ECHO Ontario Chronic Pain & Opioid Stewardship: Providing access and building capacity for primary care providers in underserviced, rural, and remote communities

Andrea D. Furlan, Ruth Dubin, Jane Zhao

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Conflicts of Interest

• No conflicts of interest to disclose from pharmaceutical companies
Learning Objectives

• At the end of this session participants will be able to:

1. Understand the basic principles of Project ECHO
2. Gain awareness of the ECHO Ontario Chronic Pain & Opioid Stewardship demonstration project
3. Recognize the transformative role of telemedicine in “demonopolizing” specialist knowledge
What is Project ECHO®?

ECHO
Extension for Community Healthcare Outcomes

Project ECHO®
MSC07 4245
1001 Medical Arts Ave. NE
Albuquerque, New Mexico 87102
Help Desk: (505) 750-3246 (ECHO)
IT: (505) 750-4897
Fax: (505) 272-6906
echo@salud.unm.edu
The 4 Principles of Project ECHO®

1. Use telehealth technology to **leverage scarce healthcare resources**

2. Share best practices and **reduce variation** in care

3. Harness **practice-based learning** and develop specialty training expertise among primary care providers (PCPs)

4. Monitor and **evaluate outcomes** of the ECHO model
ECHO Ontario Chronic Pain & Opioid Stewardship

• Received funding from the MOHLTC for a 2-year demonstration project in April 2014
“I would say that my chronic pain patients, I don’t have a huge number. They are my most challenging patients and I’ve got their faces in my brain. And my top three probably take more brain and mental energy than the next 500 most challenging people. I often feel helpless[...] They have seen all the specialists and the specialists had sent them all back to me with not a lot of help[...]

# ECHO Ontario

<table>
<thead>
<tr>
<th>Vision</th>
<th>That all primary care providers in Ontario have the knowledge and support to manage chronic pain safely and effectively.</th>
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<tbody>
<tr>
<td>Mission</td>
<td>To use the Ontario Telemedicine Network to link primary care providers in a supportive community of practice that will enhance their skills and confidence to manage chronic pain safely and effectively.</td>
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<tr>
<td>Goal</td>
<td>- To successfully adapt the University of New Mexico ECHO model for Ontario.</td>
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<td></td>
<td>- To implement an ECHO Ontario - chronic pain/opioid stewardship demonstration program.</td>
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<td></td>
<td>- To evaluate patient, practitioner and system outcomes.</td>
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<td></td>
<td>- To harness our experience to replicate the ECHO Ontario - chronic pain/opioid stewardship program in order to serve specific [additional] populations/geographic areas.</td>
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<td>- To expand the ECHO Ontario model for other chronic diseases.</td>
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What a typical session looks like...
Figure 1. Map of ECHO Ontario Community Partners

1. Waasegiizhig Nanaandaweiweyging AHAC
2. Sioux Lookout Meno Ya Win HC
3. St. Joseph’s Care Group – TB
4. NorWest CHC – Thunder Bay
5. PCVC Individual PCP (Sioux Lookout)
6. NorWest CHC – Longlac
7. Marathon FHT
8. Iroquois Falls FHT
9. CSC du Temiskaming
10. Petawawa Centennial FHT
11. Prescott FHT
12. Rideau CHS – Smith Falls
13. Belleville Queen’s FHT
14. Belleville CHC
15. Lennox & Addington Addiction CMAHS
16. Taddle Creek Bay site
17. Taddle Creek Bloor site
18. Oshawa CHC
19. Dufferin Area FHT
20. Guelph FHT
21. North Hastings FHT
22. Kawartha North FHT
23. OakMed FHT
24. Thames Valley FHT
25. Maitland Valley FHT
26. North Lambton CHC – Forest
27. Bluewater Area FHT
28. West Lambton CHC – Sarnia
29. PCVC Individual PCP
30. Hospice of Windsor & Essex County
31. VON Erie-St. Clair CHC
32. Windsor Regional Hospital
The ECHO model improves CAPACITY and ACCESS simultaneously.
## ECHO Patient Case Presentations ($n = 39$)

<table>
<thead>
<tr>
<th>Variables</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Age, years</strong></td>
<td>$53.8 \pm 15.9$</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>$17 (43.6%)$</td>
</tr>
<tr>
<td>Female</td>
<td>$22 (56.4%)$</td>
</tr>
<tr>
<td><strong>Pain Diagnosis (top 5)</strong></td>
<td></td>
</tr>
<tr>
<td>Low back pain</td>
<td>$25$</td>
</tr>
<tr>
<td>Neuropathic pain</td>
<td>$10$</td>
</tr>
<tr>
<td>Fibromyalgia</td>
<td>$10$</td>
</tr>
<tr>
<td>Myofascial pain</td>
<td>$10$</td>
</tr>
<tr>
<td>Headache</td>
<td>$9$</td>
</tr>
<tr>
<td><strong>Non-Pain Diagnosis (top 5)</strong></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>$16$</td>
</tr>
<tr>
<td>Insomnia</td>
<td>$14$</td>
</tr>
<tr>
<td>Anxiety</td>
<td>$13$</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$10$</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>$7$</td>
</tr>
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“So with ECHO I feel like I’m getting the tools to better deal with them. And I feel that if I have a challenging case, I can present to this panel of experts, like I get good answers. Or if I have a question about chronic pain, I can get it answered by an expert really easily. So it’s like I’ve got back-up for my hardest, most challenging people.”
ECHO’s HAVE BEEN DEVELOPED FOR >20 CHRONIC CONDITIONS

- Mental health and addictions
- Rheumatology
- Diabetes
- Complex Patients
- Community Health Workers
- Pediatric Epilepsy
- Geriatric Care
- Cancer Screening
- Transgender Care
- Spinal Cord Injury

- Autism
- Gastroenterology
- HIV/AIDS
- Hepatitis B, Hepatitis C
- Hypertension
- Immune Disorders
- Infectious Diseases
- Multiple Sclerosis/Neurology
- Nephrology
- AND MORE...
Project ECHO:

- Disseminates specialist knowledge to primary care
- Reduces unnecessary referrals (reduces health care costs),
- Carves specialist demand so they see the cases they need to see = lower wait times for patients
- Improves PCP satisfaction and self-efficacy in treating challenging patient populations + reduces isolation
- and rapidly disseminates best practices throughout the province for complex chronic disease management.

ECHO publications:

http://echo.unm.edu/about-echo/research/
Echo Ontario - Executive Team

Co-chairs
• Ruth Dubin - Family MD, Chair CFPC Pain Committee, Asst Professor (adjunct) Queens University
• Andrea Furlan – Physiatrist, Pain Specialist, Toronto Rehab UHN

Members
• John Flannery – Physiatrist, Pain Educator, Toronto Rehab UHN
• Paul Taenzer – Pain Psychologist, retired Professor, University of Calgary
• Andrew Smith – Neurologist, Addiction Medicine, CAMH and Wasser Pain Clinic – Mt Sinai Hospital
Thank you all for listening!

www.EchoOntario.ca
Echo.ontario@uhn.ca