Project ECHO: Extension for Community Healthcare Outcomes

Ellen Baker, MD, MPH Director, MD Anderson Project ECHO Cancer Prevention and Control Platform

Kathleen Schmeler, MD Department of Gynecologic Oncology The University of Texas MD Anderson Cancer Center





"In the U.S. and around the world, people are not getting access to the specialty care they need, when they need it, for complex and treatable conditions"

-Sanjeev Arora

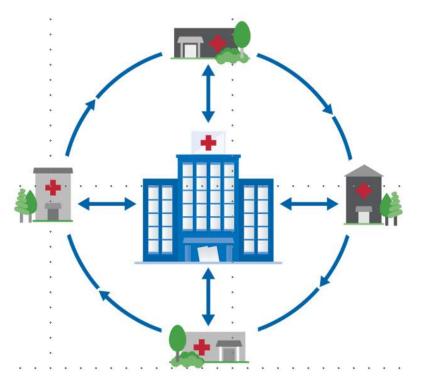




Project ECHO: Extension for Community Healthcare Outcomes

Initiated in 2003 by Dr. Arora in response to Hepatitis C (HCV) crisis in New Mexico:

- Patients in rural areas unable to travel to University clinics
- Rural providers not comfortable treating HCV
- Identified primary care providers from 16 rural clinics and 5 prisons in New Mexico



Started a telementoring program



*Goal to demonopolize knowledge



Project ECHO Format

- Regularly scheduled videoconferences (45 min cases, 15 min didactic)
- Providers from the community clinics present cases (patient histories, lab results, treatment plans, challenges)
- Feedback and guidance provided by the specialists
- Community providers and specialists work together to provide quality care





Telementoring not Telemedicine



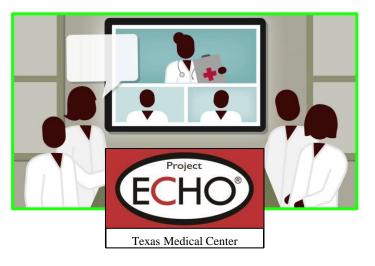
Telemedicine vs. Telementoring





Provider to Provider Mentoring







Project ECHO – Evidence

- Prospective study of 407 patients with HCV
- Compared patients treated at the University with patients treated at 21 rural clinics/prisons
- No difference in Hepatitis C cure rates between the two groups
- No significant differences in serious adverse events between UNM and rural clinics
- Improved patient satisfaction and physician and provider self-efficacy



Benefits of Project ECHO

Doing More for More Patients





PATIENTS

- Right Care
- Right Place
- Right Time

PROVIDERS

- Acquire New Knowledge
- Treat More Patients
- Build Community of Practice

COMMUNITY

- Reduce Disparities
- Retain Providers
- Keep Patients Local



SYSTEM

- Increase Access
- Improve Quality
- Reduce Cost

Project ECHO

- 90 hubs worldwide:
 - >55 in the US
 - >30 in 16 additional countries
- >45 complex conditions:
 - Hepatitis
 - Chronic pain
 - Diabetes
 - Mental Health
 - Dementia
- Funded by RWJF, AHRQ, HHS, CMS, CDC, GE Foundation, VA, DOD, etc.



Project ECHO



Dr. Sanjeev Arora Director, Project ECHO Professor of Medicine University of New Mexico

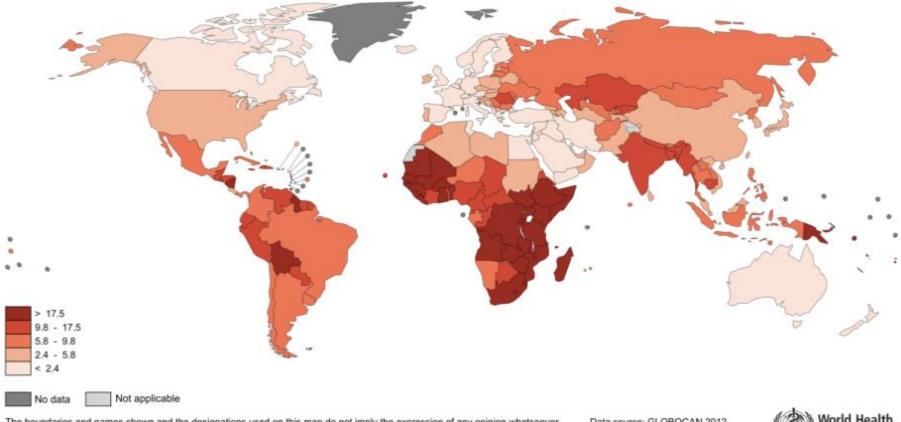


Dr. Ernest Hawk Director, Cancer Prevention and Population Sciences MD Anderson Cancer Center



Inequity of Cervical Cancer

Estimated Cervical Cancer Mortality Worldwide in 2012



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Data source: GLOBOCAN 2012 Map production: IARC World Health Organization

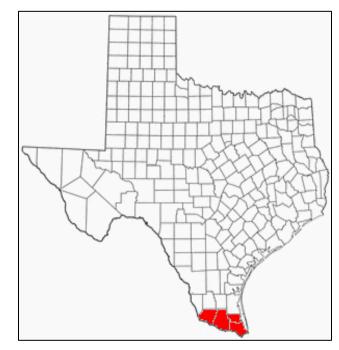


85% of cervical cancer cases occur in the developing world

Texas-Mexico Border

Rio Grande Valley:

- Population of ~1.3 million
- 90% of population is Hispanic
- 40% below the poverty line
- <10% of eligible women receiving cervical cancer screening
- Limited number of providers
- Cervical cancer rates are 30% higher compared with nonborder counties in Texas





MD Anderson ECHO Programs

ECHO Rio Grande Valley:

- Cervical Cancer Prevention
- UTMB, RGV (English)

ECHO Zambia:

- Breast & Cervical CA Treatment
- CDH Lusaka (English)

ECHO Mozambique:

- Breast, Cervical, H&N CA
- Brazil, Mozambique (Portuguese)

ECHO Latin America:

- Cervical Cancer Prevention/Tx
- 10+ LA countries (Spanish)



Ellen Baker, MD, MPH



Melissa Lopez, MS

MD Anderson ECHO Programs

Tobacco Cessation:

- Mental health centers TX
- Dr. Janice Blalock (Beh Science)

Pathology:

- Zambia
- Dr. Mary Edgerton (Pathology)
- Dr. Shon Black (Surgery)

Palliative Care:

- Several African countries
- Dr. Siram Yennu (Palliative Care)

Survivorship:

- Family Medicine residents TX
- Dr. Lewis Foxhall (Health Policy)



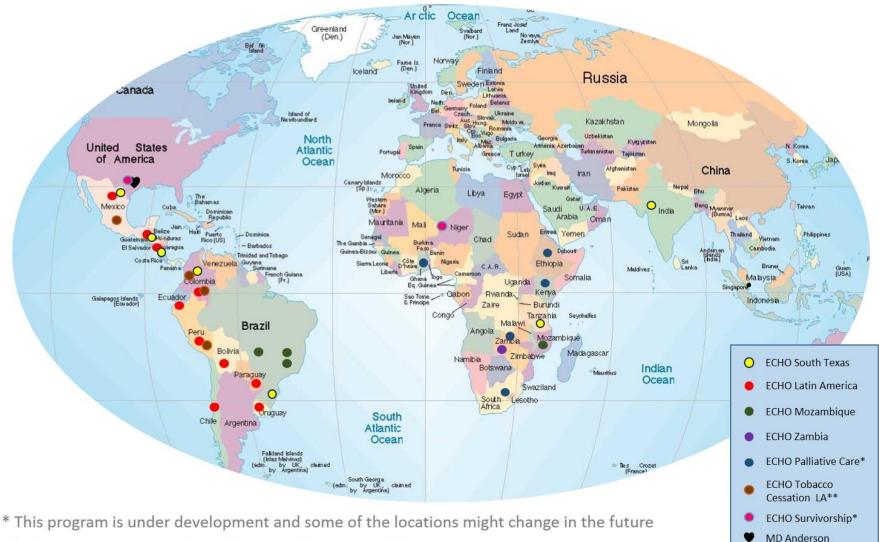








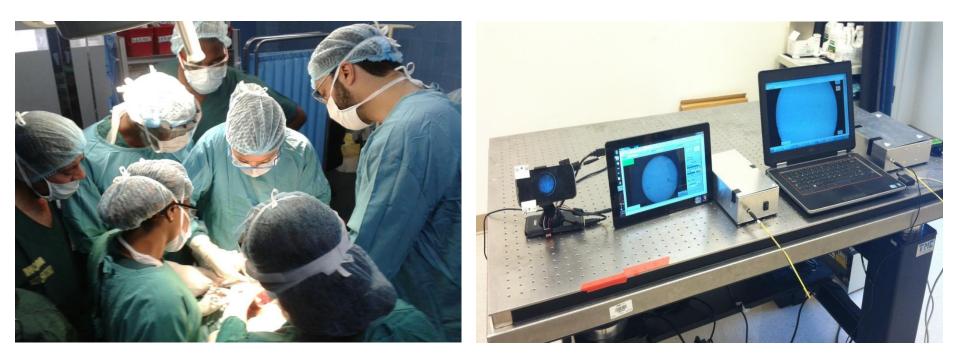
Moving Knowledge, not Patients



** This program is currently under early discussions with Sister Institutions in Latin America

ECHO is Part of a Larger Strategy

- Provider capacity building
- Affordable technologies for cancer prevention, diagnosis and treatment
- Health system strengthening



Provider Capacity Building

Hands-on Training:

- Surgical/medical Onc
- Technical courses
 - LEEP, Breast FNA

Trainee Exchanges:

Brazil and Mozambique

IGCS Global Curriculum:

- 2-year training program in Gynecologic Oncology
- Twinning approach
- Five pilot sites for 2017
 - Vietnam, Ethiopia, Kenya, Mozambique, Caribbean







Uniting the Globe in the Fight Against Gynecologic Cancer www.igos.org

Affordable Technologies

- Develop and evaluate
 innovative, affordable
 technologies for cancer
 diagnosis and treatment in low
 resource settings
- Partner with Engineering colleagues and industry





Dr. Rebecca Richards-Kortum, Rice University





Health System Strengthening

- Cancer Control Planning
- Advocacy
- Partnering with Policy Makers, MOH, Universities





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Recent Political Action: Project ECHO

- April 2016: Senators Orrin Hatch (R-Utah) and Brian Schatz (D-Hawaii) introduced the ECHO Bill to evaluate the impact of Project ECHO on improving care for underserved populations
- Companion bill was introduced in the House by Michael Burgess (R-Texas) and Doris Matsui (D-California)
- June 2016: Panel discussion led by Senator Martin Heinrich (D-New Mexico)



U.S. Senator Martin Heinrich with (left to right) Dr. Kathleen Schmeler, Gyn Department MD Anderson Cancer Center, University of Texas; Dr. Terry Box, Associate Professor and Director of Project ECHO, University of Utah; Dr. John Scott, Medical Director of Telehealth, University of Washington; and Dr. Sanjeev Arora, Director, Project ECHO, University of New Mexico, Health Sciences Center. Photo courtesy of UNM



Next Steps

- National Cancer Moon Shots program
- Project ECHO UNM goal to reach one billion lives by 2025
- MD Anderson: Project ECHO Superhub

Bristol-Myers Squibb Foundation Joins White House Cancer Moonshot

\$25MM in funding will expand scope of community-based cancer treatment, care and support for underserved patients

Submitted by: Bristol-M Categories: Health & Responsibility Posted: Oct 17, 20

Bristol-Myers Squibb Company Health & Wellness, Corporate Social

Histol-Myers Squibb

Oct 17, 2016 – 06:24 PM EST

NEW YORK, Oct. 17 /CSRwire/ - Today the Bristol-Myers Squibb Foundation joins the White House Cancer Moonshot initiative through its commitment to addressing health disparities in cancer care. In response to the Cancer Moonshot, the Foundation is committing \$25 million in new funding to grantee partners to expand the current scope of community-based resources and survivorship support programs to underserved populations in the U.S. The Cancer Moonshot is led by Vice President Joe Biden with a goal of making a decade worth of advances in cancer prevention, diagnosis, and treatment, in five years.



Thank You

If you are interested in learning more about Project ECHO contact:

- Ellen Baker, MD, MPH
 Director, Project ECHO
 <u>ebaker1@mdanderson.org</u>
- Melissa Lopez, MS Program Manager, Project ECHO <u>mslopez1@mdanderson.org</u>
- Kathleen Schmeler, MD kschmele@mdanderson.org

www.mdanderson.org/projectecho www.echo.unm.edu



