The health care barriers faced by rural residents of Nevada are daunting.

Rural populations tend to be older and in poorer health, with higher rates of obesity and harmful habits, such as tobacco use. Rural residents are more reliant on public health insurance programs, like Medicare and Medicaid, and are less likely to receive insurance coverage through an employer as compared to urban residents.

Common challenges faced by hospitals and clinics serving rural Nevadans include recruiting (and keeping) primary care doctors and other professionals. Rural health providers also face the ongoing challenge of dealing with the surgical and specialty care needs of their patients – particularly, the management of complex chronic conditions, such as cancer and diabetes, and the treatment of mental health and substance abuse issues.

Perhaps the key health care delivery issue for rural residents and communities in Nevada is how best to overcome the spatial isolation and enormous geographical distances that characterize living in most rural and frontier areas of the state. In the 15 rural communities fortunate to possess a community hospital, for example, the average distance to advanced trauma care, medical specialists, and other already scarce resources in Reno or Las Vegas is 115 miles.

Tapping the promise of telehealth

A new initiative from the University of Nevada School of Medicine – Project ECHO Nevada – holds considerable promise in overcoming many of these challenges. Project Director, Dr. Evan Klass contends that “Project ECHO will fundamentally change the delivery of healthcare in Nevada, opening the doors for residents who previously had little or no access to care.”

ECHO – Extension for Community Health Outcomes – replicates the pioneering work of Dr. Sanjeev Arora and his colleagues at the University of New Mexico School of Medicine (echo.unm.edu). It represents a straightforward telehealth application and patient co-management model linking clinical faculty and specialists at the School of Medicine in Reno and Las Vegas with primary care physicians and professionals in rural hospitals and clinics.

Unlike traditional telemedicine consultations – which basically replicate the direct physician-patient consultation through audio-visual technology – ECHO “clinics” connect rural primary care providers disease-specific teams of specialists in Reno or Las Vegas via the state’s telehealth network. The ECHO team provides consultation on the management and treatment of complex conditions prevalent in rural areas of the state through regular didactic sessions and
through the discussion of actual patient cases brought to the team by participating rural providers.

The aim of Project ECHO Nevada clinics is to improve the capacity of primary care clinicians in rural settings to safely and effectively treat common, but complex and chronic conditions.

For rural residents, ECHO means improved access to specialty care, as well as the reduced cost and time spent accessing specialists in Reno, Las Vegas, or Salt Lake City.

ECHO also holds the potential for improved reimbursement for rural hospitals and clinics if patients are treated locally rather than by referral to urban specialists and practices.

Finally, ECHO represents an opportunity to build the clinical capacity of the primary care workforce in remote regions of the state, as well as an opportunity to reduce the professional isolation that typifies work in even the best rural hospital or clinic.

ECHO not only connects the rural primary care practitioner with latest specialty care information, it also provides a connection to a network of colleagues. Upon recently learning about Project ECHO Nevada, a family medicine doctor in Ely said it best: “I’ve been waiting to connect.”

The inaugural ECHO clinic was held in April on the topic of diabetes and cardiovascular disease care – the “diabetes team” in Reno was joined by 16 rural physicians and health care professionals in Caliente, Hawthorne, Owyhee, and Yerington. Additional ECHO offerings being planned for 2012 include clinics on antibiotic stewardship, Hepatitis C, chronic pain management, treatment of depression, and suicide prevention.

“At its heart,” Dr. Klass notes, “Project ECHO is an educational model designed to increase the knowledge base of primary care providers in an effort to bring the same level of healthcare to remote populations as that available in urban areas.”

Project ECHO clinics are open to primary care providers at all levels and include continuing medical education and continuing education credits for participations. For more information, please visit www.medicine.nevada.edu/echo.

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