

PROJECT ECHO: OUTCOMES OF HEPATITIS C TREATMENT BY PRIMARY CARE PROVIDERS ABSTRACT 265056

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MISSION

The mission of **Project ECHO™** (Extension for Community Healthcare Outcomes) is to develop the capacity to safely and effectively treat chronic, common and complex diseases in rural and underserved areas and to monitor outcomes.

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Hepatitis C in New Mexico

- 30,000 HCV cases
- In 2004 less than 5% had been treated
- 2400 prisoners diagnosed in corrections system— none treated before 2004
- Highest rate of chronic liver disease/cirrhosis deaths in the nation
- Low population density, large geographic area
- 19.3% poverty rate



Hepatitis C Treatment

- Good News:
 Curable in 45-70% of cases
- Bad News:
 - Severe side effects anemia 100%, neutropenia >35%, depression >25%
- No primary care clinicins treating HCV



Goals

Develop capacity to safely and effectively treat HCV in all areas of New Mexico and to monitor outcomes

Develop a model to treat complex diseases in rural locations and developing countries



Method

- Use Technology (multipoint videconferencing and internet) to leverage scarce healthcare resources
- Disease Management Model focused on improving outcomes by reducing variation in processes of care and sharing "best practices"
- Case based learning: Co-management of patients with specialists (Learning by Doing)
- HIPAA compliant centralized database to monitor outcomes







Benefits to Clinicians

- Diminishes professional isolation
- Enhances professional satisfaction
- No-cost CMEs and Nursing CEUs
- A mix of work and learning
- Access to specialty consultation with GI, hepatology, psychiatry, infectious diseases, addiction specialist, pharmacist, patient educator



Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Results of the HCV Outcomes Study



Objectives

- To train primary care clinicians in rural areas and prisons to deliver HCV treatment to rural populations of New Mexico
- To show that such care is as safe and effective as that given in a University Clinic
- To show that Project ECHO improves access to HCV care for minorities



Study Design

Prospective cohort study

- Participation determined by available technology
- Randomization by patient, clinician, or site not feasible



Participants

- Study sites
 - Intervention (ECHO)
 - 16 Community-based clinics, 5 Prisons
 - Control: University of New Mexico HCV Clinic
- Subjects meeting inclusion/exclusion criteria
 - Consecutive treatment naïve patients seen at the university or at an ECHO site

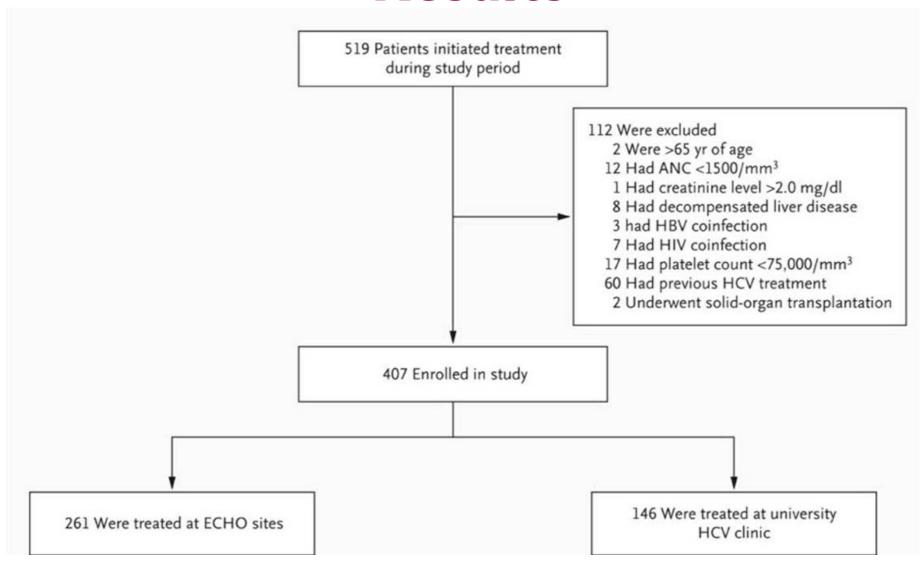


Principal Endpoint

 Sustained viral response (SVR): no detectable virus 6 months after completion of treatment



Results







SVR According to Genotype and Site of Treatment

HCV Genotype	ECHO sites	UNM HCV Clinic	P Value
All Genotypes	152/261 (58.2%)	84/146 (57.5%)	0.89
Genotype 1	73/147 (49.7%)	38/83 (45.8%)	0.57
Genotype 2 or 3	78/112 (69.6%)	42/59 (71.2%)	0.83



Conclusions

- Rural primary care clinicians deliver HCV care under the aegis of Project ECHO that is as safe and effective as that given in a university clinic
- Project ECHO improves access to HCV care for New Mexico minorities.



Disease Selection

- Common diseases
- Management is complex
- Evolving treatments and medicines
- High societal impact (health and economic)
- Serious outcomes of untreated disease



Successful Expansion into Multiple Diseases

	Mon	Tue	Wed	Thurs	Fri
AM	HIV	Antimicrobial Stewardship	Chronic Pain	Integrated Addictions and Psychiatry	Asthma
PM	Hepatitis C Corrections	Rheumatology	Hepatitis C Community	Palliative Care	Diabetes and Cardiac Risk Reduction

Thank You

