

checklist for eConsult implementation

Introduction

The *Checklist for eConsult Implementation* is intended to support Project Managers leading the implementation process of an eConsult system. The *Checklist* is a companion piece to a broader brief, *eConsult – Considerations for Implementation*, developed following a roundtable discussion of experts in the implementation, management and support for eConsult and eReferral systems. This roundtable was sponsored by Blue Shield of California Foundation and the UCLA Institute for Innovation in Health.

Staging Implementation

Implementation of an eConsult system has three main stages: *Planning*, *Implementing*, and *Operationalizing and Scaling Up*. It is important to note there is no fixed timeframe for each stage. Depending on a given health care delivery system, *Planning* may be a short task, but *Implementing* may take significantly longer. These stages are also not necessarily linear – the *Implementation* stage may occur while *Operationalizing and Scaling Up* is happening.

Each step of the process below outlines common questions and considerations. These are lessons learned from past implementations meant to inspire, and they are by no means exhaustive.

I. Planning – Preparing for eConsult

At a high level, the elements to consider in the *Planning* period for an eConsult system are: a) scoping the system, b) assessing readiness of the community for the system, and c) building the team. Investing time in these considerations will pave the way for an efficient implementation of a system at a scope and scale that will best support the health delivery system needs.

a. Scoping the System

Defining the specific challenges or problems that an eConsult system might address will help guide what types of services to provide and what system specifications will need to be considered.

To define a system, consider the following:

- ❑ **Goals for Implementations** – What challenges or problems will be addressed by the eConsult system?
 - Optimizing access to specialty care services by addressing timeliness, geographic issues, etc.
 - Improving patient experience by ensuring patients have access to the right care at the right time
 - Creating opportunities for primary care provider trainings and capacity building
 - Improving the efficiency of health care delivery systems (e.g., reducing unnecessary specialty referrals)
 - Improving communication between primary care providers and specialists
 - Other: _____

❑ **Types of Services** – What services will be provided with the eConsult system?

- Forum for provider trainings
- Consultation only – no referral for in-person appointments
- Consultation and Referral Coordination
- Specialty-Specific or Multi-Specialty
- Geography-Specific or Multiple Regions
- Other: _____

❑ **System Specifications** – based on what are defined as goals and the types of services to be provided, consider what is needed in terms of technical capabilities:

- Image capture
- Consultation and secured communication
- Video capability
- Archiving capabilities needed?

b. Assessing Readiness for eConsult

To optimize the implementation of the eConsult system, it is critical to assess the readiness of the multiple delivery systems – primary care provider teams, specialty care services, etc. – that will be engaged in the effort.

Assessing readiness will identify opportunities to minimize system disruption while ensuring the most efficient implementation of an eConsult system.

Readiness factors can be assessed by the core project team, by leadership from each partnering organization, or supported by an independent consultant review. Factors include:

❑ **Value-Proposition** – eConsult involves engagement of partners across the health care system. This includes physicians (primary and specialty), frontline staff, executive leadership and payers such as managed care plans. It is important to engage these partners to identify the key drivers, benefits and potential barriers unique to and shared among these groups.

Consider the following:

- What will motivate primary care providers to engage in the eConsult program? Remember this will be different depending on the different primary care delivery systems – e.g., safety net providers, IPAs and medical groups, private practices, etc.
- What will motivate a specialist to participate? What is their understanding of the needs in the community? What are their concerns, hesitations, perceptions?
- Are the organization leaders supportive of the mission and ready to empower implementation with staffing, time, and resources?
- Are expectations clear and able to be communicated to multiple audiences?
- Will engagement in the eConsult system be mandated, eliminating other paths of referral and consultation? Will it be voluntary, staged through provider champions and early adopters?

NOTE: One system cannot be a solution for everything! Focus the implementation on a solution to best fit the delivery system's specific challenges.

❑ **Provider Relationships** – One of the most important (and perhaps overlooked) factors in successful eConsult implementations is the relationship between primary care and specialty care physicians.

Consider the following:

- How will eConsult support, foster and improve clinician-to-clinician dialogue?
- How will this communication be supported throughout the implementation?
- If structured connections do not already exist, how will they be created?
- How many providers will participate and will need to be equipped, trained, and supported by the eConsult system?

- ❑ **Patient Demand and Provider/Organizational Capacity** – Understanding what patients want and what the providers and organizations in a system can currently do is important to identifying implementation focus areas.

Consider how these focus areas might vary across sites and regions:

- What are the patients' and communities' unmet needs?
- What is the demand for services, from where and to where?
- What are the technological capabilities of each organization?
- What solutions will best support secured communication internal to organizations? Externally across differing organizations?

- ❑ **Follow-up and Continuity of Care** – Consider the following questions:

- How will follow-up care and/or in-person appointments be addressed for the patients?
- If the eConsult results in the need for additional testing, procedures, and follow-up, who will manage that?
 - How will these services be coordinated?
 - How is this information shared with the patient's primary care provider?
- How will an in-person appointment be scheduled if the eConsult demonstrates a need for one?
 - How does the appointment get scheduled?
 - How does that get communicated to the patient?

- ❑ **Resources** – Consider the resources necessary to implement and sustain the eConsult system:

- Funding – Financial support is necessary both up-front, to support the implementation, and ongoing, to allow for system operation, improvements, and regular maintenance.
- Staffing – As this is an extensive process redesign and workflow redesign, leads should be identified for the primary care providers, the specialists, and the frontline and operational staff. These leads will help obtain buy-in, take ownership of elements of the implementation, and sustain the day-to-day operation of the system.
- Technology – Map out the current state and how it will be transformed by the new system, to include:
 - What existing technology is used – e.g., EHR, scheduling systems, internet access, communications systems, video conferencing capabilities, image capture devices – in both primary and specialty care delivery systems?
 - How many providers – both specialists and primary care providers – will have to have access to the system?
 - Who will support the system – e.g., technical resources, help desk, design elements, troubleshooting?

c. Building the Team

To optimize the implementation of an eConsult system, carefully build the project team to include champions, executive sponsors, primary activators, and secondary supporting advisors. While the configuration of a team will be tailored to each system's implementation, it is important to consider the following roles at a minimum:

- ❑ **Executive Champion** – The leader(s) with authority, credibility, experience and resources to move the work forward. The champion will be able to articulate the vision for the implementation, convey the importance of the implementation in the context of the overall organization, promote engagement, and assuage concerns from naysayers.
- ❑ **Provider Leaders** – The lead representatives from both the primary care provider delivery system(s) and the specialist(s). The Provider Leaders may be the chief medical officer or other influential champions for the effort.
- ❑ **Providers** – Both primary care providers and specialists should be engaged in the development of the system, creation of structured checklists and/or protocols for case presentation, and providing recommendations for refinements to the system after implementation. These should be providers who will be *actively* using the system – either interested project champions, or even naysayers who can be swayed.

- ❑ **Project Manager(s)** – The Project Manager(s) will lead the team, maintain the status of the implementation elements, and be empowered to see that the implementation through to completion. They will be accountable for implementation deliverables and communicating regularly with leadership and key stakeholders about the effort.
- ❑ **Frontline Resources** – “On the ground” leads responsible for key subsets of the implementation process to include:
 - Workflow and process assessment, improvement and redesign
 - Technology selection, contracting, and implementation
 - Training program development, implementation, and follow-up
- ❑ **Support Entities** - Those stakeholders who can provide financial, community, and other support for the project such as insurance payers, foundations, regional politicians. These entities should be brought into the process as early as possible to gain an understanding of the community needs. This early engagement will also provide insight into what will motivate their initial investment and their continued funding or support for the work.

NOTE: the specific configuration and make-up of the project team(s) will be a reflection of a health delivery system and partners involved in this implementation as well as its goals for the implementation. Regardless of the specific team configuration, develop standard language, talking points, and reference materials that each team member can use to present the eConsult project to those interested.

II. Implementing – Launching the System

Implementation of eConsult systems follows similar steps to that of most technology-related improvement efforts, with optimal implementations being managed in a staged approach. Beyond classic technology installation steps, below are four typical action areas to consider for launching eConsult: a) baseline assessments; b) provider and care team engagement; c) training programs; and, d) measurement and evaluation plan.

While timelines differ across health delivery systems, and depending on the scope and scale of the implementation, many existing systems estimated that initial assessments, process improvements, and implementation will take 6 to 9 months to complete. Depending on the project team and staffing resources, multiple activities could be concurrently pursued.

a. Baseline Assessments

Deeper than the readiness assessment noted in the *Planning* stage, baseline assessments of patient needs and service demands will define referral volumes and specialist needs that might be addressed by specific types of eConsults. These baselines lay the groundwork for monitoring and evaluation of the system through tracking of target measures (operational, process, clinical outcomes, costs, etc.). These may include:

- ❑ **Demand And Patient Needs Assessments** – How is the health delivery system currently performing in terms of patient access? Understand where and how the implementation will change the current state:
 - What are the current volumes of referrals for specialty care services? To which specialist providers?
 - What are the current referral patterns and contract/network specialist agreements?
 - What are potential additional resources for specialty care services?
 - What are the wait times for accessing services? What are other limitations or barriers to accessing services?
 - How many primary care providers will be using the system? How many specialist reviewers will be using the system?

- ❑ **Workflow Assessment** – Establish a baseline assessment of the “current” specialty referral process at the primary care settings, and then establish a templated “ideal” state for referral with an eConsult system:
 - What are the steps to requesting a specialty referral?
 - Who on the care team makes the request? Who processes the request?
 - What information is exchanged between the primary care provider and specialist?
 - Assess each individual implementation site – i.e., each primary care provider location – for current state.

NOTE: Remember to refine the recommended “ideal” workflow to best fit the primary care provider location. This is a delicate balance to implement refinements to the operational flow and implement the technology. Try to avoid simply replicating the same processes with eConsult software – in other words, automating a bad process. Focus on implementing workflows that optimize the use of the eConsult system while minimizing disruptions to other clinic workflows, potentially overwhelming providers and staff in the process.

- ❑ **In-Person Scheduling Process** – If the eConsult may result in the need for an in-person appointment, establish a process for scheduling this encounter from the eConsult system:
 - What are the current scheduling processes?
 - Will an eConsult-generated scheduling request be incorporated into the process? If so, how?
 - Who will have “rights” to determine the need for an in-person appointment?
 - What is the process for case review if there is disagreement between providers about the need for an in-person referral?
 - What is the prioritization and urgency rankings system for requested appointments?
 - Will eConsult reviewed cases receive expedited scheduling?
 - Will specific appointments be created/made available for eConsult generated scheduling requests?

NOTE: Refer to the *Measurement for Impact* brief for examples of metrics that have been used by existing eConsult programs.

b. Provider and Care Team Engagement

Together with the project team, consider the following for provider and care team engagement:

- ❑ **Establish and/or Foster Provider-to-Provider Interactions** – Leverage existing structures (e.g., medical group meetings, rounds) and/or develop structures (e.g., specialty specific workgroups or advisory councils) for provider-to-provider interactions. **Remember – eConsult systems are only a tool to support provider-to-provider interactions. These interactions are crucial to the success of implementation.**
 - Are there existing primary and specialist provider structures that could be leveraged to support advising on eConsult/eReferral system configurations and structure?
 - If no, develop structures that bring providers together to provide input and support the implementation and refinement of an eConsult/eReferral system.
 - Develop strategies to engage, support and where necessary, incentivize provider engagement in this process.
 - Recognize the value proposition for each provider. Address how their participation in the system will benefit them as well as the potential barriers/resistance to implementation.
 - Develop structures, talking points, and where possible, incentives that acknowledge the value proposition for primary care and specialist providers.
- ❑ **Mandatory or Voluntary** – Consider how the implementation will address current referral processes, both formal and informal:
 - Will the use of eConsult be mandatory – i.e., a single or closed system, eliminating all other referral or consultant communication options to mandate adoption of the system?
 - Will the system use be voluntary – i.e., use of the system on a voluntary basis beginning with interested champions who can then help convince other providers?
 - Will implementation be staged, beginning with voluntary use but transitioning to mandatory as implementation solidifies?
 - If/When transitioning to a mandatory system, establish a structured training program – for on-boarding as well as refresher training for appropriate staff and providers.

c. Training Programs

Based on a readiness assessment, develop and implement needed training programs.

- ❑ **Develop Training Materials** - Consider both technology and case presentation training materials.
 - What training will be needed for use of the eConsult system?
 - Establishing logins and passwords
 - Navigating the system
 - Inputting information
 - Forwarding requests
 - What checklists, questions, and/or guidelines are embedded in the system that will support entering in a consultation or referral request? Is the request entered free-form or in a structured template?
 - What information should be included with each eConsult? To what level of detail?
 - How are the consultation question posed?
 - What structures, template responses, and/or educational references are available to support a specialist's reply?
 - How is a professional dialogue between providers fostered?
- ❑ **Implement Training Programs** – Consider timing and evaluation for each step of the process:
 - Initial training for current team members
 - On-boarding training for new providers and specialists to the system
 - Refresher training, as needed

d. Measurement and Evaluation Plan

Using the measures defined in the planning phase, assess the impact of the new eConsult system.

- ❑ **Build Data Collection, Display and Reporting Capabilities** – Create report generating capabilities within the system, automating as much as possible.
- ❑ **Seek References for Potential Measures** – Benchmarks will help assess a system's progress relevant to other, comparable implementations. Refer to the *Measurement for Impact* brief for examples of metrics that have been used by existing eConsult programs.

III. Operationalizing and Scaling Up

While focusing considerable attention on the *Planning* and *Implementing* stages, be mindful to the steps needed to operationalize the eConsult system at the primary care provider locations, at the specialty service locations, and health delivery system-wide. A staged approach to implementation is almost universally recommended – selecting a subset of specialties to begin implementation with, and then staging additional specialty services once the systems are refined and stable.

Consider the following steps to operationalize and scale up the eConsult system:

- ❑ **Prioritizing Specialties to Launch the Program** – Consider which specialties will launch the program:
 - What are the highest demand specialties?
 - What specialties are easiest to present via eConsult – e.g., visuals are easily captured and attached, histories and pre-tests are minimal, case presentation involves minimal description?
 - For which specialties are there existing champions – those specialists who can test the system, spearhead the change, and sway other colleagues to engage in the work?

NOTE: many existing systems consider initial implementations with only 2 to 5 specialties – allowing for time to refine the implementation process while still providing needed services to engender use of the system.

- ❑ **Staging Roll-out of Additional Specialties** – Find the right balance of specialties for the roll-out plan to not overwhelm the system but provide enough services to meet the need:
 - Are there too few specialties, risking that the primary care providers won't use the system?
 - Has implementation been paused to bring on more and more specialties, risking delays in implementation?

- ❑ **Embedding and Sustaining the Program** – Address from a holistic perspective how to sustain the program, recognizing the multiple factors that will ensure the long term success:
 - How will the provider-to-provider communications structures be sustained?
 - How will provider engagement deepen and grow?
 - How will costs to sustain the program be operationalized?
 - Has a measurement plan been developed to track the impact of the program?
 - What communication pieces will be developed – reports, briefings, etc. – to tell the story of impact, effectiveness, and efficiencies achieved?
 - How will supportive audiences (e.g., funders, investors, political resources) be targeted?
 - How will advocacy for the program be engaged?

- ❑ **Reimbursement Considerations and Modeling** – Assess funding and reimbursement models in terms of patient populations and available funders:
 - How are encounters reimbursed right now – per encounter/visit, per diagnosis, on a risk-based, managed model?
 - Does the reimbursement model promote volume of use of the system, e.g., pay per encounter?
 - Does the reimbursement model promote care management, e.g., risk-based or per diagnosis based?
 - How can payment models be diversified to create a more sustainable reimbursement flow?
 - How will the system for those patients that don't (and/or won't) have reimbursement options be addressed?
 - How will time commitment for both providers be recognized and incentivized, i.e., primary care providers for the time to create the consults, follow-up and implementation of recommendations; specialists for review and response to consults?

NOTE: Funders and Health Plans are key partners for the program. Engage them early and throughout the process to understand how they may support these efforts.

Closing

The implementation of an eConsult system is a transformational change for any health care delivery system to pursue. The technology is merely tool to support information exchange and dialogue; the true transformation comes from increasing and improving provider-to-provider engagement in the provision of care for their patients.

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