



INDIAN + COUNTRY

ECHO

LEADING THE WAY ➡➡➡

Northwest Portland Area Indian Health Board

Indian Country Dementia ECHO

Using Technology to Facilitate Diagnosis and Treatment of Dementia

March 12, 2026

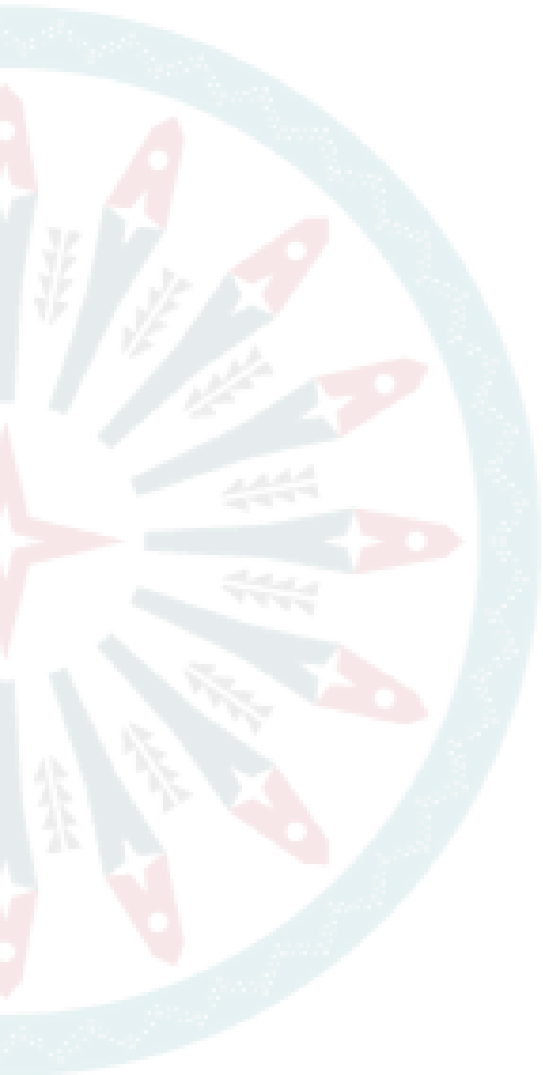
Jessica Rienstra | PMHNP-BC, MSN, RN

Panel: Amber Hoon, LPN; Miguel Flores, Jr., LISAC, CSOT, CEO;
CDR Eric Metterhausen, PharmD, USPHS

*Growing the Ability to Deliver Quality Healthcare to
American Indian and Alaska Native People.*

Agenda

- Introduction to Indian Country ECHO and History
- Dementia Caregiver ECHO and Clinical Dementia ECHO Overview
- Case Presentation and Panel Discussion



Our History



**INSPIRED BY THE STRENGTH
AND RESILIENCY OF
TRIBAL COMMUNITIES, OUR
PROGRAM WORKED HARD
TO CREATE A SOLUTION
TO PROVIDE HIGH
QUALITY CARE FOR THE
COMMUNITIES WE SERVE.**

**TODAY THAT
SOLUTION IS INDIAN
COUNTRY ECHO.**

Why Indian Country ECHO



People need access to quality care for their complex health conditions.



There aren't enough specialists in Indian Country for everyone who needs care.



Indian Country ECHO trains clinicians to provide high quality care.

Patients get the right care, in the right place, at the right time. This improves outcomes.



Clinicians are connected to a learning community of peers and experts.



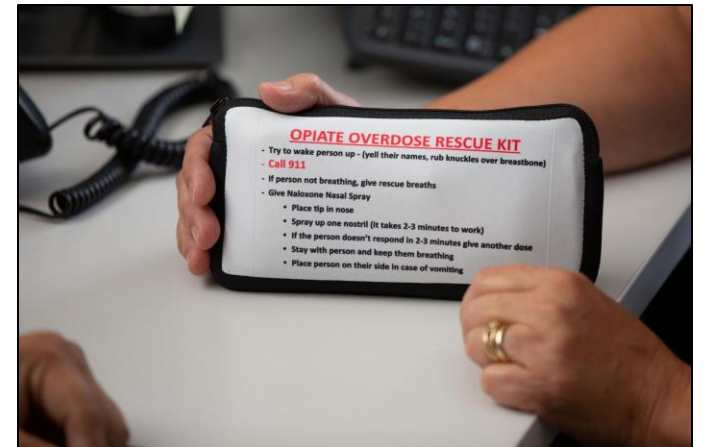
Indian Country ECHO

Free service for I/T/U clinicians:

Designed to enhance care delivery for patients with complex conditions

Offer a variety of services:

Clinical consultation, mentorship, training, and technical assistance & capacity building



Services

Each ECHO program area includes:

- Virtual ECHO clinics
- In-person and virtual trainings
- Technical assistance and capacity building
 - Resources
 - Policies & Procedures
 - Note templates



Virtual Clinics



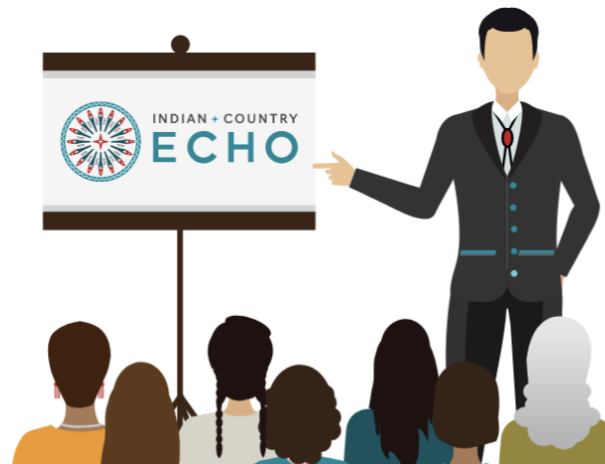
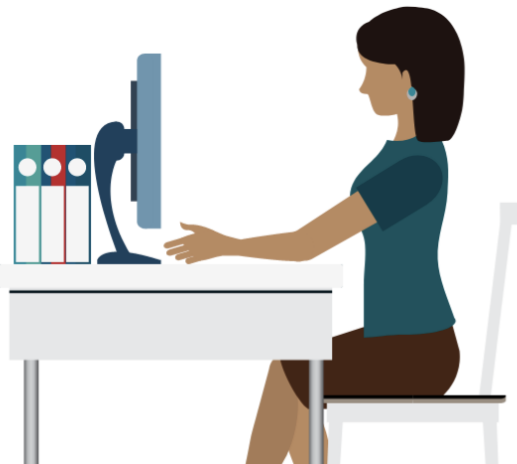
In-person and Online
Trainings



Technical Assistance and
Capacity Building

Indian Country ECHO Program Areas

- Adolescent Health
- Cardiology
- Care & Access for Pregnant People
- Community Health Aide Learning Collaborative
- Community Health Representative (CHR)
- Dementia (Clinical & Caregiver)
- Dermatology
- Diabetes
- Emergency Medicine in Rural & Indigenous Communities (emRIC)
- Emergency Medical Services (EMS)
- Early Relational Health (ERH)
- Grand Rounds
- Harm Reduction
- Hepatitis C (HCV)
- HIV/ AIDS
- Infectious Disease
- Journey to Health (JTH)
- Month in Virology (formerly COVID-19)
- Elders, Knowledge Holders & Culture Keepers
- Oral Health
- Peer Recovery
- Pharmacy-Led Treatment & Recovery Teams
- Rheumatoid Arthritis (RA)
- Substance Use Disorder (SUD)
- Virtual Care Implementation (VCI)



Impact

SINCE 2017:

- 1,200+ virtual ECHO sessions provided
- 60+ in-person and virtual trainings completed
- 72,000+ I/T/U clinicians served
- 2,000+ patient treatment recommendations provided



Clinical Dementia ECHO



Dr. Blythe Winchester MD, MPH, CMD, AGSF, is a board-certified Geriatrician and member of the Eastern Band of Cherokee Indians in Cherokee, NC. She practices at Cherokee Indian Hospital and is the Certified Medical Director at Tsali Care Center.



Dr. Eric Metterhausen, PharmD, BCPS, CPP, CPH, serves as the Advanced Clinical Pharmacist Supervisor at Cherokee Indian Hospital. He also serves as a Commander in the **United States Public Health Service**.



Debra Miller, BSW, CSW, serves as the Tribal Dementia Care Specialist for the Oneida Nation located in Oneida, WI.



Dr. Laura Byerly is an Assistant Professor of Medicine in the Division of General Internal Medicine & Geriatrics at Oregon Health & Science University (OHSU).



Dr. Kristoffer Rhoads, PhD, is a clinical neuropsychologist specializing in dementia and neurodegenerative disorders and serves as the primary neuropsychologist at the University of Washington Memory and Brain Wellness Center.

Join Us!

2nd Thursday of Each Month | 11:00am – 12:00 PT

Dementia Caregiver ECHO



Neil Henderson, PhD, is Professor Emeritus of Medical Anthropology at the University of Minnesota Medical School, Duluth campus, and former Executive Director of the Memory Keepers Medical Discovery Team. He is Oklahoma Choctaw.



Chandra Wilson, MSW, was raised primary by her grandmother, and is Klamath, Modoc, and Yahooskin-Pauite of the Klamath Tribes of Oregon and was raised on the Warm Springs Indian Reservation. She is a health professional and social worker with a clear personal and professional goal to do work that will improve the health status of Native American people.

Join Us! 4th Thursday of Each Month | 11:00am – 12:00 PT



2025

17

Hour-long virtual ECHO clinics

483

Total participants

189

Unique participants

127

Tribes and organizations*

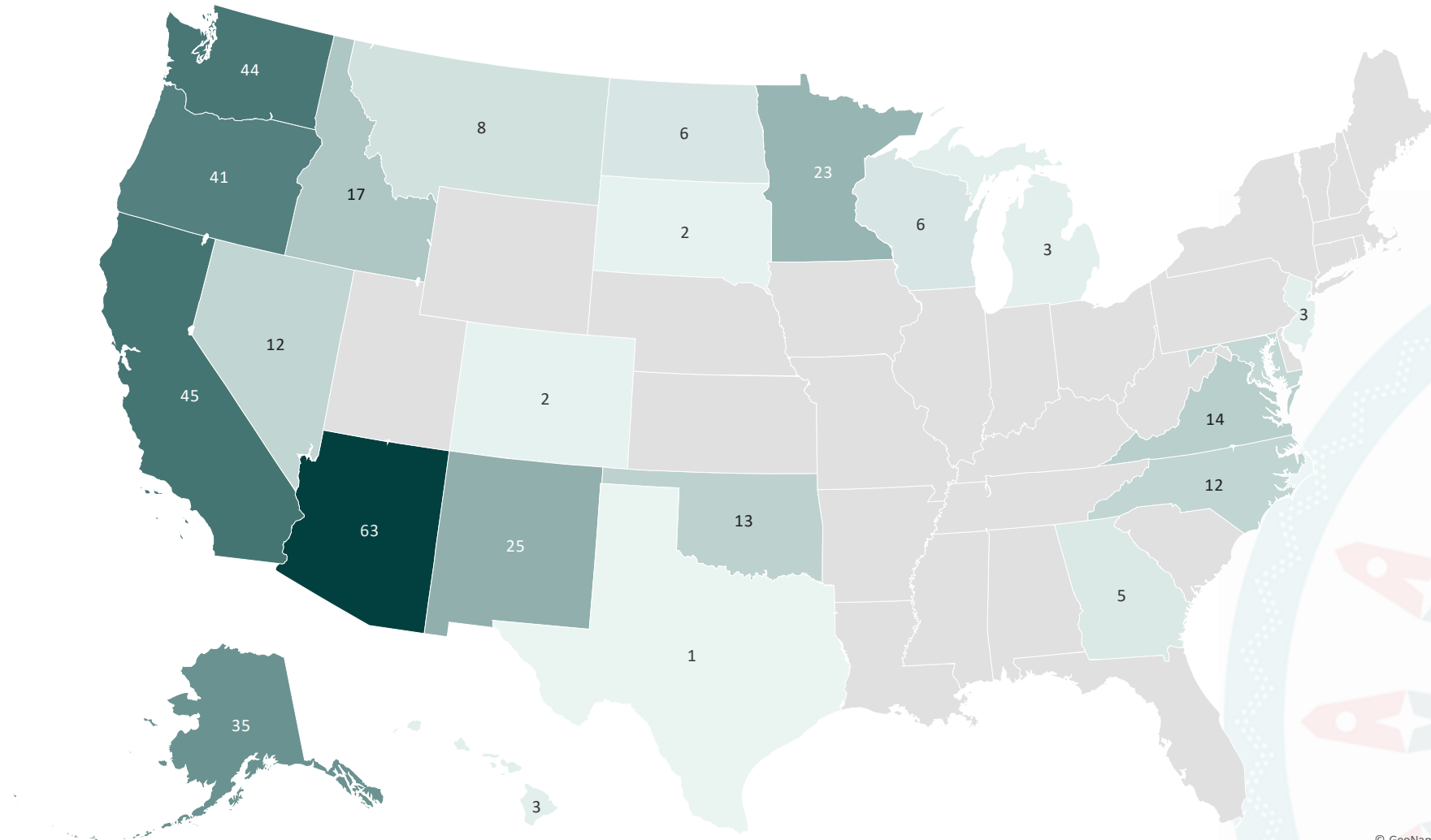
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States across 12 IHS Regions

223 524

Caregiver & Clinical listserv recipients

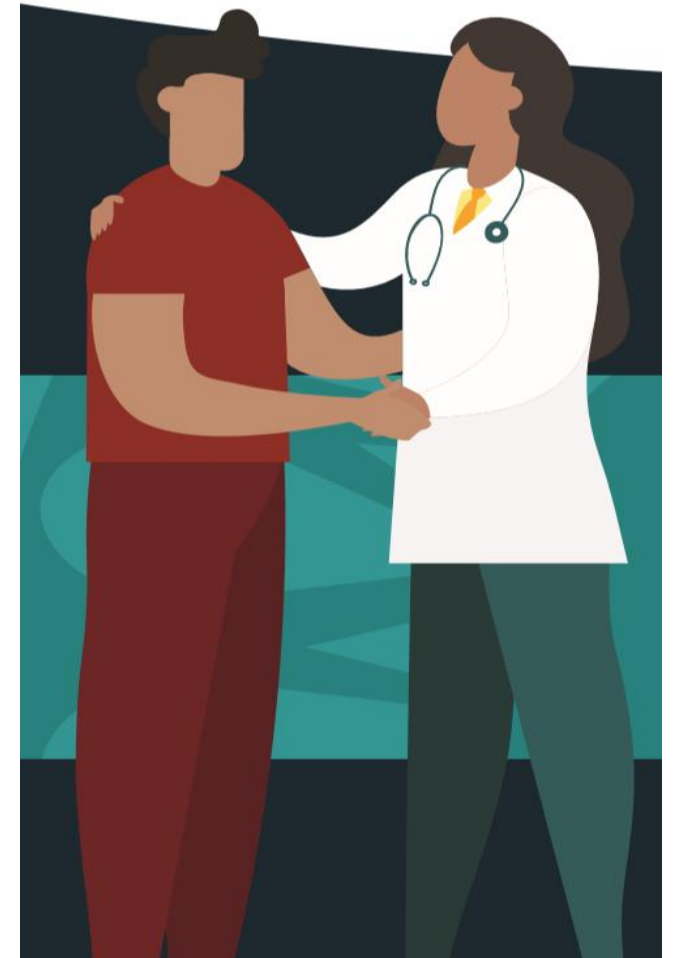
2025



Virtual ECHO Clinics

Clinicians and health leaders convene to:

- Present and discuss patient cases
- Receive up-to-date treatment recommendations and best practices
- Get advice from specialists and peers
- Participate in didactic presentations and obtain free CE credits



Case Study: Patient Overview

74-year-old Native American woman who presented to the clinic with her daughter for follow up of her diabetes. She has not been seen in over 1 year. During the visit, the patient's daughter reported "My mom's memory has been getting worse over the past year."

Functional Status

Independent with **basic Activities of Daily Living (ADL)**

- Bathing
- Dressing
- Feeding

Instrumental ADL difficulty

- Finances
- Medication management

Key Cognitive Symptoms

- Forgetting recent conversations
- Repeating stories within same day
- Difficulty managing finances
- Trouble organizing medications

Case Study: Medical History & Examination

Past Medical History

- Type 2 diabetes (15 yrs)
- Hypertension
- Hyperlipidemia
- Stage 3 Chronic Kidney Disease
- Diabetic neuropathy
- Osteoarthritis

Medications

- Metformin
- Lisinopril
- Atorvastatin
- Gabapentin
- Oxybutynin

Neurologic Exam

- Oriented to person/place; unsure of date
- **Delayed recall:** 1/5 at 5 minutes
- **Executive dysfunction:** abnormal clock draw
- Language intact
- Slow but steady gait with cane

Cognitive Testing

- **MoCA: 22/30**
 - Delayed recall deficit
 - Mild executive dysfunction
 - Reduced attention

Case Study: Medical History

Behavior / Mood Changes

- Increased irritability per daughter
- Patient reports **reduced motivation and enjoyment**
- Less involvement in **tribal cultural activities**

Safety Concerns

- Got lost once while driving → **stopped driving**
- No wandering
- No stove safety issues

Negative Features

- No hallucinations or delusions
- No acute confusion or fluctuations
- No rapid decline

Caregiver Context

- Daughter provides support
- Also caring for **grandchild** → **caregiver stress**

Questions?



Additional Information

Laboratory Evaluation

- CBC, TSH, B12: Normal
- CMP: Stable CKD
- HbA1c: 9.8%**

Clinical Features

- Progressive cognitive decline (12 months)
- Memory and executive deficits
- Impairment in instrumental ADLs

MRI Brain

- Mild generalized cortical atrophy
- Mild hippocampal volume loss
- Mild chronic small vessel ischemic changes



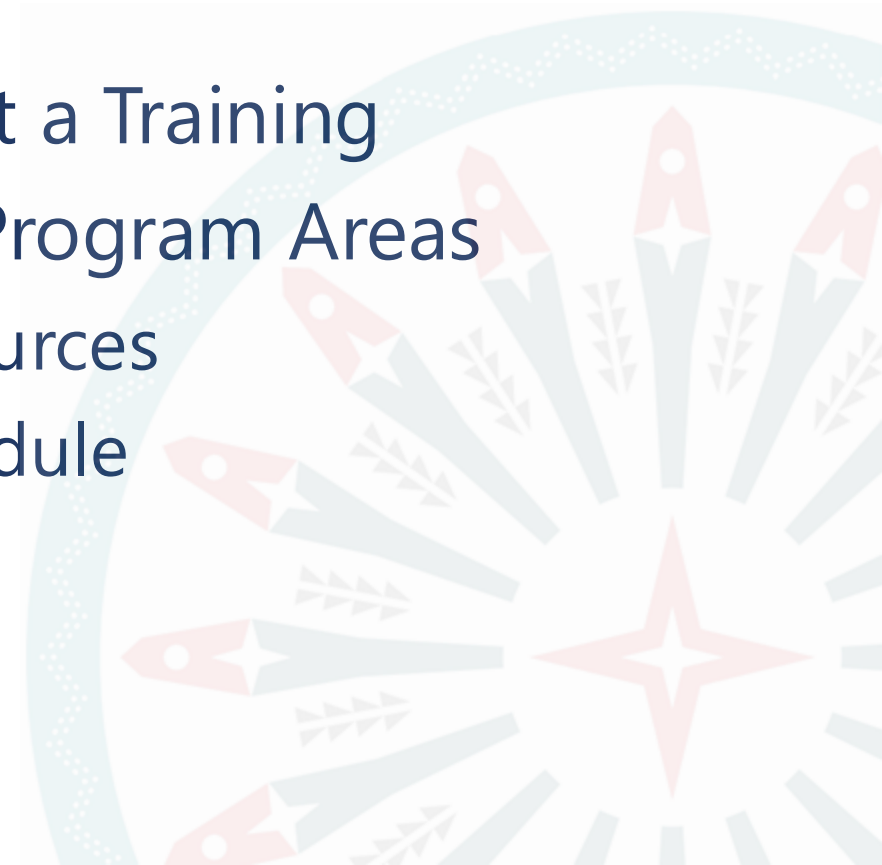
Recommendations



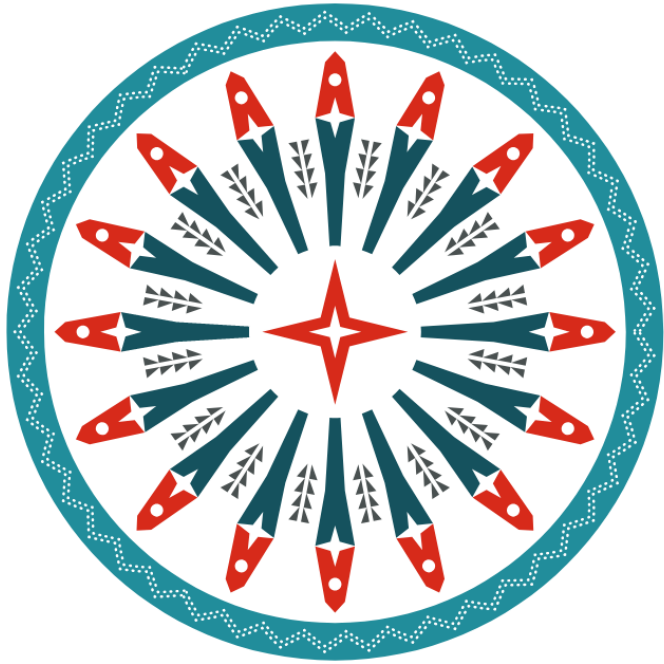
Contact Us

Interested in learning more? Email us at **ECHO@npaihb.org**.

- Join Us
- Ask a Clinical Question
- Submit a Case
- Request Technical Assistance
- Request a Training
- ECHO Program Areas
 - Resources
 - Schedule



Thank you



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Email: ECHO@npaihb.org

