



Supporting the Long Term Care Workforce: The Use of the Project ECHO Model to Build Knowledge and Skills in Nursing Facility Staff

Forum on Aging in Rural Oregon

May 1, 2019



Disclosures

Nirmala Dhar and Maggie McLain McDonnell have nothing to disclose.

Older Adult Behavioral Health Initiative

- **Oregon Health Authority, Health Systems Division Initiative**
- **Population-based resource: 25 OABHS throughout the state**
- **The role of these older adult behavioral health specialists:**
 - Make sure older adults receive the appropriate help at the right time and at the right level
 - Remove barriers to care, identify things that need improvement and get people and programs working together
 - Provide training, coaching and technical assistance that will improve each community's ability to address the behavioral health needs of older and disabled adults



Oregon ECHO Network

- **Statewide resource for ECHO programs and services**, e.g. supports participant recruitment, evaluation, IT support, faculty engagement and contracting, curriculum development, delivery of sessions, CME, Maintenance of Certification Part 2
- **Hosted at Oregon Rural Practice-based Research Network (ORPRN)**
- **Hybrid business model** (grants, contracts, support from CCOs and other payers)

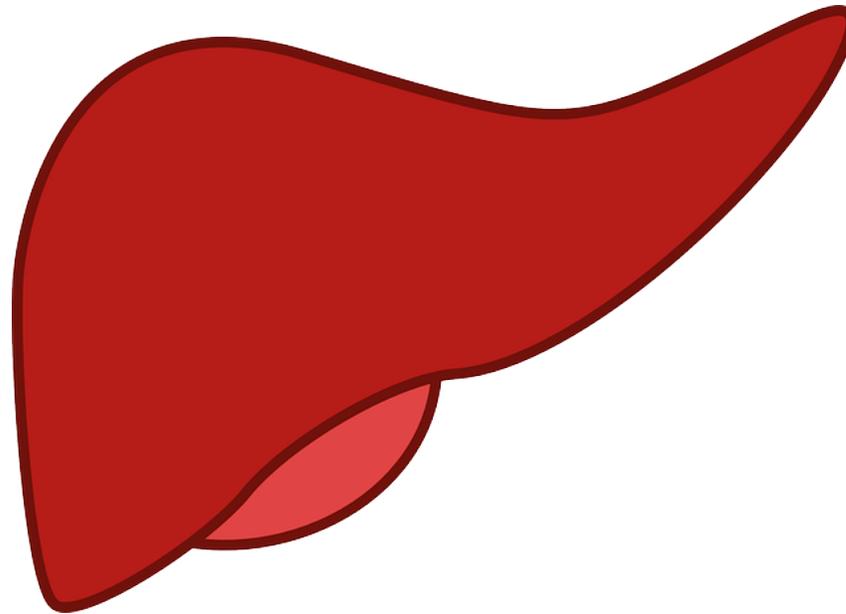


Presentation Goals

1. Briefly describe the ECHO model and how it is different from other types of telemedicine
2. Learn about other geriatric ECHO programs nationwide
3. Share the experience of planning and implementing the Nursing Facility Behavioral Health ECHO program
4. Learn about other geriatric ECHO opportunities in Oregon

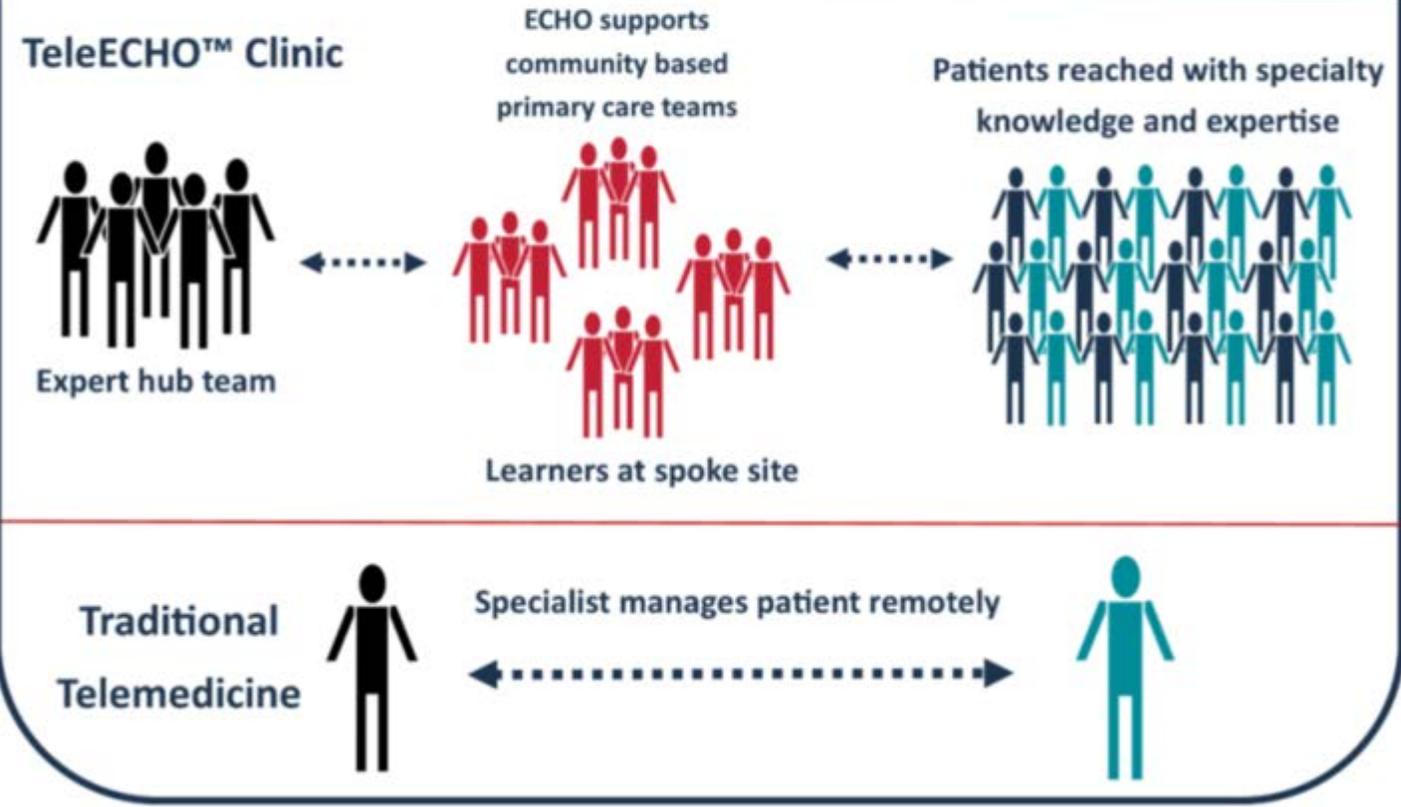


University of New Mexico- 2003





ECHO vs. Telemedicine



The Project ECHO® Model Principles

1. Use Technology (multipoint videoconferencing and Internet) to leverage scarce resources
2. Sharing “best practices” to reduce disparities
3. Case-based learning to master complexity
4. Program evaluation and data tracking



Arora (2013); Supported by N.M. Dept. of Health, Agency for Health Research and Quality HIT Grant 1 UC1 HS015135-04, New Mexico Legislature, and the Robert Wood Johnson Foundation.

“All teach, All learn”

- Local care providers learn from specialists
- Local care providers learn from each other
- Specialists learn from practicing local care providers



Evidence for Project ECHO

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

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

Sanjeev Arora, M.D., Karla Thornton, M.D., Glen Murata, M.D., Paulina Deming, Pharm.D., Summers Kalishman, Ph.D., Denise Dion, Ph.D., Brooke Parish, M.D., Thomas Burke, B.S., Wesley Pak, M.B.A., Jeffrey Dunkelberg, M.D., Martin Kistin, M.D., John Brown, M.A., Steven Jenkusky, M.D., Miriam Komaromy, M.D., and Clifford Qualls, Ph.D.

POPULATION HEALTH MANAGEMENT
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DOI: 10.1089/pop.2016.0087

Original Article

Telementoring Primary Care Clinicians to Improve Geriatric Mental Health Care

Elisa Fisher, MPH, MSW,¹ Michael Hasselberg, PhD, RN, PMHNP-BC,^{2,3} Yeates Conwell, MD,² Linda Weiss, PhD,¹ Norma A. Padrón, PhD, MPH,^{4,5} Erin Tiernan, BS,² Jurgis Karuza, PhD, MA,^{6,7} Jeremy Donath,⁸ and José A. Pagán, PhD^{1,9,10}

Review

The Impact of Project ECHO on Participant and Patient Outcomes: A Systematic Review

Carrol Zhou, MD, Allison Crawford, MD, Eva Serhal, MBA, Paul Kurdyak, MD, PhD, and Sanjeev Sockalingam, MD, MHPE



University of Rochester GEMH ECHO[®] for LTC

ECHO Geriatric Mental Health in Long Term Care (GEMH) aims to increase skills, knowledge, and self-efficacy of long-term care clinicians in their management of older adults with behavioral health and dementia care needs.

- Two sessions per month for 90 minutes (→ 60 minutes)
- Expert team includes geriatric psychiatrist, geriatrician, psychiatric nurse practitioner, social worker, pharmacist, geriatric nurse care manager



Harvard ECHO[®] AGE in SNFs

Geriatric Medicine ECHO[®] to New England SNFs associated with the Beth Israel Deaconess Medical Center

- 34% discontinuation or reduction of antipsychotics
- Behavioral interventions recommended in 72.3% of patient cases
- 74% patients had clinical improvement when recommendations were followed
 - Significantly lower mortality ($p < 0.03$)
- 60% reduction in hospitalizations when recommendations were followed

Source Catic, et. al. 2014



Nursing Facility Behavioral Health ECHO

Overall Program Goals

The overall project purpose is to develop more knowledgeable and skilled nursing facility staff who are better equipped to deliver person-centered care to address their nursing facility residents' mental health concerns and behavioral issues.

Intermediate Goals

Staff will increase their skills to:

- Quickly detect and effectively treat mental health and behavioral care needs
- Employ person-centered interventions
- Recognize unsafe psychiatric medication prescribing
- Perform assessments and create high quality care plans

Resident care outcomes:

- Improved resident satisfaction
- Increased resident placement stability

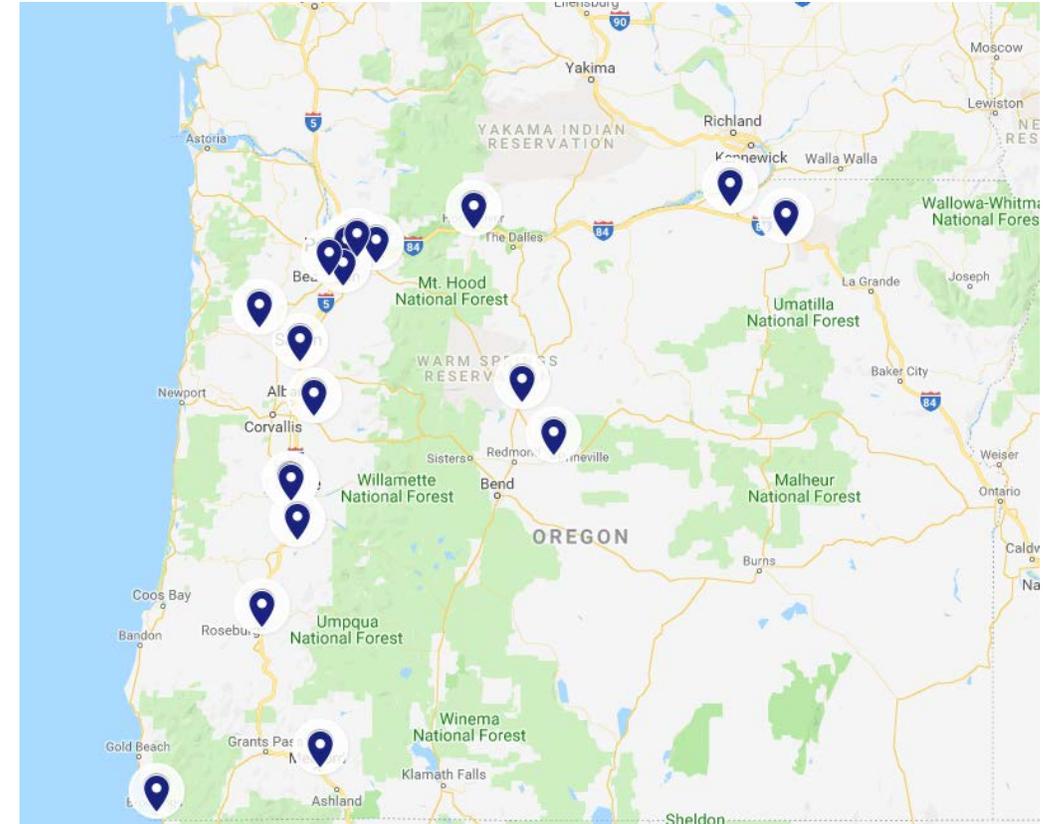
Long-term goals

- Reduction in emergency hospital transfers for behavioral crisis
- Reductions in denial of right to return-readmit-involuntary transfer
- Increased willingness by facilities to admit individuals with mental health and behavioral care needs
- Increased staff confidence and satisfaction in providing behavioral care



NFBH General Program Info

- 24 session program
- Met on 2nd and 4th Thursdays of the month from 1:30-3:00 p.m. from March 8, 2018-March 28, 2019
- Engaged 20 nursing facilities (2/3 rural) throughout the state

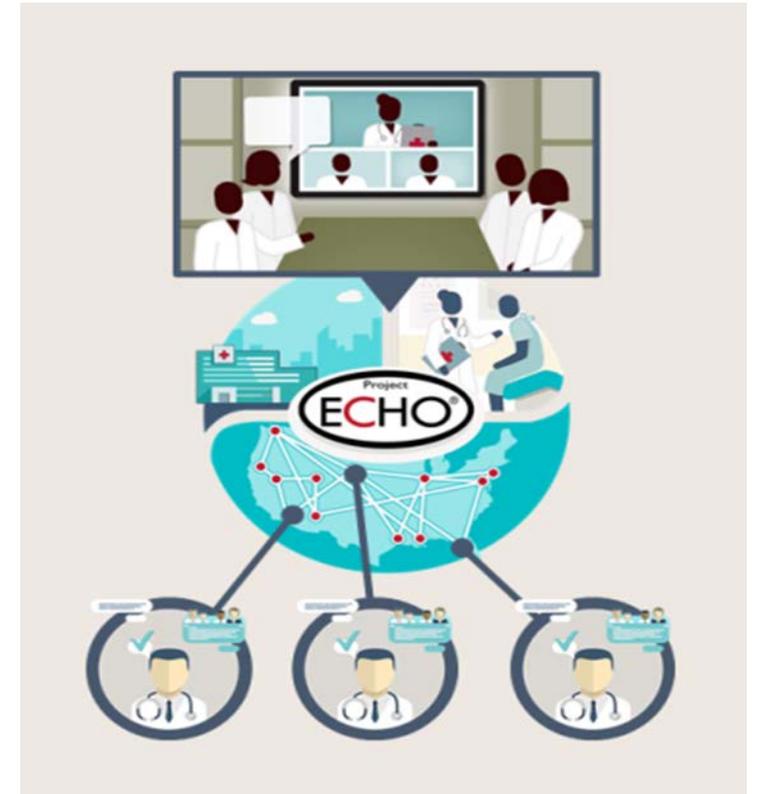


Benefits for Participating Facilities

- Opportunity for facilities to get feedback and recommendations on tough cases
- Learn practical, actionable information about behavioral health issues
- Networking with other facilities with similar challenges
- Continuing Medical Education Credits and LTC administrator credits for each session participants attend
- Certificate of completion

Session Format

- Introductions
- Ground Rules
- Two de-identified case presentations from volunteers
- One 15 minute, expert presentation on a behavioral health topic
- Wrap-up/Announcements



Meet the Specialist Team



Faculty Lead,
Geriatric
Psychiatrist,
Maureen Nash,
MD



Occupational Therapist:
Sarah Foidel, OTD, OTR/L



Licensed Clinical Social
Worker: Janet Holboke,
MSW, LCSW



Nurse Expert:
Joanne Rader,
RN, MN



Gerontologist and
Psychiatric Nurse
Practitioner: Susan S Rose,
PhD, PMHNP

Curriculum Topics

- **Building Knowledge in Treating Different Conditions**

- Behavioral Interventions with People with Dementia
- Types of Dementia
- Personality Disorders in LTC
- **Depression- Pharmacological and Non-Pharmacological approaches**
- **Anxiety**
- **Parkinson's Disease**
- Chronic Neurological Issues with Psychiatric Overlays
- Substance Use Disorder
- Pain and Palliative Care
- **Drug/Drug Interactions and Polypharmacy**

- **Behavioral Interventions, Communication, and Skill Building**

- Behavioral Interventions
- **Working with Challenging Families**
- Maximizing Independence in Self-Care
- Sleep
- Sexuality
- Beyond Bingo: Increasing Participation in Activities
- Communicating with Residents
- Staff to Staff Communications (huddles)
- Loving the Unlovable
- **Creating Purpose**

Case Form

The case form includes de-identified resident information that includes key details such as the resident's diagnoses, medications, functioning, social support, and more.

Briefly summarize your area of focus for today's discussion (1-2 sentences):

Click here to enter text.

History of present illness/situation (include onset, duration of symptoms, associated symptoms, alleviating or aggravating factors)

Click here to enter text.

Resident's Goals

1. Health Goals
Click here to enter text.
2. Social/Emotional/Spiritual Goals
Click here to enter text.

Resident Strengths

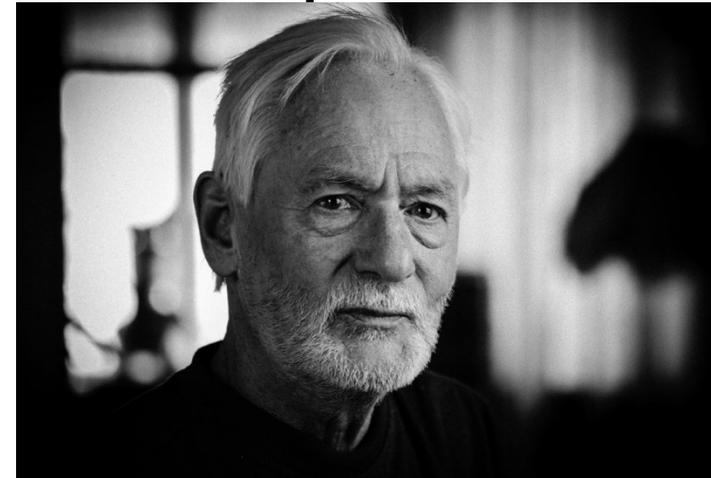
1. What makes a good day for them?
Click here to enter text.
2. What are three things they enjoy?
Click here to enter text.
Click here to enter text.
Click here to enter text.
3. Who are the important people in his/her life?
Click here to enter text.

Case Themes

- Polypharmacy
- Verbal/ physical aggression toward staff
- Repetitive calling out
- Self-destructive behaviors
- Intoxication
- Hoarding
- Delusions
- Sexually-inappropriate behaviors
- Pain
- Mood fluctuations
- Resistance/refusal of care
- Accusations against staff
- Increase in behaviors related to dementia including intrusiveness, resistance to care, medication and delusional beliefs

Case Vignette

- ✓ 70 year old male
- ✓ Yells and cusses at staff
- ✓ Does not follow his treatment plan – diet , meds
- ✓ Multiple hospitalizations due to non-compliance
- ✓ On 37 medications
- ✓ 27 different medical diagnoses



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Case Vignette

- ✓ 66 year old female, Bipolar Disorder
- ✓ Hoarding food, paranoid fixations
- ✓ Hoarding creates infection and pests
- ✓ 22 medical diagnoses
- ✓ 19 medications



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Case Vignette

- ✓ 60 plus male
- ✓ Self-harming behavior – continues to eat, drink though NPO
- ✓ Says he is nourishing the “spirits”
- ✓ Sexual delusions about the “spirits”, sexually inappropriate statements for staff



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Case Recommendations- Did they Make a Difference?

- ✓ Expertise on medications and medication interactions very helpful
- ✓ Useful to get ideas regarding non-pharmacologic interventions
- ✓ Valuable to know other facilities are working through similar challenges
- ✓ Reinforced knowledge and gave staff confidence that they were making the best decisions under the circumstances

Attendance Rates and Per-Session Feedback

Number of People who Attended	32	28	39	27	28	31	37	29	30	31	28	24	28	23	
Scale: 5= Excellent 4= Very Good 3=Good 2= Fair 1= Poor															
Post-Session Survey Questions	Session 11 n= 11	Session 12 n= 16	Session 13 n=18	Session 14 n=10	Session 15 n=8	Session 16 n=11	Session 17 n=10	Session 18 n=16	Session 19 n=14	Session 20 n=11	Session 21 n=14	Session 22 n=10	Session 23 n=9	Session 24 n=11	Average Rating Per Question Across Sessions 11-24
Date	9-Aug-18	23-Aug-18	13-Sep-18	27-Sep-18	11-Oct-18	25-Oct-18	8-Nov-18	13-Dec-18	10-Jan-19	24-Jan-19	14-Feb-19	28-Feb-19	14-Mar-19	28-Mar-19	
"Stated objectives were met."	3.82	4	4.29	4.3	4.38	3.82	4	4.19	4.29	3.91	4.21	4.33	4.33	4.55	4.17
"Delivered balanced and objective, evidence-based content."	3.82	4.06	4.29	4.3	4.38	4	4.3	4.19	4.29	4.00	4.21	4.33	4.22	4.55	4.21
"There were ample opportunities to ask questions."	4	4.38	4.24	4.3	4.38	4.18	4.3	4.44	4.43	4.27	4.14	4.44	4.22	4.64	4.31
"The pace of the session was..."	3.73	4	4.24	4.2	4.38	4	4	4.19	4.21	4.00	4.14	4.11	4.44	4.36	4.14
"The organization of the presenter's presentation was..."	3.73	4.19	4.35	4.5	4.5	4	4	4.25	4.36	4.18	4.29	4.22	4.22	4.73	4.25
"The relevance of the presentation to the activity's intended objective was ..."	3.91	4.19	4.35	4.6	4.38	4	4.1	4.31	4.50	4.00	4.29	4.22	4.50	4.64	4.28
"How would you rate your overall satisfaction with today's ECHO session?"	3.73	4.25	4.59	4.4	4.38	4.09	4.2	4.31	4.50	4.00	4.14	4.50	4.33	4.64	4.29

Participant Feedback

Participant feedback regarding what changes they plan to make after attending a session:

- “Encourage staff to **document behaviors** for supporting documentation for the providers so they can get a clear picture of how the resident is and what their behaviors truly are.”
- “I will **teach staff about the family perspective** and will address some specific recommendations about behavior modification for extreme schizophrenic aggressive behaviors.”
- “We plan to **share the medication recommendations** for our resident with the hospice provider and get their feedback.”
- “Our nursing staff have implemented a **fall/pain box** that holds weighted blankets, sensory devices, aromatherapy, and other tools to help residents not just with falls/pain but with anxiety and other behaviors.”
- “[Plan to begin to] have **huddles with care staff** on the floor”
- “I **always share with staff the information** we learn during each session. The redirection tips, the medication recommendations, etc.”

Participant Feedback

Participant feedback regarding what they like best about sessions:

- **“The collaboration. The session was dedicated to all of us, and each person was able to speak up and give their opinions on the cases.”**
- **“Complicated cases, plus the discussions and contents by the guest speaker was very well put together and a lot of information that was useful was shared.”**
- **“I think that the panel of experts are exceptional and also they give great feedback when the facility is doing all they can and have tried everything within their knowledge.”**
- **“Hearing the approaches from the panel and our peers. I have been in this business 36 years and am constantly learning something new. I especially like word of mouth approaches that have been tried and true.”**

Preliminary Post-Program Feedback

Overall most helpful information learned:

- “Behavioral interventions”
- “Different approaches on modifying physically aggressive behaviors”
- “Drug-drug interactions”
- “I loved when it got more indepth about medications...”
- “I appreciate the summary education notes I use the information & share with co-workers”



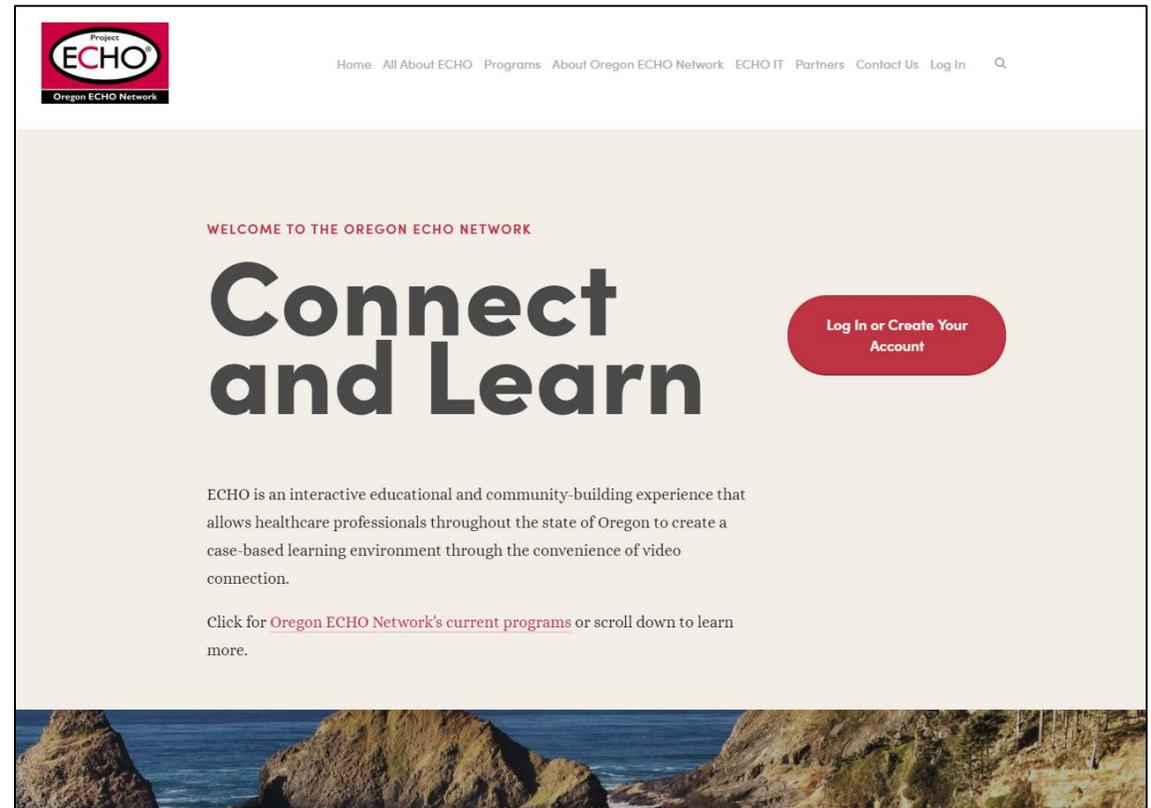
How to Get Involved



Learn More & Register

<https://www.oregonechonetwork.org/>

- **Website features include:**
 - Participants are directed to our **Connect website** to register for programs
 - Participant forum with program materials, opportunity to email other participants
 - One time registration process
 - Session reminders and calendar invitations



Upcoming Programs focused on Older Adults

- **Geriatrics Behavioral Health** (Laura Byerly)- 9/10/19-3/24/20 (12 sessions)- *Target audience: primary care teams*
- **Nursing Facility Behavioral Health** (Maureen Nash)- pending funding- Winter 2020 (12 sessions)- *Target audience: nursing facility teams*
- **Dementia 360** (Allison Lindauer) - Fall 2020 (12 sessions)- *Target audience: primary care teams*
- **Dementia in Memory Care Facilities**- pending funding- Fall 2020 (12 sessions)- *Target audience: memory care facility teams*

Thank you

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