MOLINA HEALTHCARE

Your Extended Family.

Innovative Health Plan Initiatives: Molina Healthcare of New Mexico & University of New Mexico Project ECHO

May 30, 2013

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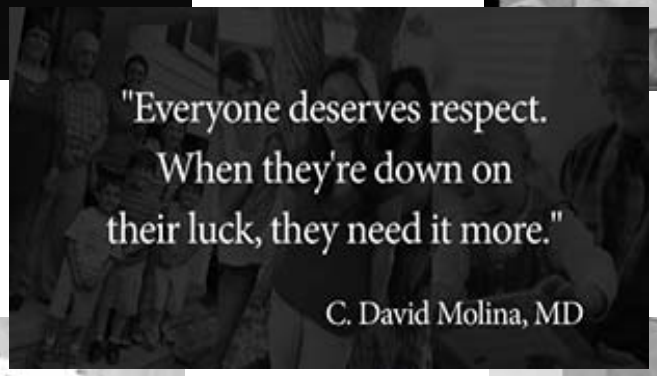
Chief Medical Officer
Molina Healthcare of New Mexico

Molina Story



Reference: Google images

New Mexico

- 121,356 square miles (5th largest state)
- 2,085,538 million people

	New Mexico	Nationally
American Indian and Alaska Native	10.1%	1.2%
Hispanic or Latino Origin	46.7%	16.7%
Persons below poverty level	19.0%	14.3%
Persons per square mile	17.0	87.4
Persons without health insurance	21.6%	16.3%

- Second highest rate of people without health insurance - 21.6% (16.3%)

References:
http://quickfacts.census.gov/qfd/states/35000.html
http://money.cnn.com/2011/09/13/news/economy/census_bureau_health_insurance/index.htm

Mexican Springs, NM

(Google Maps)

Mexican Springs, NM

(Google maps)

Project ECHO™

- The Extension for Community Healthcare Outcomes (ECHO) model was developed at the University of New Mexico to improve access to care for underserved populations with complex health problems.
- With the use of video-conferencing technology, the ECHO program trains primary care providers to treat complex diseases.
- Began as a Hepatitis C intervention by Dr. Sanjeev Arora at the University of New Mexico.


Project
ECHO
NM HEALTH SCIE
ECHO Whale
PCA Espanola
Baton Rouge
Pecos Valley MC
DOH Las Cruces
SBRT-First Choice South Vc
Memorial HDX7000
LAS VEGAS ECFH

Reference: Google images

Hepatitis C in New Mexico

- Highest rate of chronic liver disease/cirrhosis deaths in the nation

Hepatitis C – New Mexico

- In 2004, patients from rural areas had to wait up to 6 months for an appointment at the UNM HCV clinic and had to travel up to 250 miles.
- A typical patient would have to make an average of 18 trips during the course of treatment.
- Major barriers to care also exist among prison inmates.
  - According to data from the Department of Corrections, 40% of the 6000 inmates in the New Mexico Department of Corrections are infected with HCV.
  - As of 2003, not a single patient in the correctional system had received treatment for HCV infection.
- Objectives of the Project ECHO™ intervention:
  - Improve the access of minorities and other underserved populations to best-practice care for hepatitis C virus (HCV) infection
  - Determine the safety and efficacy of treatment for HCV infection based on the ECHO model in rural communities
  - Compare the effectiveness of the ECHO model with that of university-based clinic treatment.

Reference: NEJM 364: 23, June 9-2011, Arora S, Thornton K, Murata G

Hepatitis C – Project ECHO™

- Currently, there are 16 community sites and 5 prisons in which treatment for HCV infection is delivered with the use of the ECHO model.
- Since ECHO's inception in 2003, there have been more than 5000 case presentations, and 800 patients have been treated.
- Published results in New England Journal of Medicine (NEJM) from a prospective cohort study to assess the safety and efficacy of treatment based on the ECHO model, as compared with treatment at a university HCV clinic.
- Hypothesis that when treatment for HCV infection is delivered in the community (or prison) with the use of the ECHO model, it is as effective as that provided at the academic medical center.
- ***Conclusion:*** The results of this study show that the ECHO model is an effective way to treat HCV infection in underserved communities. The project shows that technological tools and interdisciplinary collaboration can be used to leverage scarce resources for specialty care.

Reference: NEJM 364: 23, June 9-2011, Arora S, Thornton K, Murata G

Project ECHO Clinicians
HCV Knowledge Skills and Abilities (Self-Efficacy)

scale: 1 = none or no skill at all 7= expert-can teach others

Community Clinicians N=25	BEFORE Participation MEAN (SD)	TODAY MEAN (SD)	Paired Difference MEAN (SD) (p-value)
1. Ability to identify suitable candidates for treatment for HCV.	2.8 (1.2)	5.6 (0.8)	2.8 (1.2) (<0.0001)
2. Ability to assess severity of liver disease in patients with Hepatitis C.	3.2 (1.2)	5.5 (0.9)	2.3 (1.1) (< 0.0001)
3. Ability to treat HCV patients and manage side effects.	2.0 (1.1)	5.2 (0.8)	3.2 (1.2) (<0.0001)

Reference: Arora S, Kalishman S, Thornton K, Dion D et al: Hepatology. 2010 Sept;52(3):1124-33

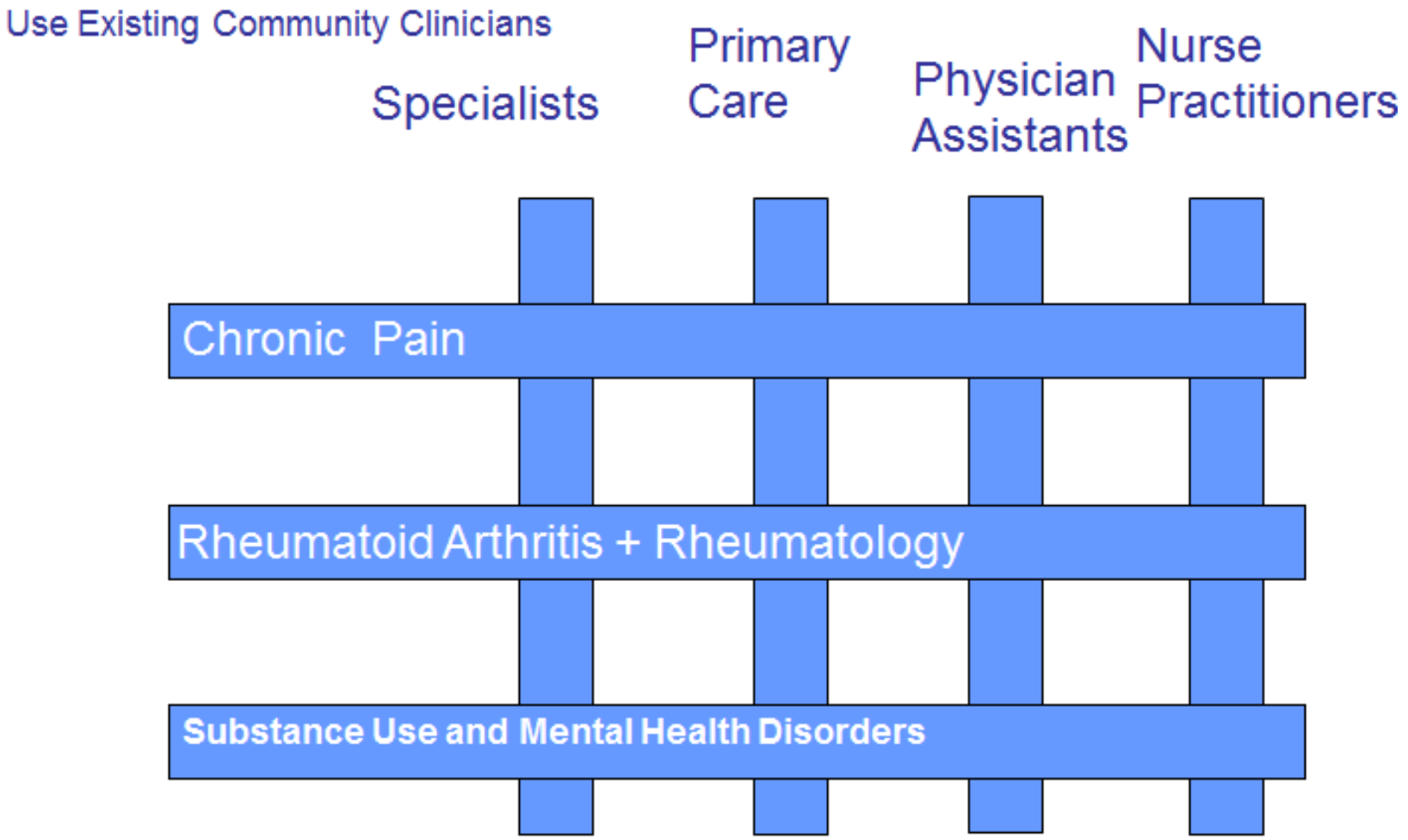
Project ECHO Clinicians
HCV Knowledge Skills and Abilities (Self-Efficacy)

scale: 1 = none or no skill at all 7= expert-can teach others

Community Clinicians N=25	BEFORE Participation MEAN (SD)	TODAY MEAN (SD)	Paired Difference MEAN/SD (p-value)
4. Ability to assess and manage psychiatric co-morbidities in patients with Hepatitis C.	2.6 (1.2)	5.1 (1.0)	2.4 (1.3) (<0.0001)
5. Serve as local consultant within my clinic and in my area for HCV questions and issues.	2.4 (1.2)	5.6 (0.9)	3.3 (1.2) (<0.0001)
6. Ability to educate and motivate HCV patients.	3.0 (1.1)	5.7 (0.6)	2.7 (1.1) (<0.0001)

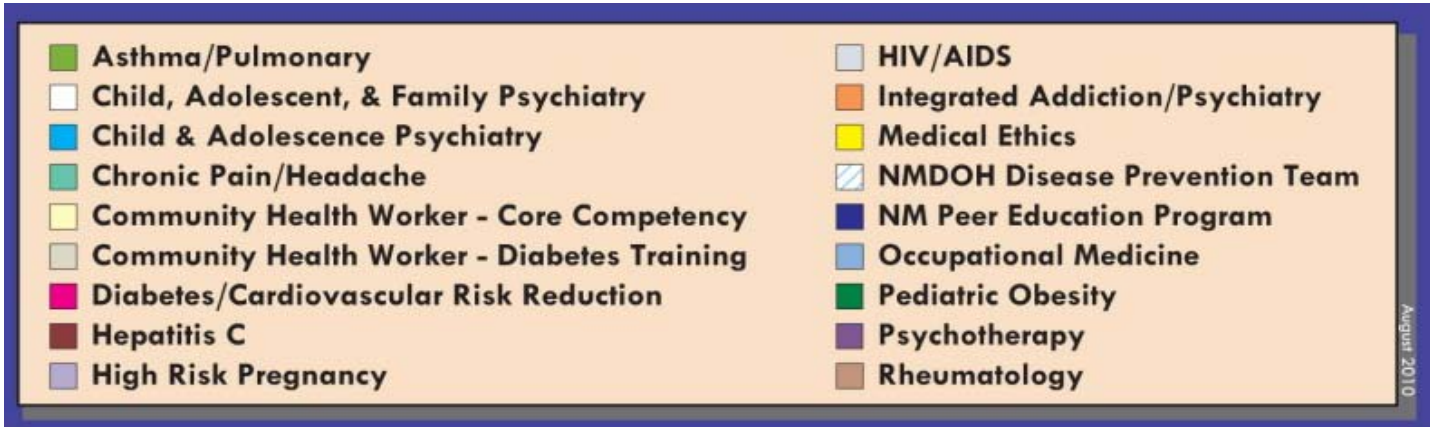
Reference: Arora S, Kalishman S, Thornton K, Dion D et al: Hepatology. 2010 Sept;52(3):1124-33

Force Multiplier

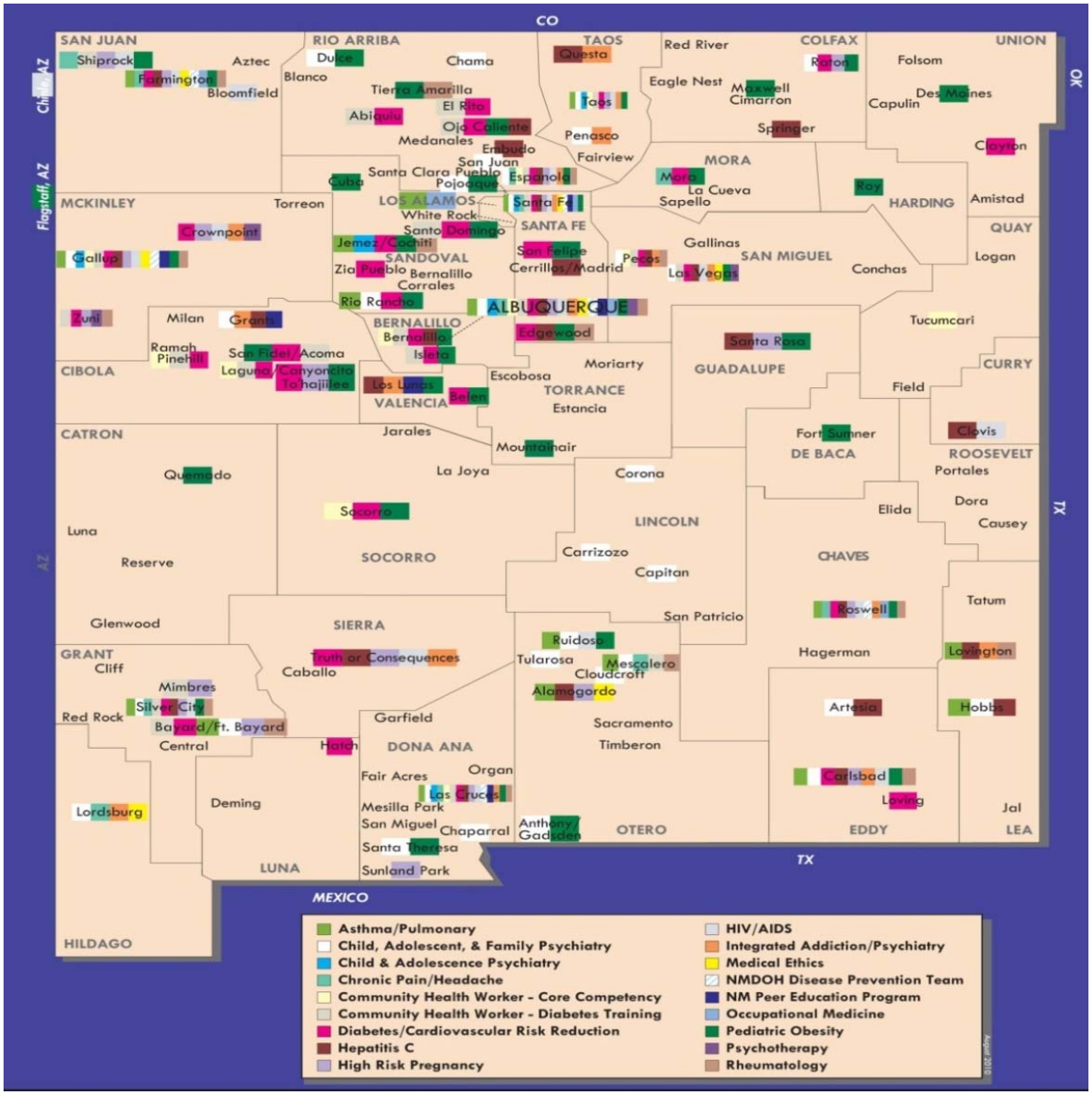


Project ECHO™

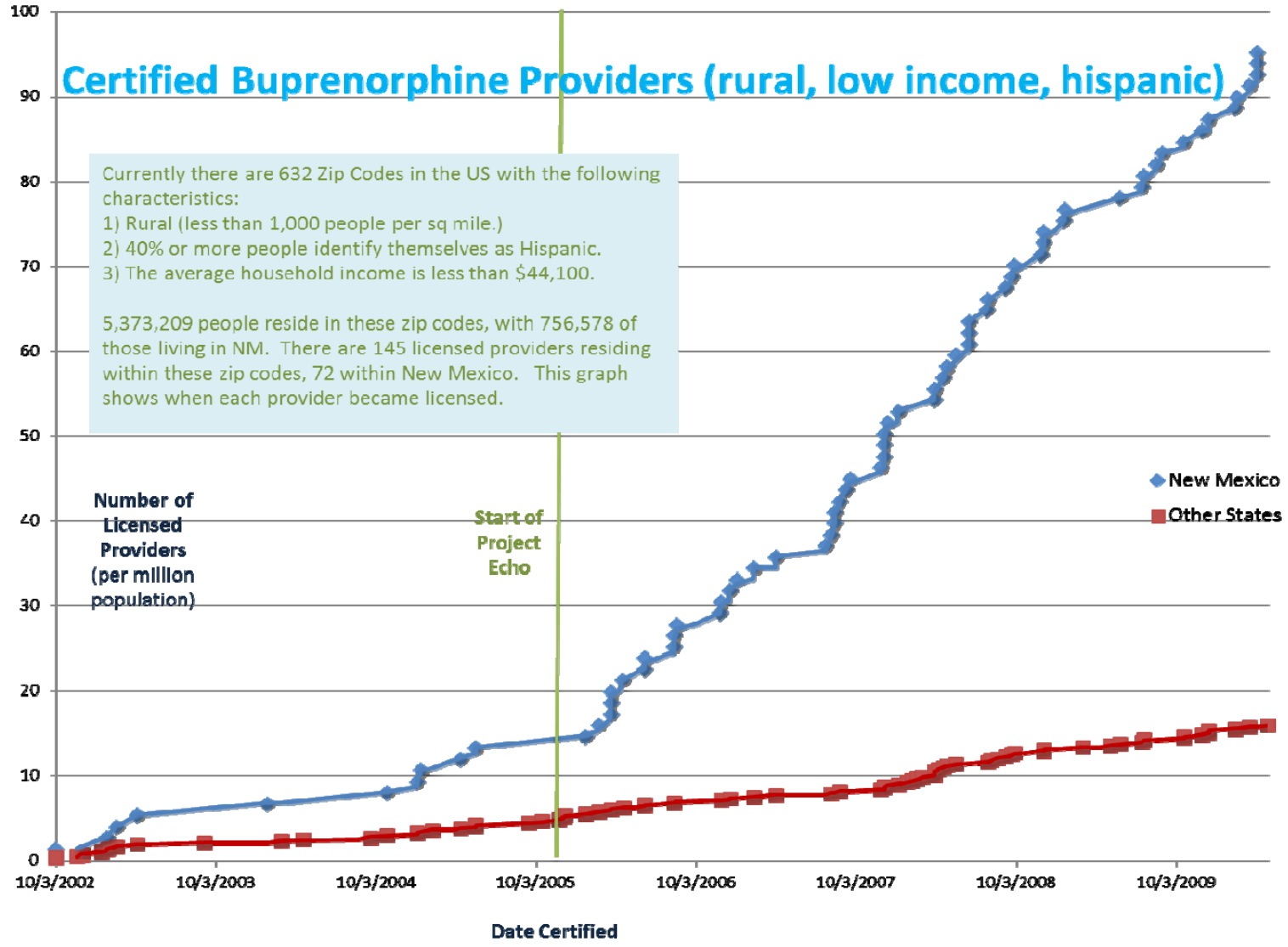
- As a result of the success of the model for treatment of HCV infection, the ECHO program has been expanded to 255 sites and multiple other specialty clinics address common and complex health issues, including:



- Other states with Project ECHO™ clinics:
  - **University of Washington:** Hepatitis C, Chronic Pain, Substance Use Disorders, HIV
  - **University of Chicago:** Difficult to treat Hypertension
  - **Beth Israel Deaconess Boston:** Hepatitis C
  - **University of Utah:** Hepatitis C
  - **University of Nevada:** Diabetes
  - **University of South Florida:** HIV


CO
SAN JUAN
Shiprock
Aztec
Farmington
Bloomfield
RIO ARRIBA
Dulce
Chama
Blanco
Tierra Amarilla
El Rito
Abiquiu
Ojo Caliente
Medanales
Embudo
TAOS
Questa
Taos
Penasco
Fairview
San Juan
Santa Clara Pueblo
Pojoaque
Cuba
Española
LOS ALAMOS
White Rock
Santa Fe
SANTA FE
Santo Domingo
Jemez/Cochiti
SANDOVAL
Zia Pueblo
Bernalillo
Corrales
Rio Rancho
ALBUQUERQUE
Edgewood
BERNALILLO
Bernalillo
Isleta
Los Lunas
Belen
VALENCIA
Jarales
Mountainair
Escobosa
TORRANCE
Estancia
Moriarty
Red River
COLFAX
Raton
Eagle Nest
Maxwell
Cimarron
Springer
MORA
Mora
La Cueva
Sapello
Pecos
Gallinas
Las Vegas
SAN MIGUEL
Santa Rosa
GUADALUPE
UNION
Folsom
Capulin
Des Moines
Clayton
Roy
HARDING
Amistad
QUAY
Logan
Conchas
Tucumcari
CURRY
Field
Clovis
ROOSEVELT
Portales
Dora
Causey
Elida
Fort Sumner
DE BACA
MCKINLEY
Torreon
Crownpoint
Gallup
Zuni
Milan
Grants
Ramah
Pinehill
San Fidel/Acoma
Laguna/Canyoncito
Tohajiilee
CIBOLA
CATRON
Quemado
Luna
Reserve
Glenwood
SOCORRO
Socorro
La Joya
Corona
LINCOLN
Carrizozo
Capitan
San Patricio
CHAVES
Roswell
Hagerman
Artesia
Carlsbad
Loving
EDDY
Tatum
Lovington
Hobbs
Jal
LEA
SIERRA
Truth or Consequences
Caballo
Ruidoso
Tularosa
Mescalero
Cloudcroft
Alamogordo
Sacramento
Timberon
GRANT
Cliff
Mimbres
Silver City
Red Rock
Bayard/Ft. Bayard
Central
Hatch
Garfield
DONA ANA
Fair Acres
Organ
Las Cruces
Mesilla Park
San Miguel
Chaparral
Santa Theresa
Sunland Park
Anthony/
Gadsden
OTERO
Deming
Lordsburg
LUNA
HILDAGO
MEXICO
TX
OK
NM
AZ
Asthma/Pulmonary
Child, Adolescent, & Family Psychiatry
Child & Adolescence Psychiatry
Chronic Pain/Headache
Community Health Worker - Core Competency
Community Health Worker - Diabetes Training
Diabetes/Cardiovascular Risk Reduction
Hepatitis C
High Risk Pregnancy
HIV/AIDS
Integrated Addiction/Psychiatry
Medical Ethics
NMDOH Disease Prevention Team
NM Peer Education Program
Occupational Medicine
Pediatric Obesity
Psychotherapy
Rheumatology

MOLINA HEALTHCARE



Project ECHO™ – Molina New Mexico

Benefits of Project ECHO™ :

- Improved provider satisfaction (no cost CME, mini-fellowships)
- Cost-effective intervention (decreased transportation costs)
- Patient-centered and coordinated care
- Improved member satisfaction

Barriers:

- No reimbursement of services (providers, ECHO)

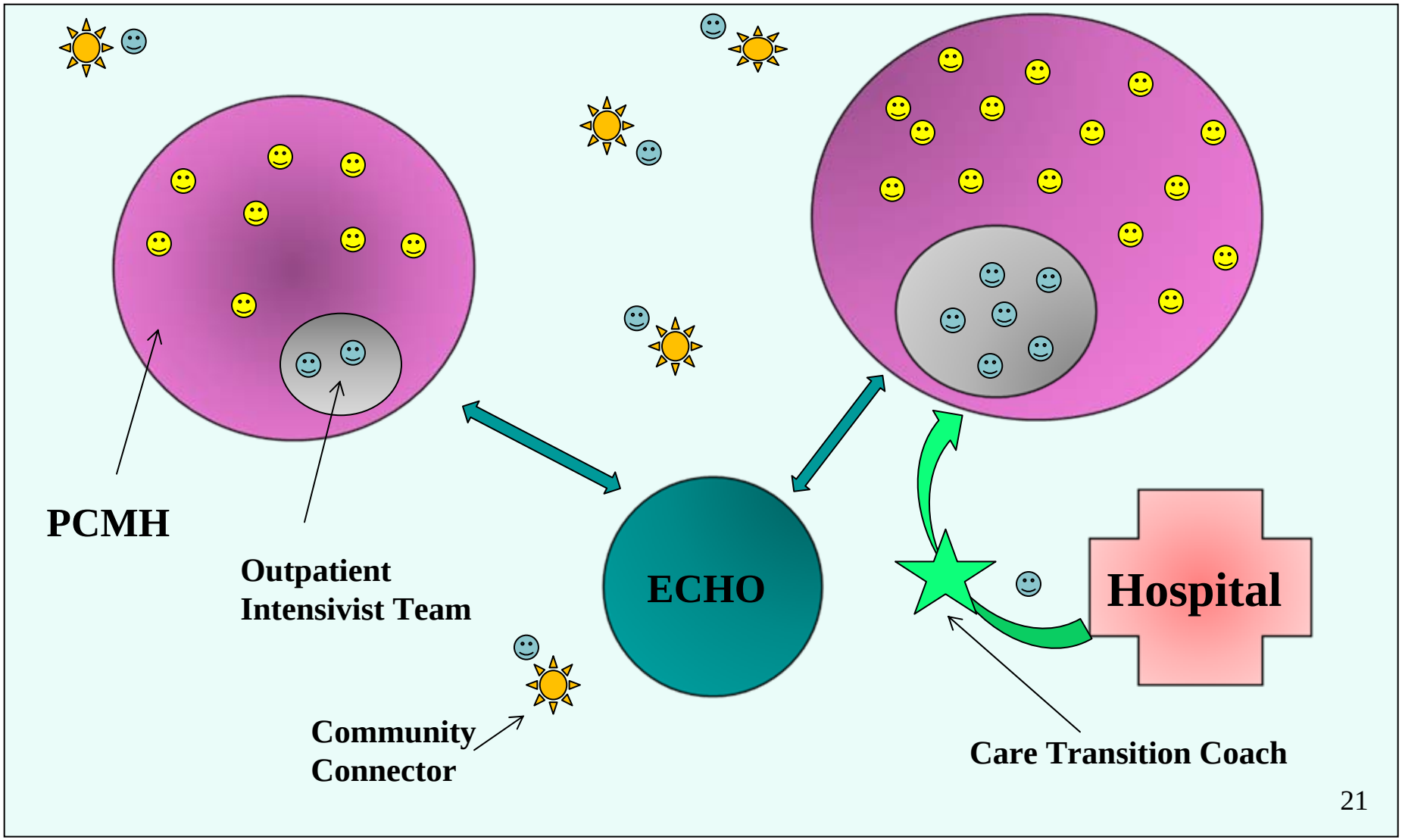
Solution:

- Reimburse practitioners for presentations to ECHO
- Outreach to participating providers and engage new providers
- Identify potential members for intervention

Complex Care Clinic

- Members have complex healthcare needs that require a comprehensive, coordinated and multi-disciplinary approach.
  - 49 year old male with uncontrolled diabetes, bipolar disorder and chronic pain at risk for substance abuse with opiates. Frequent ER visits for pain and inpatient admissions for diabetic complications.
- Easy for this member to get lost in the daily outpatient clinic shuffle.
- PCP may not have the expertise to deal with all of these issues.
- Primary care clinic may not have the resources to manage this member.
- An intensive intervention is needed.
- "Outpatient ICU"
  - Team-based intervention
  - Intensive management
  - Specialized care
  - Coordinated care

Integrated Community Based Care Model




what
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