

Written Testimony of

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Full Committee Hearing on:
How Primary Care Affects Health Care Costs and Outcomes

before the
United States the Senate Committee on
Health, Education, Labor and Pensions

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Good morning, Chairman Alexander and Ranking Member Murray – who I am proud to say is my Senator – and distinguished Members of the Committee. Thank you for the opportunity to speak with you today about Project ECHO, its impact on primary care, and my experience using it to improve the care of older adults. My name is Katherine Bennett, and I am an Assistant Professor of Medicine in the Division of Gerontology and Geriatric Medicine at the University of Washington (UW) and Program Director of the Geriatric Medicine Fellowship. I am the Education Lead for the Northwest Geriatrics Workforce Enhancement Center, which is the University of Washington's HRSA-funded Geriatrics Workforce Enhancement Program (GWEP). In that role I am the founding Medical Director of Project ECHO-Geriatrics. I am also President-Elect of the National Association for Geriatric Education, and a member of the American Geriatrics Society, the Association for Directors of Geriatric Academic Programs, and the Gerontological Society of America. This hearing topic is of critical national interest and something that I am pleased Congress is working hard to address.

Project ECHO was developed to improve access to high quality care and reduce disparities

Project ECHO, or the Extension for Community Health Outcomes, was designed by Dr. Sanjeev Arora, a liver disease specialist at the University of New Mexico. Dr. Arora had a problem where patients with hepatitis C in New Mexico had to wait up to 8 months to see a specialist for treatment, and many were too sick and/or too far away to feasibly get this specialty care. He sought to address the issue of inadequate access to specialty care, particularly in rural and underserved areas. He launched Project ECHO in 2003 in order to solve this problem. His Model involved a specialist team, or “hub”, at an academic medical center and “spokes” who were primary care providers at

community clinics. Sessions involved weekly mentoring sessions with teaching and consultations held via secure video conferencing technology. Although everyone is geographically far apart, over time it feels like you are in the same room. With this model, wait times for appointments in the hepatitis C clinic were reduced from 8 months to two weeks. Dr. Arora also found that the care provided for hepatitis C by the ECHO-trained primary care providers was just as good, with the same cure rates, as the care from specialists.¹

Due to this success, Project ECHOs have been launched throughout the country and world to address many complex conditions such as HIV, tuberculosis, and mental illness. There are now over 400 ECHO Programs throughout the country at over 160 locations.²

Health outcomes are improved with ECHO

Over 100 papers have been published on ECHO. Although many have focused on increased provider confidence for treating common conditions, we have ever increasing evidence that Project ECHO improves important health-systems and patient outcomes. Below are some examples.

- A pain management ECHO for Community Health Centers reduced the use of opioids for chronic pain, reduced inappropriate referrals to surgeons, and increase referrals to physical therapy. This aligns with recommended best practices in pain management.³ A recent CDC report showed that patients in rural areas are 80% more likely to receive opioid prescriptions (vs those in urban areas). ECHO is perfectly suited to reduce this disparity.⁴
- A care transitions ECHO significantly reduced readmission to the hospital from nursing homes, reduced nursing home length of stay (avg. 5-day reduction), and reduce cost (about \$2,600 lower per patient).⁵
- An ECHO targeting providers caring for nursing home patients with dementia significantly reduced the use of physical restraints.

A 2016 paper in *Academic Medicine*, “The Impact of Project ECHO on Participant and Patient Outcomes: A Systematic Review” gives a high-quality overview of ECHO outcomes from all ECHOs who have published results.⁶

The University of Washington is a leader in ECHO replication

My home institution, under the leadership of Dr. John Scott was the first replicator of ECHO outside of the University of New Mexico. The University of Washington now has 10 active ECHOs addressing a range of complex conditions

¹ S. Arora, et al. "Outcomes of treatment for hepatitis C virus infection by primary care providers." *The New England journal of medicine* 364.23 (2011): 2199-207. Web.

² <https://echo.unm.edu/locations-2/>

³ D. Anderson, et al. "Improving Pain Care with Project ECHO in Community Health Centers." *Pain medicine* (2017).

⁴ García MC et al. Opioid Prescribing Rates in Nonmetropolitan and Metropolitan Counties Among Primary Care Providers Using an Electronic Health Record System — United States, 2014–2017. *MMWR Morb Mortal Wkly Rep* 2019

⁵ Moore AB, et. Al. Improving Transitions to Postacute Care for Elderly Patients Using a Novel Video-Conferencing Program: ECHO-Care Transitions. *Am J Med.* 2017

⁶ Zhou Cet al. The impact of Project ECHO on participant and patient outcomes: A systematic review. *Acad Med.* 2016

including Hepatitis C, HIV, Chronic Pain, Heart Failure, and Mental Illness. Given this track record, it was the ideal environment for me to implement an ECHO for Geriatrics.

Many older adults receive suboptimal care

As a geriatrician at Harborview Medical Center (a UW-affiliated county safety net hospital, and the only level one trauma center for 5 states), I see patients who come from areas all throughout the five-state region. Many are on very long lists of medications. Others have dementia that has gone undiagnosed for years. Some have never been treated for osteoporosis despite falling and breaking bones again and again. These scenarios are not happening because primary care providers do not care, but because most have received minimal, if any, geriatrics training.⁷ Given the critical shortage of geriatricians, and the rapidly growing older adult population, it is the primary care providers of this country who will be caring for the vast majority of older adults.

The field of geriatrics has experienced a rapid advance in the evidence base thanks to the hard work of dedicated researchers. However, the high-quality, cost saving healthcare that is supported by evidence is often not making it to the forefront of care. As a result, older adults suffer from preventable falls; preventable delirium (i.e. confusion) in the hospital; undertreatment of important conditions (such as osteoporosis); and overtreatment with medications and other interventions that do not improve their health, quality of life, or ability to maintain independence. We launched Project ECHO-Geriatrics to address this problem.

Project ECHO-Geriatrics at the University of Washington

Project ECHO-Geriatrics is part of our HRSA-funded Northwest Geriatrics Workforce Enhancements Center, which is the University of Washington's Geriatrics Workforce Enhancement Program (GWEP). The broad goal of the GWEP is to prepare primary care practitioners to provide high quality care for older adults. We do this by training the health care workforce and family caregivers to care for the complex health needs of older Americans. We train them to use the most effective and efficient methods to provide higher quality care and save valuable resources by reducing unnecessary costs, such as unneeded hospitalizations. In the 2016-2017 academic year, GWEPs provided 1,578 unique continuing education courses, including 467 on Alzheimer's disease and related dementia, to 173,078 faculty and practicing professionals from disciplines such as medicine, nursing, health services administration, social work, and psychology.

The University of Washington was pleased to receive funding under HRSA's GWEP Program in July of 2015. We launched Project ECHO-Geriatrics in January of 2016 under the mentorship of the experienced telehealth team at the UW.

Our ECHO is unique because our primary audience is physicians in training throughout a regional family medicine residency network. We felt that there may be an advantage to training primary care providers *before* they set out into practice. We partnered with many of the residencies in the region, who all agreed that their residents need more geriatrics training. Family medicine residents are required to complete 100

⁷ Institute of Medicine Committee on the Future Health Care Workforce for Older Americans. (2008). Retooling for an aging America: Building the health care workforce.

hours (approximately one month) of geriatrics training during their three years of residency. However, the great majority of these residencies do not have a geriatrician available to help with this education. Project ECHO–Geriatrics helps fill this need.

Sessions followed the ECHO model of teaching and case presentations. Our specialist panel includes a geriatrician, social worker, psychiatrist, pharmacist, nurse, and Area Agency on Aging staff. Sessions focus on key primary care topics such as dementia, fall prevention, and depression. All didactics (but not case discussions) are archived on our website (nwgwec.org).

University of Washington’s Project ECHO–Geriatrics has been successful in training future primary care providers

We have thus far trained 300 unique individuals across several states. The majority of participants were physicians training, but also included faculty, nurses, students, and others. We found a significant increase in self-reported knowledge for essential topics in the primary care of older adults, and 70% of participants reported that they plan to change their practice as a result of our sessions. These results were published in the *Journal of Graduate Medical Education* in 2018.⁸

More importantly, I see the clear improvement in participants’ care over time. For example, a young doctor wanted guidance to help a new patient, a woman in her 90s who was fatigued and having trouble getting around. She was on 36 medications! Months later the same resident presented a different patient. He told us how he had already worked to eliminate medications that are sedating or cause confusion and was now looking for suggestions to help her remain independent at home. This type of care improves quality of life for older adults *and* reduces costs from preventable hospital admissions and nursing home placement.

Here is a quote from Dr. Braun, a faculty member at the Providence St. Peter Family Medicine Residency Program which has sites in Olympia and Chehalis, WA. *“We have actively participated regularly for years and have found it invaluable. The program not only helps achieve our hours of required geriatrics training but has transformed the care I see provided by our residents in clinic and across healthcare settings.”*

Involvement of the Area Agency on Aging in Project ECHO–Geriatrics is invaluable

As mentioned, one distinguishing feature of our Project–ECHO is the partnership with the Area Agency on Aging (AAA). The AAAs in King County (where we are based) and in Southwest Washington (who serve a large area including many rural and underserved older adults) were our community partners for our initial application to the Geriatric Workforce Enhancement Program. AAAs coordinate and deliver federal Older Americans Act (OAA) and other programs to help older Americans and their caregivers get the support needed to help them stay in their homes and communities. We created the position of Primary Care Liaison at these two AAAs as part of our Center. This position aims to decrease the silos between primary care and the community resources

⁸ K. A. Bennett, et al. "Project ECHO-Geriatrics: Training Future Primary Care Providers to Meet the Needs of Older Adults." *Journal of Graduate Medical Education* (2018).

that can help keep older adults independent. I invited the AAA Primary Care Liaisons to participate in our ECHO session as panelists, and that ended up being a vital part of our program.

We track the content of our sessions, which are summarized in the Table below

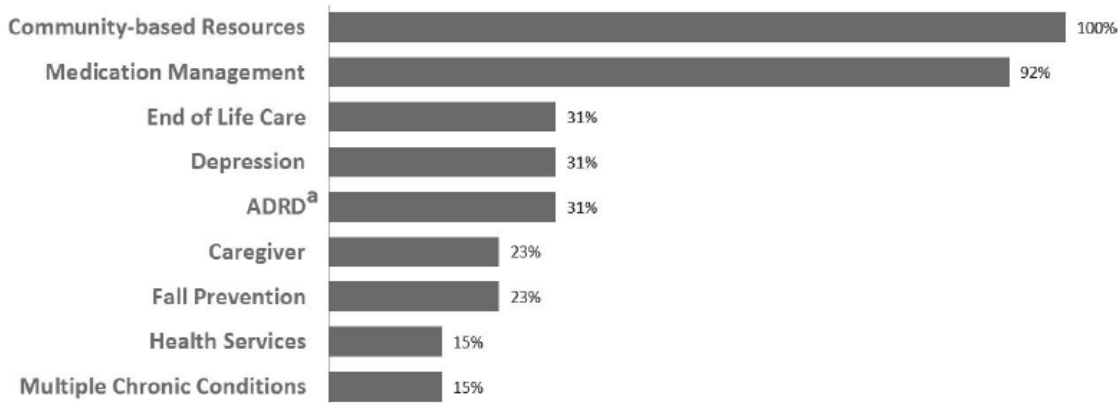


Table: Percentage of Project-ECHO Geriatrics sessions each topic was discussed

^aAlzheimer's Disease and Related Dementias

As you can see, in every session, we discuss community resources. This is something of vital importance to the health and quality of life for older adults and can help avoid or delay a move to a higher level of care such as in a nursing home. The ECHO learners greatly value the input of the AAA staff, and the AAA staff have said that participating in ECHO helps them have a better understanding of how physicians think through complex cases. It helps us both speak the same language, which is the first essential step in ensuring the highest quality, evidence-based care for older adults.

AAA services save taxpayers money by helping older adults remain independent and healthy in their own homes, helping them stay where they prefer to live, and avoid unnecessary Medicaid and Medicare spending. AAAs have resources that can prevent falls, smooth transitions out of the hospital, help patients learn to manage their chronic diseases, and support family caregivers (just a few examples). The reauthorization of both the GWEP and the *Older American's Act* will help health care and AAAs work *together* to help older adults age successfully in place. I believe this collaboration is critical to improving the health and well-being for older adults and reducing healthcare costs.

The HRSA Geriatrics Workforce Enhancement Program supports geriatrics ECHOs and is essential to improving the care of older adults.

There are currently 10 geriatrics-focused ECHOs throughout the country. The current application cycle for the Geriatrics Workforce Enhancement Program recommended ECHO to all applicants, so we expect more very soon. Many geriatrics ECHOs do not have patient outcomes data quite yet, and we need continued funding to obtain this crucial information. Knowing that we are moving best practices to the front-line of primary care, and based on what I have seen, I am confident the positive outcomes are there.

I would like to take this opportunity to mention the need for reauthorization of the GWEP and the Geriatrics Academic Career Award program (GACA) programs and to

thank Senators Collins and Casey who last week introduced the *Geriatrics Workforce Improvement Act* (S. 299). I have included with my written testimony a copy of the National Association for Geriatric Education's letter of support for this important bill. This bipartisan reauthorization and related funding are needed for the continued development of our nation's primary care workforce. Currently there are only 44 GWEP sites in 29 states. The modest increase in the authorization in the bill (from \$40.7 million to \$51 million) will have an important impact on training in geriatric care, including the funds authorized for the GACA program which complements the GWEP, and support faculty that will teach and lead geriatrics programs. The GWEP is the only federal program designed to increase the number of health professionals with the skills and training to care for older people. Nancy Lundebjerg the Chief Executive Officer of the American Geriatrics Society stated it clearly.

"The GWEP provides support for the current transformation of primary care, while the GACA develops the next generation of innovators to improve care outcomes and care delivery. Together, these platforms play a critical role in developing the workforce we all need as we age."

The bill will also assist in ensuring that rural and underserved areas will have geriatrics education programs.

ECHOs need a steady funding source to have a greater impact

Project ECHO programs, in all topics, need sustained funding to do their work well and reach more underserved patients. ECHOs are supported through a patchwork of funding mechanisms that are often short-term and unpredictable. Just this month, the Center for Health Care Strategies released a report that reviews a wide variety of potential sustainability strategies for ECHO.⁹ I am very hopeful that through this committee, you will enact a strategy to sustain and grow ECHO to allow all patients, regardless of where they live, to receive the highest quality health care. Thank you for this opportunity to speak with you today and I look forward to answering your questions.

⁹ Project ECHO: Policy Pathways for Sustainability. Center for Health Care Strategies. https://www.chcs.org/media/Project-ECHO-Policy-Paper_012019.pdf

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January 25, 2019

The Honorable Susan Collins
Chair
Special Committee on Aging
United States Senate
Washington, D.C. 20510

The Honorable Bob Casey
Ranking Member
Special Committee on Aging
United States Senate
Washington, D.C. 20510

Dear Chairman Collins and Ranking Member Casey:

On behalf of the HRSA Title VII and Title VIII funded Geriatrics Workforce Enhancement Programs (GWEPs) across the country, thank you for your past support of geriatric education and for introducing the *Geriatrics Workforce Improvement Act*. The National Association for Geriatric Education (NAGE) is pleased to offer our support for the *Geriatrics Workforce Improvement Act*, which will reauthorize the GWEP and once again make the Geriatrics Academic Career Award program (GACA) a part of the effort to prepare the geriatrics workforce for the aging of our population. We and the growing numbers of older adults, caregivers, and clinicians caring for elders will urge Congress to move quickly to pass your bill and provide the resources to address our nation's growing demand for geriatric care.

We appreciate the many discussions that your staff facilitated with NAGE, as well as with the Eldercare Workforce Alliance, the American Geriatrics Society, and The Gerontological Society of America during the process of developing this legislation. This authorization and related funding are needed for the development of a health care workforce specifically trained to care for older adults and to support their family caregivers. Currently there are only 44 GWEP sites in 29 states. The modest increase in the authorization in your bill will have an important impact on training in geriatric care. Likewise, the funds you have authorized for the GACA program complement the GWEP, and support faculty that will teach and lead geriatrics programs. The bill will also assist in ensuring that rural and underserved areas will have geriatrics education programs.

geriatrics and gerontology. Our mission is to help America's healthcare workforce be better prepared to render age-appropriate care to today's older Americans and those of tomorrow.

Thank you for your continued support for geriatric education programs.

Sincerely,



Catherine Carrico, PhD
President NAGE/NAGEC
Associate Director, Wyoming Geriatric Workforce Enhancement Program,
Wyoming Center on Aging
Clinical Assistant Professor, College of Health Sciences
University of Wyoming

NAGE is a non-profit membership organization representing GWEP sites, Centers on Aging, and Geriatric Education Centers that provide education and training to health professionals in the areas of