



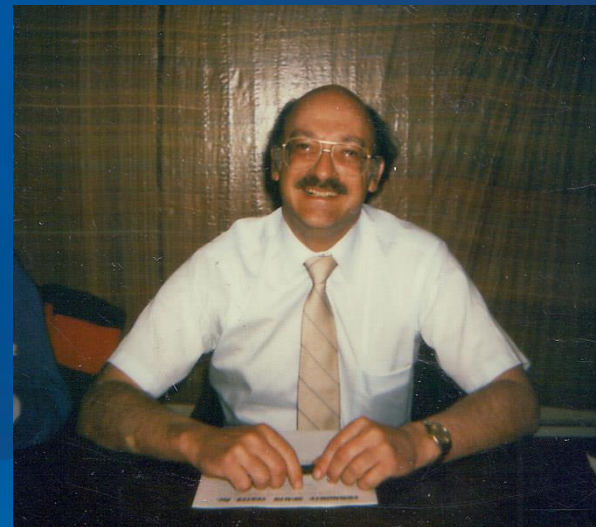
# The Weitzman Institute

Committed to improving primary care for underserved populations  
by promoting research, training, education, and innovation



## *The Mission...*

...to inspire innovation through research, education, and quality improvement to ensure that effective, efficient and equitable primary care is available to all.





1. New ways to communicate efficiently with specialists
2. New ways to learn and expand the scope of primary care
3. Bringing specialty care into primary care

# Moving Knowledge, Not Patients



Tele-health

Project ECHO:  
Provide ongoing case based  
learning and consultation with  
an expert, multidisciplinary  
team

eConsults: Provide PCPs with access to quick,  
useful electronic consults from specialists



# Building National Models of Care



# Project ECHO



Dr. Sanjeev Arora  
University of New Mexico

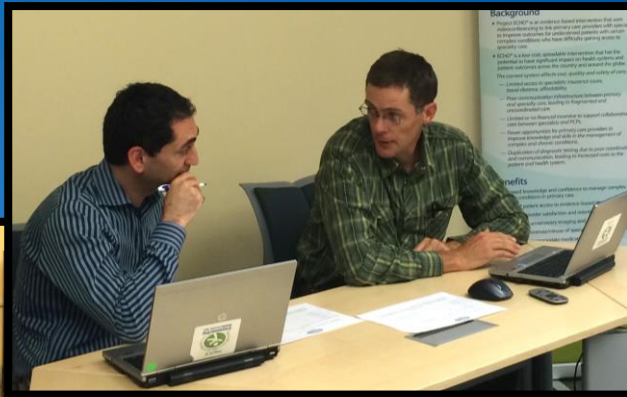


“The mission of Project ECHO is to develop the capacity to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes.”



# Weitzman ECHO Learning Community

Since Jan 2012



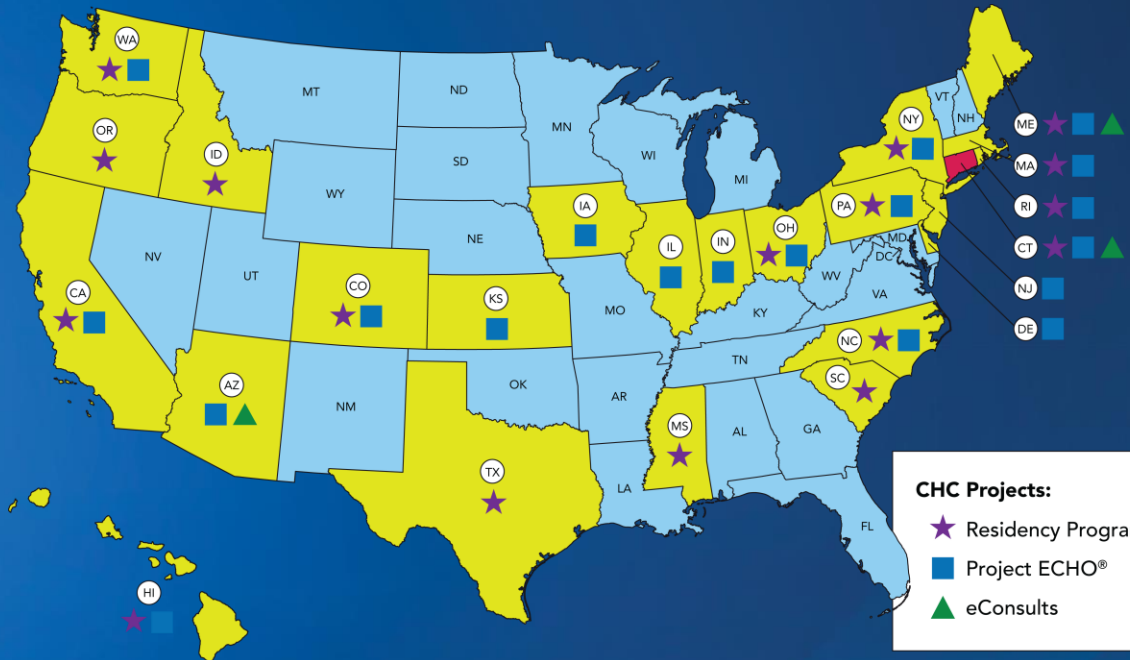
weitzman  institute  
inspiring primary care innovation



weitzman  institute  
inspiring primary care innovation

## Weitzman Institute ECHO Learning Network

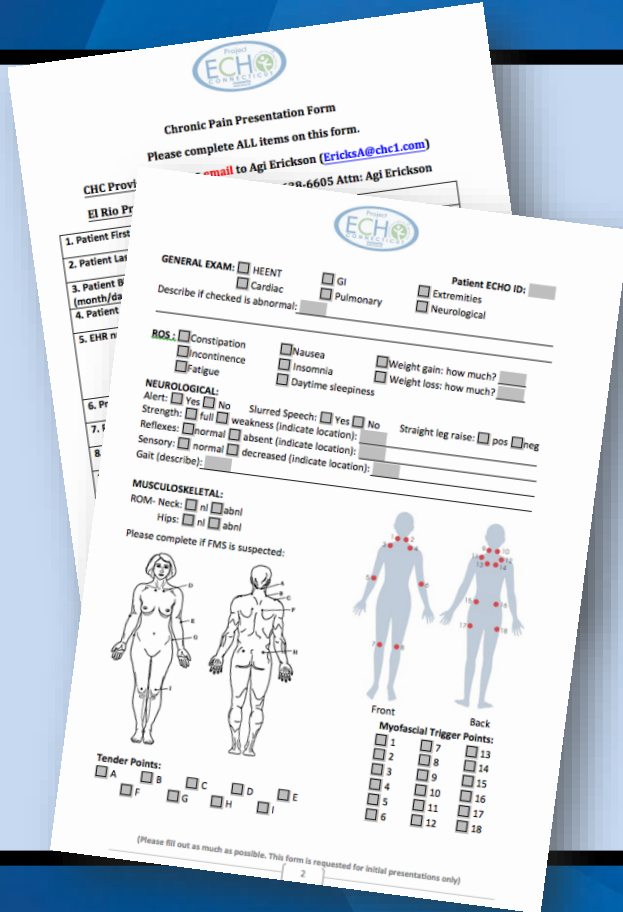
- 135 Practices
- 413 ECHO Sessions
- 1506 Case Presentations
- Primary care providers from 21 States







# Key Elements of an ECHO Session



# Case Presentations

- 2-5 Cases per ECHO session
- Co-presented by PCP and BH Provider
- Complex cases
- Multi-disciplinary consultation available
- Valuable for discussion and teaching
- Total time = 1.5 hours

# Didactic Presentations

- 1 per session
- Focused and topical
- By expert faculty
- Total time < .5 hour



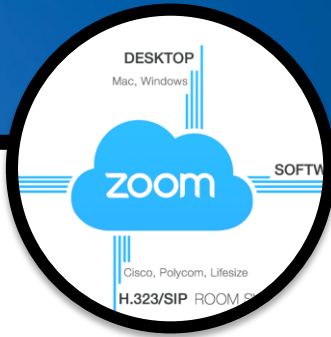
# Technology Infrastructure



↑  
Webcam/  
Computer  
iPad/  
Smartphone  
for End-Users



↑  
Video  
Conferencing  
System for  
ECHO Team



↑  
Cloud-based  
Teleconferencing  
Platform  
(Zoom®)

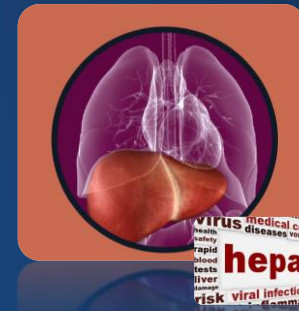


↑  
Recorded/  
Catalogued  
Sessions

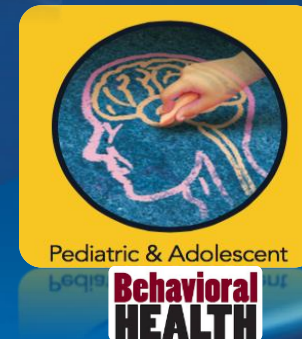


↑  
Streaming  
Sessions

# Using ECHO to tackle “Hot Spots”



Complex Care Management





# The Challenge of Pain Management in Primary Care



- Increasing demand to identify and manage painful conditions
- Increasing rates of opioid abuse and diversion
- Limited encounter time
- Limited ancillary support
- Limited training in pain management
- Limited access to specialists
- Limited access to pain management specialty centers





# The Harm

- We prescribe when there is no indication and when there are contraindications
- We use dangerous combinations of medications
- We devalue effective alternatives
- We treat “pain” but not addiction
- We ignore recurring non-reassuring behaviors
- We don’t consider the household or community environment into which we place these drugs
- We don’t like what we’re doing, and we do little to change it

# Integration of Medical and Behavioral Health



- Primary care providers and behavioral health providers encouraged to attend sessions and co-present
- Didactic lectures on medical and behavioral health topics with emphasis on how to integrate the two at the primary care level
- Care plan recommendations include BH and medical recommendations

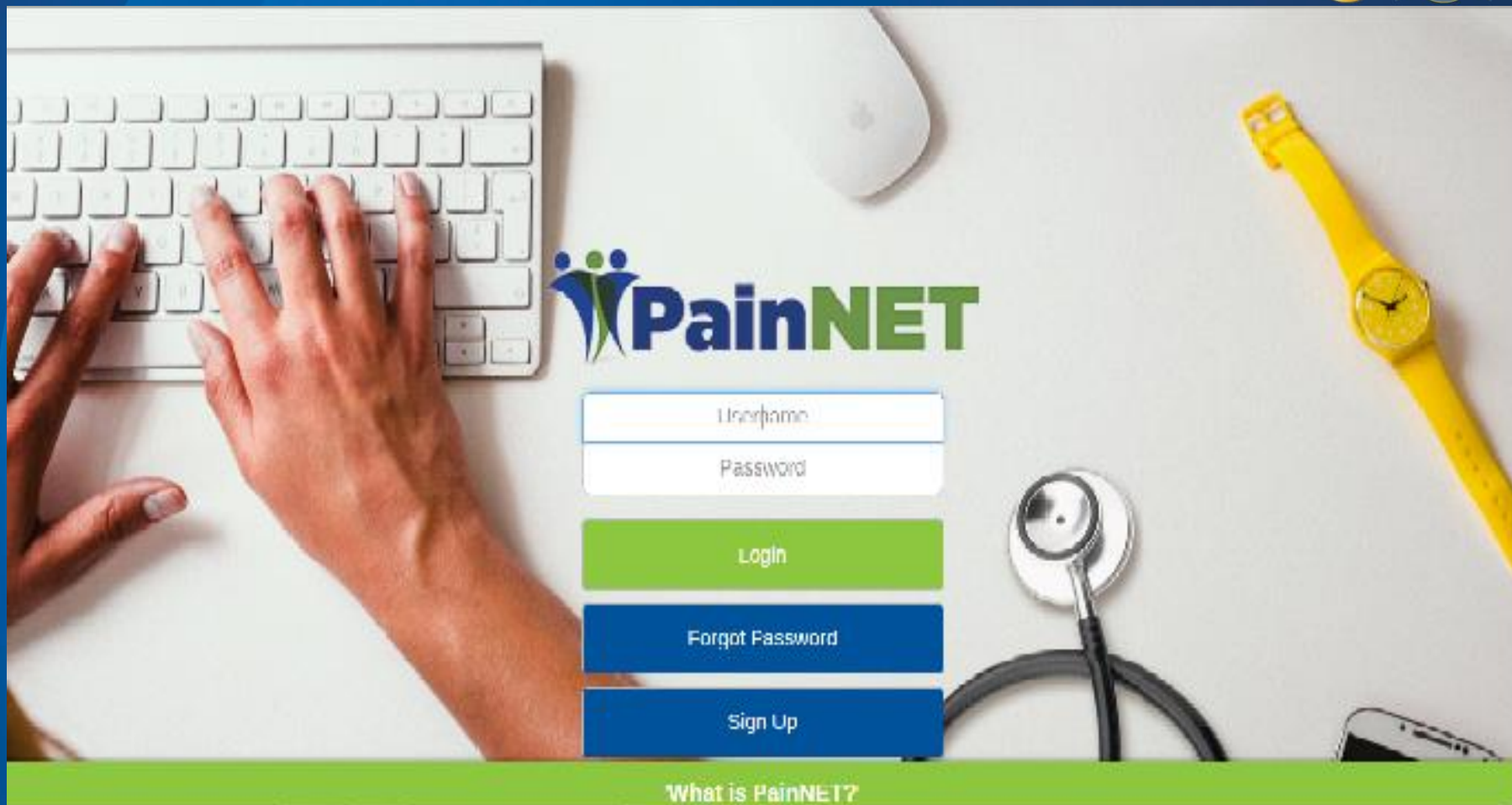






# Provider Perspective

1. Important Points for Providers
  - a) Pain is extremely common in everyone's practice
  - b) Limited access to pain management specialists
  - c) Limited pain education during training
2. All providers need to manage pain. ECHO provider should not become the pain consultant or referral source for other providers
3. CME provided for each session
4. Joining a stimulating learning environment comprised of peers from across the country.



**PainNET**

Username

Password

Login

Forgot Password

Sign Up

What is PainNET?



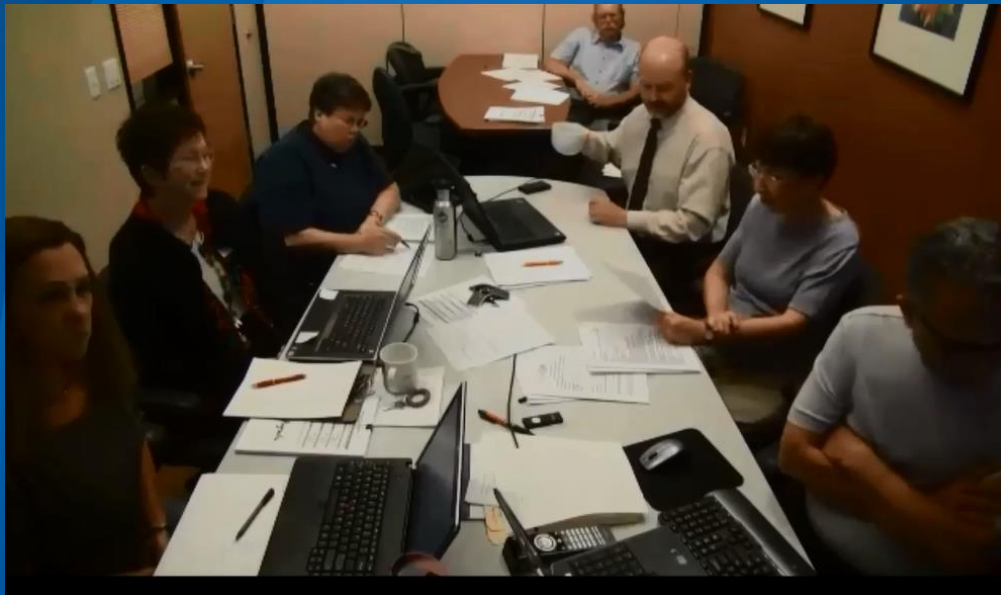
## Forum: General Discussion

[painnet.net/seen-echo](http://painnet.net/seen-echo)





# Each case recorded and indexed Key cases condensed and edited



Act ... Project ECHO Pain Healthy Weight Ass... STaT Back Screen...  
STaT Back Screening Tool Website / Online Tool

Keele STaT Back Screening Tool	No	Yes
Has your back pain spread down your leg(s) at some time in the last 2 weeks	<input type="radio"/>	<input type="radio"/>
Have you had pain in the shoulder or neck at some time in the last 2 weeks	<input type="radio"/>	<input checked="" type="radio"/>
Have you only walked short distances because of your back pain	<input checked="" type="radio"/>	<input type="radio"/>
In the last 2 weeks, have you dressed more slowly than usual because of back pain	<input checked="" type="radio"/>	<input type="radio"/>
Do you think it's not really safe for a person with a condition like yours to be physically active	<input type="radio"/>	<input checked="" type="radio"/>
Have worrying thoughts been going through your mind a lot of the time	<input type="radio"/>	<input checked="" type="radio"/>
Do you feel that your back pain is terrible and it's never going to get any better	<input type="radio"/>	<input checked="" type="radio"/>
In general have you stopped enjoying all the things you usually enjoy?	<input type="radio"/>	<input checked="" type="radio"/>

Overall, how bothersome has your back pain been in the last 2 weeks?

Not at all	Slightly	Moderately	Very much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

ECHO ID 200227

36y M w/ peripheral neuropathic pain in lower extremities due to DM. HepC+, meth use, smoker. On max gabapentin & still has pain. What are the next steps in improving pain control? Would you bother changing to Lyrica or add other adjuncts to current regimen?

# Resource Library



- Tools for implementing pain care best practices
- Patient and practice assessments
- Community generated resources

## Opioid Risk Tool (ORT)

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

MARK EACH BOX THAT APPLIES	FEMALE	MALE
<b>FAMILY HISTORY OF SUBSTANCE ABUSE</b>		
Alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Illegal drugs	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Rx drugs	<input type="checkbox"/> 4	<input type="checkbox"/> 4

**ADMINISTRATION**

- On initial visit
- Prior to opioid therapy

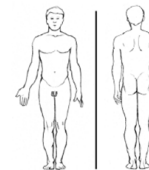
**SCORING (RISK)**

0-3: low  
4-7: moderate  
≥8: high

## Brief Pain Inventory

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name: Last First Middle Initial

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?  
1. Yes 2. No
- On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



- Please rate your pain by circling the one number that best describes your pain at its WORST in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10  
No pain Pain as bad as you can imagine

- Please rate your pain by circling the one number that best describes your pain at its LEAST in the past 24 hours.

0 1 2 3 4 5 6 7 8 9 10  
No pain Pain as bad as you can imagine

- Please rate your pain by circling the one number that best describes your pain on the AVERAGE.

0 1 2 3 4 5 6 7 8 9 10  
No pain Pain as bad as you can imagine

Brief Pain Inventory - male

Page 1

## The Breakthrough Series Pain and Opioid Management Collaborative

## Pain Management Resource Binder



Project funded by:  
The Nischolson Foundation

## The Breakthrough Series Pain and Opioid Management Collaborative



### Pain Management Resource Binder Table of Contents

- Selected Pain Management Best Practices for Primary Care
  - Community Health Center
  - Sample Action Plan

- The Stepped Care Model
  - Community Health Center
  - Sample Action Plan

- Policies
  - Treatment Guidelines for
  - Managing the inherited P

- Documentation
  - Guidelines for Proper Doc
  - Sample HPI templates for

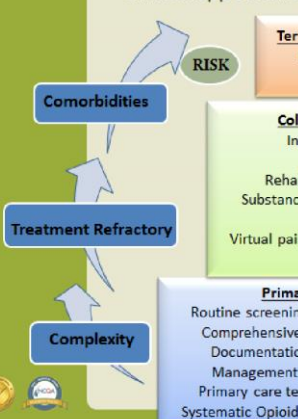
- Patient Assessment Tools
  - Pain Interference - Short
  - Brief Pain Inventory - Sho
  - Brief Pain Inventory - Sho
  - Integrative Pain Center of
  - Integrative Pain Center of

- Opioid Risk Assessment
  - Table of Opioid Risk Asses
  - Opioid Risk Tool (ORT)
  - The OIRE Score
  - Screening and Opioid Assa

- Opioid Monitoring Tools
  - Current Opioid Misuse M
  - Current Opioid Misuse M
  - Pain Medication Question

## Community Health Center, Inc. Where health

### CHC's Stepped Care



# Project ECHO Buprenorphine



- Provides the front-line primary care provider and team with
  - support
  - expert advice
- Encourages provider confidence in the management of opioid dependence with buprenorphine.

*“This is not just how to dose a medication, but teaching an approach to caring for patients with this disease.” –*  
Josiah Rich, MD





# Primary care visit: New London CT

3 month-old baby with rash



- Option A: refer to Dermatology (wait time 6-9 months)
- Option B: eConsult



## 2 Hours Later: eConsult response

**Diagnosis:** seborrheic dermatitis and atopic dermatitis.

**Recommendation:**

Scalp: Dermasmoothe FS oil at bedtime under occlusion over night, wash off in the morning, daily for 3 days then 2-3x/week as needed.

Rest of body: Hydrocortisone cream 2.5% BID to all affected area with wet dressing: warm water bath, pat skin dry gently, apply HC 2.5% to affected area, then put on wet warm cotton pajama or towel over, wrap baby with warm dry blankets over, leave it on for 30-45 minutes, then take off wet wraps, apply moisturizer cream (Aveeno, CeraVe, Vanicream, etc) all over. Start wet wraps daily for 3-5 days, when skin improving, use medicated cream BID while decrease wet wraps to 1-2 x/week as needed.

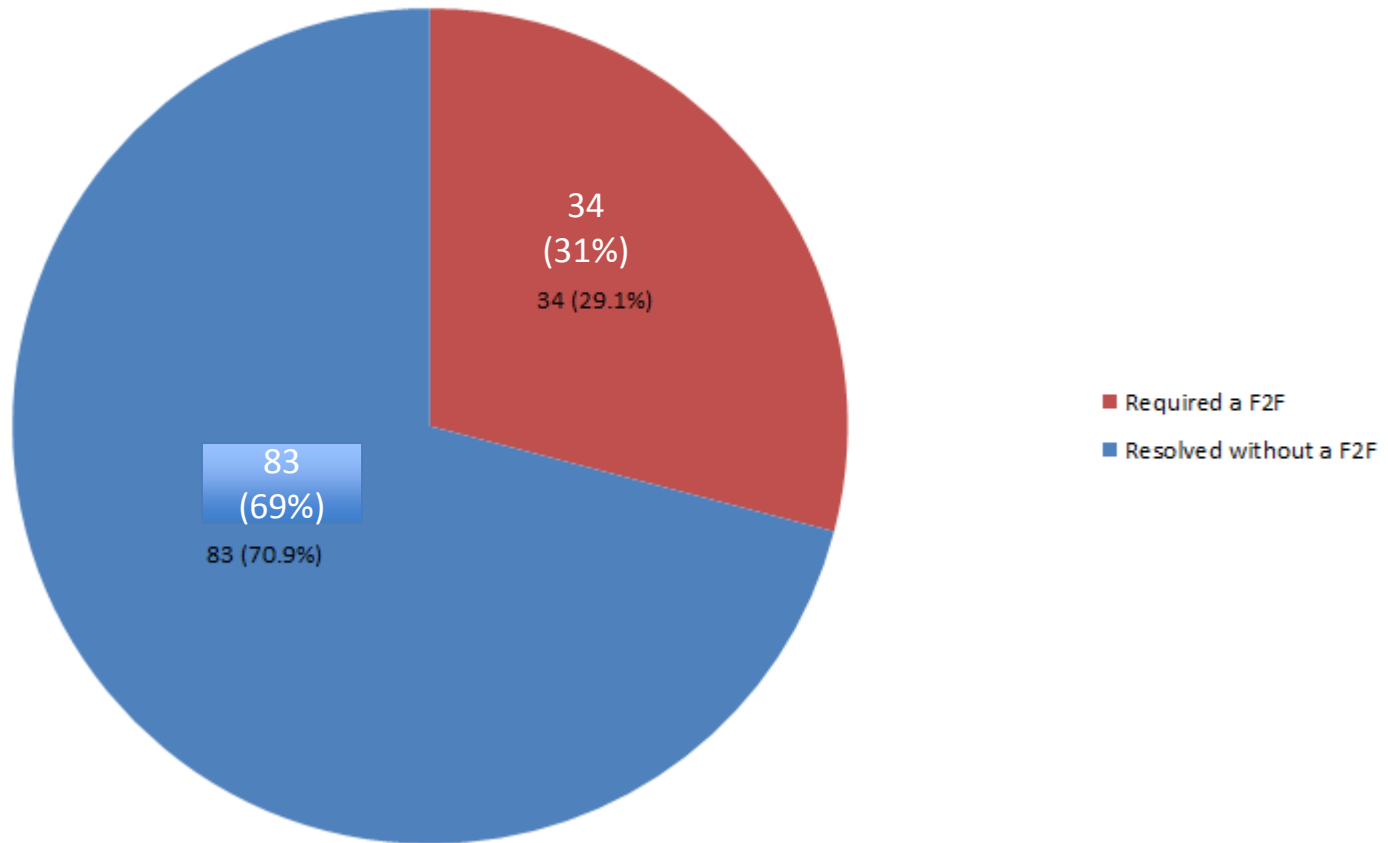
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# Reduction in F2F visits



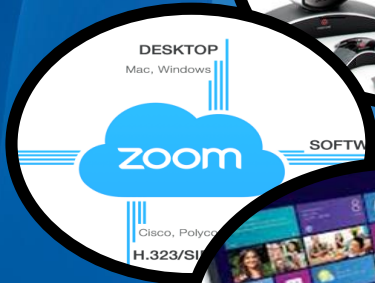
eConsults



# Practice Improvement Collaborative



- Online course materials hosted by Moodle
- Implementation of pain care best practices using QI tools
- Flexible for individual practices' needs
- Pain care and QI expert support
- Community and team-based





[www.weitzmaninstitute.org](http://www.weitzmaninstitute.org)

Thank you