Making the Business Case for Project ECHO in New York State

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People need access to specialty care for their complex health conditions. Not enough specialists to treat everyone who needs care, especially in rural and underserved communities. ECHO trains primary care clinicians to provide specialty care services. Patients get the right care, in the right place. This improves outcomes and reduces costs.
ECHO in New York
Financing Options

The Good News/Bad News:

• Unprecedented growth across New York State *despite* no sustainable source of funding and no centralized coordinating body.

• Financing of ECHO in New York State relies on a hybrid public/private/in-kind financing:
  
  o Private Foundations
  o Public Funding: Medicaid (via DSRIP), HRSA, NYS DOH & OMH
  o Institutional investment at UR Medicine & other hubs
Secured Funding: Now what?

Start Up: Clinical Focus

- Survey your prospective audience
- Perform a community needs assessment
- Make sure you have a resource available to champion your effort!
Secured Funding: Now what?

Recruitment Strategy

Identify your target spoke sites:

- Affiliated Clinics
- Community Agencies
- Referral Sources
Secured Funding: Now what?

Recruitment Strategy

Plan your “attack”:

- Prioritize
- Leverage your personal contacts
- Take advantage of your resources
Secured Funding: Now what?

Recruitment Strategy

We aren’t selling anything…I promise

• Get on calendars early!

• Door-to-door, grassroots recruitment

• If it’s in the budget, offer lunch where you can

• Bring your clinical champion to recruitment meetings with you!
Expansion

…but we just started!

- Recruitment never really stops
- Word of mouth is everything
- Plan for spoke site turnover
Secured Funding: Now what?

Replication

- Find a Clinical Champion first
- Follow your previous methodology
- Succeed!
University of Rochester Behavioral Health Project ECHO®s

**Geriatric Mental Health (GEMH) in Primary Care (9/2014 – 2/2016)**
- 33 TeleECHO™ clinics
- 520 total attendees

**General Psychiatry (PSYCH) in Primary Care (3/2016 – 12/2017)**
- 37 TeleECHO™ clinics
- 790 total attendees

**Geriatric Mental Health (GEMH LTC) in Long Term Care (12/2015 – present)**
- 106 TeleECHO™ clinics
- 4,154 total attendees

**Office of Mental Health (OMH) ECHO® (6/2017 – present)**
- 23 TeleECHO™ clinics
- 840 total attendees
Emphasis on Evaluation

Partnership with New York Academy of Medicine

1.) **Program improvement**: focus on program implementation, improvement, expansion and replication

2.) **Funding and sustainability**: focus on outcomes tied to quality metrics and cost-effectiveness

3.) **Stakeholder engagement**: focus on program participation to achieve greater buy-in from healthcare leadership
Findings: Utilization by GEMH patients

<table>
<thead>
<tr>
<th>Utilization Variables (average use per patient)</th>
<th>Mean: Before ECHO® GEMH</th>
<th>Mean: After ECHO® GEMH</th>
<th>% Change</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Visits</td>
<td>0.276</td>
<td>0.23</td>
<td>-16%</td>
<td>0.21</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>4.175</td>
<td>3.93</td>
<td>-6%</td>
<td>0.29</td>
</tr>
<tr>
<td>ER Visits</td>
<td>0.829</td>
<td>0.67</td>
<td>-20%</td>
<td>0.08</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>0.372</td>
<td>0.41</td>
<td>10%</td>
<td>0.26</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>0.590</td>
<td>0.56</td>
<td>-4%</td>
<td>0.60</td>
</tr>
</tbody>
</table>

*Patients who do not have a mental health condition of interest are those who have not received a diagnosis of anxiety, depression, dementia or adjustment disorder, or who have not filled prescriptions for a medication that treats one of these mental health conditions.
## Findings: Cost of Care for GEMH Patients

### Health care costs for Excellus beneficiaries aged 65+ with GEMH condition*

<table>
<thead>
<tr>
<th>Cost Variables (average cost per patient, $)</th>
<th>Mean: Before ECHO® GEMH</th>
<th>Mean: After ECHO® GEMH</th>
<th>% Change</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Costs</td>
<td>$2,560.72</td>
<td>$2,198.09</td>
<td>-14%</td>
<td>0.22</td>
</tr>
<tr>
<td>Outpatient Costs</td>
<td>$1,405.57</td>
<td>$1,402.93</td>
<td>0%</td>
<td>0.98</td>
</tr>
<tr>
<td>ER Costs</td>
<td>$406.37</td>
<td>$310.71</td>
<td>-24%</td>
<td>0.049</td>
</tr>
<tr>
<td>Prescription Costs</td>
<td>$1,938.35</td>
<td>$1,712.85</td>
<td>-12%</td>
<td>0.60</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$7,725.34</td>
<td>$7,142.97</td>
<td>-8%</td>
<td>0.16</td>
</tr>
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</table>

*Patients with a mental health condition of interest are those who have not received a diagnosis of anxiety, depression, dementia or adjustment disorder, or who have not filled prescriptions for a medication that treats one of these mental health conditions.
Improved Evaluation Precision

• Narrowing of spoke network
  o Accountable care network (ACN) primary care practices
    • Accountable Cost & Quality Arrangement (ACQA) with Excellus
  o Excluded practices engaged in behavioral health integration projects

• Propensity score matching of control practices

• Difference in Difference (DID) linear regression model

• Narrowing of participant profile
  o Focused on integrated nurse care managers

• Widening of patient profile
  o Adults age ≥ 18 years

• 12 month pre / post comparison
ECHO® PSYCH Findings

Medicaid Claims Analysis

- Reduction in overall emergency room utilization ($p \leq 0.001$)
- Reduction in behavioral health emergency room utilization ($p \leq 0.001$)
- Reduction in psychotropic medication costs ($p \leq 0.02$)
- Reduction in overall emergency room costs ($p \leq 0.001$)
- Reduction in outpatient behavioral health costs ($p \leq 0.001$)
Challenges in New York State (NYS)

• Long-term funding mechanism for ECHO® infrastructure

• Widespread implementation of an educational model currently not tied to value based purchasing contracts
  o Savings accrue to the insurer
  o Savings accrue to our competitors

• Spoke site providers have limited capacity

• Misaligned incentives under fee-for-service
## Opportunities in Payment Reform

<table>
<thead>
<tr>
<th>Delivery System Reform Incentive Payment (DSRIP) Program</th>
<th>Vital Assess Provider (VAP) Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose:</strong> To incentivize health care and community-based providers to form regional collaborations and implement innovative system transformation</td>
<td><strong>Purpose:</strong> To ensure greater financial stability to NYS safety net providers</td>
</tr>
<tr>
<td><strong>Expected outcomes</strong></td>
<td><strong>Expected outcomes</strong></td>
</tr>
<tr>
<td>• Reduce avoidable hospital use by 25% over five years.</td>
<td>• Financially stabilize facilities</td>
</tr>
<tr>
<td></td>
<td>• Improve community access to the appropriate level of services</td>
</tr>
<tr>
<td></td>
<td>• Improve quality of care</td>
</tr>
<tr>
<td></td>
<td>• Reduce Medicaid program costs</td>
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</tbody>
</table>
Integration into Skilled Nursing Facilities (DSRIP Project 3.a.v)

**Multilevel Service Approach**

1. Telementoring through Project ECHO® in Geriatric Mental Health (GEMH)
2. Direct consultation through Telepsychiatry
3. Onsite psychiatric engagement by Psychiatric Nurse Engagement Specialist

**Diagram:**
- Utilize a behavior management interdisciplinary team
- Provide BIP training for clinical and nonclinical staff
- Implement a medication reduction and reconciliation program
- Nurse Practitioner w/behavioral health training or other psych professional coordinates interdisciplinary team
- Use EHRs or other technical platform to track patients receiving BIP services
- Provide holistic psychological interventions
- Develop crisis intervention strategies

Finger Performing Provider System, 2014
Integration into Community Hospitals (DSRIP Project 3.a.ii / VAP)

Model Aims

• Designed to increase access to behavioral health services
• Improve quality of care delivered to patients with complex psychiatric-medical needs
• Increase capacity of secondary hospitals to manage higher acuity patient population
• Decrease patient transfers out of local communities

Activity arms:

1. Integration of a Psychiatric Assessment Officer (PAO)
2. Direct psychiatric consultation through Telepsychiatry
3. Capacity building through Project ECHO® telementoring
Telepsychiatry

Staffed by:

- Psychiatrists (psychosomatic and geriatric fellowship completion)
- Psychiatric Nurse Practitioners (with psychosomatic and geriatric expertise)

Service is available:
Monday – Friday
830am – 5:00pm
Excluding University Holidays
Improvement in Finger Lakes Region

- The rate of potentially preventable emergency department visits has decreased by 25%
- The rate of potentially preventable emergency department visits for people with behavioral health conditions has decreased by 29%
- The rate of potentially preventable 30-day re-admissions also decreased by 4%
Recognition of Our Work