ECHO-F Model to Expand Medication Assisted Treatment in Rural Primary Care

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Project Period:	8/1/2017-7/31/2022
Grant Number:	1R18HS025345-01

Description

In New Mexico, rates of opioid use disorder (OUD) are among the highest in the nation, with 28 out of 33 counties ranking above the national average in drug overdose death rates. At the same time, the state is experiencing significant primary care shortages, especially in rural areas. This project seeks to implement the Extensions for Community Healthcare Outcomes (ECHO) model to increase access to medication-assisted treatment (MAT). It will use a combined approach known as ECHO-F that also incorporates additional support if needed to help providers reach implementation benchmarks within the expected timeframes.

Specific Aims

1. Establish infrastructure for ECHO-F training, support, and data collection
   a. Assemble advisory board; hire staff; finalize content, training schedule and data collection instruments and protocols

2. Implement ECHO-F with rural primary care providers
   a. Identify & recruit primary care provider providers
   b. Train prescribers and other clinic staff via televideo model; monitor implementation benchmarks; provide individual support as needed/requested to accomplish benchmarks

3. Conduct a systematic assessment of implementation and feasibility factors
   a. Describe participation
   b. Collect baseline data; follow-up data on accomplishment of benchmarks; participant feedback; inferential analysis of baseline data and ECHO-F participation related to accomplishment of implementation benchmarks
   c. Final reports; adaptation of ECHO-F model; develop/submit multi-site effectiveness study

Findings/Implications

TBD—Launched August 2017

Main Objective

Improve access to MAT and support rural providers in high need, low resource primary care settings by implementing an innovative model, ECHO-F, with clinics across New Mexico.

Health Condition Considered

Opioid Use Disorder

Treatment Service Considered

Medication-Assisted Treatment

Study Design, Data Sources, & Sample Size

The project will implement the ECHO model with a minimum of 80 rural primary care providers and 160 additional clinic staff across 80 clinics. The evaluation will track implementation outcomes and feasibility measures using a mixed methods approach that includes descriptive, inferential, and qualitative analysis.

Strategies Used

- Televideo-based approach
- Didactic and problem-based learning
- Comprehensive MAT team training
- Personalized support for providers not meeting implementation benchmarks