Project ECHO: 
Extension for Community Healthcare Outcomes

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No Financial Disclosures
“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
- Community 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 – Hepatitis C

• 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

Arora, et al., NEJM, 364(23); 2011
Telemedicine vs. Telementoring

**Telemedicine**
Provider to Patient Communication

**Telehealth/mentoring**
Provider to Provider Mentoring

Texas Medical Center

Project ECHO

Texas Medical Center
Project ECHO Format

- Weekly/monthly videoconferences (45 min cases, 15 min didactic)
- Community providers 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
Expanding Project ECHO to other centers, other diseases

Dr. Sanjeev Arora
Project ECHO
University of New Mexico

Dr. Ernest Hawk
Cancer Prevention and Control
MD Anderson
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 non-border counties in Texas
Cervical cancer in the Rio Grande Valley

Women in the Rio Grande Valley are nearly twice as likely to die from cervical cancer compared to the rest of the country. Half the population there has no health insurance.

INCIDENCE RATES
Per 100,000 residents

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<th>U.S.</th>
<th>TEXAS</th>
<th>THE VALLEY</th>
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<td>Rate</td>
<td>7.6</td>
<td>9.2</td>
<td>10.9-11.7</td>
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DEATH RATES
Per 100,000 residents

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<tbody>
<tr>
<td>Rate</td>
<td>2.3</td>
<td>2.7</td>
<td>3.6-4.3</td>
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Source: National Cancer Institute

Houston Chronicle
A world away from MD Anderson.....
Project ECHO

• Videoconferences every 2 weeks:
  – Case presentations (45 min)
  – Didactic presentation (15 min)
• ~25 videoconferences per year
• ~180 CME credits and ~200 CNE credits have been awarded
• Supplemented with hands-on training
DESCRIPTION

We welcome you to participate in this half day Colposcopy/LEEP course in the UTRGV Simulation Hospital in Harlingen, Texas

Course Faculty Organizers:

Dr. Kathleen Schmeler, MD Anderson Cancer Center
Dr. Tony Ogburn, UTRGV Medical School

DATE AND TIME

Sat. February 11, 2017
8:00 AM – 12:00 PM CST
Add to Calendar

LOCATION

UTRGV/ Simulation Hospital
2106 Treasure Hills Blvd
Harlingen, TX 78550
View Map
Impact and Metrics?...........

Project ECHO: A Telementoring Program for Cervical Cancer Prevention and Treatment in Low-Resource Settings

Cervical cancer incidence and mortality rates are significantly higher in low- and middle-income countries compared with the United States and other developed countries. This disparity is caused by decreased access to screening, often coupled with low numbers of trained providers offering cancer prevention and treatment services. However, similar disparities are also found in underserved areas of the United States, such as the Texas-Mexico border, where cervical cancer mortality rates are 30% higher than in the rest of Texas. To address these issues, we have adopted the Project ECHO (Extension for Community Healthcare Outcomes) program, a low-cost telementoring model previously proven to be successful in increasing local capacity, improving patient management skills, and ultimately improving patient outcomes in rural and underserved areas. We use the Project ECHO model to educate local providers in the management of cervical dysplasia in a low-resource region of Texas and have adapted it to inform strategies for the management of advanced cervical and breast cancer in Latin America and sub-Saharan Africa. This innovative approach, using ECHO, is part of a larger strategy to enhance clinical skills and develop collaborative projects between academic centers and partners in low-resource regions.

INTRODUCTION
Cancer is one of the leading causes of death worldwide. In 2012, approximately 14 million new cases and 8.2 million cancer-related deaths were reported.¹ Cancer and other noncommunicably underserved areas of the United States because of a lack of regular screening and limited access to care. Once such area is the Rio Grande Valley (RGV) of south Texas, located along the Texas-Mexico border. The population in this area
MD Anderson ECHO Programs

ECHO Rio Grande Valley:
• Cervical Cancer Prevention
• UTMB, Su Clinica, Others

ECHO Zambia:
• Breast & Cervical Ca Treatment
• Pathology
• CDH Lusaka (English)

ECHO Mozambique:
• Breast, Cervical, H&N Ca
• Brazil, Mozambique (Portuguese)

ECHO Latin America:
• Cervical Cancer Prevention/Tx
• 10+ LA countries (Spanish)
MD Anderson ECHO Programs

Tobacco Cessation:
• Mental health centers – TX
• Dr. Janice Blalock (Beh Sci)

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

Palliative Care in Africa:
• Kenya, Ghana, Zambia, SAfrica
• Drs. Yennu and Reddy

Survivorship training in Texas:
• Family Medicine residents – TX
• Dr. Lewis Foxhall (Health Policy)
Moving Knowledge, not Patients

* This program is under development and some of the locations might change in the future

** 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

Dr. Rebecca Richards-Kortum, Rice Univ.
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)
- November, 2016: The U.S. Senate approved the ECHO Act by a 97-0 vote
- December 2016: signed into law by President Obama

Summary of the ECHO Act: To require studies and reports examining the use of, and opportunities to use, technology-enabled collaborative learning and capacity building models to improve programs of the Department of Health and Human Services, and for other purposes.

Photo courtesy of UNM
Project ECHO Reach

- 113 hubs worldwide:
  - 69 in the US
  - 44 in 25 additional countries
- >45 complex conditions:
  - Hepatitis
  - Chronic pain
  - Diabetes
  - Mental Health
  - Dementia
- Funded by RWJF, AHRQ, CMS, CDC, HHS, GE Foundation, VA, DOD, and others
Next Steps

• National Cancer Moon Shots program

• Project ECHO UNM goal to reach one billion lives by 2025

• MD Anderson: Project ECHO Superhub
Thank You

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

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