Mission Possible: Implementing eConsult in the Los Angeles County Healthcare System

INTRODUCTION

With the full implementation of the Affordable Care Act fast approaching, providers are getting ready by making changes to their current systems. They are preparing for an influx of newly insured patients, attempting to position themselves as providers of choice within their communities and working on developing health homes and accountable care organizations. There is growing recognition that healthcare systems need to become more integrated to achieve the "Triple Aim" goals of improved health outcomes, enhanced patient experience and reduced healthcare costs. The current fragmented system can hinder organizations' ability to reach these vital goals.

Blue Shield of California Foundation believes that integration and coordination of services across the safety net is critical to achieving a stronger, more effective system of care for California's underserved. To this end, in 2011, the Foundation supported the work to implement an electronic specialty care referral and consultation system in Los Angeles County. This brief describes the process that led up to the implementation of the system, presents initial results and shares key learnings for others who may be interested in pursuing a similar project.

→ Working Within a Complex Healthcare System

Los Angeles County's public healthcare system serves over 10 million residents. The system—second in size only to New York—includes four hospitals, two multi-service ambulatory care centers, six county comprehensive health centers and numerous private, community health centers that all serve low-income and uninsured patients. This busy system is often overcrowded, which can lead to long wait times—sometimes up to nine months—to see a specialist. Protocols for when and how to refer patients vary across specialists, differing by facility and even by departments within a facility. These limitations hinder primary care providers' ability to deliver quality, timely services and manage their patients' conditions. The fractured referral system can cause confusion, create inefficient scheduling and impede communication among providers, all of which increases stress and costs in the safety net system.

When primary care physicians need to refer patients to a specialist, they typically contact the specialist through a call, a fax with written notes or through Los Angeles County's electronic Referral Processing System. In this system, administrative and clinical staff manually review referrals, then approve or

reject them based on available capacity and/or clinical guidelines for each available healthcare organization. Given that no standard guidelines exist to serve the clients in the safety net system, some safety net providers send referrals to multiple specialists with the hope of increasing the chance of securing an appointment for their patient. Consequently, the system is plagued with unnecessary appointments, appointment backlogs and unprocessed referrals.

➜ Introducing eConsult to L.A. County

Key leaders at the Los Angeles County Department of Health Services previously worked together within San Francisco's healthcare safety net. While in San Francisco, these leaders participated in a successful electronic referral and consultation system, which resulted in positive outcomes, such as reduced wait times for specialty care appointments, elimination of unnecessary visits and enhanced primary care provider understanding of patients' needs. Given the challenges with Los Angeles County's Referral Processing System and their intimate knowledge of this eReferral, or eConsult, project, they decided to replicate the system in the Los Angeles healthcare safety net. [1]

The eConsult system allows primary care providers and specialists to hold a Web-based conversation about the patient's conditions and determine the optimal manner of care. The term eConsult refers to both a set of technological tools as well as the process of provider engagement and communication that is facilitated through the system. The process aims to build capacity in the healthcare system by increasing primary care providers' ability to address specialty care issues at the patients' medical home and reducing the need for in-person visits with a specialist.

"Access is a problem in the safety net system. There are extremely long delays for specialty care appointments... eConsult is helping to address that."

—Brian Nolan, Community Clinic
Association of L.A. County

TYPICAL E-CONSULT PROCESS

A patient visits their primary care provider with symptoms that the provider cannot address on their own.

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The primary care provider uses the eConsult system to initiate a Web-based conversation with a specialist about the patient's symptoms.

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The eConsult system prompts the primary care provider to provide information, such as the patients' present illness, progress notes and specific clinical questions.

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An alert is sent to the specialist's e-mail which prompts the specialist to log in to the eConsult system to review and respond to the request.

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A secure, Web-based dialogue begins between the primary care provider and the specialist where they can discuss the case and ask follow-up questions.

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Based on the clinical question, the specialist makes recommendations for the primary care provider to treat the patient on site or refer them to a specialist for an in-person appointment.

In 2009, L.A. Care Health Plan, the nation's largest publicly operated health plan, decided to model the San Francisco eReferral system by launching an eConsult pilot project with 45 practices within their contracted provider network.[2] Initial results from the pilot showed improved communication and a reduced need for in-person specialty visits.

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[1] eConsult system is known as the eReferral system in San Francisco.

[2] L.A. Care serves more than one million Los Angeles County residents through free or low-cost health insurance programs (e.g., Medi-Cal, Healthy Families).

Based on the encouraging results from the pilot project, two years later in 2011, L.A. Care invested $1.5 million in expanding the eConsult system to more clinics within the healthcare safety net. The Los Angeles County Department of Health Services also received a $500,000 grant from Blue Shield of California Foundation for the project.

Initially, four partners collaborated on this project: the Los Angeles County Department of Health Services, MedPOINT Management, the Community Clinic Association of Los Angeles County and Health Care L.A. Independent Physicians Association. L.A. Care took on the management of the project as part of its community benefit efforts.

In its role as project manager, L.A. Care finances and supports the implementation of the technological infrastructure and the workflow redesign efforts at participating clinic sites. The pilot project reinforced the viewpoint that technology tools are necessary for success, but not sufficient by themselves. The eConsult project needed to develop common referral standards as the next step for the project's success.

COMPONENTS OF LA COUNTY'S E-CONSULT PROJECT

- **Implementing the technology.** Licensing the Web-based software to deliver a common platform for provider referral, consultation and communication.
- **Redesigning clinic workflow.** Developing processes that primary care providers can use to integrate the new system in their day-to-day practice.
- **Standardizing referral guidelines.** Creating agreed upon standards to guide primary care physicians' referrals in the eConsult system.
- **Creating a culture of collaboration.** Changing the way primary care providers and specialists communicate and consult with each other.

"This represents an exciting milestone in the effective delivery of specialty services to our patients."

—Dr. Paul Giboney, Los Angeles County Department of Health Services

➜ Starting the Work Groups

The grant from Blue Shield of California Foundation was used to support small work groups of primary care providers and specialists to develop standards and guidelines for referrals in seventeen specialty areas to date:

- Cardiology
- Dermatology
- Neurology
- Ophthalmology
- Podiatry
- Women's Health
- Gastroenterology
- Urology
- Rehabilitation services
- Endocrinology
- Hepatology
- Orthopedics
- Otolaryngology
- Rheumatology
- Sleep medicine
- Hematology
- Nephrology

Rather than select specialties solely based on high appointment demand, the project partners selected areas where people could champion the effort in their respective specialties. Each work group is composed of at least one specialist from each county facility as well as primary care provider representatives from the local county and community clinics. They also have an appointed physician chair who provides guidance and leadership to the group. Over time, the project intends to add more work groups that will develop standards for additional specialties and include the ability to make specialty-to-specialty eConsults.

"I believe most innovation has to be led by a champion."

—Dr. Hal Yee, Los Angeles County Department of Health Services

The project contracted with Community Partners, a Los Angeles-based nonprofit organization that supports community initiatives, to provide facilitation, promote engagement and handle logistics for the work groups.

➜ Framing the Work

As the work groups embarked on developing referral standards, they agreed to follow two rules: 1) everyone in the group would need to agree on the guidelines so they could be implemented more easily across the county and 2) the referral guidelines had to be budget-neutral to help make the processes sustainable in the long term.

Before drafting guidelines, the work group participants define and redefine their thinking about specialty care. Using discussion questions to spark ideas, the groups consider ways to decompress the current, congested system:

- What are the essential specialty care services that should be provided to a patient? What services are not essential that can be reduced?
- Where is the best place (e.g., medical homes, specialty clinics) to provide certain specialty care services when they are needed? How can patients begin controlling conditions closer to their home?
- Who is the right provider to deliver these specialty care services? Can certain services be provided by a specialist, a primary care provider, a nurse?
- What is the optimal way to provide specialty care? What can be done differently?

They approached the work without assuming that access to specialty care needed to equate to an in-person visit with a specialist. Participants wanted to create standards that would match the intention of eConsult: to increase the capacity of primary care providers to deal with patients' conditions through access to consultation with a specialist.

"The eConsult work groups are exceedingly successful in obtaining widespread provider agreement on how to best take care of people that have certain problems."

—Dr. Mitchell Katz, Los Angeles County Department of Health Services

➜ Developing & Agreeing on Standards

For the first time, these work groups are coming together to create mutually agreed upon standards across hospitals and clinics in the expansive Los Angeles safety net system. The work groups are reviewing nationally recognized referral guidelines, developing templates for provider consultations and creating guidelines on how primary care providers should manage common conditions within their practice and within the realities of the Los Angeles County healthcare safety net system.

Some of the groups have established referral standards that are being implemented across the system, while other work groups are in the process of finalizing their standards. It has taken more time than expected to obtain provider approval of the guidelines, but each group plans to have a finished set of standards.

➜ Maintaining Provider Engagement

The project partners' initial goal was to engage between 7 and 10 providers in each work group with an equal number of specialty care and primary care physicians. The specialists have participated fully and willingly volunteer their time, but the groups have encountered difficulties engaging primary care providers to the same extent. The project reimburses the physicians time for $100 per hour; however, this has not enticed enough primary care providers to spend time away from their busy clinic sites. Given that an essential objective of the eConsult system is a culture of collaboration and mutually agreed upon standards that meet the needs of both specialists and primary care providers, the full participation of both groups remains critical.

With Community Partners' assistance, project leaders are developing strategies to more fully engage primary care providers. As a solution, new primary care provider advisory boards have been established, through which specialists can seek advice as they develop system-wide effective practices. Project leaders plan to reach out through local clinic consortium meetings to engage additional primary care physicians and continue to build a spirit of collaboration among the providers.

→ Seeing Initial Results

The eConsult system went live in August 2012 across an initial group of 7 clinic sites. As of September 2013, the eConsult system is in use at 126 clinic sites in Los Angeles County—40 Los Angeles Department of Health Service sites and 86 community health center sites.

Over 30,000 consultations have been exchanged across the eConsult system among the 14 specialty services that have been launched. Many of these consultations have resulted in a resolution of the patient's issues, without the need for an in-person visit to a specialist (Exhibit 1). Project partners report a significant shift toward a more coordinated approach to patient care as providers share more information and data. They are beginning to see the silos between providers erode and think this is in part due to the trust and empowerment generated from the work groups and eConsult system.

Exhibit 1
Preliminary eConsult Outcomes

Specialty	Number of eConsults	% Reduction of In-Person Visits
Cardiology	2801	55%
Echocardiogram	107	40%
Dermatology	5696	40%
Diabetes	61	59%
Neurology (adult)	2526	59%
Neurology (pediatric)	160	49%
Ophthalmology	6388	13%
Podiatry	1730	22%
Gynecology	3497	26%
Obstetrics	114	39%
Gastroenterology	5659	31%
Urology	2304	37%
Nephrology	743	31%
Endocrinology (adult)	134	55%
Endocrinology (pediatric)	16	69%
Hepatology	65	73%

→ Moving Forward

Over the coming months, the project will use the remaining grant funds to continue supporting work group activities, re-engaging primary care providers, expanding the number of specialties involved in the project and developing a sustainability plan. Future work groups are planned for pulmonary, infectious diseases and general surgery.

In addition, at the end of 2012, Blue Shield of California Foundation granted the project an additional $200,000, and L.A. Care matched this with $250,000 of its own funds. These grants are being used to expand the number of clinics in the project, with plans to grow to a total of 180 clinic sites by the end of 2013, and to support workflow redesign at the new sites.

→ Learning from the Experience

The project partners report many lessons learned through this experience that could be useful to others who are designing, piloting or implementing specialty care referral systems. The lessons below arose from both positive and challenging project experiences:

- **Identify provider champions.** Champions create momentum around a new project and engage others. They are critical for obtaining the needed organizational buy-in.
- **Reach out to primary care providers through existing meetings.** Take advantage of existing meetings (e.g., consortium trainings, physician roundtables) to inform and engage physicians.
- **Ensure enough attention to shifts in culture and workflow.** While technology is important to innovate in healthcare, take time to think about what people need to embrace change. Projects

need to address culture shifts, give adequate time to redesign workflows to incorporate the technology and standardize practices for using the technology tools.

- **Work with providers closely.** Learning how to use a new system can be time consuming and frustrating for providers. Develop minimum standards for utilization and provide adequate assistance to help with the change process.
- **Dedicate staffing to oversee the work.** Assigning a project manager or hiring an external consultant can help ensure steady project progress. Key roles include: planning logistics, facilitating conversations, following up on action items and promoting a shift in culture among physicians.

CONCLUSION

The implementation of the eConsult referral and consultation system in Los Angeles' healthcare safety net has moved the region closer toward the ultimate goal of coordinating and integrating care across healthcare safety net providers. While this coordination work can be long and arduous, the connections formed among primary care and specialty providers in the region are addressing important inefficiencies, resulting in more timely and cost-effective access to much needed specialty care. As the program expands, a greater number of safety net providers will be better positioned to work toward the "Triple Aim" goals of improved health outcomes, enhanced patient experience and reduced healthcare costs.