

ANNUAL REPORT FY2017

















































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ECHO-Chicago is made possible by the generous support of our many donors (past and present):

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Centers for Disease Control and Prevention
Grant Healthcare Foundation

Health Resources and Services Administration
Illinois Department of Public Health—Carolyn Adams Ticket for the Cure
Institute for Translational Medicine at University of Chicago

Lloyd A. Fry Foundation
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About ECHO-Chicago

he Extension for Community Health Outcomes (ECHO) is an innovative program to build primary care capacity and for workforce development to increase use of best practice protocols at community health centers through advanced training for community providers in managing common chronic diseases. The University of Chicago Medicine's ECHO-Chicago program, is the longest running urban ECHO program in the world. Using high quality plug and play videoconference technology, ECHO-Chicago brings together experts from the University of Chicago and elsewhere to partner with community-based healthcare providers to engage in case-based learning and disease management for communities with limited resources. Through ECHO-Chicago, community based primary care providers gain the advanced skills required to deliver complex care directly to patients in the communities where they live. As a result, patients receive evidence -based care for complex, chronic diseases in their medical home delivered by the provider that knows them best - their primary care provider. They no longer need to wait for an appointment with a specialist or travel to a major medical center for care. This leads to more cost-effective care, with proven cost savings.

The Power of ECHO-Chicago Participants share **ECHO-Chicago offers** and discuss capacity building challenging cases training focused on the Each session during each session Subject matter most common, complex includes a 20 experts provide chronic diseases minute didactic to guidance on review the latest Gain skills in Get support in challenging cases best practices and advanced chronic managing recommendations disease challenging management patient cases Series are comprised of 10-15 weekly sessions, roughly 60 minutes each Participants support each (((ECHO)) other by sharing challenges and successful strategies Connect with subject matter experts and other community-AMA PRA Join a robust based PCPs Earn AMA PRA Category 1™ network of Category 1™ credits available No cost to community credits with no participate health providers travel The ECHO-Chicago network High-grade includes 800+ providers videoconferencing from 180 health care sites technology eliminates and 70 organizations the need to travel





Directors' Welcome

CHO-Chicago showed tremendous growth in 2016-17. Over the course of the year, 368 health care providers from 51 different community health centers across the Chicagoland area participated in an ■ ECHO-Chicago series. This represents an astounding 48% growth in participants from last year. Additionally, nearly one-third of participants enrolled in series across more than one disease area over the course of the year. Our participants included 239 health care providers and 48 clinical sites that were new to the ECHO-Chicago network.

We also saw a significant increase in the series completion rate. In FY17, nearly three-quarters of all participants completed the ECHO-Chicago series (attended at least 75% of session), compared to 54% in FY16. The number of continuing medical education credit hours that were awarded through ECHO-Chicago participation also nearly doubled (1,444 in FY17 compared to 740 in FY16). These numbers reflect the strong engagement of participants in our series.

This year marked the inaugural year for the Complex Pediatric Asthma series, which launched in September 2016. The series will be growing over the next few years with funding support from the Health Resources & Services Administration (HRSA). Over the course of the year, ECHO-Chicago has also worked to expand its work in both Geriatrics and Hepatitis C. In the area of geriatrics, ECHO-Chicago developed and piloted series tailored to the needs of skilled nursing facilities. Similarly, to further support community health clinics in managing the various needs of their hepatitis C patients, an ECHO-Chicago series was developed to provide capacity building for case management teams. We are also ecstatic to announce the launch of the new Opioid Use Disorder series, which launched in September 2017.

ECHO-Chicago would not be where it is today without your contributions. Thank you for your continued interest, support, and collaboration. We look forward to our continued work together in the coming year and beyond.

Sincerely.

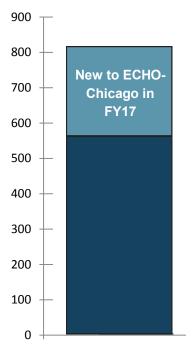
Daniel Johnson, MD

Director

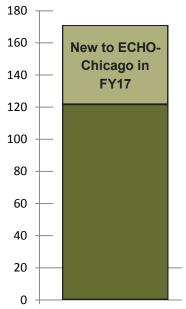
Tamara Hamlish, PhD

Executive Director

ECHO-Chicago Participants, Cumulative



Clinical Sites in **ECHO-Chicago Network**, **Cumulative**







FY17 Participation at a Glance

83%

of participants show a increase in self-efficacy post-series compared to baseline

73%

of participants completed the series (attended at least 75% of sessions)

32%

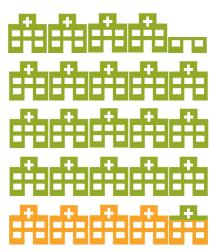
of participants enrolled in more than one ECHO-Chicago series over the year

1,444

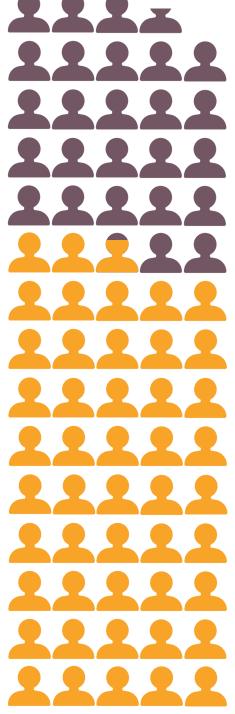
CME hours awarded to ECHO-Chicago participants



51 organizations



122 health care sites



368 primary care providers and health professionals





= new to ECHO-Chicago in FY17





ECHO-Chicago Pediatric Series

Complex Pediatric Asthma

Asthma is the most common chronic childhood condition; one in 11 children is diagnosed with asthma in the United States. resulting in high rates of emergency department visits and hospitalizations and missed school days. Asthma and its negative outcomes disproportionately affect urban, minority, and underserved youth, including black children in Chicago, who face 2-3 times higher prevalence rates. Though many cases of asthma are treated in the primary care environment, many remain uncontrolled.

Facilitators: Satyanarayan Hegde, MD; Anna Volerman, MD; Jeanine Cheatham, MS, APN, PCNS-BC

Presentation

Hegde S, Volerman A, Cheatham J, Hamlish T, Zaas S, Johnson D. ECHO-Chicago Asthma Education Project Pre-intervention Provider Self-Efficacy. American Thoracic Society 2017 International Conference. Section A66-The Many Faces of Asthma in Childhood, Thematic Poster Session, Abstract # 9428. Presented on May 21, 2017.

Pediatric Attention Deficit Hyperactivity Disorder

ADHD is one of the most common chronic childhood disorders in the U.S., with rates estimated at 9% for children ages 3-17. Poverty increases a child's risk considerably, with greater prevalence of ADHD among children living below the poverty level. Disparities in children's access to care for ADHD are linked to race and ethnicity. African American boys living in poverty are the most likely to be referred for mental health services and among the least likely to receive these services.

Facilitator: Cesar Ochoa-Lubinoff. MD

Pediatric Obesity and Co-morbidities

An estimated 32% of children in the U.S. are overweight or obese. with even greater prevalence among children living below the poverty level. Childhood obesity is linked to a number of serious risks and conditions and the problem has received widespread attention in recent years. Unfortunately, effective solutions are scarce. Recommendations for primary care providers put forth by the American Medical Association (AMA) were divided into subcategories that include reviewing life style habits, family history, physical examination and laboratory testing.

Facilitators: Goutham Rao, MD; Andrea Kass. PhD



Facilitator Spotlight Cesar Ochoa-Lubinoff, MD Pediatric ADHD Series



Dr. Ochoa-Lubinoff is the Section Chief of Developmental Behavioral Pediatrics at Rush and Medical Director of the Rush Neurobehavioral Center. He completed his medical degree at the Cayetano Heredia University in Peru and his residency at UIC. He is board certified in Develop-mental Behavioral Pediatrics and is an elected member of the IL AAP Executive Committee. He has clinical expertise in ADHD, autistic spectrum disorders, medication management of disruptive behavior disorders, and team-based evaluation of preschool and school-age children with neurodevelopmental disorders and disruptive behaviors.





ECHO-Chicago Adult Series

Behavioral Health Integration

Patients often do not know where to go for behavioral health care, are concerned about costs associated, and fear of lack of coverage through existing health plans. Safety net providers have expressed challenges in accessing behavioral health for their patients and the need for additional training to help identify symptoms. In collaborative care, a type of integrated health care, primary care providers and behavioral health staff work in conjunction to develop shared treatment plans for patients, while incorporating the patient's goals for treatment.

Facilitators: Jeffrey T. Rado, MD; Will J. Cronenwett, MD; Laura Donnan, LCSW, MPH; Lauren Shapiro, PsyD; Bradley Stolbach, PhD; Daniel Yohanna, MD

Geriatrics

Advances in medical care and a rapidly expanding aging population means more Americans are living longer, but often with multiple chronic conditions. Older adults contend with elevated rates of diabetes, hypertension, respiratory disease, arthritis and other chronic conditions leading to disability, functional loss, cognitive decline, and other poor health outcomes. A shortage of specialty and primary care providers has limited access to care, especially in low-income communities where people have public insurance or no insurance at all.

Facilitators: Katherine Thompson, MD; Christina Bernhardy, LCSW; Tia Kostas, MD; Stacie Levine, MD; Monica Long, RN; Patricia Mac-Clarence, LCSW

Hepatitis C

Hepatitis C (HCV) has surpassed HIV/AIDS as the leading chronic virus infection leading to death in the United States. An estimated 5.2 million Americans are infected with HCV, however, only 50% have been tested and an even smaller percentage receive appropriate care. Early detection and treatment in the primary care setting can contribute to lower rates of morbidity and mortality, reduce the risk of disease progression, and maximize the benefits of emerging treatment options.

Facilitators: Andrew Aronsohn, MD; Elizabeth Boyle, FNP; Tanmayi Gupta, PharmD; Maggie H. Kaufman, MA, MPH; Jill Wolf, LCSW

New in FY17: Geriatrics for Skilled Nursing

As the population ages, more patients will need rehabilitative, short-term and long term care. Post-acute facilities are well positioned to provide care for these patients, but often do not have the knowledge and confidence to manage difficult cases. FY17 included a pilot for a Geriatrics series targeted to skilled nursing facilities. The goal of the series was the build capacity among direct care workers to create a shared network that can lead to improved quality of care and increase the capacity of providers working in these facilities, ultimately improving the health of patients receiving care there. The curriculum was tailored to be specific to what nursing staffs at these facilities are encountering and what their role is in the care for these patients. The facilitation team included two primary care physicians working in post-acute care facilities and two nurses from skilled nursing facilities. Thirteen staff from 5 skilled nursing facilities participated in the pilot.

Facilitators: Lauren Gleason, MD; Tia Kostas, MD; Monica Long, RN; Tanisha McSpadden, RN



Presentations

Hamlish T and Long T. Building Primary Care Capacity in Illinois with ECHO-Chicago. Presented at the Illinois Primary Health Care Association Annual Meeting; October 6, 2016; St. Louis, MO.

Hamlish T. Building Community Capacity to Screen, Treat, and Cure Hepatitis C" Presented at the Alliance of Chicago User Group Meeting; October 2016; Chicago, IL.





ECHO-Chicago Adult Series

Hepatitis C Case Management & Clinical Capacity Building

HCV has surpassed HIV/AIDS as the leading chronic virus infection leading to death in the United States. Early detection and treatment in the primary care setting can contribute to lower rates of morbidity and mortality, reduce the risk of disease progression, and maximize the benefits of emerging treatment options. The ECHO-Chicago curriculum in Hepatitis C (HCV) Case Management & Clinic Capacity Building is designed to expand community health center capacity for managing patients with HCV. The training series provides best practice recommendations for strengthening existing HCV programming or initiating new HCV workflows.

Facilitators: Maggie H. Kaufman, MA, MPH and Jill Wolf, LCSW

Opioid Use Disorder

Opioid use disorder (OUD) has been identified nationally as an epidemic, with death from overdose now the leading cause of death in people under 50, and rates continuing to climb. Opioid addiction and overdose death has similarly risen in Cook County, and the Chicago Department of Public Health has identified OUD as a top priority. There is an urgent need to increase the number of health care providers trained in evidence based treatment options for patients with OUD.

Facilitators: Beth Dunlap, MD, George Weyer, MD, Kimberly Watts, LCSW, MSW, CADC

Resistant Hypertension

National data suggest that over half (53.5%) of the 66.9 million adults with hypertension do not have their blood pressure under control. Hypertension is a leading risk factor for cardiovascular disease and uncontrolled (or resistant) hypertension contributes to increased risk for heart attacks, stroke, heart failure, and chronic kidney disease. Patient factors such as diet, medication adherence, and physical and behavioral factors contribute to these uncontrolled rates, however other factors such as physicians' lack of knowledge of treatment recommendations and guidelines may come into play.

Facilitator: George Bakris, MD

The ECHO-Chicago Hepatitis C Case Management series is a must for any clinic looking to start or strengthen their current clinic. Not only does ECHO-Chicago provide insight into the creation of workflows and patient registries, but they are there to assist your clinic between sessions as well.

The ECHO Hepatitis C series for primary care providers gave our providers the confidence to test, diagnose, stage, and treat our Hepatitis C patients. The weekly case presentations were a great way to apply what we'd learned in the sessions and ensure we were applying the knowledge appropriately.

- Hepatitis C Team at Crusader Community Health





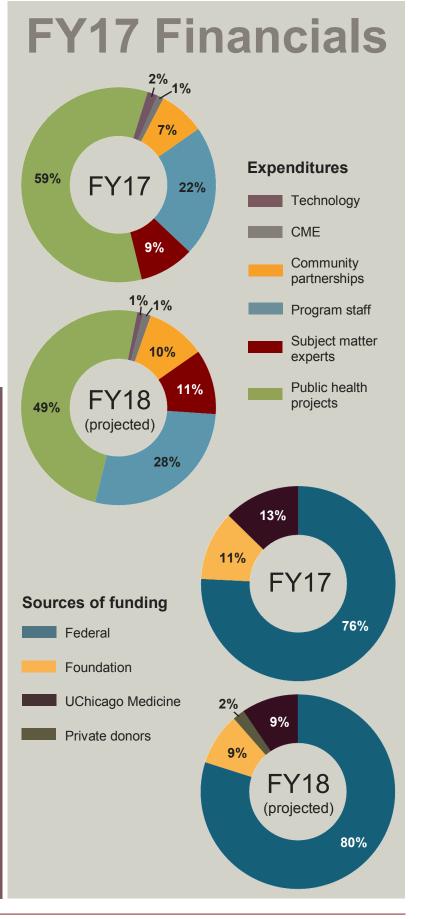


Risk-Based Approach to Women's Healthcare

The establishment of the Public Health Service Task Force on Women's Health in the early 1980s stimulated efforts to identify women's health issues and raise awareness of the need for research on health issues disproportionately affecting women. While significant improvements have been made in treating women's health issues, many disparities in women's health remain. For example, although more men than women have heart attacks, more women than men die of heart disease. However, disparities are even greater among women from racial or ethnic minority or low-income populations.

Facilitator: Jennifer M. Rusiecki, MD









The Impact of ECHO-Chicago

ACCESS

Adventist Health Clinic

Angel Harvey Family Health Center

Beloved Community Family Wellness Center ● Chicago Family Health Center ● Christian Community Health Center ● Community HealthNet • CommunityHealth • Crusader Community Health • Eagle View Community Health • Elmhurst Community Unit School District 205 ● Erie Family Health Center ● Esperanza Health Center ● Family Christian Health Center ● Family Health Partnership Clinic ● Franciscan St. James Health ● Friend Family Health Center ● HealthLinc Community Health Centers ● Heartland Health Centers ● Heartland Health Outreach ● Howard Brown Health Center ● Kulla Private Practice ● La Rabida Children's Hospital ● Lake County Health Department Lawndale Christian Health Center
 Meijer
 Mercy Family Health Center
 Mile Square Health Center Health Services • North Shore University Mt Sinai Hospital and Health Center • Near North HealthSystems • Northwestern University • Norwegian American Hospital • Oak Street Health • PCC Community Wellness Center • ProHealth Medical Group • Provident Hospital Catherine Hospital • Symphony • TCA Health • • Rush University • St. Bernard Hospital • St. The Renaissance Collaborative • Tri City Health Partnership • **Trilogy Behavioral Healthcare** University of Chicago UIC **FY17 Participating Organizations** ECHO-Chicago builds primary care capacity at organizations across the Chicagoland area.

Using ECHO-Chicago Infrastructure to Advance Programming

A number of public health initiatives have leveraged ECHO-Chicago infrastructure to build capacity among the healthcare workforce in order to increase access to quality care and improve health outcomes.



The Hepatitis C Community Alliance to Test and Treat (HepCCATT) is an unprecedented public health collaboration between 11 partners across the city of Chicago. A model initiative, HepCCATT is funded by a 4 year cooperative agreement

(5NU51PS004607) between the Centers for Disease Control and Prevention (CDC) and ECHO-Chicago. Our mission is to significantly reduce the number of people with undiagnosed and untreated hepatitis C infections among Chicago's most highly affected communities, through provider training, public awareness, advocacy, case management and data collection. Now in its fourth year, the HepCCATT coalition consists of 17 Federally Qualified Health Centers that are, or will be, submitting data into the hepatitis C public health registry.





























Mentoring Programs Across the U.S. and Around the World As one of nine ECHO Superhubs and the longest running urban ECHO program in the world, ECHO-Chicago provides training and mentorship to programs around the world that are interested in starting their own ECHO program. Here are some of the programs to date that we have worked with. Germany **United States** Maine-Dartmouth Family **Medicine Residency University of Great Lakes Practice** Cologne Transformation Network Indiana University Australia University of outhern Illinois University Cincinnati Children's Health Queensland Hospital and Health Service

The Improving Diagnosis of Hypertension in Children (IDHC) program

The Improving Diagnosis of Hypertension in Children (IDHC) program, led by Dr. Goutham Rao, is a AHRQ-funded collaboration that aims to increase the rate of accurate HTN diagnosis in children through clinician education and training, pa-

tient education, and clinical decision support. The project leverages ECHO-Chicago to build primary care to screen, diagnose, evaluate, and manage HTN in children, expanding on the Childhood Obesity and Comorbidities series. If successful, the program can be implemented in a variety of other settings thus dramatically impacting the health of a large proportion of children.



HEALTHY AGING

The South Side is one of the greatest medically underserved communities RESOURCE EXPERTS across the United States with the ratio of primary care providers to residents in neighborhoods being less than half of the Chicago average.

ECHO-Chicago and the South Side Healthy Aging Resource Experts (SHARE) Network partner to improve health outcomes for older adults on Chicago's South Side by creating a network of care providers who share resources and education with funding from HRSA and the Geriatrics Workforce Enhancement Program (GWEP). A Skilled Nursing Facility (SNF) component was added in FY17 to meet this goal.



Urban Health Initiative

ECHO-Chicago is working with the South Side Pediatric Asthma Center and Urban Health Initiative's (UHI) Pediatric Asthma Community Health Worker to improve asthma management care in underserved communities

across Chicago. This HRSA-funded project, led by Dr. Daniel Johnson, will leverage the ECHO-Chicago infrastructure to build capacity for the management of complex pediatric asthma among community-based PCPs and improve their use of evidence-based asthma management practices.









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