BRIDGING THE GAP: UW MEDICINE'S USE OF TELEHEALTH

HCA Integrated Care Conference

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DIFFERENT METHODS OF TELEHEALTH

1. Live, face-to-face consultation

2. Store and forward

3. Remote monitoring

4. Case-based teleconferencing

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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”

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METHODS

1) **Use Technology** (multipoint videoconferencing and internet) to leverage scarce healthcare resources.
2) **Case-based learning:** collaborative management of patients with subject matter experts at academic medical centers and centers of excellence
3) **Disease management model** focused on improving outcomes by reducing variation in processes of care
4) **Monitor and evaluate outcomes**

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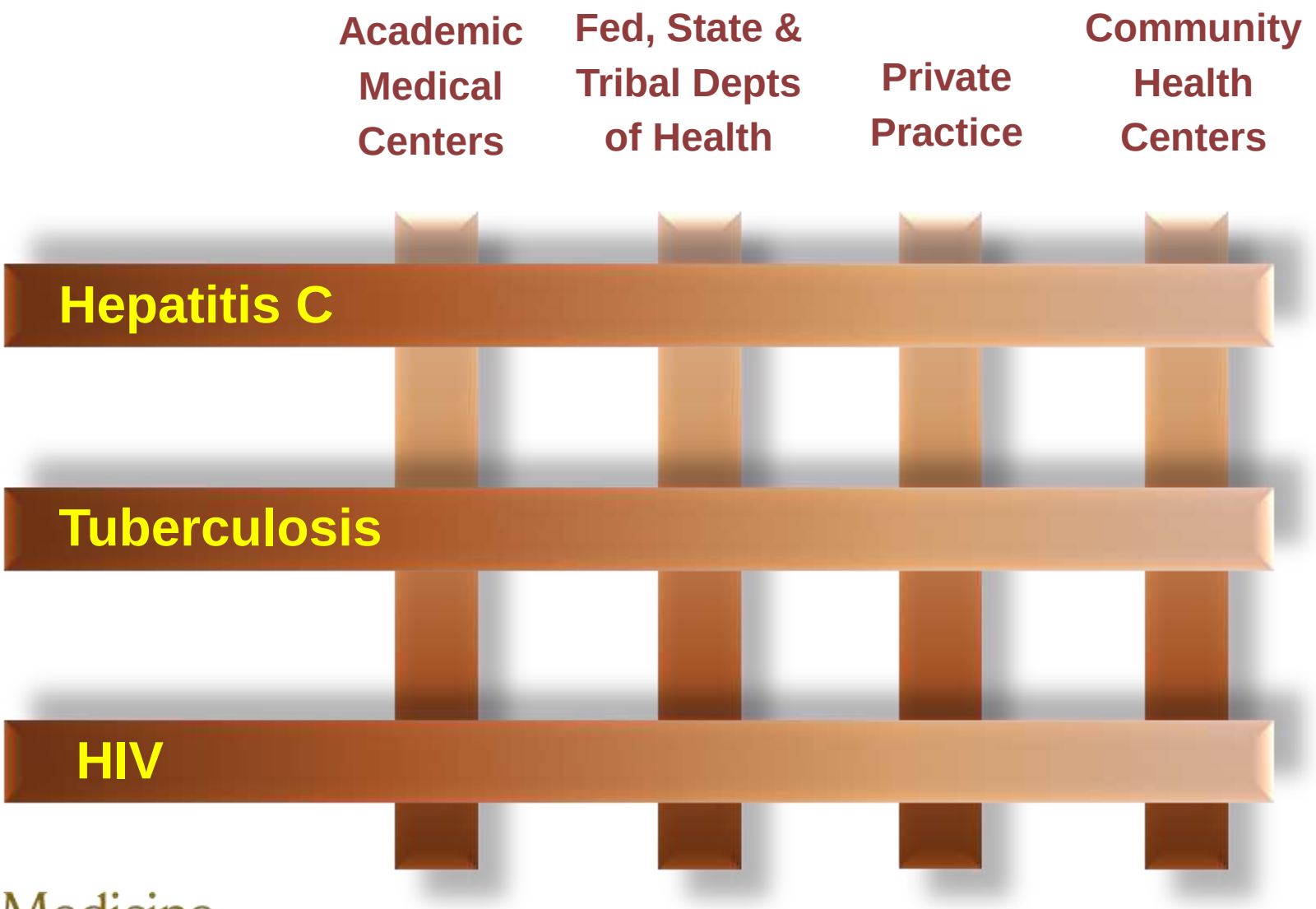
Arora S, et al. Acad Med 2007; 82:154-60

Bridge Building



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EVIDENCE SUPPORTING PROJECT ECHO MODEL

Table 2. Sustained Virologic Response According to Genotype and Site of Treatment.*

HCV Genotype	ECHO Sites	UNM HCV Clinic	Difference between ECHO Sites and UNM HCV Clinic	P Value
	no. of patients with response/total no. (%)		*percentage points (95% CI)*	
All genotypes	152/261 (58.2)	84/146 (57.5)	0.7 (–9.2 to 10.7)	0.89
Genotype 1	73/147 (49.7)	38/83 (45.8)	3.9 (–9.5 to 17.0)	0.57
Genotype 2 or 3	78/112 (69.6)	42/59 (71.2)	–1.5 (–15.2 to 13.3)	0.83

* The rates of sustained virologic response are not reported separately for six patients with genotype 4 or genotype 6. ECHO denotes Extension for Community Healthcare Outcomes, HCV hepatitis C virus, and UNM University of New Mexico.

* More minorities treated in ECHO group

Arora S, et al. Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers. *N Engl J Med*; 2011:Jun 9;364(23):2199-207. doi: 10.1056/NEJMoa1009370

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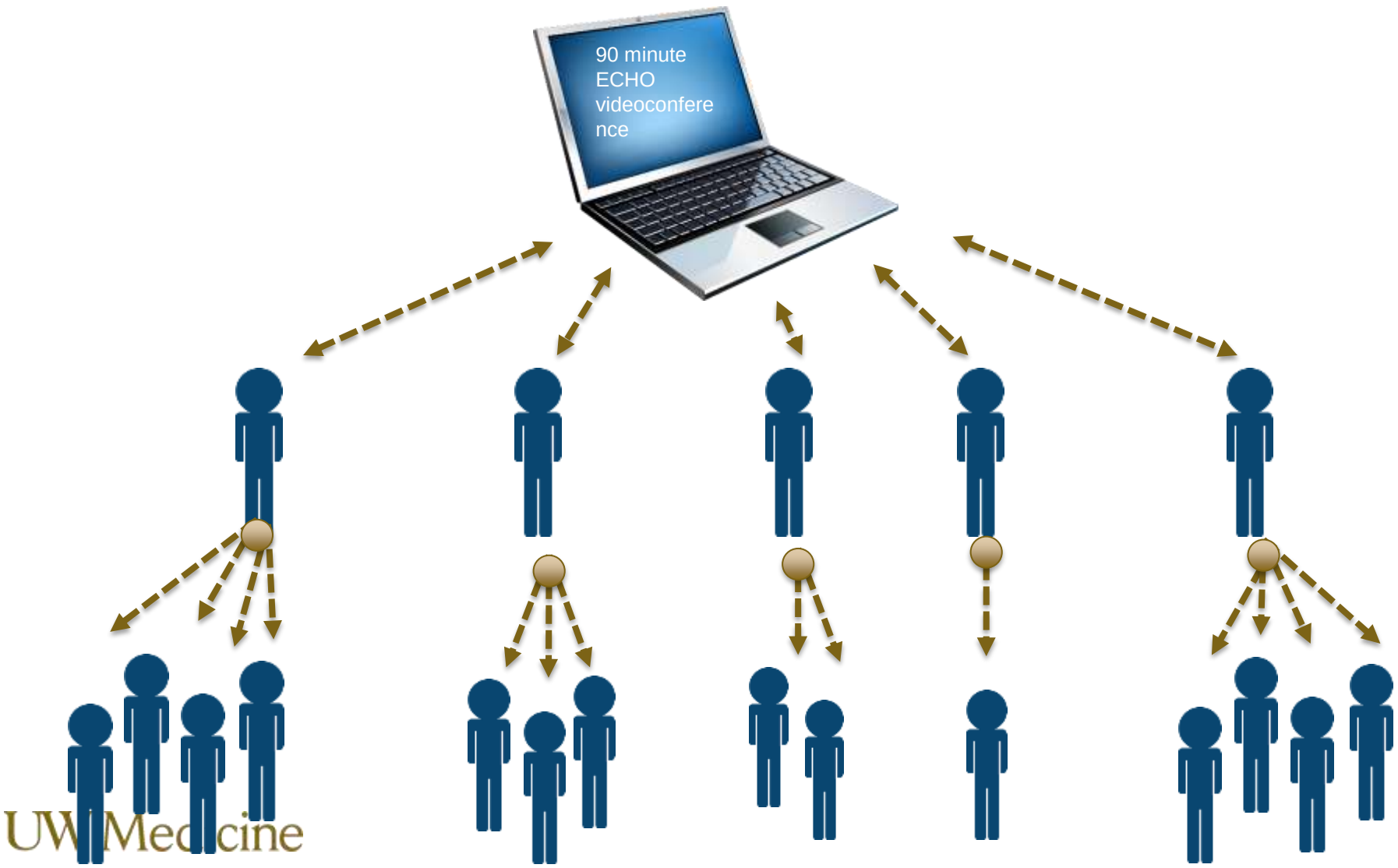
PROJECT ECHO INCREASES CAPACITY



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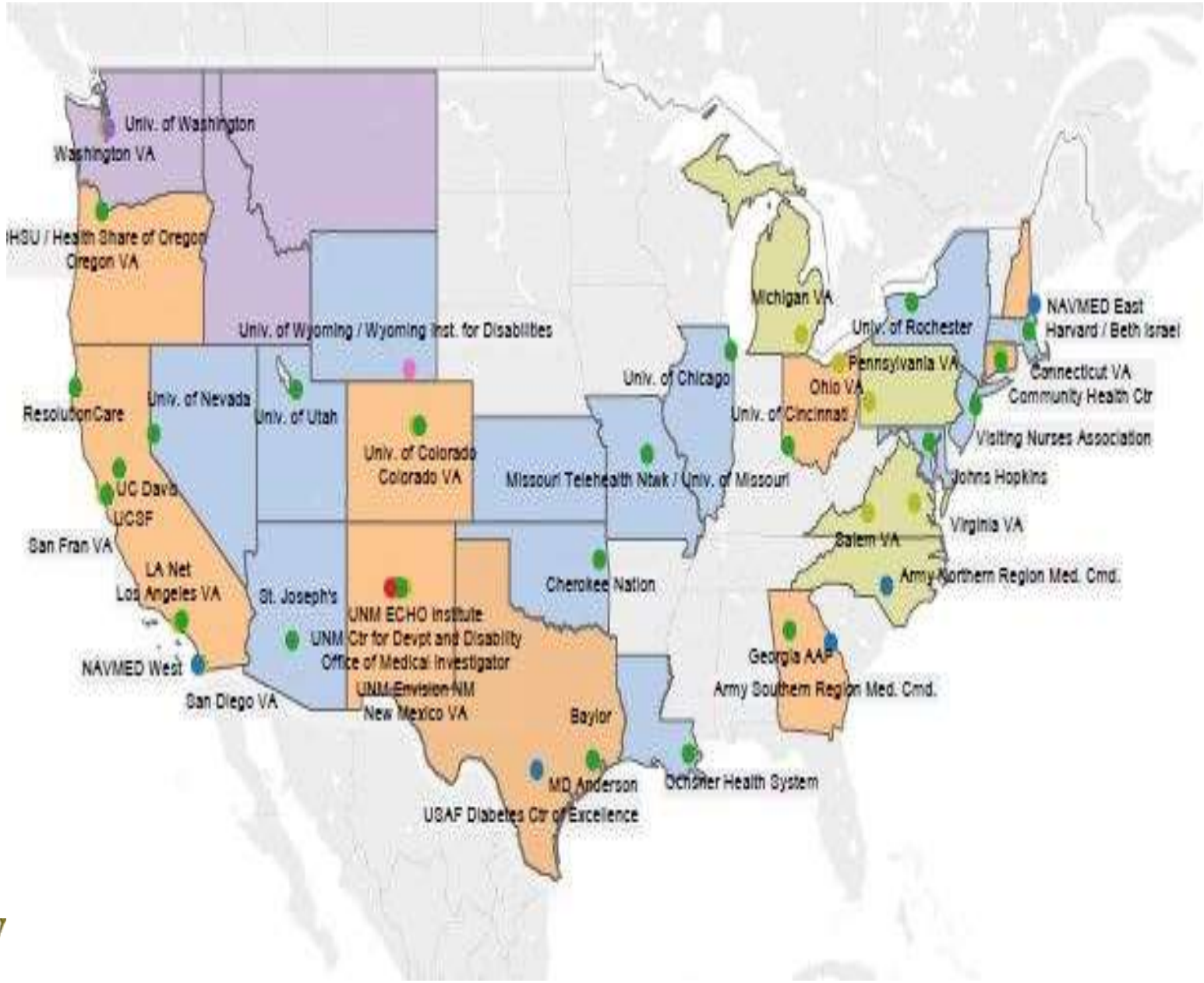
OTHER EXAMPLES AT UW

- Project ECHO HCV
- Mountain West AETC Project ECHO HIV
- Project ECHO Psychiatry & Addictions
- Project ECHO Tuberculosis
- Project ECHO Heart Failure
- Project ECHO Geriatrics
- Project ECHO Public Health
- Project ECHO Antibiotic Stewardship
- Project ECHO HIV Namibia

PROJECT ECHO HUBS IN USA



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ECHO Hubs Worldwide

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NECESSARY COMPONENTS FOR SUSTAINABILITY

- Funding and reimbursement
- Technology and infrastructure
- Provider time and administrative buy-in
- Evaluations (cost-effectiveness, provider turnover, patient-level impact)

THE FUTURE

- Expansion to new regions and domains
- Incorporate training into medical education
- Partner teleECHO with telemedicine
- MetaECHO collaboratives for outcomes
- Telehealth advocacy & legislation

Moving Knowledge Instead of Patients & Providers

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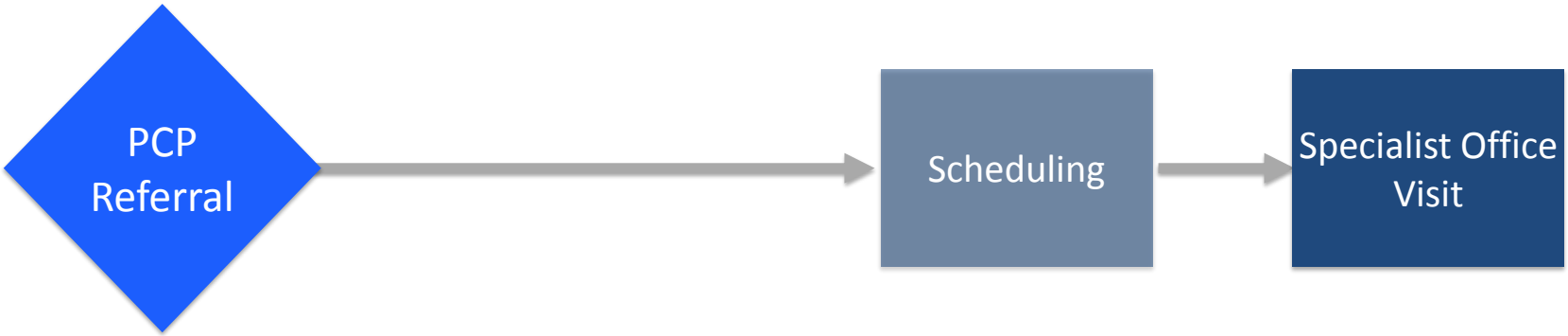
THE PROBLEMS WITH CURBSIDE CONSULTS

- Often **inconvenient** for one provider or the other
- **Limited information** typically provided to specialist
- **No EMR documentation** of dialogue/ plan
- **No incentive** for clinical time and effort by specialist in providing guidance or PCP in carrying out recommendations

STANDARD REFERRAL



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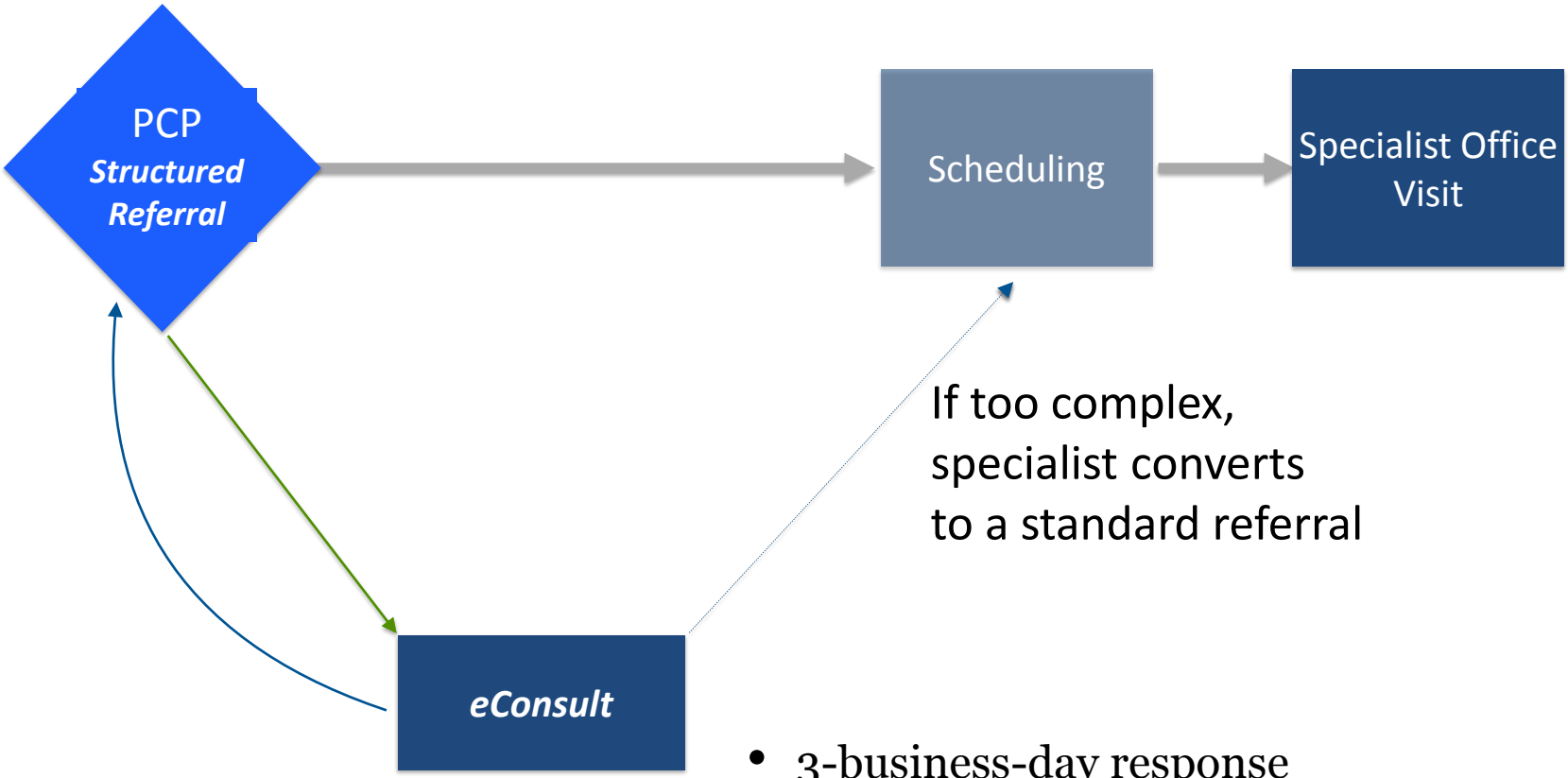
ECONSULT OPTION



- 3-business-day response
- Specialist: payment
- PCP: 0.5 RVU payment/ credit

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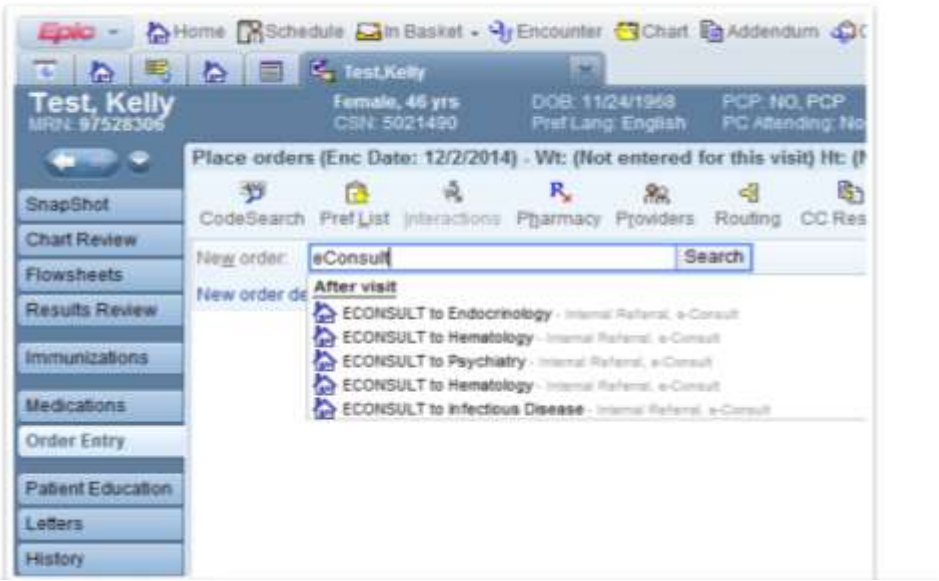
HOW ECONSULT WORKS

Search for "econ" to view the full list of specialties offering eConsults.

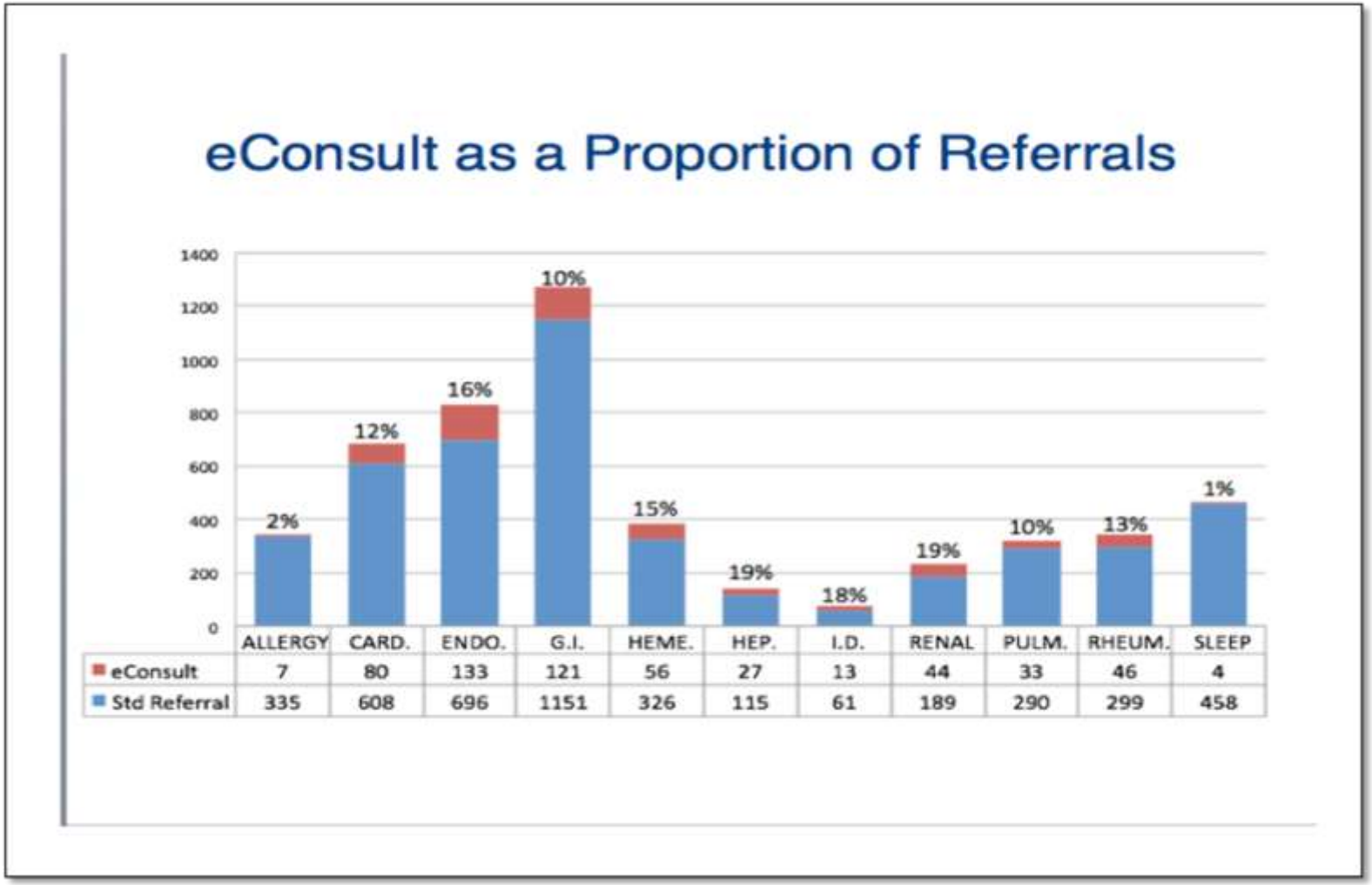


eConsult response:

- Unfortunately we do not have long experience with the new oral anticoagulants particularly in elderly population. Overall, the postmarketing data is encouraging (German registry) and suggestive (together with the clinical trial data) that the number of major bleeds is lower than that of warfarin.
- On the other hand all of the new anticoagulants are more or less dependent on renal excretion and will accumulate in case of acute renal insufficiency, resulting in increased anticoagulant effect and prolonged activity. Also, for any of them, there is no reversal agent available. Multiple approaches have been tested in limited cases (FFP, prothrombin complex concentrate, novo7, dialysis) with rather limited activity.
- Having that in mind, if there is need to switch patient over, I would suggest apixaban (which is least renally dependent) and on Medicaid formulary.

- This is an 87 y/o female on coumadin for recurrent DVT. It is very difficult for her to come in to monitor INR and she would not be able to do home INR.
- Which anti factor Xa inhibitor (eg, rivaroxaban, apixaban, edoxaban) or direct thrombin inhibitor (dabigatran) would be best to use? Pt is on Medi-Cal, so may be limited by Medi-Cal formulary.

E-CONSULT VOLUME



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E-CONSULT LAUNCH AT UW MEDICINE

- Collaboration with AAMC and UCSF
- “Go live” on July 21
- Initial specialties: Dermatology, Benign Hematology, Endocrinology
- PCP Partners: UW Neighborhood Clinics, UW Medicine Primary Care
- Metrics: total # consults and eConsults, mean wait time to new patient seen, % escalated to in-person consultation, provider satisfaction, specialist time

CONTACT INFO

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www.uwmedicine.org/Patient-Care/Referrals/Pages/Telehealth-Services.aspx