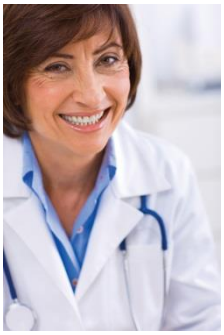
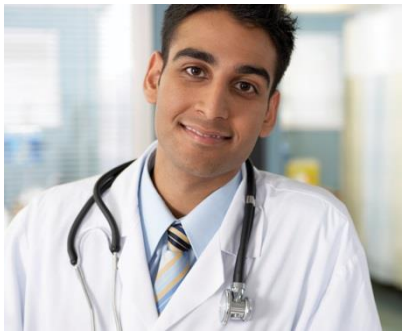
Council of Community Clinics

eConsult in the Safety Net

Workplan for Blue Shield of California Foundation






COUNCIL OF COMMUNITY CLINICS

Preface

In January 2015 Blue Shield Foundation of California awarded the Council of Community Clinics (CCC) $125,000 planning grant to improve system-level integration of primary and specialty care in the safety net through the use of eConsult. Some of the goals of the planning grant included: convening physician and administrative leaders and Medi-Cal managed care plans to develop a shared understanding of specialty care access gaps and discuss eConsult as a potential solution to addressing those gaps; analyzing existing and future state workflows; and assessing technology options and select top specialties to target for eConsult implementation. CCC was tasked with reviewing the lessons learned from previous eConsult implementations and to factor them into recommendations for future project ideas. Thanks to the support of Blue Shield Foundation of California, over the past year, CCC was able to conduct a thorough environmental scan and assess the readiness of the CCC member health centers and potential partners for an eConsult solution to address specialty care access issues.

The following document describes the recommendations for the use of an eConsult in the safety net and the processes involved in arriving at those conclusions.

Background

Environment

San Diego has a unique set of challenges when considering implementation of a new technology solution for the safety net. CCC member health centers are located throughout the region and are not owned and operated by one organization. Member health centers use a wide variety of Electronic Health Record (EHR) systems and are at different levels of readiness regarding utilization of the EHR to send secure data. In addition, San Diego County operates a Geographic Managed Care model for Medi-Cal, which currently has 5 different managed care plans offering Medi-Cal to patients. Each managed care plan may or may not contract for services with a health center and has unique arrangements with their network of specialty providers. Unlike other successful eConsult implementations, there is not a single public hospital system or Medi-Cal payor where all safety net patients are seen for tertiary care. This complex environment makes it challenging to have a one-size-fits-all solution for facilitating the exchange of information between primary and specialty care for Medi-Cal patients.

Previous eConsult Projects

County Low Income Health Program (LIHP) eReferral/eConsult

There have been several uses of eConsult in the recent past in San Diego. From May 2012 through December 2013, the San Diego County Low Income Health Program (LIHP), a Medicaid Waiver program, required eConsult for a variety of specialties. The primary goal of the program was to improve access to specialty care, as measured by decreased wait time for specialty services. Critical need specialties were included in this program, as identified by average wait time for specialty consultation.

The LIHP program offered secure communications between Primary Care Providers (PCPs) and specialty physicians through a web-based program purchased from NetChemistry. Upon implementation of this program, LIHP required an eConsult to be performed prior to authorizing in-person specialty visits for non-urgent services. Two specialties were initially involved in May 2012 (Pain Medicine and Endocrinology). The program expanded to include a total of ten specialties: pain management, psychiatry, endocrinology, orthopedics, hepatology, neurosurgery, podiatry, cardiology, neurology, and urology. PCPs, specialists and Community Health Center (CHC) staff accessed eConsult through a web portal designed to allow secure communications. This system was distinct from any electronic health record (EHR).

PCP physicians were required to pose patient-specific questions to the specialist as part of the eConsult request. Specialty physicians were recruited from UCSD, non-profit community agencies, and private practice offices. Specialty physicians were requested to respond to an eConsult request within two business days. The LIHP administrator reminded specialists when response time was delayed. If more than two weeks elapsed without a specialty response, the consult was closed with no payment to the specialist, and the PCP was instructed that an authorization was approved for in-person consultation.

There were positive outcomes as a result of the LIHP eConsult program. According to a representative from the County, analysis demonstrated a reduction of face-to-face visits by showing that only 52% of closed e-Consults indicated a need for specialty in-person visit. The County also calculated an 80% decrease in the wait time for specialty services due to the eConsult program. This estimate is based on comparisons between the specialty-specific average wait time prior to eConsult, and the average response time for that same specialty using eConsult.

However, there was significant dissatisfaction from the PCPs and health center staff with the LIHP eConsult system. The time required by PCPs and CHC staff to submit an eConsult was the largest source of frustration. This was largely due to system barriers that required the PCP to enter an eConsult in a

system separate from their Electronic Health Record. HIPPA rules and system design also prevented each specialist from viewing responses from other specialists on the same patient about whom they were consulting. One CHC developed a link between their EHR referral module and the eConsult system, which greatly reduced the provider and administrative burden of implementing eConsult at their CHC.

Another factor that lead to PCP dissatisfaction was the program requirement that eConsult must be used prior to authorization of a non-urgent, in-person specialty consult. This presented barriers to care in cases when the specialist took several days to respond, and then stated the patient required an in-person consultation while providing no additional recommendations. It was very successful, however, when the specialist performing the eConsult expedited the in-person consultation appointment, using the information provided by the PCP in the eConsult to triage patient appointments.

Lengthy County contracting procedures may have deterred many specialists from contracting to perform eConsult. Given the limited number of specialists, some specialists were overburdened by the demand of eConsult requests.

eConsultSD - Specialty Care Access Initiative

Another recent experience with eConsult in San Diego began as a pilot with the San Diego Medical Foundation in partnership with the Council of Community Clinics in 2011. Six community health centers were involved through the Specialty Care Access Initiative with funding from Kaiser Permanente and the Blue Shield of California Foundation. It was expanded to all member health centers in 2012.

The program showed potential in reducing the need for face-to-face visits; through May 31, 2015 only 3% had been referred for an in-office visit. The program focused on uninsured patients (54%) and linked PCPs to volunteer specialists donating time to answer eConsults. While eConsultSD is still available to PCPs to access, it has seen a decline in usage since its peak in 2012. Part of this trend may be due to the increased number of patients having insurance. Additionally, to use eConsultSD PCPs must sign into the online eConsultSD portal and enter patient information. The absence of an integrated single sign-on is a barrier to using it more frequently.

Assessing Readiness

In addition to researching previous experiences with eConsult in the region, CCC conducted a comprehensive information-gathering process to collect feedback on what different stakeholders considered to be desirable features of an eConsult system as well as what they believed to be the primary benefit of using such a system. The team at CCC that worked on this project included Nicole Howard, Director of Programs and Fund Development; Lauren Abrams, Program Manager; Lynne Farrell, Manager of Quality Improvement; and Terry Wilcox, Manager of Special Projects and point person for connecting health centers to San Diego Health Connect, the Health Information Exchange (HIE).

Stakeholder Surveys/Interviews

CCC surveyed partners across the health care system to assess attitudes and readiness for introducing eConsult into workflow. This included physicians (primary and specialty), health center operations staff, executive leadership, and managed care plans.

The following elements were addressed in the surveys and interviews (see Appendix 1, 2 & 3):

- Primary care provider motivation
- Specialty care provider motivation
- Provider understanding of community need
- Health center operations staff assessment of provider and patient need
- Desired features of an eConsult system
- Technological capability

Primary Care Providers

The first survey that was conducted was an online tool that was sent to CCC member health centers' representatives in the Physician Council. Physician Council is a peer group comprised of CCC member health center chief medical officers. Members of Physician Council were asked to distribute the survey to primary care providers (PCPs) at their respective health centers.

PCP Survey Response Results	Response Percent	Response Count
Goals eConsult could help address?		
Access to specialty care services	80.0%	56
Specialties that you feel would be appropriate for an eConsult?		
Endocrinology	84.5%	49
Benefit you think eConsult could have for patients?		
Local access to specialty care	86.8%	59
Benefit you think eConsult could have for the delivery system?		

Shorter wait times for specialty visits	60.0%	42
Benefit you think eConsult could have for providers?		
Improve co-management of complicated patients	78.6%	55

CCC received 71 PCP-completed surveys from 11 member health center organizations. Eighty percent of respondents selected "Access to specialty care" as a goal that eConsult could help address. "Clinical management [recommendations from a specialist] while patients wait for [specialty appointments]" and "Better communication between PCP and specialists" were also selected frequently, being 74% and 71% respectively. Seventy-nine percent of respondents said that they thought eConsult could improve management of complicated patients.

Endocrinology was the top choice that PCPs selected when asked if there was a specialty that would be particularly appropriate for eConsult. PCPs emphasized that any potential system would need to work with the current EHR to avoid workflow issues. However, in general, PCPs saw the potential benefits of using eConsults for their own management of patients, as well as the patients' convenience and comfort.

Health Center Operations Staff

A survey was also sent to CCC Operations Council, consisting mainly of health center Directors of Operations and Chief Operating Officers (COOs), in order to gather information on their perspective of using eConsult at their organization.

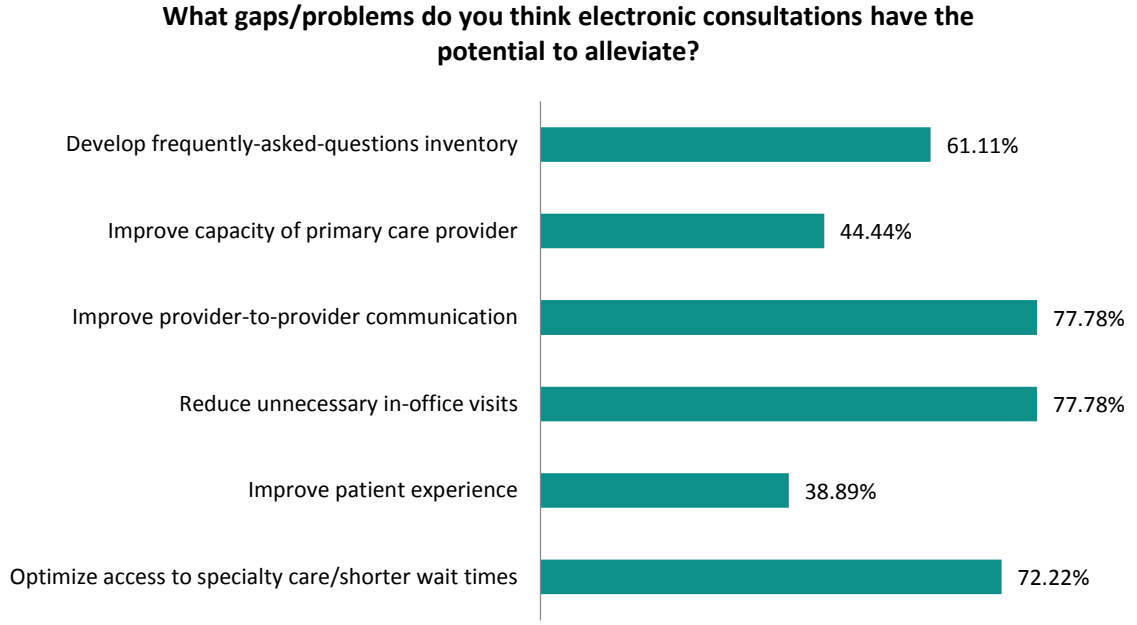
Ops Survey Response Results	Response Percent	Response Count
Goals eConsult could help address?		
Access to specialty care services	71.4%	5
Disease management while patient wait for specialist	71.4%	5
Improving communication between providers	71.4%	5
Specialties that you feel would be appropriate for an eConsult?		
Endocrinology	85.7%	6
Benefit you think eConsult could have for patients?		
More comfortable receiving care at the clinic	71.4%	5
Benefit you think eConsult could have for the delivery system?		
Shorter wait times for specialty visits	57.1%	4
Reduce the need for a specialty visit	57.1%	4
Reduce no-show complaints from specialists	57.1%	4
Benefit you think eConsult could have for providers?		
Improve co-management of complicated patients	66.7%	4

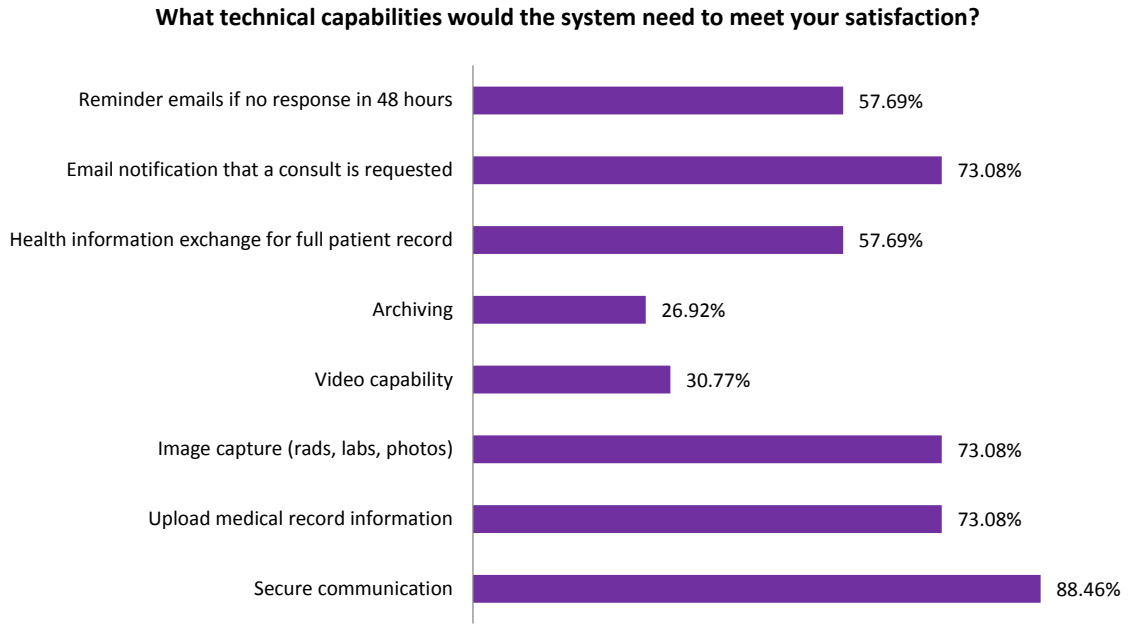
Seven operations staff from six member health centers completed the survey tool. Five of the seven respondents selected “Access to specialty care services”, “Disease management while patients wait for a specialist” and “Improving communication between providers” as goals eConsult could help address.

The operations staff also noted that some patients are more comfortable receiving their care at the health center, and that for providers it could improve co-management of complicated patients. Endocrinology was rated the highest among the variety of specialties that would be particularly appropriate for eConsult as it heavily relies on labs and not much additional information is gained from seeing a patient in-person.

Specialty Care Providers

The most challenging group to get input from for this feasibility survey and subsequent planning discussions was specialty care providers. Since we were not able to get good representation from specialists as a stakeholder group at in person meetings, CCC entered into an agreement with the San Diego Medical Society Foundation (SDMSF) to survey this group. The SDMSF was able to gather input from 26 specialists about any eConsult programs they currently use, their satisfaction with the current system, the benefits of eConsult, and the system capabilities needed to be a useful tool in practice.





Over 75% of specialty respondents selected "Reduce unnecessary in-office visits" and "Improve provider-to-provider communication" as benefits of using an eConsult system. "Optimize access to specialty care/shorter wait times" was also selected as one of the top benefits. The top response to the question *What technical capabilities would the system need to meet your satisfaction?* "Secure communication" was rated highest with 23 of 26 respondents, and 73% of specialists also selected "Upload medical record information", "Image capture (rads, labs, photos)"; and "Email notification that a consult is requested". "Archiving" was the least selected option for this question.

Medical Directors

In addition to the surveys, Dr. Jen Tuteur completed phone interviews with health center medical directors to gather information on the attitudes that health center leadership have about eConsult. CCC reached out to Dr. Jen Tuteur as she was the Medical Director at the County Medical Services & Low Income Health Programs. She was asked to consult on this project based on her familiarity with eConsult implementation during her oversight of the LIHP eConsult/eReferral program described previously. Seven of sixteen health center medical directors participated in the interviews. All seven medical directors responded that they believe eConsult could benefit their organization by both "Managing patients while waiting for a specialty appointment" and "Reducing unnecessary referrals". The comment was also made that ultimately it could also reduce PCP visits given better co-management of patients. When discussing workflow issues, medical directors cited the need for integration within the EHR referral module with a single login. They also wanted the ability to indicate an e-referral in the EHR as distinct from a face-to-face referral as the ideal for minimizing workflow disruption.

Timeliness of response from specialists was also a theme that emerged from the interviews. While 24-hour turnaround time is ideal, medical directors requested responses in 48 hours as the back and forth conversation between PCP and specialists is essential. Integration of evidence-based guidelines into the eConsult system was also a theme of the interviews. Several interviewees requested that referrals via eConsult be integrated with standard referral guidelines and that labs, other test results, and history, auto-populate from the progress note into the eConsult.

When asked what would motivate the primary care providers at their health center to use eConsult on a regular basis, responses included:

- Creating a simple system that improved efficiencies by decreasing the time spent charting
- Rapid responses from specialists
- Improved finances for a clinically integrated network if they assume full risk
- Improved patient experience by decreased wait times and receiving help while waiting for the specialist appointment
- Allowing PCPs to learn and expand their scope of practice without being forced to manage a patient they are not comfortable managing

Barriers cited by the medical directors included:

- Requiring additional work by the PCP or referral staff
- Multiple log-ins, portals, and passwords
- Requiring too much time to complete the referral request

However, most medical directors interviewed expressed interest in participating in a future eConsult pilot as long as there were plans to integrate it with their organization's EHR. The extent of work required to generate an eConsult was also a concern for future participation.

Managed Care Plans

CCC also gathered input from Medi-Cal managed health care plans during this early phase of the planning. Initially we engaged the health plans individually by phone so that we could have an open discussion about any hesitations without competitors in the same room. CCC spoke with representatives from Molina, California Health & Wellness, and United health plans. After the initial phone calls, representatives from these health plans attended the in-person meetings described below and expressed support for the idea of eConsult for their patients if the providers they work with decided it would be helpful in clinical management. There was also discussion about future payment models, and the majority of health plan representatives thought that their organization would be willing to compensate specialists for providing an eConsult. Some stated that an eConsult could likely be compensated at the same rate as a face-to-face consultation.

Stakeholder Convenings

During this environmental assessment phase, CCC convened two stakeholder meetings to provide updates and solicit input from payors, primary care and specialty providers. The first stakeholder meeting was held on June 23, 2015 and included community health center primary care providers, quality improvement staff, and Medi-Cal managed health care plan representatives in addition to the CCC team described above (Agenda attached as Appendix 4).

The meeting included a brief description of grant goals and activity to date, results of the surveys described above, and discussion about the advantages and barriers to using eConsult. Bridget Cole, MPH, Executive Director, Institute of High Quality Care, was featured as a guest presenter to provide an overview of the range of technologies from eReferral to telemedicine. Ms. Cole's technical assistance was provided as part of the support from Blue Shield of California Foundation. The discussions in this first meeting allowed the group to move past their initial concern that this would be another mandated system. CCC project leads explained that the only way forward would be with buy-in from the people who would be using the system. It should be a useful tool that is available to use when the providers think it would be appropriate. Providers were able to identify many times in which eConsult for their population would be beneficial, such as patients with transportation or child care issues, who live in rural areas, or have multiple diseases to manage.

A second in-person stakeholder meeting was held on August 11, 2015 with the goal of further assessing the willingness and interest of partners in participating in a future eConsult project. The agenda included items to review, progress to date, update stakeholders on options considered to date, and dedicated time to additional dialog. Terry Wilcox gave an update about the DIRECT message testing at health centers (described in detail in the following section). While the health center organizations were at various levels of readiness to send messages using DIRECT, a major barrier identified was adding specialists who can receive messages with DIRECT. Many specialists do not have the capability at this time. Additional work with health center EHR vendors is also necessary to add specialists to the provider directories in the EHR. We also discussed two potential directions for the project: leveraging the eConsult system at the University of California San Diego or working through the HIE to connect community health centers to specialists they commonly refer to using DIRECT messaging.

Summary of Assessment

In summary, through this assessment process including surveys, interviews, and in-person meetings, optimizing access to specialty care services for Medi-Cal managed care patients emerged as the main

goal for implementing eConsult. Secondary goals include improving clinical management while patients wait for a specialty appointment and providing an opportunity for primary care providers to expand their treatment capacity.

Many San Diego providers had previous experience working with eConsult systems that lacked single sign-on capability and the extra time associated with that process was a barrier to using it. Stakeholders described requiring a system that had built-in guidelines and interoperability to avoid the negative impact on the workflow that a separate system would require.

The primary care and specialty care communities both described the need for image capture and consultation through secured communication as system requirements. The specialist community discussed the need for eConsult to have built-in problem questions and pre-consult work-up directions in order to make sure that primary care is aware of the medical necessity information to make an informed consult request.

Technology

In addition to learning from the stakeholders as described above, the technology element to this project was also thoroughly assessed. CCC consulted with the Technical Assistance consultants provided by Blue Shield of California Foundation. On August 10, 2015 CCC and Blue Path had an initial phone meeting to discuss the eConsult options available and current thinking about technology options that would best serve the San Diego safety net. On September 29, 2015 CCC hosted an in-person meeting with John Weir and Libby Sagara, Technical Consultants from Blue Path, and Mario Gutierrez, Executive Director of the Center for Connected Health Policy. Through this planning grant, four distinct technology options were researched: DIRECT messaging, linking though the HIE, AristaMD, and UCSD eConsult.

DIRECT Messaging

CCC began assessing the technology options by evaluating the current ability to use DIRECT messaging. DIRECT is different than typical email because it serves as a secure messaging system that provides for identity management and message encryption to enable the secure sending and receiving of personal health information and other sensitive communication exchange. Using DIRECT ensures that messages are only accessible to the intended recipient, per the privacy and security regulations of the Health Insurance Portability and Accountability Act (HIPAA). DIRECT messaging test runs were conducted at three different health center organizations to determine the current ability for health centers to send secure messages through their EHR system to a recipient also using a DIRECT address. Using DIRECT can

also help health centers in meeting Meaningful Use Objective 5, "*An eligible provider that transitions or refers their patient to another setting of care or provider of care just (1) use a certified EHR to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals".*

Health Information Exchange

CCC then reached out to San Diego Health Connect, the Health Information Exchange (HIE), to find out the cost and other requirements to bring specialty providers onto the HIE. There is a possibility that in the future health centers could send DIRECT messages to specialists and receive information back through the HIE.

AristaMD

CCC also hosted the leadership from AristaMD on October 29th for a demonstration of their eConsult product. One of CCC's member health center organizations was interested in pursuing a pilot with AristaMD and requested that it be explored as an option through this planning grant. A unique feature of AristaMD is that it has its own panel of specialty providers to respond to eConsults. AristaMD also addresses some of the single sign-on issues that providers were concerned about. The member health center that originally expressed interest in AristaMD is proceeding with a pilot separate from this project with Blue Shield Foundation of California. CCC will follow-up to see if it is something that the health center is finding useful and cost effective, and gather provider and staff feedback regarding the platform.

UCSD eConsult

The final technology option explored came from an article in the Annals of Family Medicine in the July/August 2015 issue (Appendix 5). The article featured the eConsult system built at the University of California San Francisco, but named University of California San Diego as one of five partner institutions where the model would be put into place with their Department of Family Medicine. The article described a system that "is a user-friendly, scalable, and mutually beneficial method carried out in the current EHR environment". CCC connected with the Project Lead for UCSD eConsult Dr. Elizabeth Rosenblum to initiate conversation on how the project was working within UCSD and if she saw a potential to partner with community health centers in the future. Subsequently CCC staff was able to connect with the technical team at UCSD along with Dr. Rosenblum to discuss the options for a future pilot.

The UCSD eConsult system addresses PCP questions that are data driven. PCPs are encouraged to use eConsult when a physical exam is unlikely to add additional information. Templates have been developed to guide PCPs in asking a specific, low complexity question, called "My Clinical Question", of a specialist. Once a specialty area has been selected, the eConsult template lists labs/studies that each Specialty Division has specifically requested be available at the time of the eConsult (Figure 1).

Figure 1. Screenshot of an example endocrinology consult referral template.

By reviewing the list of recommended tests and ordering the relevant ones, PCPs ensure their patients receive the most efficient and appropriate care. The recommended tests are listed in each subject template. If a clinical question is deemed too complex for an eConsult, the specialist will ask the PCP to send the patient for a standard consultation. If the question is appropriate for an eConsult, the expected turnaround time for receiving a response is 3 business days.

UCSD has produced a newsletter, available at https://dfmw.ucsd.edu/public/econsultucsd/UCSD_EConsult_Newsletters.htm that includes good examples of eConsults that providers can learn from. It also has useful reminders on how to effectively use the system and provides updates on any new specialty areas participating in the system. As of January 2016, 13 specialty areas are online with eConsult. Many features of the UCSD program, including the capability to connect to a variety of specialty providers where member health centers already refer their patients, the integrated templates with clinical guidelines and the timeliness of turnaround time, align with provider feedback.

Recommendations

After analyzing the information presented above, CCC recommends that the best path forward towards utilizing eConsult to address specialty care access would be for the community health centers to partner with UCSD in their eConsult program. Since the technology infrastructure has already been built and is working well, there is already buy-in from UCSD specialists participating on the system. This means an entire stakeholder group has already incorporated it into their workflow, provided feedback to how it can work best for their practice, and produced provider champions. This is particularly important since specialty providers were difficult to engage as part of this planning grant. As a proven system that allows UCSD PCPs to consult with UCSD specialty providers, we believe that managed health care plans that have contracts in place with UCSD specialists will be more willing to pay for consults for their members.

As an existing system that has had time to work out initial inefficiencies and build on experiences, a significant amount of medical expertise will be leveraged. UCSD providers in each specialty department spent time working on the template and recommended pre-consult steps. This allows for efficient provider-to-provider communication and helps eliminate inappropriate or incomplete eConsults.

Finally, CCC has just formed a new clinically integrated care network called Integrated Health Partners (IHP) as a subsidiary of CCC. IHP brings together 12 founding community health center members representing over 250,000 Medi-Cal patients in San Diego County. As the network grows, it will seek to partner with other physician groups and hospital systems in Southern California to provide comprehensive health care options for patients. As it is currently designed, IHP has been formed to take on only primary care risk for patients. However that could expand in the future to full professional risk. If and when the IHP assumes full professional risk, members may decide it makes the most sense to require eConsult for some referrals, and then participate in an eConsult system offered by their contracted Member Services Organization, use one of a partner organization, or develop their own. These new developments lead to the current recommendation of leveraging an existing system rather than building something from scratch that may be a short-term solution.

Next Steps

CCC is not ready to move to project implementation at this time, as discussed above, and therefore not ready to request additional funding for eConsult. The timing of the implementation phase of this project will depend first on the readiness of the UCSD eConsult system to connect with other EHR systems. The current eConsult system is built to work exclusively with internal providers that are using EPIC at UCSD. Prior to the grant work, linking eConsult to community health centers was only considered through a community portal that would require a separate sign-on from providers not using EPIC. Once talks began with UCSD, exploring the work of building an interface with an external EHR was added to the project list of the technical team. UCSD had not previously considered the need for its system to interact with those operating outside of the EPIC EHR environment.

Dialog with UCSD will continue as they work on system readiness. Once the eConsult team at UCSD has a timeline and budget expectations for a system to connect in a meaningful way with community health centers, CCC will consider moving into the implementation phase. At that time a discussion on partnering with a funder for pilot testing will be initiated.

In addition to using their eConsult system, we also explored the idea of connecting with UCSD specialists through DIRECT messaging. UCSD is not able to partner through DIRECT at this time as there is only a single institutional DIRECT address for UCSD. They plan to create individual provider addresses, but before doing so they need to operationalize workflow, determine how to specify who is on call on any specific day, and determine how to handle a patient that is not in their system.

Once the system issues have been resolved, a single community health center will initially pilot eConsults. It is possible that more than one center will be part of the pilot as long as all participating health centers use the same EHR system. The criteria for participation will be willingness of providers to participate, volume of endocrinology referrals, and existing referral relationship to UCSD.

Next Steps:

1. UCSD technology team to build interface so that outside EHR systems can access
2. CCC facilitates preliminary testing of interface
3. CHC(s) chosen for pilot
4. UCSD specialty providers are notified that new PCPs and patients are on the eConsult system
5. PCPs at health centers are trained on using the system
6. PCPs begin submitting eConsults for endocrinology
7. Continued training and support to be provided, based on provider feedback
8. Progressive rollout to additional specialties

Appendix 1:

Primary Care Provider Survey

eConsult for Providers, N=71

1. Clinic Organization: 11 organizations responded.

2. What goals do you think eConsult could help address? (Check all that apply)

Answer Choices	Responses	
Access to specialty care services	80.00%	56
Disease management while patient wait for specialist	74.29%	52
Improving communication between providers	71.43%	50
Opportunity for PCPs to learn	70.00%	49
Reducing unnecessary referrals	62.86%	44
Improving patient experience	51.43%	36

3. Are there any specialties that you feel would be particularly appropriate for an eConsult? (Check all that apply)

Answer Choices	Responses	
Endocrinology	84.48%	49
Dermatology	58.62%	34
Hematology	48.28%	28
Rheumatology	46.55%	27
Gastroenterology	46.55%	27
Hepatology	44.83%	26
Cardiology	41.38%	24
Pulmonology	34.48%	20

[Other]

- Pediatric specialist
- Surgery Orthopedics ENT Neurology
- Orthopedics (2) and Genetics
- Allergy
- Psychiatry (2)
- Gynecology
- Behavioral Health
- Neurology, pain management (2)
- ENT
- Oncology
- Ophthalmology/Optometry
- Perinatology Obstetrician

4. What benefit do you think eConsult could have for patients (Check up to 2)

Answer Choices	Responses	
Local access to specialty care	**86.76%**	59
Saved expense of another visit	**57.35%**	39
Saved time away from home or work	**50.00%**	34
More comfortable receiving care at the clinic	**35.29%**	24

[Other]

- Saved time from an unnecessary visit
- treatment with current modalities

5. What benefit do you think eConsult could have for the delivery system? (Check up to 2)

Answer Choices	Responses	
Shorter wait times for specialty visits	**60.00%**	42
Reduce the need for a specialty visit	**57.14%**	40
Higher patient satisfaction	**54.29%**	38
Improve pre-visit workup	**48.57%**	34
Reduce no-show complaints from specialists	**34.29%**	24

[Other]

- Most specialty referrals are too far for our pts to travel too, either cost of gas, vehicle is too old

6. What benefit do you think eConsult could have for providers? (Check up to 2)

Answer Choices	Responses	
Improve co-management of complicated patients	**78.57%**	55
Improved access to specialty advice	**61.43%**	43
Better patient care	**52.86%**	37
Avoid the need for some referrals	**48.57%**	34
More care options and resources	**31.43%**	22

7. What extra features could be incorporated into an eConsult system that would make you want to use it?
   - Algorithms that help guide care at office and to specialty.
   - Not sure would need to know what the basics would be before I could comment
   - Prompt response to our request
   - Audio-Video mechanism so specialist can see our findings e.g. EKG, derm lesions etc.
   - Specific guidelines for pre-consult workup
   - All above would be helpful

- "Easy" way for labs and clinical information to be transferred; pictures for Dermatology.
- Protocols for initial work-ups. To avoid wasting time, we could get basics addressed and formatted for the specialist
- Ease of access
- Perhaps a store and forward video or picture archival system.
- CMS did eConsults in the past. It a pain in the behind for the providers because it was more work for us. Consultants usually reply with "patient needs to be seen" so it does not reduce the amount of referral being generated by providers. I think eConsults are helpful if we want to curbside a specialist with a specific question.
- Fast, easy access to specialists. Possibly telemedicine?
- How to do it quickly in the setting of outpatient practice where the only time that counts in productivity models is actual patient visits. There is no incentive to spend a lot of time outside direct patient care preparing the materials and handling e-consults, especially if all it is used for is as a triage for the consultant to say needs specialty visit.
- Email, phone other ways to communicate with specialist
- Just having a specialist to run things by would be most helpful. I lived in a rural community previously that required patients to drive very long distances to see specialists. Hence, specialists made themselves available for the PCP just to call whenever we needed assistance with questions; determining if referrals were needed; or ways to assist patients to avoid driving long distances especially if not necessary. Yes! PCPs learned a lot. Yes! Patients were referred only when necessary. Yes! Specialists' time was utilized more effectively and they rarely suffered no shows from our patients. When we referred, patients needed to go and they knew it. Communication was great via phone and consult notes. We did not need to submit a referral for consultation we could just call and talk directly to the Specialist which saved a lot of time compared to the referrals we do now especially with an intermediary (our Referral Coordinators). Keep in mind however, I lived in a rural community with much fewer patients than San Diego County. So calling may not be as efficient here. Also, the state university there created/operated a consulting line taking calls to deal with this same issue. A Specialist in each discipline was available on call 24/7 to take our calls. Of course, after hours the doctor on call would field questions as needed. Much our state was rural. Here UCSD might offer a similar service to local providers as an example
- Easy use of the system
- Facetime, Teleconferences
- Real time access or timely response, Feedback within a timely manner-
- Behavioral Health
- Recent guidelines/tools per specialty
- Access information with more selections
- Psychology; Diet Counseling
- CME opportunities
- Better information regarding medications and state of the art methodology

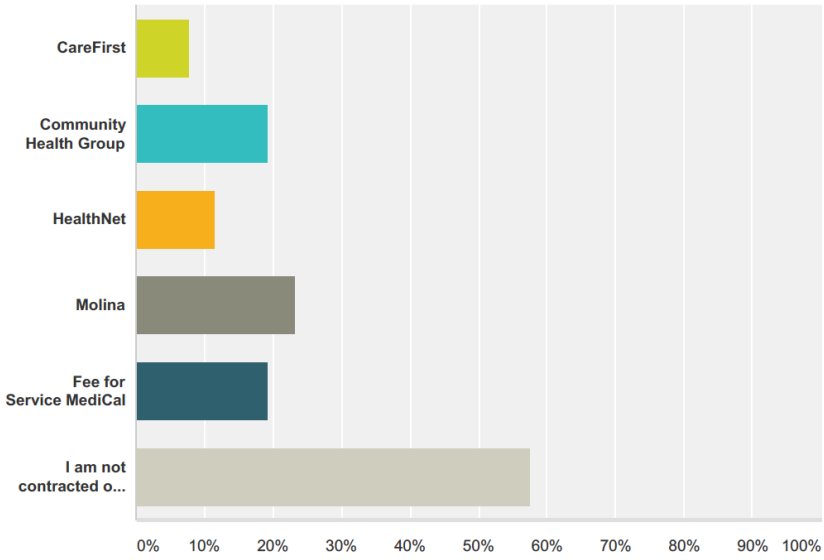
Appendix 2:

Selections from Specialty Care Provider Survey

Specialists: We need your opinion about electronic consultations!

Q1 Do you currently accept/currently contracted on any MediCal plans?

Answered: 26 Skipped: 0

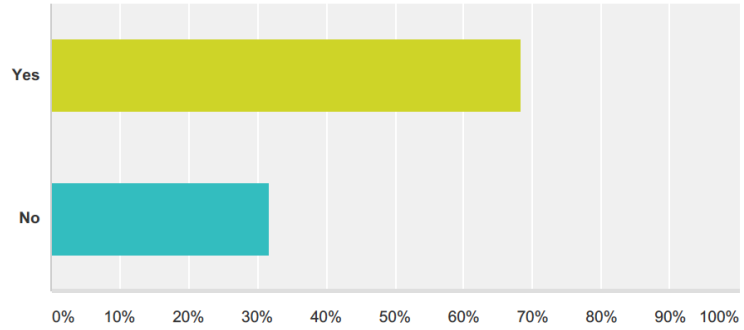


Answer Choices	Responses	
CareFirst	7.69%	2
Community Health Group	19.23%	5
HealthNet	11.54%	3
Molina	23.08%	6
Fee for Service MediCal	19.23%	5
I am not contracted on any MediCal plans	57.69%	15
Total Respondents: 26		

Specialists: We need your opinion about electronic consultations!

Q3 If you are NOT currently contracted on MediCal panels, would you be willing to provide electronic consultations ONLY (no face-to-face), and receive payment for these consults?

Answered: 22 Skipped: 4

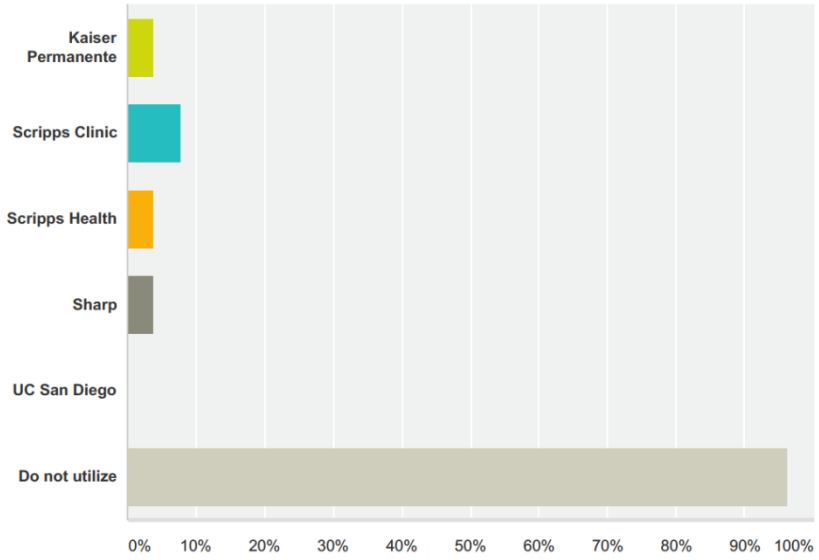


Answer Choices	Responses	
Yes	68.18%	15
No	31.82%	7
Total		22

Specialists: We need your opinion about electronic consultations!

Q4 Do you currently utilize any internal electronic consult programs?

Answered: 26 Skipped: 0

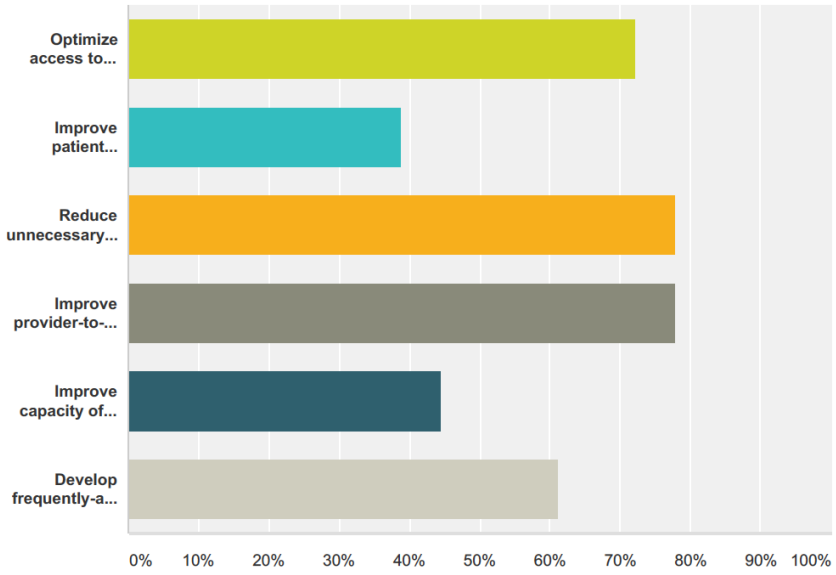


Answer Choices	Responses	
Kaiser Permanente	3.85%	1
Scripps Clinic	7.69%	2
Scripps Health	3.85%	1
Sharp	3.85%	1
UC San Diego	0.00%	0
Do not utilize	96.15%	25
Total Respondents: 26		

Specialists: We need your opinion about electronic consultations!

Q9 What gaps/problems do you think electronic consultations have the potential to alleviate? (check all that apply)

Answered: 18 Skipped: 8

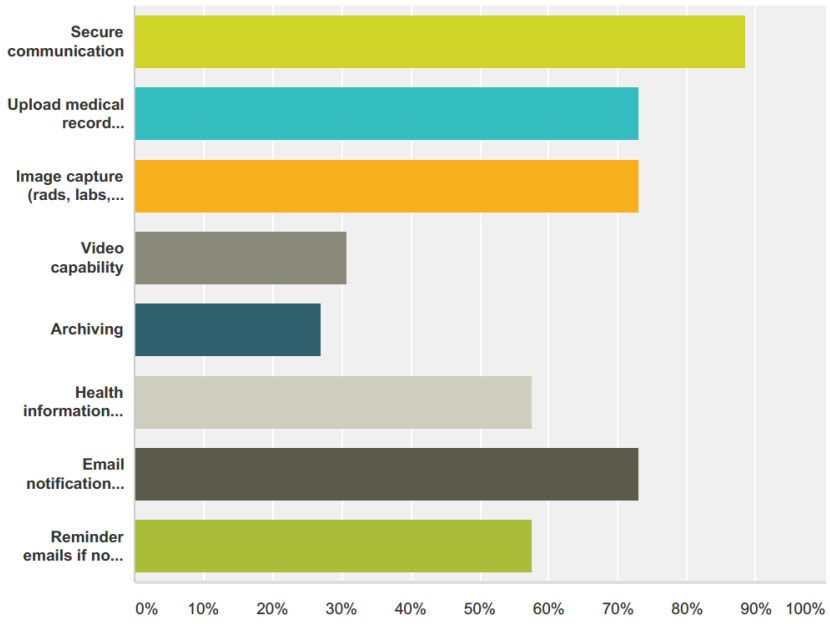


Answer Choices	Responses	
Optimize access to specialty care/shorter wait times	72.22%	13
Improve patient experience	38.89%	7
Reduce unnecessary in-office visits	77.78%	14
Improve provider-to-provider communication	77.78%	14
Improve capacity of primary care provider	44.44%	8
Develop frequently-asked-questions inventory	61.11%	11
Total Respondents: 18		

Specialists: We need your opinion about electronic consultations!

Q10 What technical capabilities would the system need to meet your satisfaction? (check all that apply)

Answered: 26 Skipped: 0

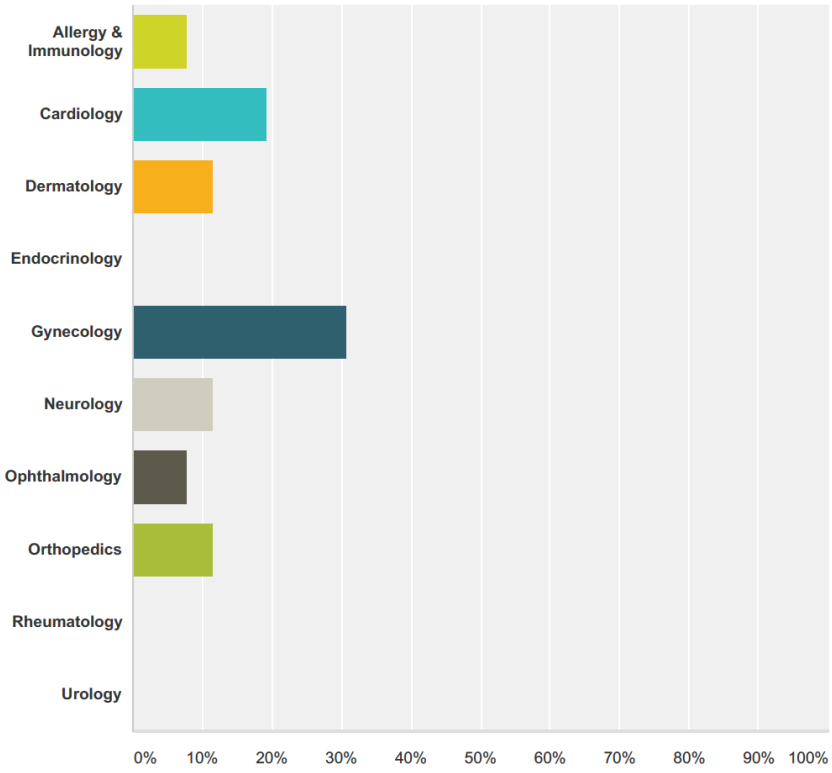


Answer Choices	Responses	
Secure communication	88.46%	23
Upload medical record information	73.08%	19
Image capture (rads, labs, photos)	73.08%	19
Video capability	30.77%	8
Archiving	26.92%	7
Health information exchange for full patient record	57.69%	15
Email notification that a consult is requested	73.08%	19
Reminder emails if no response in 48 hours	57.69%	15
Total Respondents: 26		

Specialists: We need your opinion about electronic consultations!

Q11 Tell us about you. What is your primary practice specialty?

Answered: 26 Skipped: 0

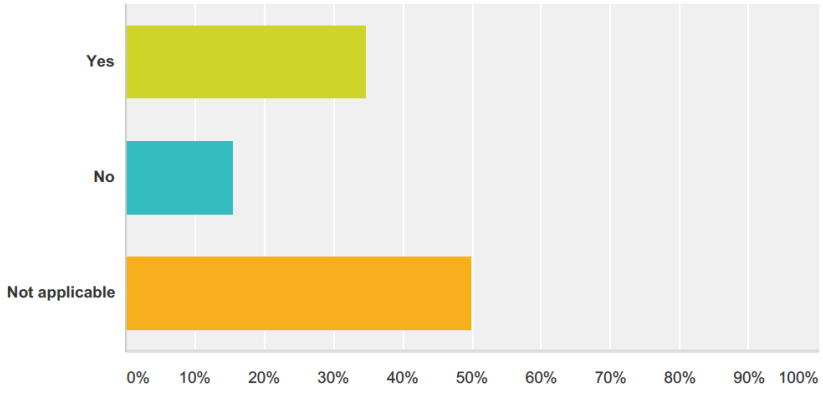


Answer Choices	Responses	
Allergy & Immunology	7.69%	2
Cardiology	19.23%	5
Dermatology	11.54%	3
Endocrinology	0.00%	0
Gynecology	30.77%	8
Neurology	11.54%	3
Ophthalmology	7.69%	2
Orthopedics	11.54%	3
Rheumatology	0.00%	0

Specialists: We need your opinion about electronic consultations!

Q12 If you are within five years of retirement, would you consider answering electronic consults when retired from active practice?

Answered: 26 Skipped: 0



Answer Choices	Responses	
Yes	**34.62%**	9
No	**15.38%**	4
Not applicable	**50.00%**	13
Total		**26**

Appendix 3:

Summary of Operations Staff Survey

1. Clinic Organizations (6 clinic organizations responded.) 7 respondents total.

2. What goals do you think eConsult could help address?
(Check all that apply)

Access to specialty care services	71.4%	5
Improving communication between providers	71.4%	5
Disease management while patient wait for specialist	71.4%	5
Reducing unnecessary referrals	57.1%	4
Improving patient experience	42.9%	3
Opportunity for PCPs to learn	42.9%	3
Other (please specify)		0

3. Are there any specialties that would be particularly appropriate for an eConsult?
(Check all that apply)

Endocrinology	85.7%	6
Rheumatology	71.4%	5
Cardiology	42.9%	3
Dermatology	42.9%	3
Gastroenterology	28.6%	2
Pulmonology	28.6%	2
Hepatology	14.3%	1
Hematology	0.0%	0
Other (please specify) - *Pain Management*		1

4. Is there a particular patient population that eConsult would be helpful in treating?
   - Uninsured
   - Homeless; difficulty traveling, lots of no shows for referrals
   - Uninsured and people with transportation issues

5. What benefit do you think eConsult could have for patients? (Check up to 2)

More comfortable receiving care at the clinic	71.4%	5
Local access to specialty care	57.1%	4
Saved time away from home or work	57.1%	4
Saved expense of another visit	42.9%	3
Other (please specify)		0

6. What benefit do you think eConsult could have for providers? (Check up to 2

Improve co-management of complicated patients	66.7%	4
Direct response from specialist	50.0%	3
Improved access to specialty advice	50.0%	3
Avoid the need for some referrals	33.3%	2
More care options and resources	33.3%	2
Other (please specify)		0

7. What benefit do you think eConsult could have for delivery system? (Check up to 2

Reduce no-show complaints from specialists	57.1%	4
Shorter wait times for specialty visits	57.1%	4
Reduce the need for a specialty visit	57.1%	4
Higher patient satisfaction	28.6%	2
Improve pre-visit workup	14.3%	1
Bypass referral process	0.0%	0

8. What would motivate providers at your clinic to use eConsult?
   - Improved patient outcomes and satisfaction
   - If the process would be easier with more direct access to the providers. More specialty providers in the network
   - Ability to get patients scheduled easily, when the provider is available
   - If access was simple
   - Providing better care to complicated patients who have obstacles getting to a specialist

9. What elements would you like to see implemented that would make an eConsult easy and efficient to use?
   - For this to be successful, it would have to be easy and would need to flow smoothly
   - More specialty providers in the network. Answer in a timely manner from specialty providers. Streamline the process.
   - Scheduling blocks of time where we can plan ahead for our provider availability during those blocks
   - An email/computer access to specialist for the specific work-up or treatment questions. And then if needed after that a way to speak to the specialist directly on the phone.

Appendix 4:

Agenda June 23rd 2015

Initial Planning Meeting: eConsult

June 23, 2015 3:00 - 5:00pm

To join via GoToMeeting:
1. https://global.gotomeeting.com/join/745793093 Meeting ID: 745-793-093
2. Join the conference call: 619-810-1313

AGENDA

Order of Business		
1. Welcome & Introductions	3:00 – 3:05	Nicole Howard
2. Brief Overview of grant	3:05 – 3:15	Lauren Abrams
3. Review Survey and Interview Results - PCP, Operations, Specialists Perspectives	3:15 – 3:35	Lauren Abrams Lynne Farrell, RN
4. Why eConsult? - Potential Benefits of eConsult	3:35 – 3:55	James Schultz, MD
5. eConsult Experiences, Opportunities & Possibilities - Options and decision points	3:55 – 4:25	Bridget Cole, Community Partners
6. Next Steps - Other stakeholders - Future meetings	4:25 – 4:45	Nicole Howard

Appendix 5:

Article from Annals of Family Medicine

will be a fee to participate in and graduate from the defined track. Individuals who complete the entire track, with assignments, will receive a certificate. Track development is now underway with a targeted completion date of late 2016.

Traci Nolte, CAE
Society of Teachers of Family Medicine

ADFM Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

From the Association of Departments of Family Medicine

Ann Fam Med 2015;13:387-388. doi: 10.1370/afm.1829.

ADVANCING THE PRIMARY/SPECIALTY CARE INTERFACE THROUGH ECONSULTS AND ENHANCED REFERRALS

As academic health centers (AHCs) respond to value-based purchasing, they are embracing a transformed role for primary care. As a case in point, 5 AHCs have formed a collaborative organized by the Association of American Medical Colleges (AAMC) to extend a model developed at the University of California, San Francisco (UCSF) that addresses the referral process between primary care and specialty care providers. This program, known as Coordinating Optimal Referral Experiences (CORE), incorporates 2 EMR-based innovations into the clinical workflow: (1) specialty- and problem-specific templates that provide pre-referral decision support to the primary care physician and establish a co-management agreement between providers,[1] and (2) "eConsults" which involve provider-to-provider asynchronous messaging.

With eConsults, the primary care physician sends a focused clinical question to a pre-identified subspecialist who then responds within 48 to 72 hours. The eConsult allows the primary care physician to provide care for the patient directly, provides specialist input in a convenient and timely manner for the patient, and reduces expensive specialty-driven care for minor issues, which in turn frees up the specialist for more complicated patients. Upon completion of each eConsult, both the primary care physician and the specialist receive a productivity (RVU) credit for their efforts. Overall, the model emphasizes and supports the role of the primary care physician as the primary provider for the patient, and emphasizes the rational use of services.

The AAMC received a Health Care Innovations Award from the Center for Medicare and Medicaid Innovation (CMMI) to disseminate this model in partnership with UCSF across 5 partner institutions (University of Wisconsin, University of Iowa, University of California San Diego, University of Virginia, and Dartmouth-Hitchcock). With the 3-year grant, each AHC will implement the program in 15 or more medical and surgical specialties. Departments of Family Medicine are deeply involved in this program, and have identified several early learnings.

Joint Learning and Defining "Borders" Between Primary and Specialty Care

Learning goes 2 ways between specialists and primary care physicians. For instance, cardiologists thought they were seeing all patients with palpitations, unaware of how many were being managed in family medicine and not referred. Primary care physicians receive education on best practices for common problems with a focus on "just-in-time" education. This educational effect is being extended through several efforts including newsletters featuring best eConsults; face-to-face inservice meetings between primary and specialty care faculty and residents; and through development of a searchable "best eConsults" archive.

More Effective Referrals

The program is facilitating more effective referrals as both the primary care physicians and specialists learn and clarify what information needs are present and which situations benefit from referral, continued monitoring, or management by the primary care physician.

Patients

Patient dissatisfaction with eConsults has not been a challenge. Providers are encouraged to give patients the option of seeing a specialist rather than having an eConsult placed if they prefer it. Most patients prefer the convenience and savings of avoiding an extra appointment, as well as the rapid receipt of specialist input via eConsults.

Payment

RVU credits for each completed eConsult are paid internally by the health systems. Additionally, UCSF and 2 of the new AHCs have already initiated pilots to have commercial payers and/or their own health plans reimburse for eConsults. Long-term, the model is best suited to value-based payment systems.

Health System Buy-In

Obtaining buy-in from health system leadership is essential to lay the necessary ground work, align priorities across many of the silos common to AHCs, and to provide payments. Valuing this exchange of cost-effective

coordination and communication in the ambulatory setting aligns financial incentives with good medicine.

Low Threat

Subspecialists must see enough patients face-to-face for eConsults to succeed in the current funding environment. The study sites report that their specialists are not threatened because demand is still substantial. Since eConsults provide for greater efficiency, specialists feel like they waste less time on referrals of marginal value.

The concept of improving communication between specialists and primary care physicians to achieve better care coordination and more appropriate use of specialty services is not new, but it has been hard to implement among busy clinicians whose incentives are not well aligned. To date, the CORE Program appears to be effectively working across a wide range of specialties. It is a user-friendly, scalable, and mutually beneficial method carried out in the current EMR environment. Greater alignment between primary care and specialty care is critical to building value-based health care systems. The CORE model supports the development and continual adjustment of this provider interface, and can serve as a real-time continuous educational source for the best practices of medicine. Evaluation of this innovation is ongoing across the collaborative, but published evidence on similar models has been promising.[2]

Ardis Davis MSW, Valerie Gilchrist MD, Kevin Grumbach MD, Paul James MD, Rusty Kallenberg MD, and Scott A. Shipman MD, MPH

References

1. American College of Physicians. The patient-centered medical home neighbor: The interface of the patient-centered medical home with specialty/subspecialty practices [Policy paper]. Philadelphia, PA: American College of Physicians; 2010.
2. Chen AH, Murphy EJ, Yee HF. eReferral: a new model for integrated care. *N Engl J Med.* 2013;368(26):2450-2453.

AFMRD Association of Family Medicine Residency Directors — From the Association of Family Medicine Residency Directors

Ann Fam Med 2015;13:388-389. doi: 10.1370/afm.1831.

PROGRAM DIRECTORS AND CERA: AN IMPORTANT RELATIONSHIP

How many acronyms do you know where one of the acronym letters stands for an acronym? An acronym within an acronym? We hope most family medicine program directors think of CERA right away. CERA stands for CAFM Educational Research Alliance; CAFM is the Council of Academic Family Medicine.

Program directors are critical to the ongoing success of CERA for 2 reasons. CERA facilitates about 5 surveys every year. Only the program director population is surveyed twice every year and receives more proposals than all the other surveys combined, which tells us that we hold the answers to a lot of important questions from the rest of the "family" of family medicine organizations.

CERA surveys contain questions that are submitted by a variety of family medicine researchers and educators. For example, the last CERA program director survey contained submissions from medical schools, community programs, program directors, residency faculty, social scientists, and pharmacists.

CERA understands that program directors have limited time; therefore, they accept only proposals that include a good hypothesis, are related to what program directors do, contain decent questions, and finally, will likely end up in a published paper. Additionally, the results are archived to help others answer their research questions.

For these reasons, responding to CERA surveys should rank as a high priority for program directors. This seems to be the case, as the PD response rate, at 38% for the first CERA survey of program directors, has increased to over 60%. This is great; but clerkship directors' response rate is more than 90%!

Another reason program directors are critical to the ongoing success of CERA is *relevance*. As program directors, we know the relevant questions to ask in order to advance family medicine education. We are in the midst of tremendous changes in both our clinical and educational infrastructures, and there is very little evidence to support any of the educational changes. We as program directors need to do our part to ensure our residents are still learning how to provide high-quality care to patients in the face of changing environments. CERA surveys can be excellent tools along these lines.

Most program directors think of themselves as clinician-educators, and CERA gives us the means to ask questions in a rigorous way. Once a proposal is accepted, CERA provides institutional review board approval through the American Academy of Family Physicians (AAFP) as well as experienced mentors. This collegial support from the rest of our family medicine community through CERA is invaluable as program directors expand our scholarship into the realm of educational research. An added benefit of CERA involvement is that it also provides an excellent opportunity to help you and your faculty meet the