Lessons learned from Vulnerable Rural Hospitals – a Project ECHO experience

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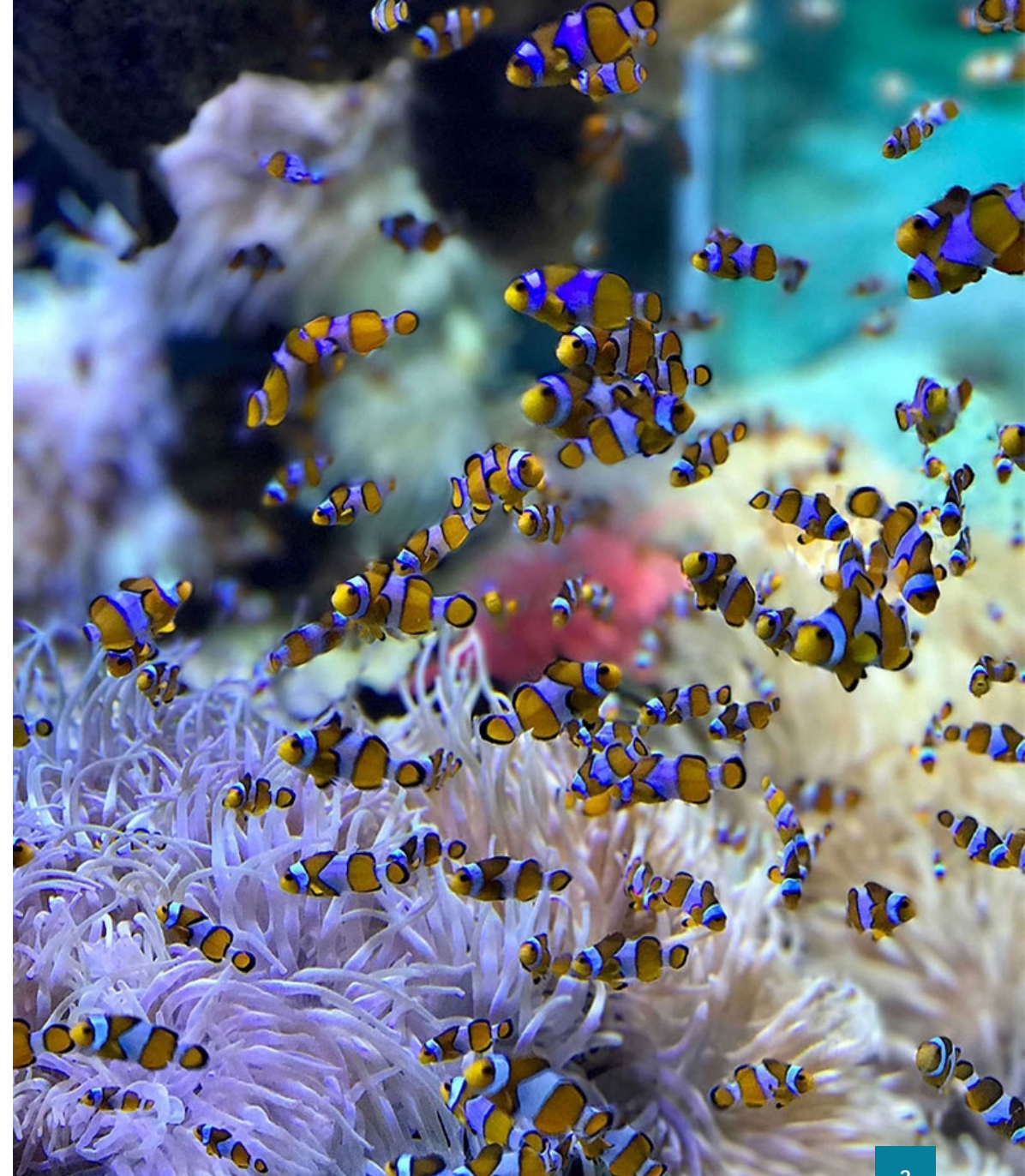
Why are we here?

A growing sense of alarm as rural hospitals close

- Nearly 700 rural hospitals at risk of closing

- 104 rural hospitals ceased to provide inpatient services (Jan. 1, 2010 – April 10, 2019)

- Leading the pack: Texas (17), Tennessee (11), and Georgia (7)

- Monitored by NC Rural Health Research Program

https://www.shepscenter.unc.edu/programs-projects/rural-health/rural-hospital-closures/

Center for Optimizing Rural Health
http://optimizingruralhealth.org/

CORH background

- A&M Rural and Community Health Institute

- Center for Optimizing Rural Health (CORH) received inaugural award from HRSA

    - 5 years of technical assistance

    - New cohort of hospitals each year

    - Works with hospitals and their communities to keep health care local

- National Advisory Board to ensure relevance across USA

    - Diversity

Application process

- Application portal on website http://optimizingruralhealth.org/apply.html

- Inclusion Criteria: meets FORHP definition of rural

- Exclusion Criteria: hospitals receiving HRSA TA via Delta or SRHT programs

- Looks at different aspects of vulnerability

  - Community & facility readiness to participate (25 points)

  - Finance/Quality/Operations metrics (25 points)

  - Health of community (20 points)

  - Distance to next nearest hospital access (15 points)

  - Partnerships (15 points)

Year 1 applications

United States

Group Discussion

- How can we better serve your state?

- What means of communication would work better?

Selected hospitals

Tier 1

- 5 hospitals selected
- On site visit from CORH
- Change mentoring
- Participate in ECHO
- Participate in Webinars

Tier 2

- 25 hospitals selected
- Submit same finance/quality documents as Tier 1 but get remote mentoring
- Participate in ECHO
- Participate in Webinars

Technical assistance approaches

Webinars

- Free monthly webinars
- Topics based upon hospital input
- Recorded and available on website http://optimizingruralhe alth.org/events-past.html

Toolbox

- Practical tips, useful resources, & how to guides
- Built each year as developed for hospital cohort
- Available on website

ECHO network

- Telementoring
- One to Many
- Monthly meetings
- 10 hospitals /meeting

Webinars

|	Topic	Live attendance	Watched recording
February	Quality Improvement for Rural	75	23
March	Rural Hospitals in Financial Distress	105	13
April	Coding and Billing in Rural Health	267	14
May	Community Engagement		
June	Hospital Board 101		
July	Community Needs Health Assessment		
August	Patient Safety		

Group Discussion

- What webinar topics would be of value/interest to your rural hospitals?

- How would you like to learn about upcoming events?

- How can we better share the recordings for those unable to attend the live session?

Lessons learned

- Application announcement didn't reach every state

  - Use friends and rural health colleagues to spread the word further

- Need to think about press release from the start

  - Ask selected facilities does it help or hurt efforts?

- MOU needs to be available on website for earlier review by facilities

- Technical Assistance needs to be more clearly defined and in bold letters inform applicants that NO monetary assistance comes from CORH

- Application to be fine tuned based upon feedback from Year 1 applicants

- Rural hospital employees wear multiple hats – always keep in mind when asking for data on application and after selection

- Our website needs more frequent updates to help rurals schedule

Project ECHO
Hospital ECHO network
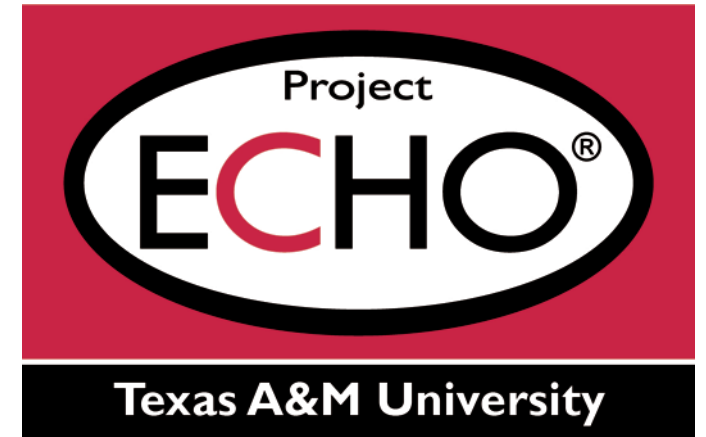
THE TRANSFORMATIVE MODEL IN MEDICAL EDUCATION AND CARE DELIVERY

Project ECHO® (Extension for Community Healthcare Outcomes) helps democratize medical knowledge and develops specialty care capacity in underserved communities.

Using a revolutionary model of telementoring, collaborative medical education and care management, Project ECHO empowers front-line primary care professionals to provide the right care, in the right place, at the right time.
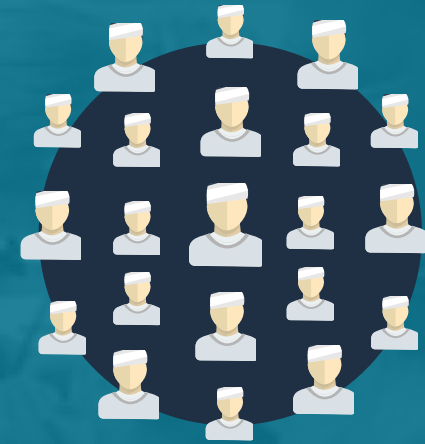
HIGH IMPACT OUTCOMES

ECHO HUB
Team of Specialists

ECHO SPOKE
Providers

PATIENT REACH

"One to Many" – Leveraging a proven model to significantly increase access to specialty care for common complex conditions

Hubs & Spokes - ECHO provides front-line providers with the knowledge and support they need to care for complicated patients they would otherwise refer out. ECHO links expert specialist teams at an academic 'hub' with primary care providers in local communities – the 'spokes' of the model.

Together, they participate in weekly teleECHO™ clinics, which are like virtual grand rounds, combining patient case presentations with didactic learning and mentoring.

HOW IT WORKS

ECHO connects providers with specialists through ongoing, interactive, telementoring sessions.

ECHO creates ongoing knowledge networks by linking primary care providers at numerous locations with a team of expert inter-disciplinary specialists, to mentor them to treat their patient cases. These specialist teams use low-cost, multi-point videoconferencing technology to conduct weekly teleECHO clinics with community providers.

THE IMPACT

Replication of the ECHO model is achieved through the creation of ECHO 'hubs' in which partner sites or 'spokes' connect via low cost video conferencing through teleECHO networks. With ongoing mentoring, these spokes gain specialty expertise and knowledge. Since its initial expansion, the ECHO model has been successfully replicated across the United States and around the globe.

76,000+	40+	10+	40+
CME/CE CREDITS PROVIDED FOR FREE IN NEW MEXICO	HUB PARTNERS IN THE US	HUB PARTNERS GLOBALLY	COMPLEX CONDITIONS COVERED

Benefits of ECHO

For the healthcare system at large, the benefits from ECHO are enormous:

1. Better access for rural and underserved patients
2. Reduced disparities
3. Better quality and safety
4. Rapid dissemination of best practices
5. Reduced variations in care
6. Greater efficiency
7. Reduced wait times

Recognition for Project ECHO

Awarded over 20 major grants since 2003 from government agencies and private foundations, including the U.S. Agency for Healthcare Research and Quality, Department of Health and Human Services, Department of Defense, Department of Veterans Affairs, the New Mexico Legislature, the Robert Wood Johnson Foundation, the Leona M. & Harry B. Helmsley Charitable Trust, and the GE Foundation among others.

Alike but Different

- CORH is the first to utilize ECHO in this way

- Borrowed heavily from clinical, evaluation, education, and quality improvement ECHO clinics.

  - Project ECHO stresses sharing knowledge to achieve goal of touching 1 billion lives by 2025

- Cohort model with our hospitals

  - New cohort for each year of HRSA funding

  - Cohort model helps forge bonds and create trust

  - Our hope is the cohort will continue to network after their time with CORH

Setting up a new ECHO hub

- Send team members to University of New Mexico for Immersion training
- Hire necessary people to handle operations of ECHO hub
- Plan Curriculum
- Recruit Spokes
- Contracts with content experts
- Purchase and train on teleconferencing equipment
- Include evaluation plans from beginning for QA/QI purposes
- Attend other ECHO clinics and network with others to learn best practices

What do our ECHO sessions look like?

Session Agendas

- Introductions   5 min
- Didactic/lecture   15 min   RECORDED portion
- Challenge Profile   35 min
- <u>WrapUp</u>   <u>5 min</u>

<div align="center">1 hour zoom session</div>

- Sessions will be scheduled for 90 minutes to allow flexibility if there is active discussion but goal is 1 hour of your time
- Meet once a month

Didactic schedule

Month	Topic
April	Basics of ECHO
May	Rural Finances
June	Quality Improvement (MACRA & MIPS)
July	Marketing – transparent communications
August	Hospital Board Education
September	CMS update and FAQ
October	Contracting Concerns
November	Unique Partnerships
December	Cyber Security

Challenge Profile

- Identify primary concern and goal for presentation

- Describe your vision of what it will look like when problem is solved and any information about plan to approach problem.

- Describe contributing factors that may have kept your facility from progressing to the desired level/outcome.

- What are the strengths, challenges, opportunities, and threats you have identified?

- Strategies or interventions already tried, and how successful have they been? If they have NOT been successful, are you able to identify reasons they were not successful?

- What data have you collected? Or what data do you have accessible?

- Any additional background narrative – what else do we need to know in order to provide recommendations and feedback?

- What specific help are you seeking from group today?
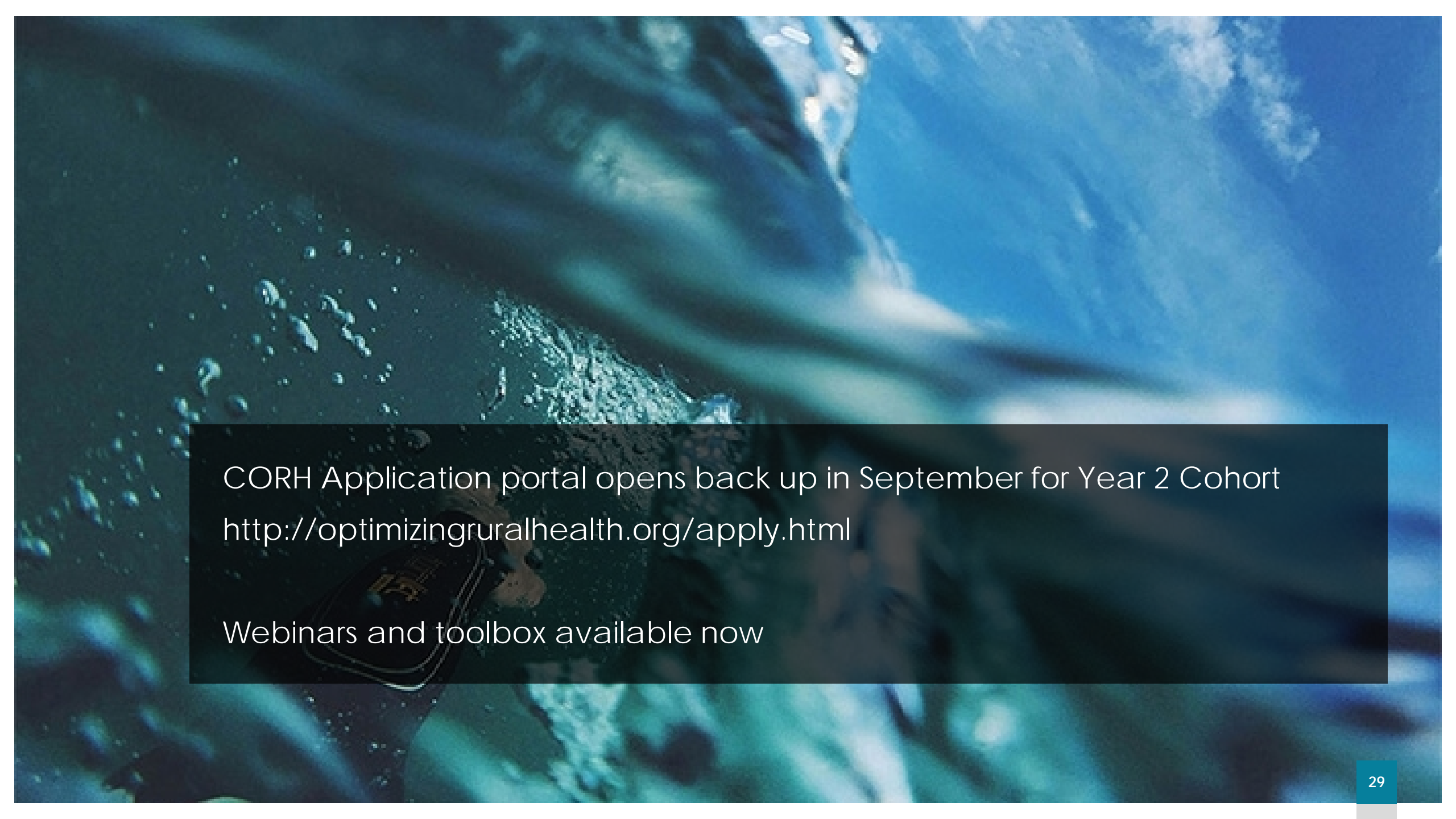
Group Discussion

- Can you envision ways a hospital ECHO network would help your rural facilities?

- What do you think would be more impactful?
  - A cohort that covers an array of didactics in a year
  - OR or a topic focused cohort that focuses on one aspect for a year
    - Examples: Quality Improvement or Rural Finances

Evaluation process

- Dedicated team

- Looking at impact of technical assistance

- Utilization of surveys to get feedback regarding site visits and experience of Tier 1 hospitals

- Surveys after webinars and ECHO sessions to ensure meeting needs of participating hospitals and seek ways to improve

- Project ECHO freely shares evaluation instruments to those who've had training

    - Validated instruments

    - Able to compare with other ECHOs if all using same instrument

- Data helps demonstrate impact, helps obtain funding to run ECHO and technical assistance

Lessons learned

- Put care into selecting who goes for training in New Mexico

- Spend extra time to ensure comfort with technology at all spoke locations

- Video feature of zoom helps create more intimate group feeling

  - Difficult to balance those places that have to call in and can't see the session

- A walk-thru ECHO training demonstration is a best practice

- Welcome calls are helpful to explain the process and match attendee with material and time commitments

- Facilitation is not an innate skill

- Much more intricate than a webinar or conference call

CORH Application portal opens back up in September for Year 2 Cohort

http://optimizingruralhealth.org/apply.html

Webinars and toolbox available now

Questions

THANK YOU
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