DMHC
Electronic Consultation Overview

March 19, 2018
California Health & Wellness
Telehealth Program

Electronic Consultation Workflow:

Primary Care Provider (PCP) creates electronic consultation asking specialist a clinical question

PCP utilizes “native” clinic referral mechanisms to send clinical data

Specialists review clinical questions resulting in one of three outcomes:

1. Clinical need is resolved by treatment or further workup recommendations

2. Telemedicine visit is recommended along with any necessary diagnostic studies to prepare for visit and any interim therapeutic care when appropriate

3. “Brick-and-Mortar” appointment is recommended along with any necessary pre-visit studies and any interim therapeutic care when appropriate

PCP receives specialist recommendations within 2 business days via native clinical data processes
### California Health & Wellness Telehealth Program

<table>
<thead>
<tr>
<th>Access</th>
<th>Network</th>
<th>Quality</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does e-consult result improved timely access rates of compliance for the patients who receive FTF visits?</td>
<td>How do you show that use of e-consult does not result in a narrower network (fewer local specialists for FTF)?</td>
<td>How do you demonstrate that e-consult improves the quality of care delivered to the patient?</td>
<td>How do you determine which specialty care needs are effectively addressed via e-consult?</td>
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Access:

Specialist Response Times for Electronic Consultations
• Less than 48 Hours: 92.3%
• Less than 24 Hours: 72.3%

Patients get better and faster care when PCP’s have electronic consultations available

Specialty care begins in the primary care setting

Patients are better prepared for Face-to-Face Visits
• Reduces the barriers of travel/time away from work
• Reduces no-show rates
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Network:

Electronic consultations

- Extend but do not replace specialty care resources
- Are not used to manage utilization
- Do not influence contracting decisions for brick-and-mortar specialty care network standards
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Quality:

Metrics:
Time from PCP Submission to Specialist Response

Clinical Outcomes
• PCP Recommendations (Care remains in PCP Setting)
• Referral to Telemedicine
• Referral to Brick and Mortar
• Specialty Change

Overall PCP Satisfaction

PCP Concordance with Specialist Recommendations
Effectiveness:

Measured by:

PCP/Specialist clinical recommendation concordance

Timeliness in specialist and PCP responses

Two question PCP Survey:

• How satisfied were you with the specialist’s response to your clinical question?
• Did you follow through with the specialist’s recommendations? If not, why not?
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#### Percent of Cases Closed without Specialty Visit Needed

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% Cases Closed</th>
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<tbody>
<tr>
<td>Cardiology</td>
<td>23%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>24%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>45%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>33%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>95%</td>
</tr>
<tr>
<td>Neurology</td>
<td>82%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>22%</td>
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</tbody>
</table>

- Needs Addressed

#### Outcomes by Type

- In Person Visit: 19%
- Live Video Visit: 38%
- Specialty Change: 1%
- Needs Addressed: 41%
Questions

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