

Expanding Project ECHO in New York State

November 2020





Background

GRANTEES	UNIVERSITY OF ROCHESTER NEW YORK ACADEMY OF MEDICINE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK
GRANT PERIOD	2014 – 2020
GRANT AMOUNTS	University of Rochester: \$344,484 (2014); \$50,000 (2017) New York Academy of Medicine: \$57,730 (2016) Research Foundation for the State University of New York: \$100,000 (2018)

Originated at the University of New Mexico in 2003, Project ECHO is an innovative model of health care education and delivery that can significantly improve the treatment of chronic and complex diseases for rural and underserved populations. Unlike the typical telemedicine service model, which directly links providers to patients, the Project ECHO model connects providers to other providers (e.g., connecting a primary care physician to an addiction psychiatrist) using web-based videoconferencing to create virtual grand rounds. The model responds to an urgent need for better access to care in underserved regions, where unmet health needs contribute to diminished health and life outcomes.

Project ECHO dramatically increases access to specialty treatment for patients in rural and underserved areas by providing front-line physicians with the knowledge and support they need to manage patients with complex conditions. The model engages physicians at "spoke" sites (e.g., sites in rural areas) in a continuous learning system and virtually partnering them with an interdisciplinary team of specialist mentors (e.g., psychiatry, nursing, social work, psychology, pharmacy) at an academic medical center, known as a "hub." Once a Project ECHO hub has been established, subsequent hubs focused on different chronic diseases can be added at a lower cost.



Grant Activities & Outcomes

PART 1: BRINGING PROJECT ECHO TO NEW YORK

In 2014, NYSHealth awarded the University of Rochester Medical Center (URMC) [a grant](#) to launch the first Project ECHO in New York State: Project ECHO Geriatric Mental Health (ECHO GEMH). In rural and underserved areas of New York State, few adults with psychiatric disorders get mental health treatment. ECHO GEMH was designed to help integrate behavioral health services into primary care. As of January 2014, 65% of New York State's counties were designated as mental health shortage areas. Early diagnosis and management of psychiatric symptoms within primary care helps ensure higher quality of life, prevent hospital admissions, and lower health care costs.

Through ECHO GEMH, primary care providers from eight rural counties in New York State received telementoring from geriatric specialists. To complement the NYSHealth-supported programmatic work, the Health Foundation for Western and Central New York awarded a \$50,000 grant in 2014 to the New York Academy of Medicine to evaluate ECHO GEMH from its genesis to fully capture lessons learned and make course corrections as needed.

An evaluation of ECHO GEMH showed promising results in the improvement of primary care providers' geriatric mental health knowledge and skill sets; an increase in interdisciplinary professional support; and enhanced capacity and self-efficacy of providers to deliver high-quality, evidence-based care to older adults with mental health care needs. The evaluation also showed statistically significant reductions in emergency room visits and costs. After the launch of ECHO GEMH, demand for the model was tremendous. The project initially aimed to involve 75 participants in 8 counties—by the end of 2017, ECHO GEMH had grown to 500 participants across 32 counties.

PART 2: RAPID SCALING OF PROJECT ECHO MODEL IN NEW YORK STATE

The success of the ECHO GEMH clinic did not go unnoticed. The Greater Rochester Health Foundation awarded an additional three-year grant to URMC in 2016 (\$850,000) to expand the project into skilled nursing facilities and to establish a palliative care ECHO clinic. Additionally, in 2016, NYSHealth awarded [a grant](#), matched by the GE Foundation, to the New York Academy of Medicine to develop the first-ever [evaluation toolkit and resource guide](#) geared toward non-academic users of Project ECHO. At the time, no existing tool could measure outcomes and return on investments in a cost-effective manner, so this toolkit was designed specifically for ECHO users with limited resources. There was and continues to be a great demand for the toolkit, both in New York State and across the nation.



Grant Activities & Outcomes (continued)

Project ECHO's momentum continued to build throughout the State, so much so, that the New York State Department of Health (NYSDOH) became interested in the ECHO model as a potential cost-saving quality improvement tool. After an NYSHealth-organized meeting with Project ECHO's founder in 2016, NYSDOH announced a funding opportunity for replicating and scaling the model throughout the State, recognizing Project ECHO as a preferred model for the Delivery System Reform Incentive Payment (DSRIP) program because it complemented the goals of the Medicaid waiver program. This endorsement of Project ECHO fueled an even stronger demand for a statewide expansion of Project ECHO.

In 2017, NYSDOH announced a Project ECHO Model Expansion Request for Applications in support of the idea that expansion of the model statewide would increase the capacity of the existing primary care workforce; better equip primary care clinicians to provide comprehensive, best-practice care to patients with complex health conditions in their own communities; and enable practitioners to provide high-quality health care. More than \$845,000 was awarded to four New York State providers: Champlain Valley Physicians Hospital, Montefiore Medical Center, SUNY Upstate Medical University, and Westchester Medical Center Health Network. Chronic diseases addressed by these providers included Alzheimer's/dementia, opioid use disorders, HIV/Hepatitis C, diabetes, and behavioral health disorders. NYSDOH also encouraged awardees to use the NYSHealth-funded evaluation toolkit to measure outcomes and successes.

In 2018 NYSHealth awarded a grant to [support the expansion](#) of an existing ECHO clinic at SUNY Upstate to launch a sickle cell disease ECHO clinic. For this project, the ECHO hub is focused on patients that frequent SUNY Upstate and other Syracuse-area hospitals, with the goal of improving treatment and developing coordinated care plans for 150–200 sickle cell patients in the region. What makes this ECHO project unique is that the spoke sites for this ECHO clinic included not only primary care providers and emergency physicians, but also pharmacists, home care case managers, housing support, transportation support, social workers, and pain management and addiction experts—representing a unique collaboration of medical professionals and community-based providers. The project is still underway, but has already established ECHO clinics in at least five emergency departments and has connected with providers in seven upstate counties.



Grant Activities & Outcomes (continued)

PART 3: ACHIEVING SUSTAINABILITY

Despite ECHO's momentum, replication, and success, one element of the model's use in New York State remained elusive: quantitative analysis that the Project ECHO model improves quality while reducing costs. Demonstrating that Project ECHO could be self-sustainable was NYSHealth's final objective. In an effort to ascertain a more quantitative evaluation of Project ECHO, in 2017 NYSHealth awarded [a final grant](#) to URM to expand a Project ECHO clinic in general psychiatry (ECHO PSYCH) and, in partnership with Excellus BlueCross BlueShield, to conduct a robust quality/cost effectiveness evaluation.

ECHO PSYCH was developed in response to the need for better access to mental health specialists who had expertise in treating young adults, thereby building the capacity of primary care physicians to better manage the mental health needs of their patients across the entire adult lifespan. The first ECHO PSYCH clinic was launched in March 2016; as of December 2019, there were 37 clinics that had seen a total of 790 attendees.

The evaluation was to serve as the foundation for negotiations between URM and Excellus BlueCross BlueShield around a shared risk model that would potentially provide reimbursement for the program after NYSHealth grant funds ended. URM selected control primary care practices to use as a comparison to the ECHO intervention group, and Excellus BlueCross BlueShield made available its Medicaid claims data.

The quantitative analysis revealed statistically significant reductions in overall emergency room utilization, psychotropic medication costs, behavioral health emergency room utilization, and outpatient behavioral health costs for the ECHO intervention group. With quantifiable results in hand, URM leveraged this data to substantiate a strong argument in favor of widespread support for and adoption of the ECHO model into value-based payment structures in the State. In 2019, URM entered discussions with Accountable Health Partners (AHP), a regional accountable care organization with more than 2,000 providers. Convinced and impressed with the model's outcomes and data analysis, AHP now fully funds ECHO PSYCH, making it the first Project ECHO clinic to be entirely self-sustainable.



Lessons Learned

Project ECHO is an excellent example of why it is important for funders to take the long view when investing in projects with potential for enormous impact. This type of success requires a true partnership among stakeholders in philanthropy, government, and providers. It is a commitment built on mutual trust, patience, and a willingness to remain focused, to persist through roadblocks along the way—such as a lack of financial sustainability, a lack of quantifiable evidence, skepticism among providers and payers, a lack of long term commitment by funders—and inspire other institutions to follow its lead. In 2014, New York State had only one ECHO clinic in operation. Since then, the model has experienced unprecedented growth. The U.S. Department of Health and Human Services released a report in 2019, “Report to Congress: Current State of Technology-Enabled Collaborative Learning and Capacity Building Models,” noting that New York State ranked third in the number of Project ECHO programs in operation.

NYSHealth's long-term commitment—both financially and otherwise—is widely recognized as instrumental in growing and sustaining the Project ECHO model both within URMC and throughout the State. Working with URMC to ensure that it had the time and resources to build the case for, test, and evaluate the model's impact was paramount to the success of Project ECHO's expansion in New York State.



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