

ANNUAL REPORT

EVALUATION HIGHLIGHTS FROMYEARS 2 & 3

September 2024







REPORT AUTHORS

Felicia Brackett, MPH, CMA Sophie Weider, MS Michaela Fascione, MPH Marcy Doyle, DNP, MHS, MS, RN, CNL

LEAD PARTNERS





COLLABORATORS





SPECIAL THANK YOU

Health Resources and Services Administration Participants: Clinical, Community, Students Project ECHO Subject Matter Experts

FUNDING ACKNOWLEDGEMENT

This report is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$475,000 annually with 100% funded by HRSA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

SUGGESTED CITATION

Brackett, F, Weider S, Fascione M, Doyle M. Annual Report: Evaluation Highlights. MCD Global Health; 2024:10.









BACKGROUND

The Collaborative for Advancing Rural Excellence and Equity (CARE2) program was developed to respond to the impact of COVID-19 on the behavioral health of rural communities in Northern New England and New York, particularly as it pertains to social isolation and lack of access to behavioral health treatment for residents with substance use disorder (SUD) and older adults across the long-term care continuum. To accomplish this, CARE2 facilitates evidence-based trainings through Project ECHO® programs, and provides collaborative training resources through an open-access e-Learning portal.



The region served by CARE2 includes the three northern New England states of Maine, New Hampshire, and Vermont, as well as northern New York. Collectively, this includes 77 rural counties across three primarily rural states, and New York's North Country. This region has substantial medically underserved populations that are challenged to obtain quality health care due to poor health insurance coverage, the burden of transportation from rural communities to more urban medical centers, and the restricted availability of specialty care providers and support services. This region also includes some of the nation's oldest communities, as well as populations experiencing high rates of SUD and behavioral health issues. These challenges are further exacerbated by the COVID-19 pandemic and have led to heightened social isolation for older adults and record rates of overdose and SUD-related deaths. This creates an urgent need for both acute and sustainable solutions, especially in the face of a continually dwindling healthcare workforce.

OUR GOALS

- 1. Developing a personcentered learning community that promotes interprofessional care and emphasizes collabo rative partnerships
- 2. Delivering Project
 ECHO programs to
 rural primary care and
 long-term care "spoke
 sites" across the region
 to facilitate
 the dissemination of
 best practices, with a
 focus on addressing
 gaps in services for
 adults with
 behavioral health
 concerns and/or
 substance use
 disorder
- 3. Developing accessible tools to support program planning and implementation
- 4. Engaging students to facilitate early adoption of best practices and reduce stigma and bias in an all-teach, all-learn approach



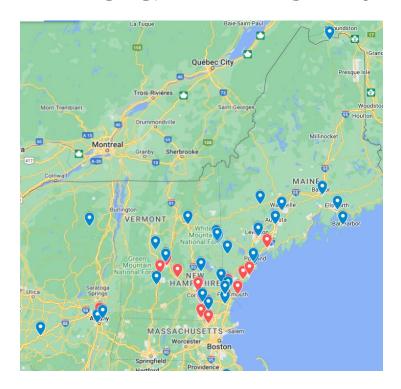




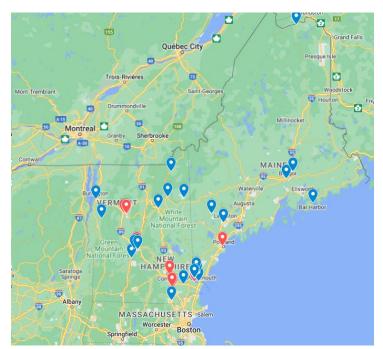


ORGANIZATIONS

Project ECHO®: Aging, Community & Equity (PEACE)

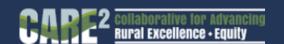


Substance Use Disorder (SUD) ECHO®















PARTICIPANTS

Project ECHO®: Aging, Community & Equity (PEACE)



124

TOTAL ATTENDANCE Cohort 2 & 3

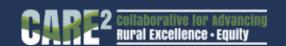
Substance Use Disorder (SUD) ECHO®



171

TOTAL ATTENDANCE Cohort 2 & 3

	SUD			PEACE	
	Cohort 2	Cohort 3		Cohort 2	Cohort 3
Number of unique participants registered per cohort	109	103		103	73
Number of spoke sites participating per cohort	34	48		41	24
Number of student participants	32	15		0	14
Average Attendance/Session	32.5	23.38		27.09	24.88
First time participating in ECHO	25	11		17	
Percentage of Rural Organizations	38.14%	36.84%		50.68%	50.98%









PARTICIPANT ROLE TYPES

The CARE2 Project ECHO programs foster an **interdisciplinary community** where both participants and subject matter experts represent multidisciplinary teams that include community health workers, community-based organizations, geriatricians, medical librarians, nurses, occupational therapists, peer recovery and support professionals, pharmacists, practice administrators, mental health professionals, social workers, students, and more.

	SUD		PEACE		Takal
	Cohort 2	Cohort 3	Cohort 2	Cohort 3	Total
Community Health Worker/Community Health Representative			1		1
Provider (DO/MD, Nurse Practitioner, Physician Assistant)	8	12	3	2	25
Mental/Behavioral Health Professional	5	7		1	13
Nurse	9	9	2	3	23
Patient Navigator/Care Coordinator		1	4	5	10
Peer Support Worker/Peer Education		2			2
Pharmacist		2			2
Practice administrator or leader	7		12	13	32
Social Worker/Case Manager	7	4	3	8	22
Teacher/Clinical Faculty			1	2	3
Other allied health professional		1			1
Other non-clinical professional				2	2
Student (RN, Pharmacy, Public Health, Social Work, PMHNP)	22	22		13	57
Chose not to reply	37	15	47	2	101
Total	95	75	73	51	294









PARTICIPANT RESPONSE

Have you made changes to the care you provide based off strategies learned in the ECHO?

"Yes - I have found the recommendations to be helpful and they have challenged me to think more critically about challenging patient issues" - SUD ECHO Participant "Reminding others of the need to remember goals should be client-centered." - PEACE Participant

Has attending the ECHO changed your clinical decision treatment protocols?

"Yes, increased discussion among providers." - SUD ECHO Participant

"Thinking more about long COVID." - PEACE Participant

Has attending the ECHO resulted in the implementation of person-centered goals with your patients?

"Focusing more on all areas of care." - PEACE Participant

"Revised assessment tools." - PEACE Participant

"I know more about community referrals." - PEACE Participant

"I have had the privilege of participating in both the SUD and PEACE ECHO CARE2 programs, both as a participant and a case dilemma presenter. I live in extreme northern Maine where geographic distance is a barrier to my participation in teaching and learning experiences. Both the SUD and PEACE ECHO programs are presented via Zoom, which facilitates my attendance, learning, and contribution. ECHO's all teach, all learn model is something which resonates deeply with me as a college educator and as a lifelong learner. This model also enhances my clinical counseling work with clients because I often bring the knowledge that I have gleaned from the ECHO programs into my sessions with them."

Lisa Lavoie, PhD, MAIS, LCPC, CADC, CRC, Asst. Professor of Behavioral Science, University of Maine at Fort Kent











IMPACT

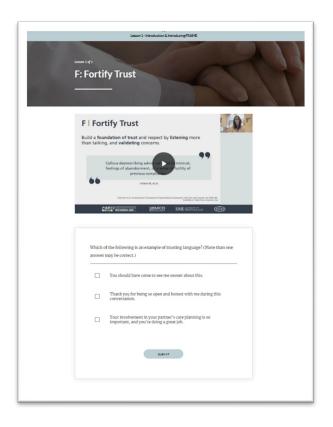
Asynchronous eLearning

The CARE2 program developed a 3-part asynchronous course in Project Year 2.

Register for free to find these nocost modules on

www.telehealthclassroom.org

- Join Dr. Sydney Springer from the University of New England as she teaches learners on various topics in deprescribing including having the patient conversation, deprescribing for dementia, and more.
 - Module 1: Introduction to Deprescribing
 - Module 2: Deprescribing for Dementia
 - Module 3: Deprescribing: Having the Patient Conversation



Needs Assessment Report

During the 2022-2023 project year, the University of Maine provided CARE2 with a multistate needs assessment to inform ECHO curricula for behavioral health, substance use, and social connection needs for adults and older adults. Read the full report at ruralcare2.org

Project ECHO® Programs Participants are asked to complete a pre and post survey, that includes assessment of their knowledge and confidence around each topic area being covered. We internally calculate percentage change in knowledge and confidence after having attended the sessions.

	Substance Use Disorder ECHO® (SUD)		Project ECHO®: Aging Community and Equity			
	Knowledge	Confidence	Knowledge	Confidence		
Year 2/Cohort 2 (2022)	82%	94%	58%	67%		
Year 3/Cohort 3 (2023)	100%	100%	91%	82%		









FUTURE CONSIDERATIONS

Project Year 2 of CARE2 underscored the importance of employing an interdisciplinary approach to aid individuals with memory impairment and embracing a whole-person methodology for treating substance use disorder.

Project Year 3 aimed to take a specific focus area with the curriculum development of our Project ECHO programming.

With two more years in the funding period, we will aim to expand our network of ECHO participants and continue to develop curriculum that evolves with current best practices around behavioral health, aging equity, substance use, and the impacts of COVID-19. We will continue to integrate program evaluations and survey responses to gain a comprehensive understanding of the needs of the rural communities we serve.



visit us at ruralcare2.org









REFERENCES

Johnson KM, Stewart SI, Mockrin MH. Demographic Change in the Northern Forest. Carsey Institute, University of New Hampshire; 2012:8. Accessed June 16, 2016. http://www.carseyinstitute.unh.edu/publications/IB-Johnson-Northern-Forests.pdf

Language Access: Interpreters and Translators | Vermont Judiciary. Accessed June 23, 2021. https://www.vermontjudiciary.org/programs-and-services/language-access-interpreters-and-translators

NH Judicial Branch. NH 2020 Language Access Plan. https://www.courts.state.nh.us/sitewidelinks/2020-Language-Access-Plan.pdf

Nalbandian A, Sehgal K, Gupta A, et al. Post-acute COVID-19 syndrome. Nat Med. 2021;27(4):601-615. doi:10.1038/s41591-021-01283-z

Malani P, Kullgren J, Solway E, Gerlach L, Singer D, Kirch M. National Poll on Healthy Aging: Mental Health Among Older Adults Before and During the COVID-19 Pandemic. University of Michigan; 2021. Accessed June 21, 2021. http://deepblue.lib.umich.edu/handle/2027.42/167308

Eden J, Maslow, K, Le M, Blazer D. The mental health and substance use workforce for older adults: In whose hands? Committee on the Mental Health Workforce for Geriatric Populations, Board on Health Care Services; Institute of Medicine. Washington, DC. National Academies Press. 2012.

Hajjar ER, Hanlon JT, Sloane RJ, et al. Unnecessary drug use in frail older people at hospital discharge. J Am Geriatr Soc. 2005 Sep;53(9):1518–1523.

Usher, K, Bhullar, N, Jackson, D. Life in the pandemic: Social isolation and mental health. Journal of Clinical Nursing. April 2020

Bethell J, Aelick K, Babineau J, et al. Social Connection in Long-Term Care Homes: A Scoping Review of Published Research on the Mental Health Impacts and Potential Strategies During COVID-19. J Am Med Dir Assoc. 2021;22(2):228-237.e25. doi:10.1016/j.jamda.2020.11.025







