Using eConsult to Improve Access to Specialty Care

Anthem Learning Collaborative Webinar

February 28, 2019
Objectives

1. Understand the benefits and limitations of eConsult

2. Describe the challenges of implementing an eConsult model from both the primary care and specialty physician perspective

3. Identify the funding options to support an eConsult program
Agenda

1. Introductions
2. Why eConsult?
3. What is eConsult?
4. What is the experience with eConsult?
5. eConsult planning and implementation
6. Exploring financing options under an advanced alternative payment methodology
7. Next Steps
8. Question & Answer
Why eConsult?: Challenges with Specialty Care Access

1. Impaired communication between primary care and specialty providers
   - Face-to-face visit is usually the only way to get a consult
   - Long wait times for specialty services
   - First specialty visit sometimes wasted by inadequate pre-visit testing
   - PCP learning curve slowed when limited to indirect communication
   - Incomplete exchange of the medical record

2. PCP isolation in remote small clinic sites
   - Turn to ED when timely consultation is unavailable

3. High Specialist frustration
   - Inability to easily request clarification or additional info from PCP
   - Difficulty prioritizing based on urgency
   - High no-show & low reimbursement rates for certain populations
4. Patient dissatisfaction
   • Poor health outcomes (e.g., delay in services, poor coordination of care)
   • Inconvenient access (e.g., geographic, clinic hours, etc.)

5. Payor implications
   • Unnecessary duplication of diagnostic services
   • Network adequacy issues
   • Member satisfaction
   • Care sometimes unnecessarily provided in more costly settings
eConsult Workflow: Medical Home Network—Recommended Workflow

PCP determines patient’s medical needs require specialist consultation

PCP submits an eConsult with pertinent clinical questions

An e-mail alert is sent to the specialist’s email

Specialist logs into eConsult to review & respond to PCP

Communication can continue between PCP & Specialist

PCP receives final eConsult noting specialist’s recommendations

The patient’s specialty care needs have been met
eConsult: Generating Value and Meeting a Patient’s Specialty Care Needs

- Faster and efficient access to specialty care
- Improved patient engagement and person-centered care
- Reduced inappropriate referrals
- Fewer unmanaged chronic conditions
- More cost-effective specialty utilization
- Fewer unnecessary specialty care visits
- Decreased ED visits
- Less duplicative testing

**eConsult offers a modern, provider-friendly, patient-centered approach to specialty access that supports whole-person care and improves outcomes.**
- Average Specialist response time: Less than 1 day
- ~90% appointments scheduled within Specialist’s recommendation
- ~97% of visit notes uploaded to eConsult, on average within 8 days post-appointment
End of 2015

- 3,060 PCPs
- 479 Specialists across 86 services
- Over 12,000 eConsults/month

Results

- Specialist response within 1 day
- Median time to an appointment decreased 17.4%
- 25% resolved without a specialist visit

Source: Los Angeles Safety-Net Program eConsult System was Rapidly Adopted and Decreased Wait Times to See Specialists. Health Affairs, 2017; 36(3): 492-499
eConsult: Planning and Implementation Phases

- Patient Eligibility
- Specialties
- PCPs/Care Team
- Technical Readiness & System Customization
- Governance
- Scheduling Team

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Who is **eligible** for this service?
- Is there a unique patient identifier that needs to be used?
- How will providers know when to use eConsult?

How will you **incentivize** use?
- Will there be a reimbursement structure?

What level of **integration** will there be with other systems?
- Will there be a single sign-on from an EMR to eConsult?
- Will a record of eConsult dialogues need to be sent elsewhere?

How will **stakeholders** be involved in the process?
*(e.g., PCPs, Specialists, Patients, Schedulers, Administration, Payers, etc.)*
- Will there be a governance group? Subcommittees?
- Who are the physician champions?

How will **appointments** from an eConsult get scheduled?
- How will visit notes get back to the PCP?
### eConsult Planning and Implementation: Central vs. Local Specialty Network

**If a face-to-face visit is recommended**

- **Central Specialty Network**
  - Supports geographic areas with limited specialty care access
  - Existing familiarity with tool
  - Responsiveness

- **Local Specialty Network**
  - Addresses specialty clinic capacity
  - Strengths PCP/Specialist relationships
  - Linked to scheduling to close the loop

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1. Pioneer Physician Champions Work Group

2. Potential Subcommittees:
   - Primary Care Engagement
   - Specialty Care Workflow
   - Referral/Appointment Services
   - Community Engagement & Networking
   - Quality & Efficiency
   - Other?
eConsult Planning and Implementation: Reporting

PCP Dashboard

<table>
<thead>
<tr>
<th>Provider</th>
<th>eConsults Submitted</th>
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<tbody>
<tr>
<td>Woods, Sarah</td>
<td>8</td>
</tr>
<tr>
<td>O'Brien, Grace</td>
<td>6</td>
</tr>
<tr>
<td>Davidson, Michael</td>
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<td>Dixon, Kimberly</td>
<td>3</td>
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<td>Erzulski, Anne</td>
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Total eConsults Submitted: 350

Specialty Clinic Dashboard

<table>
<thead>
<tr>
<th>Site</th>
<th># Submitted</th>
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<tbody>
<tr>
<td>Consulting</td>
<td>109</td>
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<tr>
<td>Consult Health Services</td>
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</tr>
<tr>
<td>PPC</td>
<td>9</td>
</tr>
<tr>
<td>Experience</td>
<td>2</td>
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<tr>
<td>UCIC</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>125</td>
</tr>
</tbody>
</table>

Average Response Time & Rating of Specialist Responses

<table>
<thead>
<tr>
<th>Specialist Reviewer</th>
<th>Average Response Time (hrs)</th>
<th>Average Rating (out of 5)</th>
<th># of Consults</th>
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<tr>
<td>Figueroa, Lina</td>
<td>1.47</td>
<td>4.7</td>
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<tr>
<td>Koury, Amelina</td>
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<td>4.7</td>
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<tr>
<td>Hwang, Sooja</td>
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<tr>
<td>Antonopoulou, Anna</td>
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<tr>
<td>Gomaa, Tarek</td>
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<td>4.0</td>
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<tr>
<td>Macarelli, Susana</td>
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<td>5.0</td>
<td>7</td>
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<td>Total</td>
<td>3.54</td>
<td>4.40</td>
<td>61</td>
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## Curbside Consults vs. eConsults

<table>
<thead>
<tr>
<th>Curbside Consult</th>
<th>eConsult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal</td>
<td>Formal</td>
</tr>
<tr>
<td>Entire interaction is verbal or documented solely in the requesting physician’s record</td>
<td>Written query from PCP and response from specialist are part of patient eConsult record</td>
</tr>
<tr>
<td>Specialist is unfamiliar with the patient, has not reviewed the patient’s chart, has not examined the patient and must rely on oral report from consulting physician’s memory or understanding of the patient’s records</td>
<td>Specialist receives written summary from consulting physician, and PCP may also attach relevant materials from the patient’s medical record</td>
</tr>
<tr>
<td>May involve insufficient or inaccurate clinical information</td>
<td>Specialist has opportunity to request additional information and tests, and to review primary source materials (e.g., actual lab results, rather than consulting physicians reported memory of lab results)</td>
</tr>
<tr>
<td>Specialists’ recommendations are filtered by receiving physician and if recorded at all, are recorded by the consulting physician</td>
<td>Specialist recommendations are documented</td>
</tr>
<tr>
<td>If specialist requests an opportunity to examine the patient, this request may not be recorded in the record</td>
<td>Specialist request to examine patient becomes part of the eConsult record and is immediately sent to a Scheduler’s worklist for appointment scheduling</td>
</tr>
</tbody>
</table>

*Source: Leveraging Technology to Reduce Barriers to Care. Medical Home Network, 2016*
### Patient
- Reduced wait times for specialty care
- Less travel
- Fewer days off work
- Better coordination of care - process more transparent
- Fewer specialty visits required to devise treatment plan
- Specialist more informed at the initial visit

### Primary Care
- Reduced wait times
- Improved access to specialty expertise
- Connected to larger system of care (reduced isolation)
- Opportunity to enhance clinical capability
- Co-mgmt. of complex patients
- Transparent scheduling process - improves tracking of visits
- Shared notes - improves team communication

### Specialist
- Avoidance of inappropriate referrals
- Improved communication with primary care
- Alternative source of revenue when patients no-show for visits
- When indicated, face to face visits are more productive and pre-visit testing is completed
- Increased complexity of clinic patients

### Payor
- Member-centric (patient satisfaction)
- Cost effective; potential avoidance of ED visits, unnecessary specialty care, unmanaged chronic conditions, duplicative testing
- Potential to reduce specialty care costs and increase care at the primary level
Statewide FQHC randomized PCPs to participate in cardiology eConsult vs. usual referral practice

- Medicaid patient population

Patients in eConsult group: 6 month unadjusted costs reduced by $655 per patient, $466 after risk adjustment (P=0.021)

- Reduction in outpatient cardiac procedures
- Statistically significant reduction in total costs after accounting for difference in cost of eConsult ($25) vs. outpatient consult ($66).

eConsult Payment Options

- FFS: Interprofessional Internet Consultation
  - Codes 99446-99449, 99451 (consultant)
  - Code 99452 (requesting physician)

- Specialists paid by an integrated delivery system (IDS) operating under a category 3 or 4 advanced APM
  1. Distribution from shared savings
  2. Bundled payment
  3. Subspecialty capitation
Medicare *CMS Reimbursement Rates*

- **FFS: Interprofessional Internet Consultation**
  - Codes 99446-99449, 99451 (consultant)
  - Code 99452 (requesting physician)

<table>
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<tr>
<th>PROCEDURE CODE</th>
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<th>NON-PAR AMOUNT</th>
<th>LIMITING CHARGE</th>
<th>EFFECTIVE DATE</th>
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<td>18.35</td>
<td>21.1</td>
<td>01/01/2019</td>
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<tr>
<td>99447</td>
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<td>41.81</td>
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<td>83.61</td>
<td>01/01/2019</td>
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<td>99451</td>
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<td>43.38</td>
<td>01/01/2019</td>
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<tr>
<td>99452</td>
<td>39.7</td>
<td>37.72</td>
<td>43.38</td>
<td>01/01/2019</td>
</tr>
</tbody>
</table>

*All Current Procedural Terminology (CPT) codes and descriptors are copyrighted 2014 by the AMA*

*Limiting charge applies to unassigned claims by non-participating providers.*

*Source: National Government Services, Inc. Illinois (Area 16) - MPFSP*
“An Esperanza provider sent an eConsult with photograph for a patient with a concerning skin lesion. Prior to eConsult, it would have taken the patient 3-6 months to be seen at CCHHS.

Upon seeing the concerning photograph, the CCHHS Dermatologist scheduled the patient to be seen within 1 week.

The Dermatologist’s biopsy showed a melanoma, which was fortunately caught before it became metastatic and the patient was treated appropriately.

In this dramatic case, the innovative eConsult system literally saved the patient’s life.”

- Physician, Esperanza Health Centers
Implementing eConsults: Next Steps for Consideration

1. Share webinar with PCP/Specialist leadership to gauge interest in eConsult

2. Assess current state
   • Referral processes
   • Reporting capabilities

3. Identify what you want to solve for and how you will measure success
   • Determine patient population
   • Funding sources for implementation/ongoing operations

4. Research the best tool for your local needs
   • Market Scan Report (2016): Electronic Consultation Vendor Market Scan Report
   • Develop a feasibility and business plan
   • Reimbursement opportunities
   • Workflow analysis with stakeholders
Thank You!

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Appendices
**Scoping & Technical Assessment**

- Define scope of work, including participating primary care and specialty practices, metrics for reporting, etc.
- Ensure technical specifications are in place; work to create data flow for system functionality and identify points of integration
- Understand need for a clinical governance group to support roll-out

**System Readiness & Customization**

- Develop any prerequisite customizations on the back and front ends of the system
- Understand provider needs – create customized specialty welcome pages and identify eConsult routing approach (if needed)
- Link to eligibility/empanelment feeds
- Provide eConsult User Guides and other documentation as needed

**Training Plan & Implementation**

- Initial demos to key stakeholders and providers
- Understand how portal can fit within steady-state workflows; develop a training plan to reach all providers
- Train all PCPs, Specialists, and if applicable: Care team staff, referral coordinators, and scheduling team
- Identify physician champions
- Document workflows

**Ongoing Support**

- Periodic reporting to stakeholders based on previously agreed upon metrics
- Account management, site verification, and user creation for all eConsult users
- Provide system support to all end-users (as it relates to support tickets, account questions, etc.)
- Regular meetings with governance group and/or eConsult users
Scoping & Technical Assessment
System Readiness & Customization
Training Plan & Implementation
Ongoing Support

Phases

10-16 weeks

Exact Implementation Timeline Depends Upon Scope Definition

EST Duration

Ongoing

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eConsult: Changing the Model for Specialty Care

**What it is**
A secure web-based tool that enables primary care providers (PCPs) to electronically consult (eConsult) with specialists regarding a patient’s specialty care needs.

**What it does**
Addresses the common barrier of difficult access to specialist care for PCPs and care teams trying to deliver high-quality, coordinated care for patients.

**Who it is for**
PCPs and care teams can take advantage of this secure, web-based tool to communicate quickly and effectively with specialists.

**How it works**
- PCPs and Care Teams can submit an electronic consult via web to a Specialist Reviewer to ask questions relevant to patient care, get recommendations for treatment or testing, and establish the appropriateness of a referral.
- Peer-to-peer approach allows physicians to communicate at their convenience. Most cases can be resolved without the need for face-to-face visits so specialists can focus on complex patients.
### Program Impact

<table>
<thead>
<tr>
<th><strong>Patient:</strong></th>
<th><strong>Primary Care:</strong></th>
<th><strong>Specialist:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced wait times for specialty care</td>
<td>Improved access to specialty expertise</td>
<td>When indicated, face-to-face visits are more productive:</td>
</tr>
<tr>
<td>Less travel</td>
<td>Connected to larger system of care (reduced isolation)</td>
<td>Pre-visit testing is completed</td>
</tr>
<tr>
<td>Fewer days off work</td>
<td>Opportunity to enhance clinical capability (eConsult “CME”)</td>
<td>Avoidance of inappropriate referrals</td>
</tr>
<tr>
<td>Better coordination of care - transitions of care better managed, process more transparent</td>
<td>Reduced wait times</td>
<td>Increased complexity of clinic patients</td>
</tr>
<tr>
<td>Specialist more informed at the time initial visit</td>
<td>Co-mgmt. of complex patients</td>
<td>Improved communication with primary care</td>
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<tr>
<td>Fewer specialty visits required to devise treatment plan</td>
<td>Transparent scheduling process improves tracking of visits</td>
<td>Alternative source of revenue when patients no-show for face-to-face visits</td>
</tr>
<tr>
<td></td>
<td>Shared notes improves team communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Potential to reduce specialty costs</td>
<td></td>
</tr>
</tbody>
</table>
- Access to specialty care
- Specialty capacity
- No-show rates
- Member-centric
- Strengthen the specialty network and provider relationships
- Expand scope of PCP practice
CCH/MHN eConsult System: *Improving Access to Specialty Care*

**PCP Sites**
- CCHHS-ACHN Austin
- CCHHS-ACHN Cicero
- CCHHS-ACHN CORE
- CCHHS-ACHN Cottage Grove
- CCHHS-ACHN Englewood
- CCHHS-ACHN GMC
- CCHHS-ACHN Logan Square
- CCHHS-ACHN Near South
- CCHHS-ACHN Oak Forest
- CCHHS-ACHN Pilsen
- CCHHS-ACHN Robbins
- CCHHS-ACHN Sengstacke
- CCHHS-ACHN Vista
- CCHHS-ACHN Woodlawn
- CCDOC Cermak Health Services
- Juvenile Temporary Detention Center
- Lawndale Christian
- Friend Family
- Esperanza
- Community Health
- PrimeCare
- Alivio
- PCC Wellness
- Chicago Family
- Erie Family
- Heartland Health
- Infant Welfare
- Aunt Martha's
- Howard Brown
- Community Nurse
- The Night Ministry
- Heartland Alliance Health
- Near North
- TCA
- Other PCP Sites TBD

**Specialties**
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- General Surgery
- Hepatology
- Infectious Disease
- Nephrology
- Neurology
- Pulmonary
- Rheumatology
- Urology
- Adolescent & Young Adult Medicine
- Allergy/Immunology
- Breast Clinic
- Hematology/Oncology
- OB/GYN
- Sleep Disorders
- Surgery – Cardiothoracic, Neurosurgery, OMFS, Colorectal, ENT, Podiatry, Orthopedics
- Psychiatry / Psychiatry-MAT
- Pain Management
- Physical Medicine & Rehab
- Child & Adolescent Psychiatry
- Vascular Medicine
- Lipid Disorders

* Pilot Participants
* eConsult Expansion Participants

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eConsult Stats to Date: *Monthly Volume*

**eConsult Monthly Submissions**

*August 2016 - November 2018*

- **Total**
- **Internal**
- **External**
### Adults:
- Allergy/Immunology
- Breast Clinic
- Cardiology
- Cardiology: Lipid Disorders
- Cardiology: Vascular Medicine
- Cardiothoracic Surgery
- Colorectal
- Dermatology (General)
- Dermatology CORE/HIV
- Endocrinology
- ENT
- ENT: Head & Neck Tumor
- Gastroenterology
- General Surgery
- Hepatology
- Infectious Disease
- Nephrology
- Neurology
- Neurosurgery
- OB/GYN
- OMFS
- OMFS: Jaw Tumor
- Orthopedics
- Pain Management
- Physical Medicine & Rehab
- Podiatry
- Psychiatry
- Psychiatry: Addiction Medicine
- Pulmonary
- Rheumatology
- Sleep Disorders
- Urology
- Vascular Surgery

### Pediatrics:
- Adolescent & Young Adult Medicine
- Allergy/Immunology
- Cardiology
- Child & Adolescent Psychiatry
- Dermatology
- Endocrinology
- Gastroenterology
- Hematology/Oncology
- OMFS
- OMFS: Jaw Tumor
- Orthopedics
- Pain Management
- Urology
- Vascular Surgery
1) Provider story: “I consulted with Neuro for advice on possible stroke symptoms. Advice was provided [through eConsult] without patient needing to be seen and we continue to follow her. Advice was provided on the type of imagining to obtain and the medical treatment. She has no further possible stroke symptoms. All very helpful.”

Patient’s comments: “…My doctor could communicate directly with the specialist without me having to wait a long time for a call to schedule an appointment. I didn’t have to travel to the hospital, and this saved me money and time. I think that they should use this system with more patients because it is really helpful.”

- PCP and Patient, CommunityHealth

2) Provider story: A PCP submitted an eConsult to Urology and heard back within hours of the submission. The patient was referred to CCH and was seen 2 weeks later, with a procedure the following week. The PCP said, “Within 3 weeks, patient was both seen for a consult and had a procedure, not to mention receiving feedback directly from a specialist within hours...What service!”

– PCP, Heartland Health Center