

Project ECHO: a model for expanding access to addiction treatment in a rural state

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Project ECHO is a program pioneered at the University of New Mexico (NM), designed to expand the capacity of primary care providers (PCPs) working in rural and underserved areas to provide care for common complex diseases such as hepatitis C and addiction. The model is based on training and ongoing support provided to PCPs via weekly tele/video conferences in which didactic presentations are followed by case discussions in which PCPs present challenging clinical cases and get feedback from specialists based at the University and from colleagues around the state. Participation decreases professional isolation and helps PCPs become content experts in the area of focus. The program has been highly successful in expanding access to high-quality treatment for hepatitis C.

In 2006 we launched an ECHO program focused on expanding access to addiction treatment in our large, rural state. NM ranks 2nd in the nation for opioid overdose deaths, and has a multigenerational problem with heroin addiction as well as a burgeoning problem with opioid analgesic addiction. Therefore, our focus has been on expanding access to treatment for opioid addiction, although we have also provided training and support for treatment of alcohol, stimulant, and other types of chemical dependency.

Our program has focused on providing the following services:

- 1. Training in the use of buprenorphine:** We have used a hybrid model of training. We have offered 8-hour live trainings in areas all over the state. We have tailored these to state and local needs, and have included a focus on harm-reduction/overdose prevention, education about local resources, and live patient panels, as well as more traditional pharmacology and clinical use issues. Some participants have participated in these trainings via teleconference. We have also provided PCPs with the buprenorphine training DVD from the American Association of Addiction Psychiatrists' online certification program as the formal mode of training. At the end of each training we assist physicians in completing the online certification application. The trainings are free of charge, and we offer free CME/CEUs. **Since 2006 we have trained 156 physicians and 62 midlevel providers, and a total of 352 trainees (also including RNs, pharmacists, counselors, and administrators). Our program has trained approximately 60% of the total 258 physicians currently certified to prescribe buprenorphine in NM, and we currently rank 5th in the nation for number of certified physicians in the US (the only southwestern state in the top 10).**
- 2. Weekly teleconference to provide ongoing support for PCPs offering addiction treatment:** Since 2006 we have conducted a weekly 2-hour teleconference focused on addiction treatment. We offer free CME/CEUs for participation. Participating faculty include an Internist/Addiction specialist, a psychiatrist, a public health nurse, and a therapist. **More than 536 clinical cases have been presented. Participants from 42 different communities have joined the**

teleconference since 1/08 (see map at the end of this report). There were 79 participants in 2008, 130 in 2009, and 111 so far in 2010. In 2010 alone we have offered 29 didactic presentations on a wide variety of topics including compulsive gambling, medical marijuana, trauma-informed treatment of women, traumatic brain injury, grief counseling, urine drug testing, and mindfulness-based treatment of addiction.

3. Local conferences and grand rounds presentations on addiction-treatment topics: We have found that establishing local connections is crucial for expanding interest in treating addiction. Making live presentations to local PCPs also helps develop mentorship relationships, and the ECHO addictions faculty have fielded more than 800 consultation calls from local providers in the last 4 years.
4. Producing educational materials for use in recruiting PCPs to provide addiction treatment and patients to engage in treatment. We have produced a DVD with the local educational television station that we have used for recruiting PCPs to participate in opiate addiction treatment. We have also worked with an independent filmmaker and the NM Department of Health to collaborate on the production of DVD aimed at incarcerated individuals, educating them about the risk of opiate overdose death after release and about the effectiveness and availability of treatment.
5. Monitoring patient care: as part of the process of co-managing patients with PCPs we monitor patient logs submitted by some of the ECHO-trained and supported PCPs, and give feedback on the process of care. To date we have received logs on approximately 1700 patients on buprenorphine, indicating that we have had a substantial impact on improving access to opiate addiction treatment.
6. In summary, the ECHO addiction treatment program has succeeded in raising interest and awareness about the problem of addiction, and expanding the availability of high-quality addiction treatment in this poor, rural state.