Project ECHO Demonstrates Potential For Primary Care Telehealth Programs in Diabetes Care

Participation in a tele-mentoring program led by Robert Wood Johnson Medical School was associated with a 44% decrease in inpatient admissions and a more than 60% decrease in inpatient spending among Medicaid patients with diabetes. Joel Cantor, ScD.

Use of telehealth and tele-monitoring programs by primary care providers could reduce the number of hospitalizations among Medicaid patients with diabetes, according to a new study from Robert Wood Johnson Medical School (RWJMS).

An analysis of data from Project ECHO, results of the study suggest participation in the primary care-based tele-mentoring program was associated with a 44% decrease in inpatient admissions and a more than 60% decrease in inpatient spending, which investigators purport demonstrate the potential for similar programs to improve care and improve patient outcomes on a larger level.

“This evaluation showed encouraging results about the potential of the Project ECHO model for treatment of diabetes in Medicaid patients,” said lead investigator Joel Cantor, ScD, director of the Center for State Health Policy at Rutgers Institute for Health, Health Care Policy and Aging Research, in a statement. “To date, few studies have rigorously examined patient outcomes of Project ECHO, and our novel approach holds promise for replication in other applications of the Project ECHO model.”

Project Extension for Community Healthcare Outcomes (ECHO) was launched in 2003 with the intent of assessing the practical application of telehealth and tele-mentoring programs. As part of the Project ECHO programs, EndoECHO was created to assess the impact of these programs in patients with diabetes and other endocrine diseases. Included in EndoECHO was 5 years of New Jersey Medicaid claims data from more than 1700 patients with diabetes that were selected for inclusion in the investigators’ analyses.

From EndoECHO, investigators identified a cohort of 1776 patients, including 318 with diabetes for inclusion. For the purpose of analysis, investigators created a comparison cohort based on physician and patient panel characteristics using exact and statistical distance matching. This cohort contained 9126 patients, including 1454 with diabetes.

The primary outcomes of interest for the investigators’ analyses were utilization and spending for total inpatient, diabetes-related inpatient, emergency department primary care, and endocrinologist services. Additional outcomes of interest included utilization of HbA1c tests, eye exams, and diabetes prescription medication and total Medicaid spending.

Analysis of patient data indicated participation in the telehealth program was associated with 3.1 fewer inpatient admissions per 100 patient-quarters from preprogram to post-program,

which represents a 44.3% reduction. Additionally, results suggested the inpatient spending per patient was $327 lower among participating providers per quarter compared to patients of nonparticipating providers, which is representative of a 61.9% reduction. Investigators pointed out estimates of program effect on total Medicaid spending were similar to the magnitude of reduction observed in hospital spending, but it did not achieve statistical significance.

“Primary care providers are faced with challenges when caring for patients with complex needs. Programs like EndoECHO support physicians by strengthening their skills and confidence in managing patients with complicated endocrinological conditions like diabetes,” said Louis Amorosa, an endocrinologist at Rutgers RWJMS and co-lead of the Rutgers EndoECHO program.

This study, “Impact of a Provider Tele-mentoring Learning Model On the Care of Medicaid-enrolled Patients With Diabetes,” was published in *Medical Care*.

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