

Minding the Gaps: Creating More Seamless Care for Patients in Alameda County

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It was a worrisome symptom: A long-time patient in her 70s had blood in her urine when she went to see her primary care doctor in Oakland.

It might have taken months of referrals, tests, and waiting before the patient got answers. Instead she had a full work-up, was diagnosed with kidney cancer, and had her kidney removed, all in about two weeks. She's now "doing great," said Dr. Evan Seevak, the geriatrician who oversaw her care.

With the help of a new electronic consult (e-consult) system adopted by the Alameda Health System (AHS), Seevak was able to send a message to a urologist about the patient's symptoms and receive advice in a matter of hours about which lab tests and imaging scans to order so she could see the specialist armed with the most helpful clinical information right from the start.

Using the traditional referral process, a patient might wait months for an appointment with a specialist, only to show up with incomplete health information leading the specialist to order tests that could have been done in advance and causing further delays in diagnosis and treatment.

Before e-consult, the referral process caused some patients to fall through the cracks. Patients would be told by providers to call a specialist for an appointment and sometimes wouldn't follow up or would say they never



heard back from the specialist's office. Other times, the wait for a scheduled appointment with a specialist was so long that the window of approval for the referral from insurance closed and the process had to be restarted.

Dr. Laura Miller, chief medical officer of Community Health Center Network (CHCN), said she saw a patient with a pigmented lesion on her arm and referred her to a dermatologist, leaving it to the usual practice. The medical assistant printed out information for the patient to call and get an appointment. But when the patient returned to Miller two or three months later, she had not pursued

the visit with the dermatologist. Seeing the lesion again, Miller was concerned that it might be melanoma. By that time, e-consult was in place. Miller was able to take a picture of the spot and send it to a dermatologist, who agreed the patient should be seen immediately. The lesion was removed, biopsied and luckily, it was benign.

For the last two and a half years, AHS has worked to develop and phase-in e-consult, an innovation that is revolutionizing how primary and specialty care physicians work together. E-consult allows primary care providers to consult with specialists before referring patients for visits. The providers can share patient information and collaborate on a treatment plan. To ask a question or seek a referral, providers

E-consult has helped create an overall culture of collaboration

fill in key information about the patient, including findings from a physical examination and results of certain tests that should be ordered. If the results are normal, a referral may not be needed.

AHS and the CHCN together serve patients, many of whom are low-income and vulnerable, in the large, geographically diverse Alameda County in California's East Bay. AHS provides specialty care, hospital care,

inpatient psychiatric care, and rehabilitation and skilled nursing care. It also has four primary care clinics that serve 46,858 patients per year. CHCN has a broader primary care network, with eight clinics serving 250,000 patients per year.

Patients from the Alameda County suburb of Pleasanton may have to travel 25 miles to the city of Oakland to see a specialist, making multiple visits taxing.

It's challenging for patients to take time off work and to find childcare and transportation for appointments. For elderly patients, like Dr. Seevak's, this can add an extra layer of complication to coordinate visit schedules with family members who can help provide transportation and support.

When doctors can communicate behind the scenes with each other more easily, the patients are spared some of the time they would have spent waiting and worrying.

Previously, patients had been waiting three to five months to see some specialists, including gastroenterologists and dermatologists. Primary care doctors would refer patients outside of the system because the wait times were so long.

So in 2015, AHS officials were awarded a grant from Blue Shield of California Foundation to implement system changes using e-consult to help cut wait times, reduce patient backlogs, and increase patient and provider satisfaction.

"Imagine a seamless electronic system to send a referral to a specialist and for the specialist to communicate back with more questions," said Patty Porter, former project manager for E-consult at AHS (now marketing director of Santa Clara Valley Medical Center). "It's a dream."

To turn this dream into a reality, there were a lot of details to consider. Providers wanted a system that was user-friendly. "Providers still have post-traumatic stress disorder from the electronic medical record rollout," Miller said.

Technology was a key enabler, but it also posed plenty of its own problems.

Ideally, the e-consult platform could be used on desktop computers at every clinic as well as mobile devices. It would have as many pre-populated fields as possible to fill in patient demographic information and speed use. It would build in ways to track metrics of success such as how many extra visits were avoided, AHS and CHCN officials said.

AHS developed a system for internal e-consults, phasing in nine specialties: cardiology, endocrinology, urology, neurology, rheumatology, gastroenterology, pulmonology, urogynecology, and obstetrics and gynecology.

There have been some glitches along the way. At first, AHS used the NextGen platform which was already in place for electronic health records, but it turned out that the system has not been completely compatible with CHCN's version of NextGen.

So CHCN started using RubiconMD, a different e-consult platform that links providers to a national network of specialists. They devised a process for requests to first go to AHS specialists and if they don't have the bandwidth to respond, they go to the national network.

Operating with two e-consult systems is certainly not ideal, so AHS is in the process of seeking a vendor that can move toward one system.

"After two and half years, there is a real embracing of e-consult and a real sense that this is absolutely essential to AHS's future," said Michaela Hayes, grant manager at AHS.

In a system change this huge, a key factor in its success is strong clinical leadership, operational leadership, and information-technology leadership. As e-consult



was being phased in, there were changes in leadership. A new CEO of AHS, a new chief medical officer at CHCN and a new project manager came on board. Educating new leaders about the e-consult effort took some time, Hayes said.

"When we lost Patty [the project manager], it was slower to make progress," Hayes said. "It helped that we had clinicians who were champions. Sometimes you have one person spearheading an effort, doing a wonderful job, but they leave and everything falls apart. That's why you need many people to embrace it in the organization. E-consult had very much permeated the organization. Even with ups and downs, we are really at a good place right now."

To have that kind of buy-in from providers for a new system means overcoming skepticism and concerns.

Some providers were uncomfortable with the idea of making a recommendation without seeing a patient in person, Porter said. Including a disclosure on the e-consult stating that the referral is based only on the information provided and that the patient had not been examined mitigated this concern.

As doctors became more familiar with e-consult and more started participating, it began to feel comfortable and familiar to offer advice on that platform, Seevak said.

"It's a change of mindset. It's easy to just refer a patient out," said Burgundie Miceli, project manager. "But the efforts you put in through e-consult pays off in patient and provider satisfaction. It improves work flow."

"The efforts you put in through e-consult pays off in patient and provider satisfaction"

Providers were concerned about how they would build time into their day to use e-consult. Some providers do the e-consult work during their administrative time, others do it during visits.

"I do it while I am in with the patient," Seevak said. "I tell the patient, 'I am going to ask one of our specialists for advice,' and let them know what I am doing. Patients are usually grateful to know we are seeking this input. I get work done in the moment."

Another challenge is reimbursement. Providers are not directly paid for e-consult. There is no billing code for it. Proponents say that doesn't matter because the investment of time is well worth it.

"We have to appeal to providers' sense of mission," Miller said. "Those who seek work in the safety network are mission-driven. They care about patients and care about improving care "

As e-consult starts to reduce patient backlogs, leaders need to change how physician performance is assessed, Porter said.

Many specialists are held accountable for the number of patients they see in a day. But if e-consult reduces the patient load, it's a misaligned incentive, Porter said.

Inefficient referrals are frustrating for specialists, who are stretched thin and want to feel like they are seeing the patients who truly need to be seen by them. E-consult helps specialists educate primary care doctors on how to make better referrals. Also, primary care doctors, the quarterbacks of patient care, say they feel more supported when they are able to consult electronically with specialists about how to help their patients.

"Doctors over time felt supported by the answers coming back," Miller said. "The tone of the consult was both academic and friendly," Miller said.

Providers have reported high levels of satisfaction with e-consult.

RubiconMD recently conducted a survey of CHCN primary care providers, who rated their satisfaction with the e-consult information that they receive from AHS specialists on a scale of one to five, with one being "not at all satisfied" and five meaning "very satisfied."

Of the 432 completed satisfaction surveys completed between October 2016 and July 2017, the average rating given by CHCN primary care physicians was 4.9, Hayes said.

The survey also asked how long providers were waiting to hear back from specialists on e-consult. The average time was 3.23 hours.

Kate Abad, who became a gerontology primary care nurse last year at the Tri City Health Center in Fremont, said e-consult helps her feel more confident as a new provider.

“I needed to prescribe antibiotics for someone with liver disease, so on e-consult I was able to verify with an expert to make sure the medication would be appropriate in that case,” Abad said. “A lot of times the other doctors in your clinic are extremely busy and this lets you ask a question a different way. It gives you that validation.”

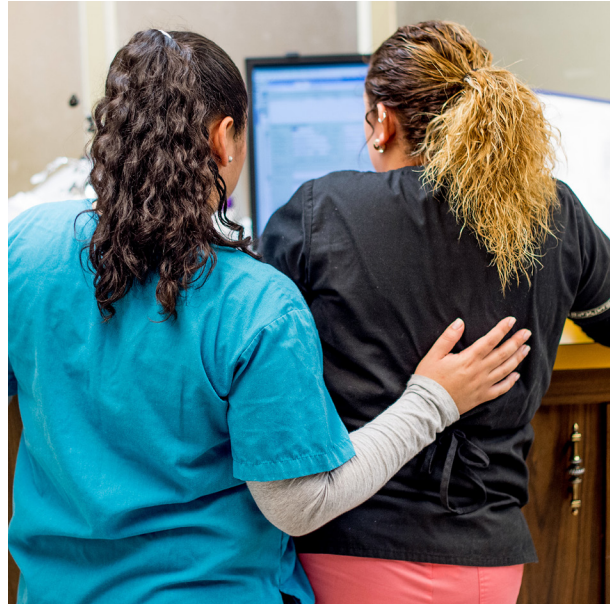
E-consult has helped create an overall culture of collaboration even offline, AHS and CHCN officials said.

To boost participation among providers, AHS has offered training and encouragement. AHS sends monthly newsletters to doctors with updates on the program, such as new specialties participating and includes a sample dialogue between a specialist and a primary care provider illustrating good use of e-consult. To promote further collaboration and camaraderie between primary care docs and specialists, a specialist gives a presentation to other providers on a topic of interest each month.

In August, Dr. Terry White, a urogynecologist and director of female pelvic medicine and reconstructive surgery at Highland Hospital in Oakland, talked about how primary care providers can evaluate a patient with urinary incontinence and pelvic organ prolapse – and when to refer a patient to a specialist.

White told his colleagues that he understands they are stretched thin during an appointment. He said he wanted to hear their questions because he wanted to learn what happens before patients get referred to him.

“I don't have the perspective of being a primary care provider,” he said. “You've already covered four other issues in an appointment and maybe this one got raised at the end.”



White said he has not yet received an e-consult request but is a participating specialist in the program. He told the providers how to contact him and other specialists in his field including on RubiconMd.

“One key unexpected benefit is the partnership of our specialists and the primary care physician network has been so strengthened,” Hayes said. “Collaboration just takes time to be authentic and natural. Culture change is slow. But I've seen it really take hold. We've turned this corner and we are not ever going back.” ■