating collaborative networks
• Integrating the capacity of the National MS Society
MS ECHO Pilot Protocol

• 12 week cycles
• 1 hour weekly sessions
• short practical didactics
• Intensive case consultations
Curriculum

- Overview
- Role of neuroimaging in diagnosis and disease management
- Overview of DMTs
- Recognizing and managing an MS relapse
- Mood and Cognition
- Pain
- Fatigue
- Bladder and bowel
- Mobility
- Sexual function
- Managing Progressive MS
- Employment and community participation
- Sources of Support: Family, care partners and community
What is Unique about the MS ECHO

• Partnership with a patient advocacy organization
• Multiple benefits of that collaboration for patient care
Who Participates

• Neurologists
• Internists
• Primary care
• Physiatrists
• Physician assistants
• ARNP
• Medical students
ECHO Participants

Round I:
  • Number of participants: 8

Round II:
  • Number of new participants: 12
  • Returning participants: 6
Feedback

• Participants are grateful for the opportunity
• Appreciated
  – interaction between the expert panel and participants
  – expert consultation
  – focus on real-life problems of their patients including issues related to psychosocial adjustment and employment
  – introduction to the resources provided by the National MS Society
• We will follow-up with the first wave of participants 6 months after ECHO to find out if they were able to implement what they learned in practice
Lessons Learned

- Anticipated focus on primary care providers
  - PCP’s have less time to participate because of the newly insured
- Instead majority are community neurologists
- Difficult to find a time that is convenient across three time zones
- Difficult to measure changes in patient function in MS since unlike in HIV and HEP C, there aren’t lab markers that measure change in real-time
- Changed format/approach in ECHO II to incorporate greater active participation of community participants.
- Able to incorporate relevant new medical information in real-time to remote providers
  
  Ex: newly FDA approved medication with relevant safety considerations (Lemtrada), relevant safety update of FDA-approved medication (Tecfidera).