

# Welcome to Project ECHO - Geriatrics

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**NORTHWEST GERIATRICS WORKFORCE ENHANCEMENT CENTER**  
Helping older adults live healthier, happier lives since 1985

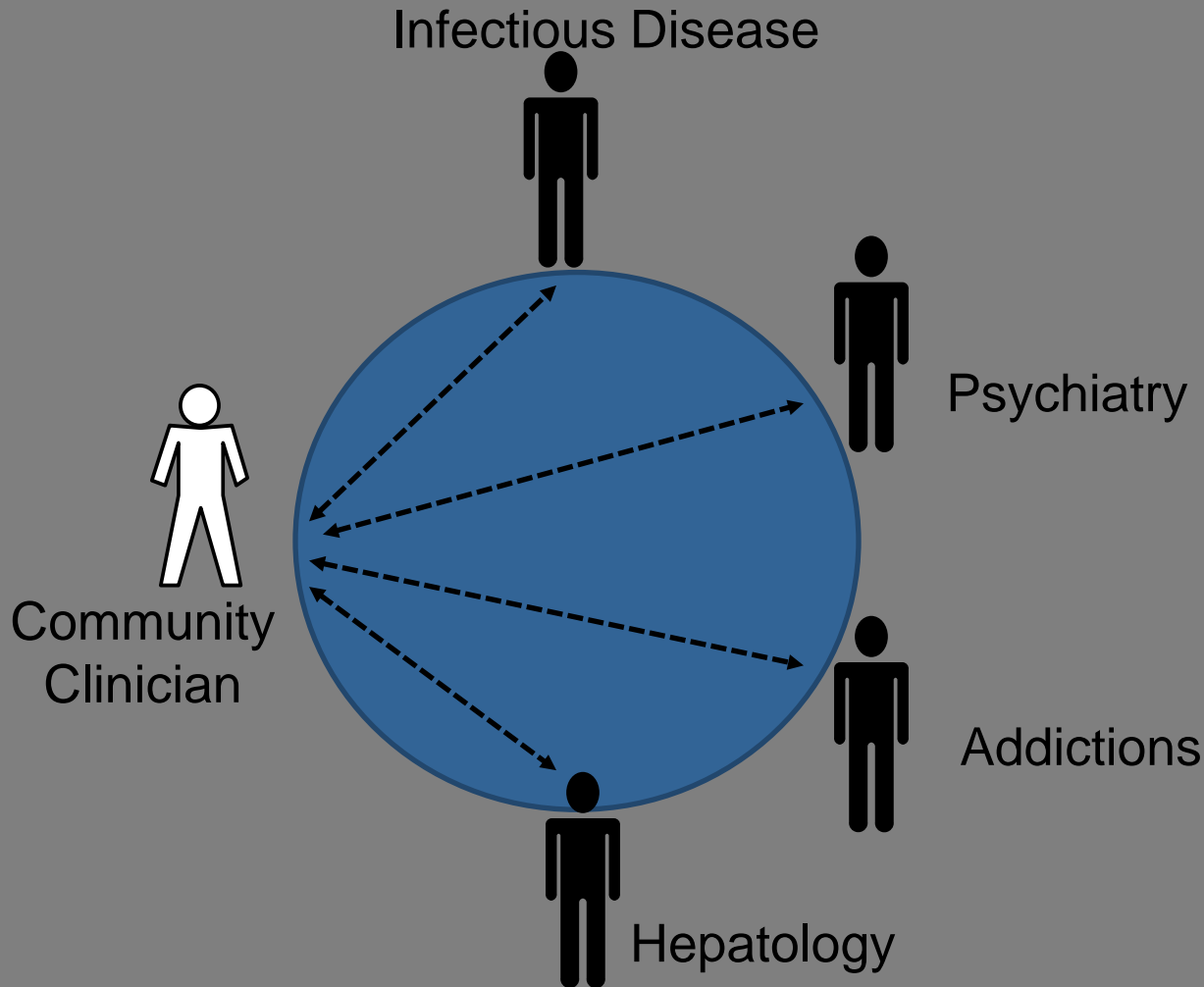


# Brief History of ECHO

- Problem:  
30,000 patients → 6 month wait
- Developed ECHO model of telehealth
  1. Clinical Mentorship
  2. Case-based presentation
  3. Online video-based community
  4. Outcomes-based research



# Integrated Learning + Clinical Support



## Theoretical Base

Situated Learning Theory

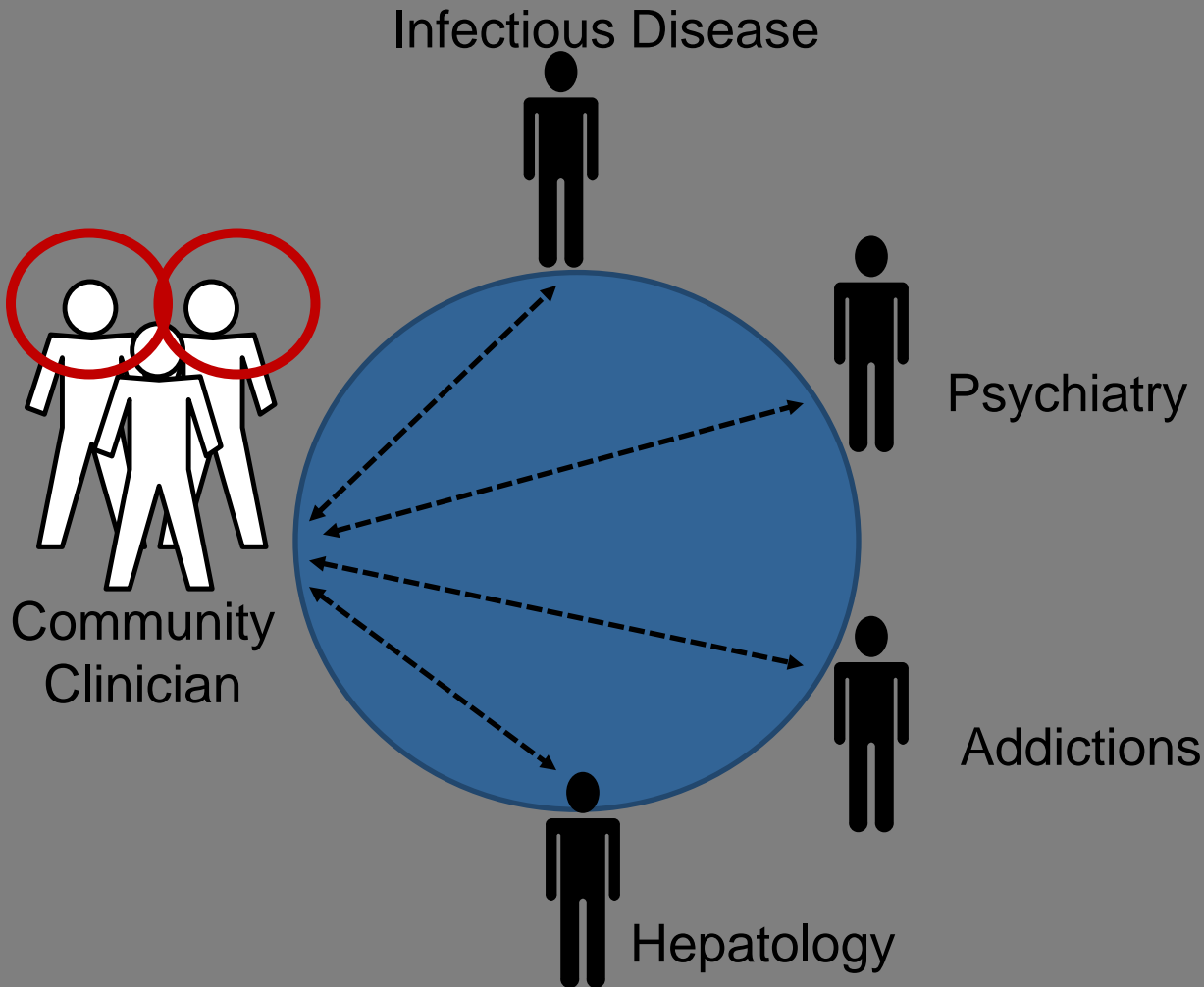
## Structure

Regular VTC  
Clinical update  
Case Consultation

## Practical Benefits

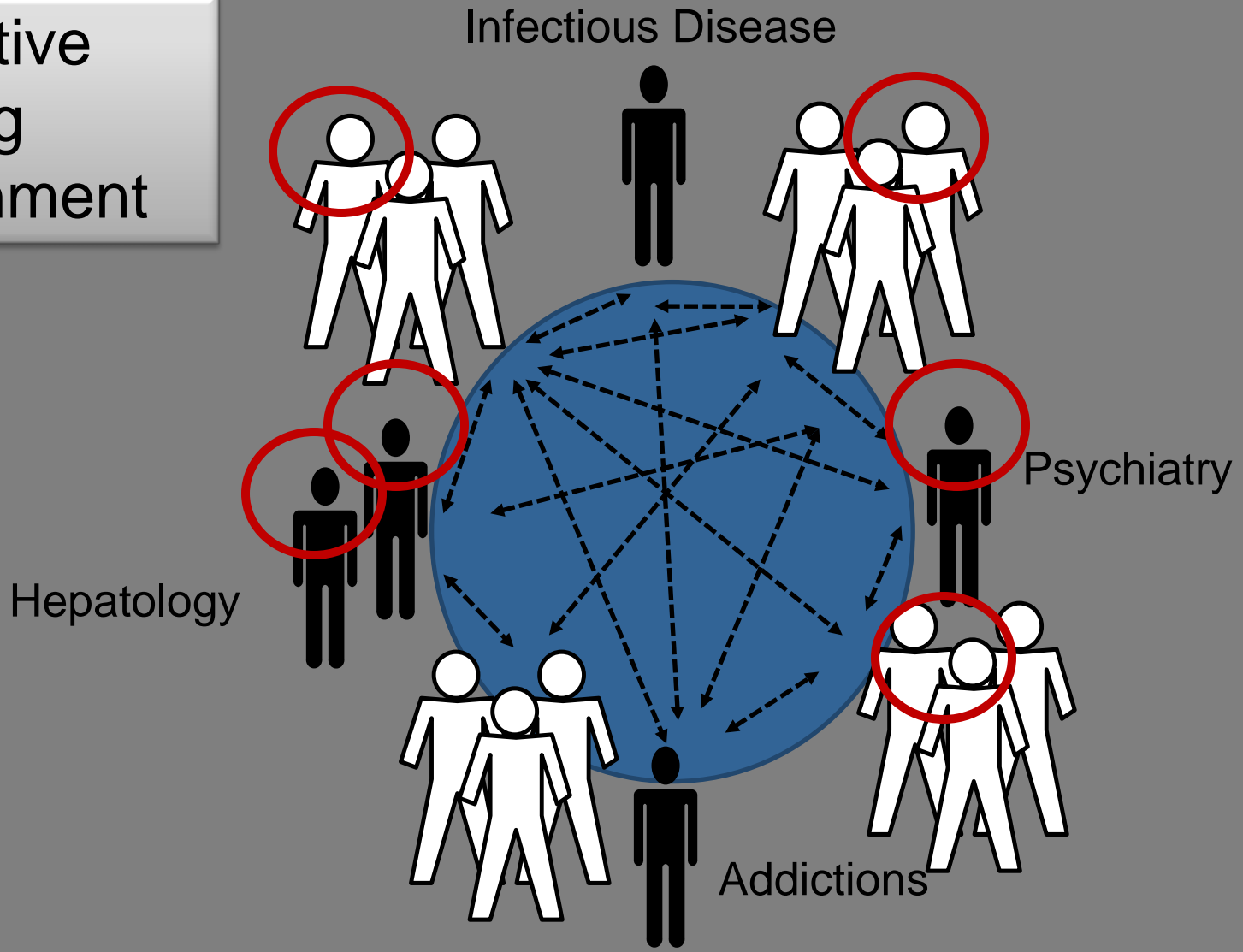
Just-in-time support  
Interdisciplinary Consultation

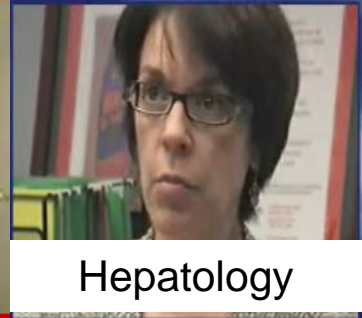
# Integrated Learning + Clinical Support



# Knowledge Network

Interactive  
learning  
environment





Hepatology



Infectious Dis.



Addictions



Psychiatry





Infectious Dis.



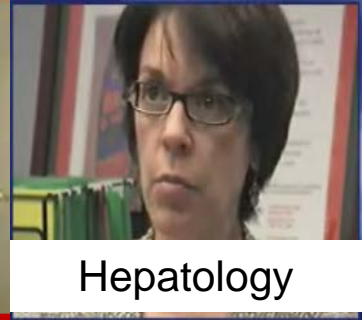
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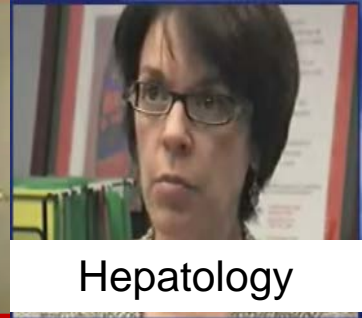
Psychiatry

Hepatology









Hepatology



Addictions

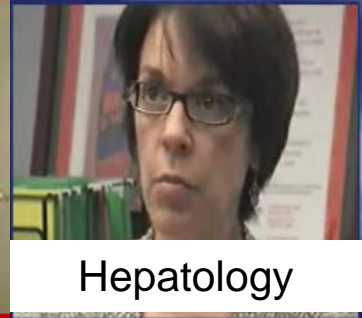


Infectious Dis.



Psychiatry





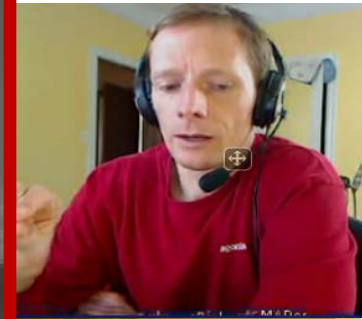
Hepatology



Psychiatry

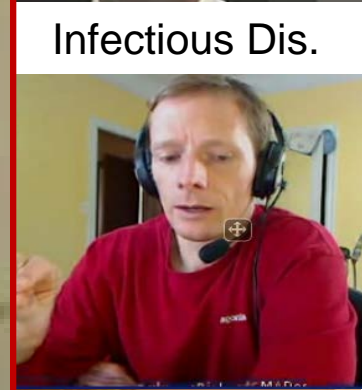
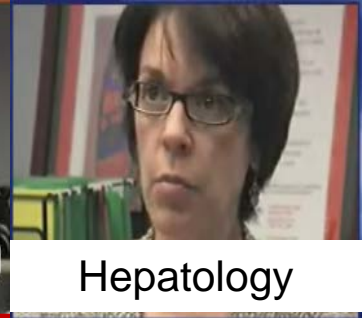


Infectious Dis.



Addictions





# Evidence Supporting Telehealth

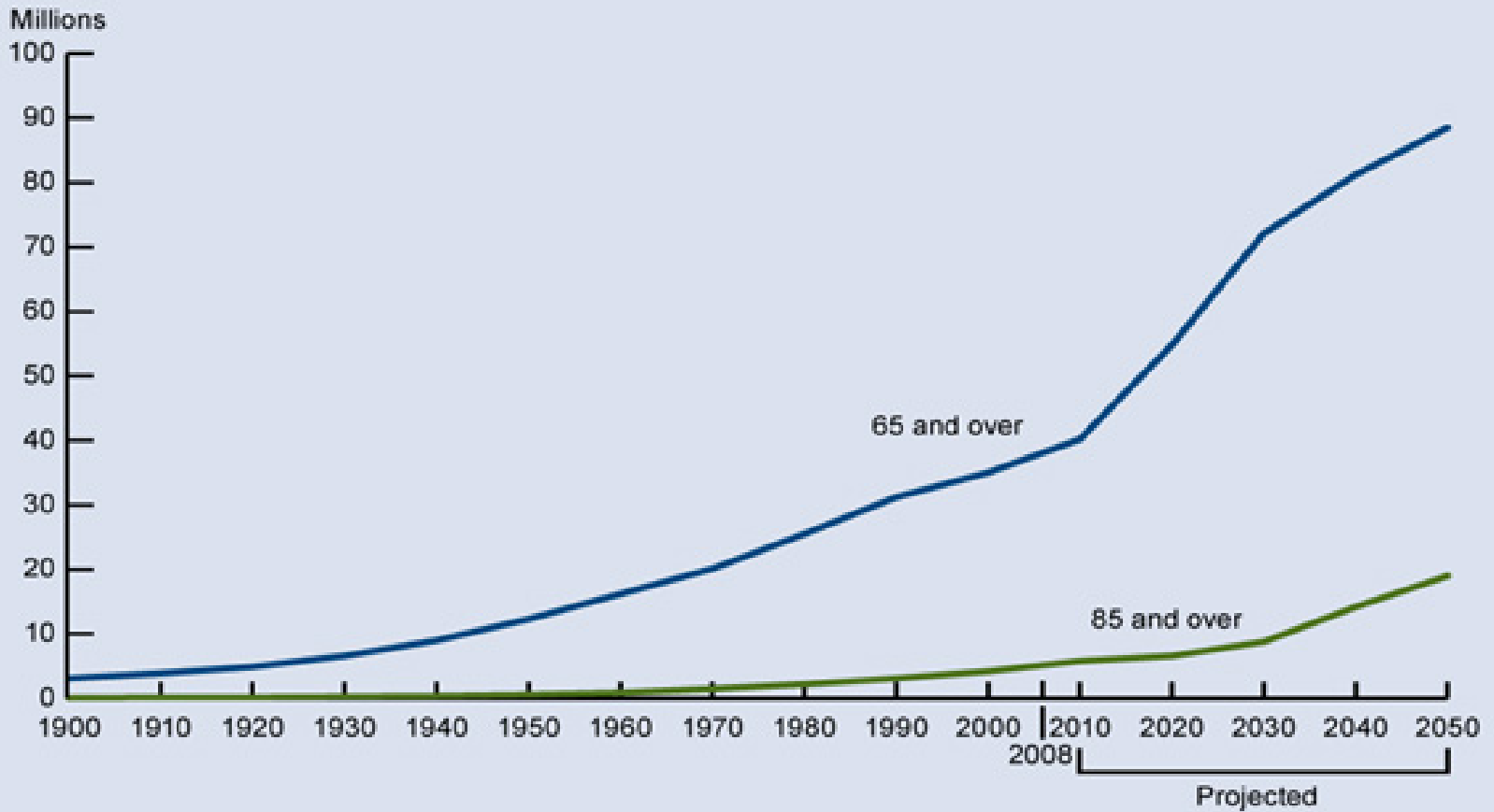
**Table 2. Sustained Virologic Response According to Genotype and Site of Treatment.\***

HCV Genotype	ECHO Sites	UNM HCV Clinic	Difference between ECHO Sites and UNM HCV Clinic	P Value
	<i>no. of patients with response/total no. (%)</i>		<i>percentage points (95% CI)</i>	
All genotypes	152/261 (58.2)	84/146 (57.5)	0.7 (-9.2 to 10.7)	0.89
Genotype 1	73/147 (49.7)	38/83 (45.8)	3.9 (-9.5 to 17.0)	0.57
Genotype 2 or 3	78/112 (69.6)	42/59 (71.2)	-1.5 (-15.2 to 13.3)	0.83

\* The rates of sustained virologic response are not reported separately for six patients with genotype 4 or genotype 6. ECHO denotes Extension for Community Healthcare Outcomes, HCV hepatitis C virus, and UNM University of New Mexico.

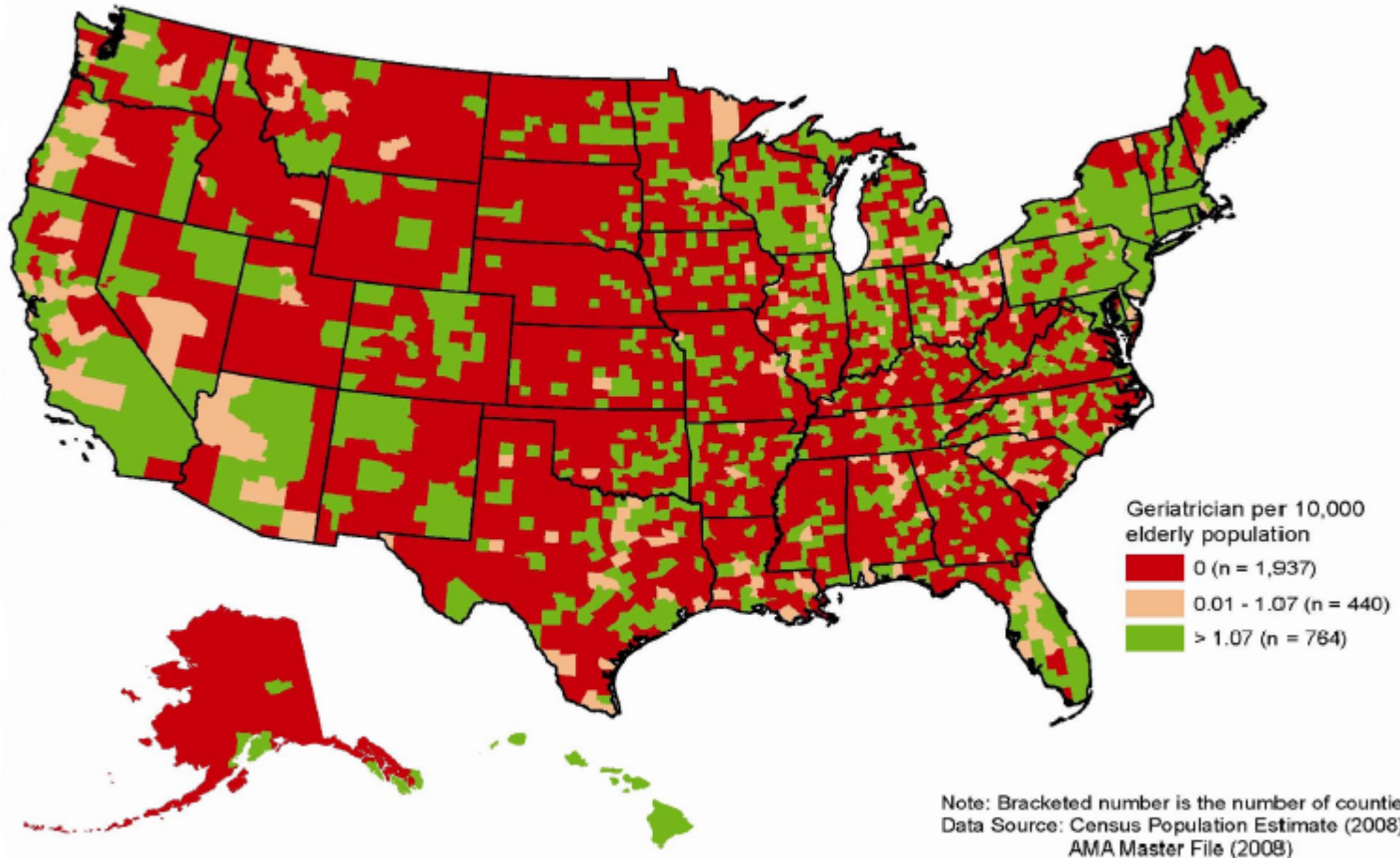
\* More minorities treated in ECHO group

## Population age 65 and over and age 85 and over, selected years 1900–2008 and projected 2010–2050



NOTE: Data for 2010–2050 are projections of the population.  
Reference population: These data refer to the resident population.  
SOURCE: U.S. Census Bureau, Decennial Census, Population Estimates and Projections.

## 2008 Geriatrics Physician Workforce by County

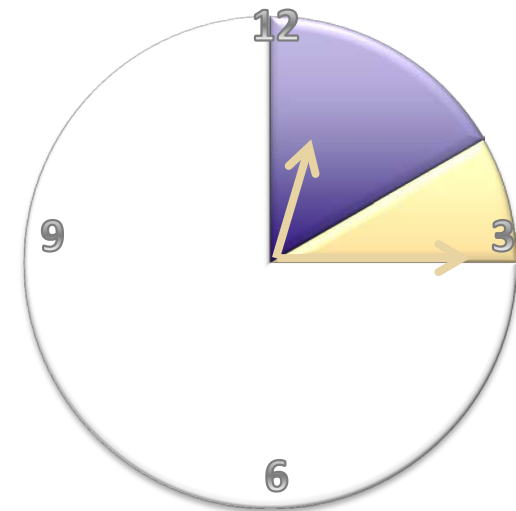


Peterson LE, Bazemore A, Bragg EJ, Xierali IM, and Warshaw, GA. Rural/Urban Geographic Distribution of the Geriatric Work Force in the United States. *Journal of the American Geriatrics Society* 2011;59:699-703.

# How will this ECHO Work?

- > **Focus**
  - Primary Care Geriatrics
- > **Who's on the specialty panel?**
  - Geriatricians
  - Geriatric Psychiatrist
  - Geriatric Pharmacist
  - Social Worker
  - Area Agency on Aging representatives
- > **Mini-Didactics**
  - Focused clinical topic
  - First 10-15 minutes of each session
- > **Case Consultations**
  - Remainder of session
  - Goal is 2 cases per session

- Mini-Didactic
- Discussion
- Case Consultations



# ECHO Geriatrics – Participation Tips

## Participation Nuts & Bolts

- > Please participate via webcam (not phone)
- > Invite interdisciplinary team members
- > Join in discussion (via “raise hand”)
- > Mute when not speaking

## Attendance & Support:

- > Contact Aimee during session with issues (email or text 206-718-8202 Mobile)
- > Need accurate attendee list, send names and e-mail addresses to Aimee ([verrall@uw.edu](mailto:verrall@uw.edu) )
- > Evaluations via e-mail after session



# ECHO – Geriatric Cases

- > Ambulatory Primary Care focus
- > Anyone can present!
- > Contact Aimee ([verrall@uw.edu](mailto:verrall@uw.edu)) for case form
- > OK to leave sections blank
- > De-identify all patient information
- > Due 48 hours in advance via fax 206-221-7280
- > At least 1 case per site Jan-June 2016