# TeleECHO™ Integrated Health Care Clinic
# Participant Guide

An emerging case-based
learning model for practitioners

**AmeriHealth** *Caritas*
Louisiana

Project
**ECHO**®

**www.amerihealthcaritasla.com**

Welcome! AmeriHealth Caritas Louisiana is excited to host Integrated Health Care TeleECHO clinics — an emerging case-based learning model for practitioners. This opportunity is free for participating AmeriHealth Caritas Louisiana practitioners. Please read on for more information about how to participate in a TeleECHO clinic:

- Introduction and contact information

- How does it work?

- How do I register?

- How do I submit and present a case?

- Attachments:

    - A: Downloading and using Zoom technology

    - B: Example Case Presentation Form

    - C: Protected Health Information (PHI) Provider Acknowledgement Form

# Introduction and contact information

### About Project ECHO®

The "Extension for Community Healthcare Outcomes," or ECHO model™, was developed at the University of New Mexico Health Sciences Center and is now used nationwide in the United States and internationally.

The ECHO model facilitates case-based learning for front-line practitioners via teleconferencing clinics. Similar to virtual chart rounds, the ECHO model creates a space where practitioners can share knowledge and build support to better manage patients with complex care needs.

Project ECHO:

- Uses technology to leverage scarce resources.

- Facilitates sharing of "best practices" to reduce disparities.

- Applies case-based learning to master complexity.

- Evaluates and monitors outcomes via a web-based database.

For more information on Project ECHO, please visit **https://echo.unm.edu.**

### About AmeriHealth Caritas Louisiana

AmeriHealth Caritas Louisiana is a Medicaid managed care health plan in Baton Rouge, Louisiana. AmeriHealth Caritas Louisiana helps members get the care they need, when they need it. This is accomplished with:

- A coordinated approach to health care.

- Leading-edge technology solutions.

- Innovative community programs.

AmeriHealth Caritas Louisiana's goal is to improve health outcomes for members and build healthy communities across Louisiana.

For more information on AmeriHealth Caritas Louisiana, please visit **www.amerihealthcaritasla.com**.

**TeleECHO clinic program objectives**

The AmeriHealth Caritas Louisiana TeleECHO clinic program exists to:

1. Disseminate specialty knowledge, with consideration of social and environmental factors through case-based learning.

2. Collaborative education and sharing of information for integration of primary and behavioral health care.

3. Increase collaboration and coordination of services across providers (medical and behavioral health).

4. Identify barriers providers experience in referring members to treatment.

5. Incorporate opportunities for networking between physical health providers, behavioral health providers, and substance use treatment providers.

**Program contact information**

TeleECHO Program Coordinator

- Phone: **1-855-410-6639**

- Email: **projectecho@amerihealthcaritas.com**

# How does it work?

Practitioners from multiple locations connect at regularly scheduled times through teleconferencing. These virtual TeleECHO clinics allow practitioners to present de-identified patient cases to a team of peers and experts for mentoring and shared learning. Case-based discussions may also be supplemented with short didactic presentations to improve content knowledge and share evidence-based practices.

### Who participates in a TeleECHO clinic?

All levels of AmeriHealth Caritas Louisiana practitioners are welcome to participate in a TeleECHO clinic at no cost; this includes physicians, physician assistants, nurse practitioners, registered nurses, psychiatrists, psychologists, social workers, counselors, community health workers, pharmacists, and emergency medical technicians.

Our health plan staff have been trained to facilitate the ECHO model and will guide the experience. AmeriHealth Caritas Louisiana's Chief Medical Officer, Behavioral Health Medical Director, and Market Pharmacist will also participate, as pertinent to the cases being reviewed.

TeleECHO clinics are not intended to replace a practitioner's clinical judgment; the practitioner is responsible for determining applicable treatment for the patients under his or her care.

### What are the benefits of participation?

- Enables practitioners to practice at the top of their licensure.

- Allows patients to stay in their local communities to receive treatment from their primary care providers.

- Enhances clinician development by encouraging primary care providers to acquire new skills and competencies.

- Establishes a community of practice and learning that is intended to support rural or otherwise isolated providers to help improve professional satisfaction.

Source: Andrea Furlan, M.D., Ph.D., "Project ECHO Demonopolizes Knowledge From Expert Specialists In Academic Centres To Healthcare Professionals In Rural Areas," *University Of Toronto Medical Journal,* Vol. 96, No. 2, 2019, pp. 38 – 40.

- Providers earn free continuing education units (CEUs) from the Louisiana Counseling Association (LCA) for participation in this program. Credits are available at a rate of one per every 10 participation hours. The LCA is approved by the Louisiana Licensed Professional Board of Examiners to offer continuing education for Louisiana Licensed Professional Counselors and Provisional Licensed Professional Counselors.

## What does a typical TeleECHO clinic look like?

An example agenda for a TeleECHO clinic might include:

- Introduction of all participants.

- Presentation of pre-submitted, de-identified cases.

- Opportunity for questions and discussion about each case.

- Recommendations for each case. All recommendations are summarized verbally at the conclusion of a case presentation; recommendations are also transcribed and forwarded in writing to the submitting provider via the Case Recommendations Form.

- (Optional) A short, formal didactic presentation on a scheduled topic related to integrated health care.

## What kinds of cases are presented during TeleECHO clinics?

All cases are welcome, including those that involve common clinical scenarios as well as difficult, complex, or challenging presentations. While not necessary, it is strongly encouraged that you present a case as part of your participation in a clinic session. The submission of cases for presentation and discussion is a key component in the ECHO model and is critically important for knowledge building.

## What about HIPAA protected health information (PHI)?

Only de-identified information is shared during TeleECHO clinics. Use of PHI is **strictly prohibited** both verbally and in writing; recording of any kind during a TeleECHO clinic is also prohibited. Instead, an assigned ECHO ID# is used to identify your case and "John" or "Jane" is used to refer to a patient during the case presentation and case discussion. The Case Presentation Form is used to share pertinent case information prior to each meeting. For an easy reference and reminder on what is considered PHI, please see the list in Attachment C of this guide. The Protected Health Information (PHI) Provider Acknowledgment Form is completed by all program participants upon registration; Attachment C is included as a reference and reminder of your commitment.

## Do I need special equipment to attend?

Clinics will take place via a cloud-based software application called Zoom. The application is PC- and Mac-compatible and is available at no cost to participants. **However, you may need to download Zoom to your laptop, tablet, or smartphone in order to participate. See Attachment A of this guide for more information on Zoom.**

It is best if you have a webcam-equipped laptop, tablet, or smartphone to attend the TeleECHO clinics. If your computer doesn't have a built-in video camera and microphone, a simple USB webcam, such as a Logitech HD Pro Webcam C920, is all you need.

You may also use a headset, if needed or preferred, instead of your device's speakers or microphone. A headset may improve your overall audio experience, particularly if there are background noises in your local environment.

# How do I register?

You may have received this guide upon registering to participate in a TeleECHO clinic. If not, and you would like to get registered to participate, please follow the appropriate link below in the column for **Registration**. Please complete all fields and click **Submit** to finish your registration.

Once you submit your registration form, health plan staff will review your information and email you to confirm your participation in the TeleECHO clinic. Your confirmation email will include additional instructions for participation.

| Focus | Start date | Frequency | Registration |
|---|---|---|---|
| **PH/BH integrated care** | | **First and third Thursday of each month from noon – 1 p.m. CT** | **https://www.eventbrite.com/e/ project-echo-acla-integrated-health-teleecho-clinic-tickets-88173291689** |

### How often do TeleECHO clinics meet?

All TeleECHO clinics will occur regularly, at a set time. The clinic series will be held every first and third Thursday of the month from noon to 1 p.m. CT.

### Will there be additional TeleECHO clinics in the future?

TeleECHO clinics will be ongoing and additional clinics will be established to address specific topics as the need dictates.

# How do I submit and present a case?

### Complete and submit a Case Presentation Form

Please refer to Attachment B for an example of the Case Presentation Form. The form is a fillable PDF that may be completed electronically. Follow the steps below to complete and submit your case(s) using the Case Presentation Form. Cases must be submitted at least one week prior to the clinic meeting where you plan to submit your case.

1. Open the Case Presentation Form, available here: **www.amerihealthcaritasla.com > Providers > Forms**, and input all relevant information by typing directly into each field. The form includes fields for medical, social, and family history, as well as medications, and assessment score or screening results, as appropriate.

2. You may also wish to add your own question(s) about the case to your Case Presentation Form.

3. Once your form is complete, save the document.

4. Email your complete, saved form to the TeleECHO Program Coordinator at **projectecho@amerihealthcaritas.com.**

### Preserving patient confidentiality and protecting PHI

It is critical to preserve patient confidentiality at all times during case presentations. Use of HIPAA PHI is **strictly prohibited,** both verbally and in writing, during TeleECHO clinics. Instead, we ask you to use an ECHO ID# on your case and that will be used to identify and refer to your patient.

No PHI identifiers may be mentioned or shown during case presentations. No other information that might identify the patient — such as social history details about a patient living in a small community — may be mentioned. Recording of any kind during a TeleECHO clinic session is also prohibited.

### What happens after I submit my case?

Your case will be reviewed for inclusion in an upcoming TeleECHO clinic and the date of your scheduled case presentation will be confirmed with you via email.

### What happens when I present my case?

During the TeleECHO clinic, the facilitator will call on you to present your case. Your Case Presentation Form will be shared on the screen as you present your case. All videoconferencing participants will see the de-identified form you have provided. As you present, you will verbally summarize your case in about five minutes or less.

The facilitator will then promote discussion among all participants, starting with any clarifying questions about the case. At the conclusion of the discussion, the facilitator will summarize recommendations gathered from all participants.

For more information, please refer to these informative videos from the University of New Mexico:

- The Correct Way to Conduct an ECHO Patient Presentation:
  **https://www.youtube.com/watch?v=IUKGkoevTso&feature=youtu.be**

- The Incorrect Way to Conduct an ECHO Patient Presentation:
  **https://www.youtube.com/watch?v=Cghbvf-JeDw&feature=youtu.be**

### What happens after I present my case at a TeleECHO clinic?

The TeleECHO Coordinator will capture the recommendations made in response to your case presentation. All recommendations will be summarized on a TeleECHO Recommendation Form and will be returned to you for your reference.

### Does the health plan collect and/or share information resulting from my participation in the Integrated Care TeleECHO clinic?

In order to support the growth of the ECHO movement, Project ECHO collects participation data for each TeleECHO program, including the Integrated Care TeleECHO clinic hosting by AmeriHealth Caritas Louisiana.

The collected data allows Project ECHO to measure, analyze, and report on the movement's reach. It is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives. Data collected includes dates/times when sessions occurred, topics covered, who attended, who presented, contact information for attendees, and documents like agendas and other resources.

The data collected never includes Protected Health Information (PHI).

# Attachment A:

### Downloading Zoom

You may download the free version of the Zoom client for PC or Mac by visiting **https://zoom.us/download** and selecting **Zoom Client for Meetings**.

### Testing Zoom

To help prevent delays and other technical issues, we highly recommend that you set aside time to perform a connectivity test in advance of the first clinic session you plan to attend. Please visit **https://zoom.us/test** and join a test meeting to check that you're set to participate.

### Using Zoom

Once Zoom has downloaded, please click on **Join a Meeting**. You will be prompted to enter the clinic's meeting ID (provided by the coordinator); enter the meeting ID and your name, then click **Join**.

You may be prompted to enter a password; if so, enter the password (provided by the coordinator) and click **Join**.

Next a window will appear asking you to **Join Audio by Computer**.
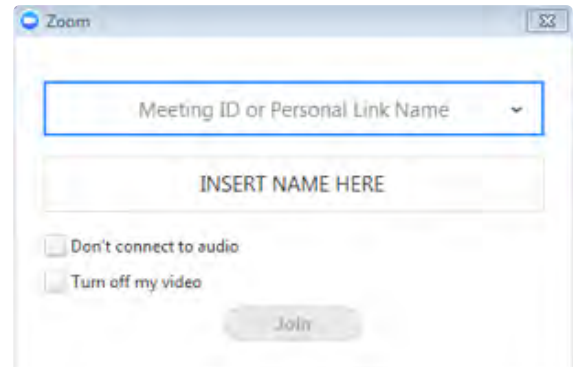
- Check the box for **Automatically Join Audio by Computer** in the bottom left corner of the window. **This allows your connection to automatically be established next time you join a session.**

- Then click **Join Audio by Computer**.

### General reminders

- Please join a few minutes early, if possible, to help us get started on time.

- Please mute your microphone when you are not speaking. You can mute yourself by clicking on the microphone icon in the bottom left corner of your screen.

- Adjust your camera so that your face is visible and please make sure your lighting allows participants to see your face.

### Additional support

For more detailed instructions and additional support, please visit **https://support.zoom.us/hc/en-us/ articles/201362033-Getting-Started-on-PC-and-Mac**.

# Attachment B:

## Example Case Presentation Form

A stand-alone, fillable PDF version of the Case Presentation Form is available at **www.amerihealthcaritasla.com > Providers > Forms**. Please complete the form in its entirety, excluding any PHI, and submit at least one week before the scheduled TeleECHO clinic session by emailing the form to the TeleECHO Program Coordinator at **projectecho@amerihealthcaritas.com.**

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**AmeriHealth Caritas Louisiana** | **Project ECHO** | **Integrated Care TeleECHO™ Clinic Case Presentation Form**

**www.amerihealthcaritasla.com**

Email your completed form to the TeleECHO Program Coordinator at **projectecho@amerihealthcaritas.com.**

**Reminder:** Use of HIPAA protected health information (PHI) is **strictly prohibited** both verbally and in writing during TeleECHO clinics; recording of any kind is also prohibited. **Do not include any PHI identifiers on this form.** TeleECHO clinics are not intended to replace a practitioner's clinical judgment; the practitioner is responsible for determining applicable treatment for the patients under his or her care.

**As you complete this form, please provide as many details as possible about the case, while excluding PHI and protecting your patient's identity.**

| Submitted by: | Preferred presentation date: |
|---|---|

| 1. What matters most to the member or what makes them feel satisfied, content, comforted, fulfilled, and happy? |
|---|
| |

| 2. What, if any, social determinants of health are to be considered as potentially impacting health and wellness and healthy behaviors? |
|---|
| |

| 3. What is important for the member in regards to their treatment (their own definition)? |
|---|
| |

| 4. Areas of strength: When has the member talked about effort or focus that made a difference? |
|---|
| |

**Member/individual information**

ECHO identifier:

Please leave this field blank at submission; the coordinator will assign an ECHO identifier to your case.

Race: ☑ American Indian/Alaska Native  ☑ Asian  ☑ Black/African American  ☑ Native Hawaiian/Pacific Islander  ☑ White/Caucasian  ☑ Multiracial  ☑ Other     ☑ Prefer not to say

| Primary/preferred language: | Gender: |
|---|---|

| Religion: | Living situation: |
|---|---|

| If member/individual is a minor, who must legally be involved as part of care? |
|---|

1 of 4

# Attachment C: Protected Health Information (PHI) Provider Acknowledgement Form

Providers participating in a TeleECHO clinic are expected to read, sign, and return this attestation form to **projectecho@amerihealthcaritas.com.** If you completed this form online during your TeleECHO registration, you do not need to complete a hard copy.

## What is considered protected health information (PHI)?

**As a reminder, disclosed information is considered PHI if:**

- The information includes any of the data elements listed below (data elements may pertain to a patient and/or a patient's family members).

  OR

- The provider disclosing the information knows that the disclosed information could be used alone or in combination with other information to identify the patient.

(A) Names.

(B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP code, and their equivalent geocodes, except for the initial three digits of a ZIP code if, according to the current publicly available data from the Bureau of the Census:

  (1) The geographic unit formed by combining all ZIP codes with the same three initial digits contains more than 20,000 people.

  (2) The initial three digits of a ZIP code for all such geographic units containing 20,000 or fewer people is changed to 000.

(C) All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, and date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.

(D) Phone numbers.

(E) Fax numbers.

(F) Email addresses.

(G) Social Security numbers.

(H) Medical record numbers.

(I) Health plan beneficiary numbers.

(J) Account numbers.

(K) Certificate/license numbers.

(L) Vehicle identifiers and serial numbers, including license plate numbers.

(M) Device identifiers and serial numbers.

(N) Web universal resource locators (URLs)

(O) Internet protocol (IP) address numbers.

(P) Biometric identifiers, including finger and voice prints.

(Q) Full face photographic images and any comparable images.

(R) Any other unique identifying number, characteristic, or code, except as permitted by paragraph (c) of this section.

As a reminder, the HIPAA Privacy Rule allows covered entities to access, use, or disclose patient protected health information ("PHI") for the purposes of payment, treatment, and health care operations. However, it has become common practice for conditions such as mental health, HIV/AIDS, substance use, sexually transmitted diseases, and genetic conditions, to necessitate the affirmative permission of a patient — by means of a HIPAA Authorization Form — before diagnostic records and/or other information can be shared with providers and other partners on a patient's care team. Please keep this in mind as you prepare and present your patient case(s) with close attention to excluding any protected health information.

☐ I attest that I have read and reviewed the list of elements considered PHI. I understand that the use of HIPAA protected health information is strictly prohibited both verbally and in writing during TeleECHO clinic sessions. I understand that recording of any kind during TeleECHO clinic sessions is also prohibited.

| Signature | Date |
|---|---|
| | |

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