

Opening-Up to Open Lines of Communication in Santa Clara's Safety Net

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When primary care providers in the Santa Clara County safety net needed to refer someone to a specialist for follow-up care, they relied on the patients to set up their appointments. As it turns out, that didn't work. Half of the patients had not seen a specialist within six months of being referred.

"It was unacceptable," said Dr. Kent Imai, medical director for the Community Health Partnership (CHP), a string of nonprofit community health centers.

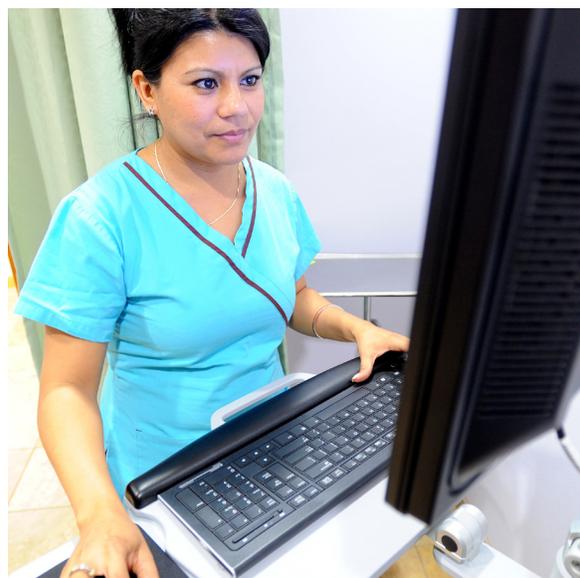
The referrals failed for a variety of reasons, Imai said. Some were simply lost by patients or staff. Some patients had trouble reaching specialists' offices by phone, with calls put on endless hold or dropped entirely. In some cases, mailings to patients went to the wrong addresses. These problems were sometimes compounded by language barriers. And, of course, delays in patient or staff follow-through meant that the authorization period for appointments lapsed.

The situation was distressing to officials in the Santa Clara safety net, and they felt compelled to fix it. They decided to change how referrals were handled and tracked by launching an electronic consultation (e-consult) platform that allows providers to communicate with each other directly.

With support from the Blue Shield of California Foundation, the CHP clinics along with providers at the Santa Clara Valley Health and

Hospital System and Valley Health Plan have collaborated for the last two and a half years to transform how specialists triage referrals to ensure that patients are seen as quickly as their health demands.

Rather than just refer patients and hope for the best, referrals now happen in the form of a mini-consultation between providers. Primary care providers fill out an e-consult, request for review by specialists. The protocol allows specialists to decide whether a patient needs to be seen promptly. Specialists can also make sure they have all necessary patient information and that relevant tests are ordered and performed before their appointment. Finally, specialist's offices now reach out to patients to set up appointments.



“We are now seeing patients within three weeks, down from in some cases, patients had been waiting six to eight months,” said Dolly Goel, chief medical officer at Valley Health Plan in San Jose.

E-Consult has helped Santa Clara make the most of its resources to address an imbalance of supply and demand for specialists, Goel said.

“There were significant access issues to specialty clinics,” Goel said. “The Affordable Care Act helped so many patients get access to care, and there were so many more demands in the clinics, it couldn’t be business as usual.”

For Santa Clara, the process began when a team visited Zuckerberg San Francisco General Hospital, to learn how clinicians used e-consult to collaborate and change how care was delivered. They learned that providers and patients were more satisfied with this approach to referrals. Convinced that e-consult was the right course, Santa Clara officials formed a steering committee of providers to help incorporate this tool into their system transformation.

Each specialty that joins e-consult appoints a clinician “champion” to lead provider training and participate in the e-consult steering committee.

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The referrals are triaged in less than 24 hours, Imai said. Every specialty had to develop clinical guidelines for about three to five of the most common conditions referred to clinicians, Imai said.

There have already been improvements in the flow of referrals in the first six months of e-consult from September 2016 to March 2017. The increased collaboration allows primary care providers to learn how to manage some common conditions for patients with advice and guidance from specialists, saving patients and doctors time and unnecessary visits. Of the 1800 requests for consultation submitted to specialists by primary care doctors, 16 percent resulted in “advice only,” up from nine percent. In that same time period, only five percent of the referrals were identified as having an “incomplete work up,” down from eight percent.

“If you don’t have enough resources in terms of manpower and you manage it, access problems can be handled thoughtfully,” said Dr. Tin Ngo, medical director for urology at the Santa Clara Valley Medical Center in San Jose.

Ngo said wait times for patients to be seen by urologists had been three or four months in the past and now are down to a just a few weeks in a lot of cases.

Long wait times can be excruciating for patients as they manage their symptoms, he said.

Before e-consult was in place, Ngo had a friend who was told that securing an appointment with the urology clinic would take three months. If he needed to have surgery, that would have probably added another three months, Ngo said.

During that time, the man needed a catheter to urinate because of an obstructed prostate.

“That’s a long time to have a catheter,” Ngo said. “I was just about to start working there and my friend said to me, ‘I thought you were going to work for a reputable shop.’”

The more efficient system has allowed Ngo more time to visit and see patients periodically at clinics farther away in the county.

"We aren't like a rural county, but the system is pretty centralized geographically, so some patients live 40 minutes away in Gilroy," Ngo said. "With the increased efficiency, now I have time to go to Gilroy."

A system change this big is typically met with some skepticism, and Ngo's providers and staff expressed their doubts to him. It's important for everyone involved in patient care to be on board with e-consult, he said.

With a constant stream of patients and phone calls coming in, staff members can feel overwhelmed and may dislike the idea of taking on new work processes, he said. But e-consult has made work more efficient for the staff too, he said.

With a nonstop flow of patients every day, the staff can feel like they are overwhelmed and always running behind, Ngo said.

"E-consult changes the work flow of staff," he said. "If the doctor is in charge of the triage process, instructions are clearer to staff."

Every five weeks, specialists in his department rotate handling the consults. "You go through the work queue and look at incoming referrals," he said. "It maybe takes 30 minutes a day. We are training a nurse practitioner to do a first pass."

So far, 18 specialties are participating with e-consult, with about 10 more yet to be phased in.

Developing the system was not without challenges. It would be ideal if all providers used the same electronic health records system, Goel said. In Santa Clara, the specialists use the EPIC system, and clinic providers have NextGen. Fortunately, they found a work-around because EPIC lets the user grant a link with access to an outside user, which has been a major way to help things work, Imai said. It does create an extra layer of challenge when the primary care providers have to open a different system to access e-consult.

E-consult is bringing to light variations in care and practice within a health system.

E-consult promotes a culture of cooperation. Goel said. It requires a close working relationship, partnership and openness to doing things differently.

Providers took some time to feel comfortable with that increased collaboration. Primary care doctors don't want to be seen as asking dumb questions, Goel said. The results show that when the specialist is thoughtful and provides really good input, it works out well, he said.

Even though technology may make the referral process more standardized, the human element is still variable. In e-consult, specialists offer a range of responses that reflect their varying approaches, Goel said.

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"There's this thought that with e-consult, specialists should all agree which patients should be seen, which should get advice only," Goel said. "But some specialists are more comfortable giving advice without seeing the patient than others."

Another major hurdle is the inability of providers to bill specifically for e-consult work. But with a change of attitude, it can be seen as part of good business practice, Goel said.

“Everybody is still thinking of billing for time and fee for services,” Goel said. “Are you going to pay us to do this? If the new model of payment is value based, some of the specific things that help, like e-consult, are not billable.”

The transparency and accountability of the e-consult system also motivates providers to participate at their fullest, Ngo said.

“There is meta data in the referrals,” he said. “You can tell what percentage of patients are scheduled, what the turnaround time is for responses from providers. Everything is visible, reportable and transparent. Doctors see their data compared to peers, and doctors are competitive. They are going to want to match that level.”

But the biggest reward has been improved patient care and greater job satisfaction.

“Clinic is a real pleasure for us now,” Ngo said. “Everyone who sees us needs some kind of intervention.” ■

