ConferMED
Move Knowledge, Not Patients™

Anthem BlueCross

Clinician to Clinician Consult

When a primary care provider consults with a specialist about a patient electronically instead of referring the patient for a face-to-face visit.

Anthem Medi-Cal is Expanding Access to eConsults

Anthem MediCal is expanding access to eConsults to healthcare providers not already participating in eConsults—Offering Anthem members **immediate access to Specialty Care via eConsults at No Cost.**

Easy to Use

ConferMED **can use available technology** such as file share and fax, and also offers an easy to use portal solution.

Rapid Set Up

ConferMED can be **up and running in a matter of days** to help your clinic quickly meet the needs of this evolving health crisis.

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Anthem Medi-Cal covering **over 40 Adult and Pediatric Specialties**

Why choose ConferMED?

PCP Experience

- Expand scope of practice
- Get rapid guidance and answers to clinical questions from specialists
- Keep more of your patients in primary care
- Consult with our extensive network of board certified specialists in over forty specialties/subspecialties

Patient Experience

- Improve health outcomes through timely access to care
- Avoid unnecessary specialty visits
- Get more of your care in primary care with expedited guidance from specialist
- No out-of-pocket expense (to the patient)
- Avoid unnecessary travel and time off from work

Adult

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Hematology
- Infectious Disease
- Nephrology
- Neurology
- OB/GYN
- Orthopedics
- Pain Medicine
- Psychiatry
- Pulmonology
- Rheumatology
- Urology

Pediatrics

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Genomic Medicine
- Hematology
- Infectious Disease
- Nephrology
- Neurology
- OB/GYN
- Orthopedics
- Psychiatry
- Pulmonology

150+ Specialists

- **Board Certified:** In specialty or subspecialty
- **Licensed:** Valid licenses in state of residence and where in-state license is required for eConsults
- **NCQA Level Credentialing**

https://www.confermed.com/anthem/

Contact ConferMED at: help@confermed.com

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In CA: 4600 Campus Drive, Suite 100, Newport Beach, CA 92660

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eConsult Example
Endocrinology Specialist

Endocrinology eConsult Request (Page 1 of 2) **Current Status:** Submitted

Patient Information

Name: **Address:** **Mobile Phone:** **Account No. (MRN):**	**Gender:** **Email:** **Insurance No:**	**Date of Birth:** **Phone:** **Language** **Birthplace:**

Referred From:	**Referred To:**
Site: **Provider:** **Address:** **Phone/Fax:**	**Specialty:** **Specialist Reviewer:**

Referral Information

eConsult ID: **Status:** **Auth Number:** **Decision Date:** **Appointment:** **Priority:**	**Diagnosis:** **Procedure(s):** **Additional Notes:**	**ICD Code:** **Qty:**

eConsult Dialog *If you would like to rate this consult please click here*

Date/Time:	**From: PCP Name**	**To: Endocrinologist**

eConsult:

57 year old male with abnormal TSH levels - 0.010 x 2 with elevated TSH. Antibody negative. Patient with symptoms of recurrent fever and weight loss (15 lbs) over 2 months. Started on Propranolol.

Date/Time:	**From: Endocrinologist**	**To: PCP Name**

Diagnosis:

57 y/o Type 2 diabetic (rx Januvia, Metformin, Glipizide) with 2-3 months of symptoms: recurrent fever, night sweats, wt loss (15lb/2mos). However, last questionnaire from 03/03/2020 and ROS was remarkable for being unremarkable.

The doctor has done a thorough evaluation—well-done. For evaluation of essentially 'fever of unknown origin': CXR negative, Blood cultures negative, and TB eval negative.

What was found: hyperthyroidism.

Summary of data:

- Symptoms of recurrent fever x 2 - 3 mos with wt loss
- 02/10/2020 and 02/11/2020 labs show hyperthyroidism:
  TSH 0, TT4 16.4 (-10.5), FTI 23.4 (-11.6)
  TSH 0, Free T4 3.31 ng/dl
- Feels better on Propranolol 60mg/day, with recent exam 03/03/2020:
  BP 122/73, T97.9, O2 97%, Pulse 50, RR 14
- Thyroid sonogram 02/27/2020: heterogeneous, enlarged, no nodules
- Thyroid uptake and scan 03/03/2020: <1%

eConsult continued on next page

Endocrinologist eConsult Request (Page 2 of 2) **Current Status:** Submitted

Date/Time:	**From: Endocrinologist**	**To: PCP Name**

Diagnosis

Impression: Subacute Thyroiditis/DeQuervain's Thyroiditis

Subacute Thyroiditis/DeQuervain's Thyroiditis is supposed to be less common, but I have encountered several cases over the past two years. It is thought to be caused by a viral infection. Although the textbooks say it lasts 4-8 weeks, I have had cases of significant toxic symptoms (ill-feeling, neck discomfort, thyrotoxic levels) for 3 and even 4 months.

Management is actually a bit difficult and unsatisfactory. Prednisone is often recommended, but after it is stopped, the symptoms most likely reoccur. In this patient it is probably inadvisable given the Type 2 diabetes.

NSAIDs like Motrin help, but would be used with caution in diabetics.

Propranolol for cardioprotective effects in context of thyrotoxicity (or alternative Metoprolol) is a good idea.

Methimazole—no; doesn't work in subacute thyroiditis.

Recommendations:

Diagnostic:

1) The physician has done a good diagnostic evaluation. I would recommend—just to confirm the diagnosis given the extended time course of symptoms—

   *Thyroid Stimulating Immunoglobulins (TSI). Note this is not TSH and it is not anti-thyroglobulin or anti-thyroid perioxidase antibodies. It needs to be ordered as:

   Thyroid Stimulating Immunoglobulins (TSI).

   Graves' disease makes these stimulating immunoglobulins, subacute thyroiditis does not.

2) ESR: sedrate is useful to follow the course of the condition. It goes down as inflammation resolves.

3) I would recheck TSH, Free T4, Free T3: the patient may already be getting better.

4) *Note it will probably take awhile for the TSH to 'come back'. You may see low Free T4 and low Free T3 levels before TSH comes back.

Therapeutic recs:

1) You can continue the propranolol for now if patient is not experiencing problems. Once thyroid levels come down, this can be weaned down/off.

2) I would follow TFTs/ESR/clinical picture every 4 weeks until better.

3) Motrin can relieve symptoms, but with caution in diabetic.

4) *In severe cases I have recommend thyroidectomy. This is not typically recommended, but only for toxicity that continues for months. This would require an endocrine consult first.

5) Also: **No Methimazole. Wouldn't work in subacute thyroiditis!

Thank you!

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