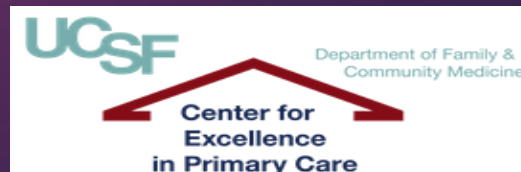




eConsultation Technical Assistance Webinar #1: Background, Conceptual Framework and Early Successes

SEPTEMBER 9, 2015

WEBINAR #1



Agenda

1

- Introductions of grantees
- Overview of program and foundation goals

2

- Background and rationale for eConsultation
- Conceptual framework: an ideal state

3

- Grantee highlights – specialist, PCP and health plan engagement
- Evaluation metrics

From the Foundation

- ▶ Introduction of grantees and program
- ▶ Program vision and objectives

blue  of california
foundation

Why eConsult?

- Specialty care access is persistent challenge for the safety net
- Primary barrier (\$/reimbursement) overcome with ACA, but also results in increased demand for specialty care access
- eConsult improves access, but does so by better aligning appropriate demand with supply
- eConsult shows promise for achieving Triple Aim outcomes: improves patient experience and population health, reduces cost

Spreading Adoption of eConsult in California Safety Net

- ★ early adopters (2)
- ▲ ready implementers (3)
- feasibility assessors (3)
- ✚ prospective new partners (4)



readiness and capacity to
implement eConsult

eConsult Spread Strategy



innovating with relationships

*Community Partners,
UCSF/SFGH & LADHS*



shared measurement

YOU!
Leadership,
commitment
and local
partnerships



leveraging technology

*BluePath Health &
Center for Connected
Health Policy*



catalyzing policy in midst of practice
transformation

*BSCF grant \$ and wisdom from
expert stakeholder convening (August 2014)*

Background and eConsult in Context

THE PRIMARY CARE-
SPECIALTY CARE
INTERFACE AND
REFERRAL

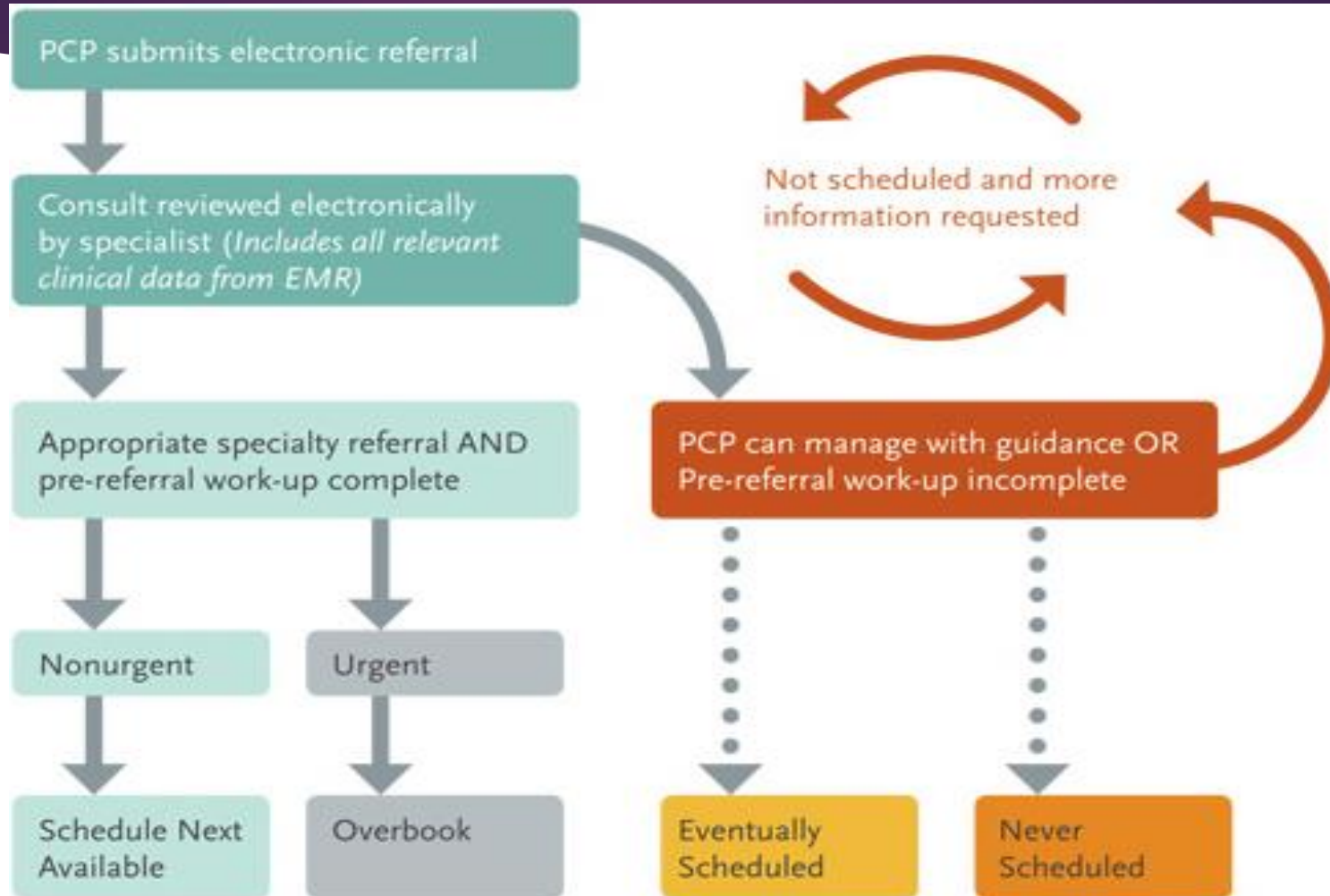


CENTER FOR INNOVATION IN ACCESS AND QUALITY

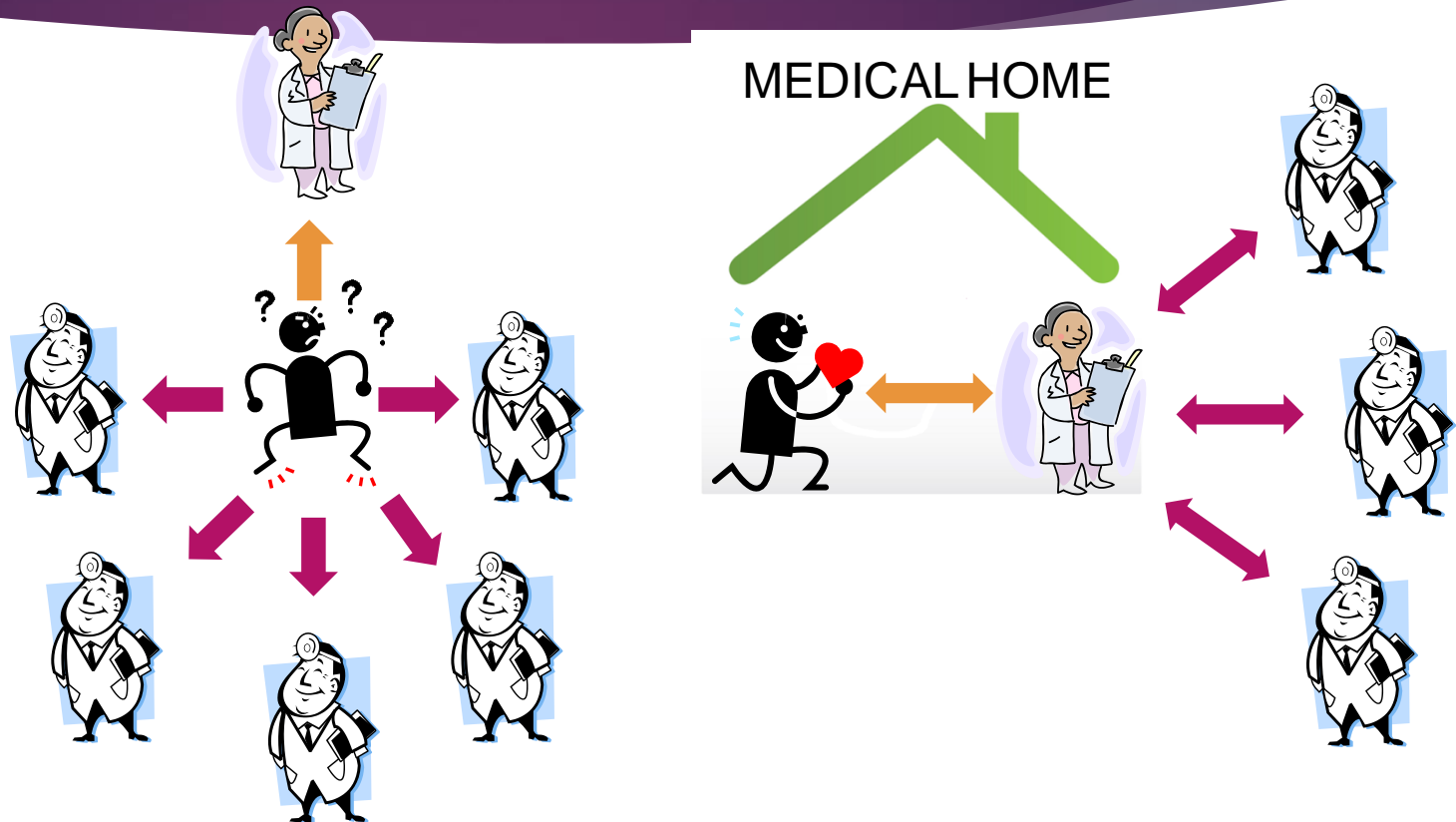
The Problem at SFGH

- ▶ Lengthy wait times for in-person specialty care appointments
- ▶ Inefficient initial specialty care appointments
 - ▶ Referral to the wrong specialty
 - ▶ Incomplete workup
 - ▶ Unclear referral question
 - ▶ Unnecessary referrals/specialty care visits
- ▶ Inequitable triage (first-come, first-served)
- ▶ Primary care and specialty care delivery is segregated

An Innovative Solution: SFGH eReferral Program



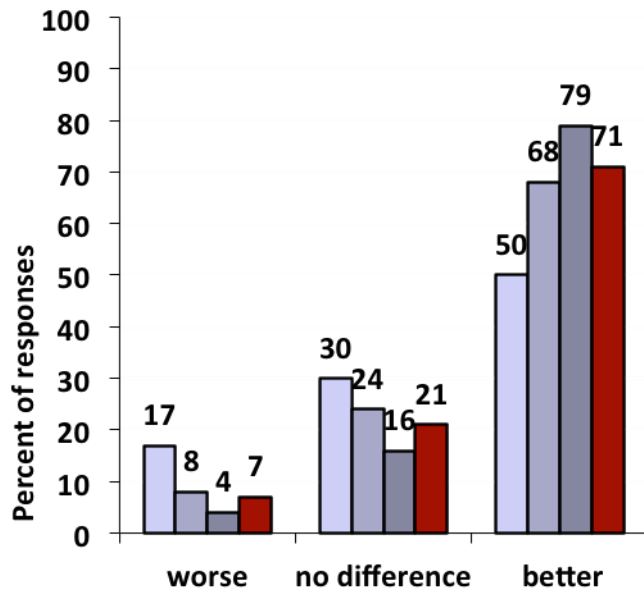
Framework Shift



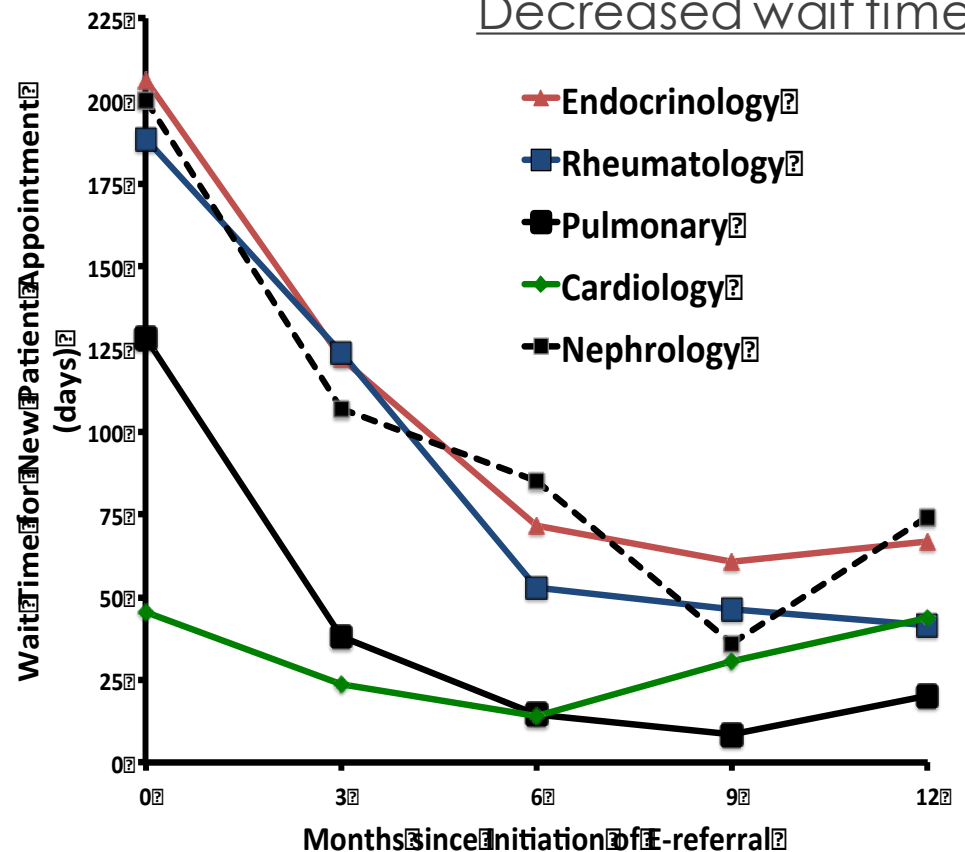
Paradigm shift from focus on “access to *specialty visits* to access to *specialty expertise*”

An Innovative Solution: SFGH eReferral

PCP satisfaction



Decreased wait times



Impact Overview

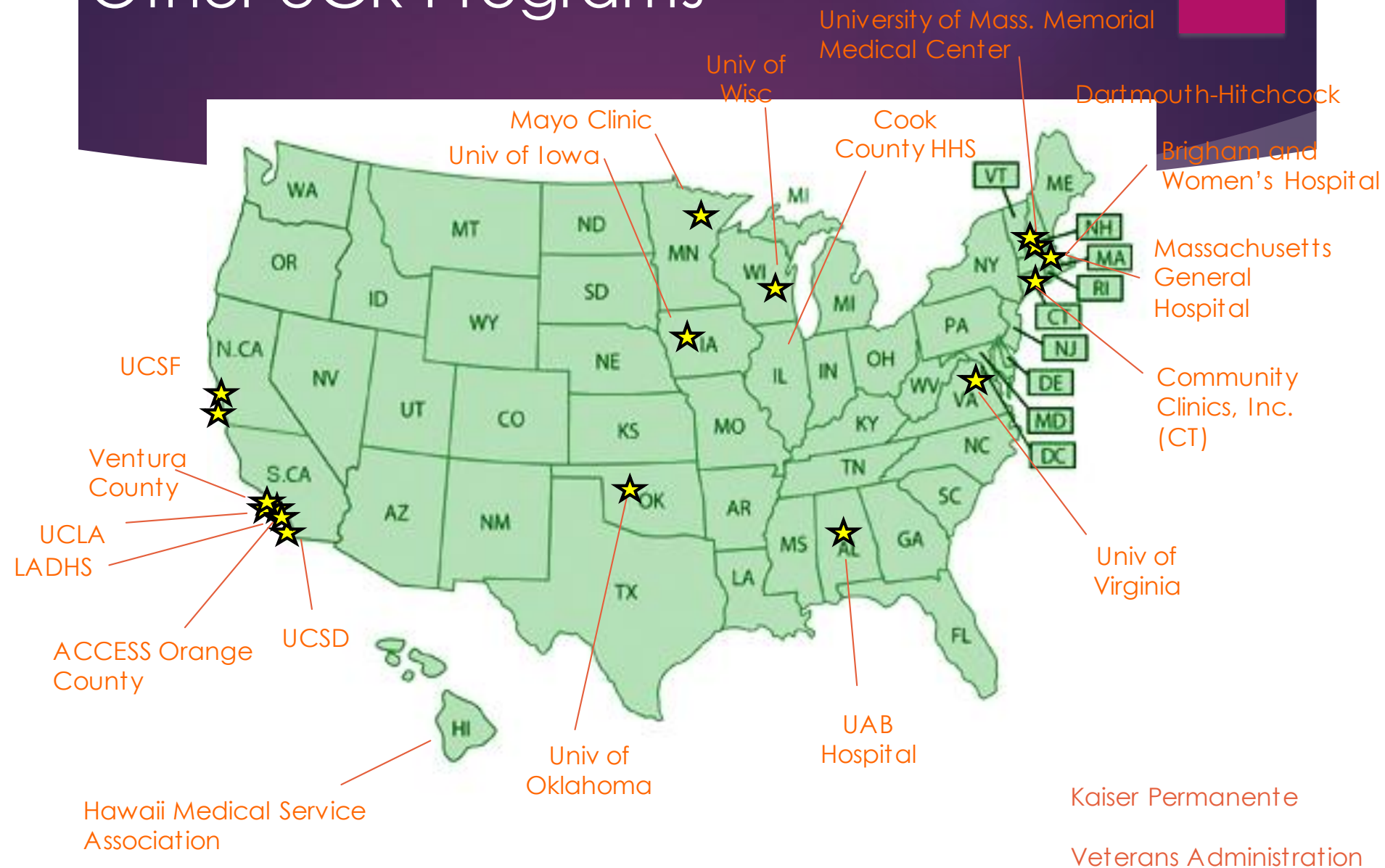
Primary Care

- Reduced wait times
- Quick access to specialist expertise
- Primary – specialty dialogue is recorded in real time in EMR
- Case-based “CME”
- Virtual co-management keeps patients in PCMH, reduces need for external care coordination
- More “balls” in PCP court

Specialty Care

- Reduced wait times
- Avoidance of incorrect referrals
- Ability to clinically triage
- Improved clarity of consultative question
- Increased efficiency of in-person visits
- Formalization of curbsides
- Opportunities to educate, learn
- Increased “case-mix” in clinics

Other eCR Programs



Definitions

eConsult

- Technology enabled
- Request for a patient's condition and treatment to be evaluated by a specialist; does not carry the expectation that a specialist will see the patient
- Bi-directional communication

eReferral

- Technology enabled
- Expectation that patient will be seen by specialist
- Efficient for referral management/tracking and review by specialist

Integrated eCR = electronic consultation and referral system

- Single portal of entry for referring providers; do not require providers to distinguish referrals from consultations
- All submissions are reviewed by a specialist

Drivers of Implementation

Electronic Referrals

- Operational efficiency
 - Tracking
 - Legibility
- Clinical efficiency
 - Redirection
 - Triage
 - Preconsultative diagnostic evaluation

Electronic Consults

- ▶ Access to specialty care
 - ▶ Supply/demand mismatch
 - ▶ Long wait times
- ▶ Decrease leakage
- ▶ Formalize “curbsides”
- ▶ Improve communication
- ▶ Enhance PCP capacity

Integrated eCRs: more culture change; population approach

Facilitators and Barriers

Facilitators

- Engaged leadership
- Established relationships between PCPs, specialists
- Intuitive technology
- Attention to workflow
- Dedicated project management team
- Funding mechanism

Barriers

- ▶ Clinician resistance
 - ▶ PCP workload
 - ▶ PCP workflow
 - ▶ Specialist reviewer workload
- ▶ Lack of integration with EHR
- ▶ Liability concerns
- ▶ Lack of systems support
- ▶ Lack of reimbursement



The Ideal State

A CONCEPTUAL
FRAMEWORK

Innovations for Access - Considerations

- System Goals – What are You Trying Accomplish?
 - Increasing Access to Specialty Care Services
 - Building PCP Case Management Capacity
 - Decreasing Inappropriate Referrals
 - Expediting Scheduling Processes
 - Increasing Communications
- System Users – Who will Be Communicating?
 - Provider-to-Provider (PCP/specialist)
 - Primary Care Org / Specialist Org
 - Patient-to-Provider

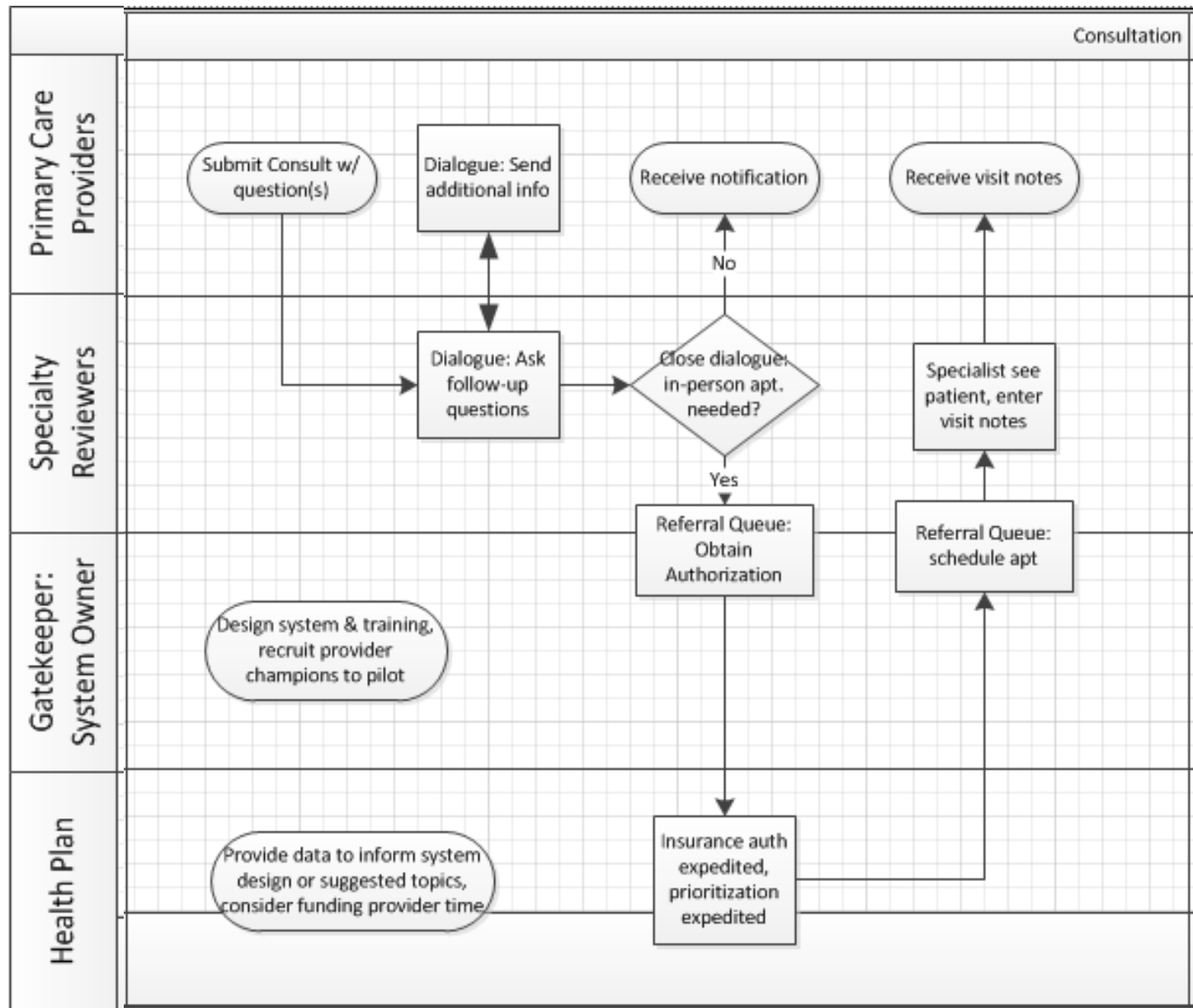
Innovations for Access – “Players”

- Primary Care Providers
 - Geographic Service Area
 - Current Access and Referral Patterns
- Specialty Reviewers
 - Specialty Expertise, Areas of Focus
 - Focus for Specialists Engagement (the “Why”, the “What You Want from Them”: training, consultation, case management support
- Gatekeeper/system owner
 - Manage System Needs – technical capabilities: image capture, secured communication, video, archiving
- Health Plan
 - Metrics for Success: reduce unnecessary referrals, increase access, build PCP capacity, etc.

eConsult

- Considerations
 - Secured email, closed system
 - Provider-to-Specialist consultation
 - Presentation of materials/tests/history for review
 - Creates dialogue for next steps in care/case management
- E.g.: Top specialties applicable, including:
 - Dermatology
 - Endocrinology
 - Gastroenterology
 - Cardiology
 - Urology

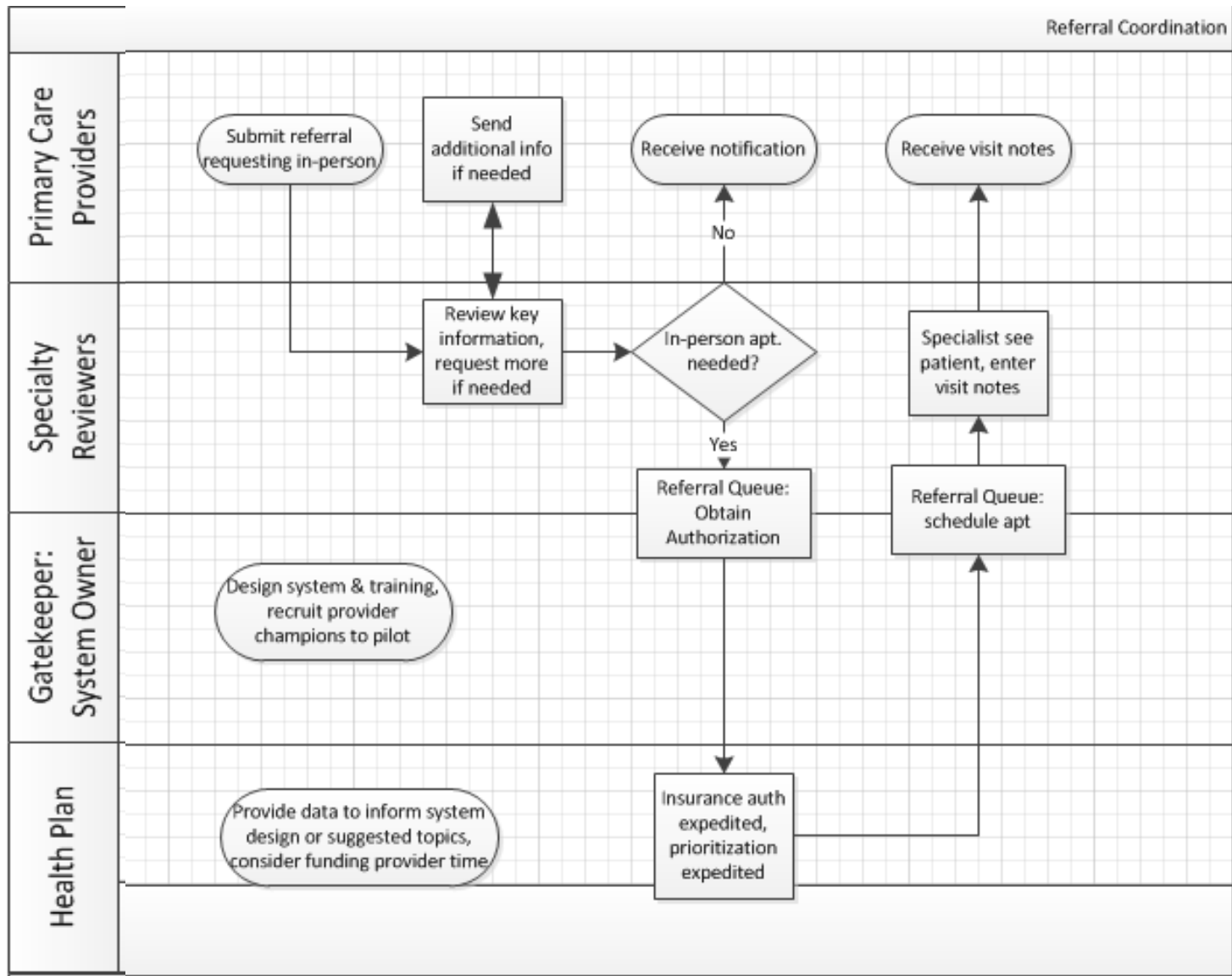
eConsult



eReferral

- Considerations
 - Expedited scheduling/authorization processes to get the patient to an in-person specialty appointment
 - Software, web or email based system – links to separate organizational scheduling processes and systems
 - Stages referral requests through authorization processes
 - May include history, labs, pertinent information for referral
- Examples: All applicable specialties

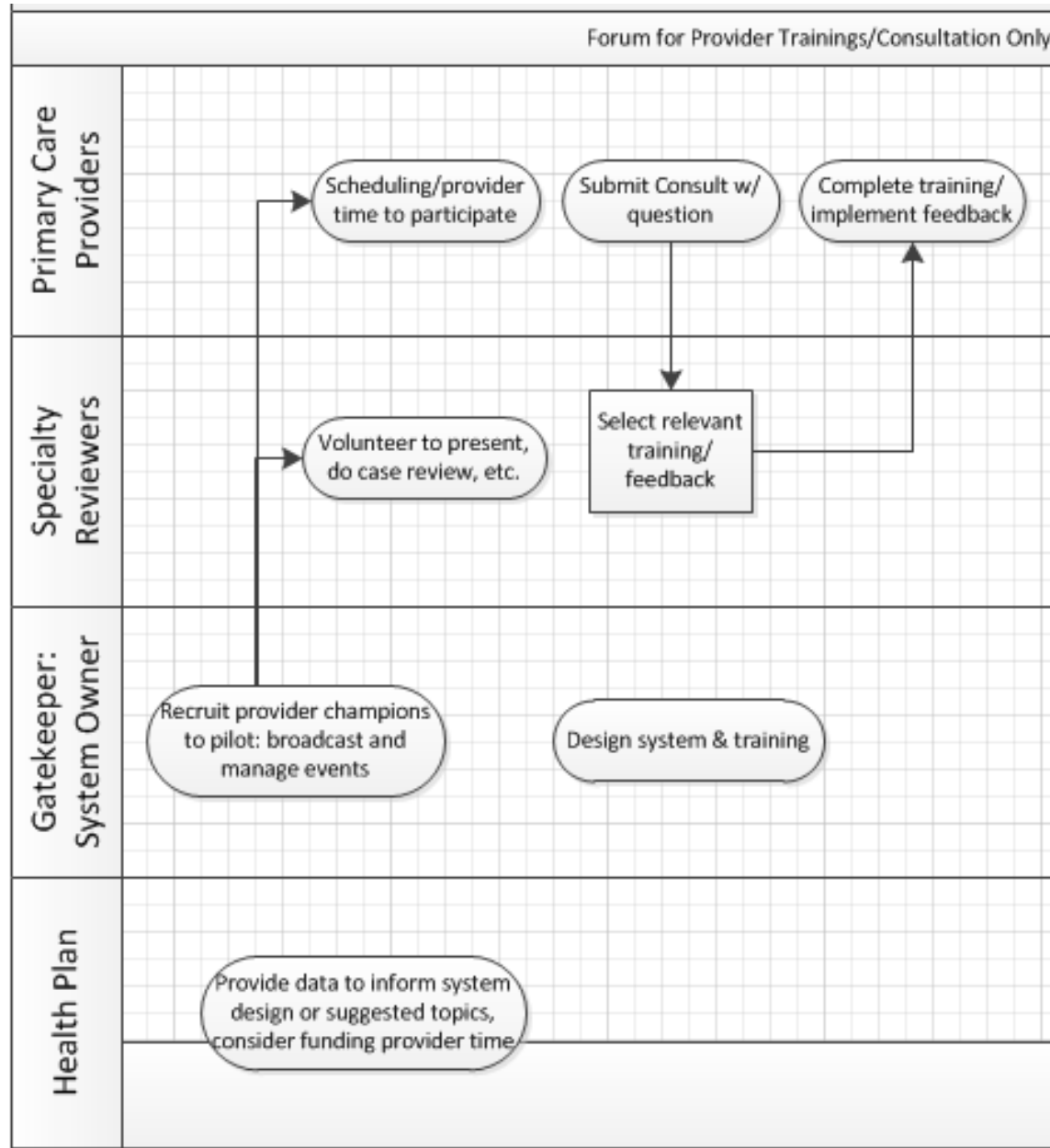
eReferral



TeleHealth

- Considerations
 - Case review/Training opportunities for Primary Care Providers
 - Software, video-based systems to address timing, scheduling, and geography barriers to trainings
 - Presentation of content, case-based review – can be retrieved at different times.
- Examples:
 - Web-based trainings
 - Project ECHO
 - Case Reviews

TeleHealth





Grantee Experiences

SUCCESSES, BARRIERS
AND LESSONS LEARNED

Santa Clara County

Engaging specialists for
success



Alameda Health System

Building internal PCP champions



Clinical Work Groups

- ▶ Endocrinology, Cardiology, Urology
- ▶ Next: GI/Hepatology, Neurology
- ▶ Specialists +/- Nursing, PCPs x 3 orgs, Admin Support
- ▶ Monthly Meetings

Workflow in EHR

- ▶ Built customized pathway in Nextgen (AEHR)
- ▶ Communication in Nextgen only
 - ▶ All AHS PCPs use Nextgen
- ▶ Future issues
 - ▶ Specialists onto Nextgen
 - ▶ Community Clinics
 - ▶ Scanning

Referral Orders

Assessments My Plan A/P Details Labs Diagnostics **Referrals** Office Procedures Cosign Orders

Insurance name: Policy #: Exp Date: / /

To:

☒ Specialty/specialist name/site [Find provider in the NextGen Share directories](#) [Additional Information](#)

☐ Obstetrics

☒ PT/Therapies

☐ DME

Specialty: Endocrinology Location: Eastmont Wellnes Provider name: Address Detail

Authorization required: ☐ No ☐ Yes

Diagnosis:

Description:	Code:	Description:
1.		3.
2.		4.

Referral Preference:

☐ eConsult ☐ In Person ☒ No Preference

Clinical indications:

What is the Clinical Question? Time limit: Timeframe: Routine

[Specialty Guidelines](#) [Physician Guidelines](#)

Relevant History / Clinical information/Comments:

Instructions:

☐ Patient referral/instructions given [Instructions Detail](#)

Attachments:

☐ Continuity of Care Document/Record sent


Referrals ordered this encounter:

Referred/CP	Code	Diagnosis	Order	Order Com

9:08 AM
9/8/2015

Ready

Endocrinology Referral Guidelines

 **ALAMEDA**
HEALTH SYSTEM

« Endocrinology Expected Practices

- General Endocrinology
- Adrenal Insufficiency (Addison's Disease, Steroid Withdrawal)
- Suspect Cushing's Disease
- Endocrine hypertension (Pheochromocytoma)
- Galactorrhea
- Hirsutism
- Hyperaldosteronism (Endocrine hypertension)

Alameda Health System | ESC/CKA | 09/08/2015

Community Clinics Health Network of San Diego

Strategies for health plan
engagement



A Framework for Evaluation

A HIGH LEVEL
OVERVIEW

Evaluation: Quadruple Aim

- Population Health and Clinical performance
 - Population directly and indirectly served by eConsult
 - Effectiveness of eConsult process
 - Provider adoption
 - Efficiency of in-person visits
 - Patient safety
 - Access to specialty care
- Patient Experience
- Financial
 - Start-up and ongoing costs
 - Utilization
 - System efficiency
- Provider and care team experience
 - PCP and specialist satisfaction
 - Staff satisfaction

A	B	C	D	E
General impact metrics	Measures	Ascertainment	Why measure this?	Potential impact
Financial				
Start-up costs	Project management (staff hours, consultant hours, expenses, travel, training)	Self reported by grantees and their partners; and ascertained by provider survey	Identify initial investment	
	Time/effort of PCPs, specialists, referral coordinators (i.e., workgroups, training)			
	Technology costs (platform, licenses, contracts)			
Ongoing costs	Hardware/software licensing \$	Self reported by grantees and their partners; and ascertained by provider survey	Identify ongoing project expenses	
	Staffing to support system (salary, effort)			
	PCP/specialist incentives/payment			
Utilization	# specialty visits/population served (in-person + eConsult patients)		Indirect measure for business case	
	diagnostic testing/population served pre vs. post implementation (testing entities to be determined by eConsult specialty)			
	Total # of referrals (eConsults + regular referrals) compared to same season previous year		Unanticipated costs	
System efficiency	% of in-person consults that receive preconsultative guidance before in-person visit (>1 avoided visit)	Passive: eCR platform & health system metrics	Direct measure for business case	
	% of eConsults never scheduled (likely >1 avoided visit) and why			
	eConsult specialty clinic show-rate (pre-eConsult vs. post)			
Population health and clinical performance				
Overall population in health system	Demographics (ex: age, gender, race/ethnicity, language, insurance status) of the population served	Passive: health system metrics	Determine generalizability, particularly for health plans	High, long-term
	Demographics (MD vs. NP) of providers in the system			
	PCP referral rates (eConsult + regular consult)/standardized panel size			
	Characteristics of the health delivery system and primary care clinics			
	PCP turnover			
	Salaried vs. FFS specialist providers			
	Existence of referral coordinating center or referral managers for PCCs			
Population directly served by eConsult	Demographics (insurance status) of patients who received an eConsult	Passive: eCR platform & health system metrics	Measure of program reach and impact on equity	
	% of patients who receive specialty expertise via eConsult, normalized to clinic volume			
	# of specialties offering eConsult and what they are			
Population indirectly served by eConsult	PCP ability to manage eConsult specialty conditions	PCP survey	Indirect measure of program impact	

Discussion!



Next Steps

- ▶ Continued support
- ▶ Sharing information
- ▶ Next Webinars