

## **Alameda Health System and Community Health Center Network: E-Consult Collaboration Delivers High Quality Patient Care**

When a patient in her 70s had blood in her urine, she went to see her primary care doctor in Oakland. Instead of months of referrals, tests and waiting to see a specialist, in just about two weeks she had a full work up, was diagnosed with kidney cancer, had her kidney removed and is now “doing great,” says Alameda Health Center’s (AHS) Dr. Evan Seevak, the geriatrician who oversaw her care.



*Evan Seevak, MD, Medical Director  
Ambulatory Division,  
Alameda Health System*

This fast on-ramp to care was possible because Seevak had access to e-consult, implemented by the Alameda Health System (AHS) in 2016. After sending a message to an urologist about his patient’s symptoms, in a matter of hours Seevak received advice about which lab tests and imaging scans to order so the patient could see the specialist armed with the most helpful clinical information right from the start.

### **Provider-to-Provider Communications Supports Fast Access to Specialty Care**

Seevak’s experience is an example of how e-consult’s facilitation of communication between primary care providers and specialists has enabled AHS to eliminate delays created by its traditional specialist referral system. Before the use of e-consult, after receiving a referral from their doctor scheduling specialist appointments was the responsibility of the patient.

The new referral process supported by e-consult shifts that responsibility, which ultimately leads to much better patient care. For example, when Dr. Laura Miller, chief medical officer of Community Health Center Network, saw a

patient with a pigmented lesion on her arm she referred the patient to a dermatologist. A medical assistant printed out the dermatologist's contact information and provided it to the patient, who's job it was to call and get an appointment.



*Laura Miller, MD, Chief  
Medical Officer,  
Community Health Center  
Network*

Two or three months later, when the patient returned to Miller she had not pursued the visit with the dermatologist, not an atypical situation. Seeing the lesion again, however, Miller was concerned that it may be melanoma. By this time e-consult was in place, and Miller was able to take a picture of the spot and send it to a dermatologist, who agreed to see the patient immediately. The lesion was removed, biopsied and, luckily, was determined to be benign.

### **Implementing E-Consult to Connect AHS Specialists with Community Clinic Primary Care Providers**

AHS and the Community Health Center Network (CHCN) together serve patients, many who are low-income and vulnerable, in the large and geographically diverse Alameda County. 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 a year. CHCN's broader primary care network of eight clinics serves an additional 250,000 patients a 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. Taking time off work or finding childcare and transportation for specialist appointment is taxing for patients. Travel requirements add an extra layer of

complication for elderly patients who have to coordinate their appointments with family members who provide transportation and support.

E-consult's support for communication between PCPs and specialists can mitigate the need for multiple visits, thus eliminating extensive travel by patients. In 2015, AHS was awarded a grant from the Blue Shield of California Foundation to implement e-consult to help cut wait times, reduce patient backlogs, decrease travel requirements and increase patient and provider satisfaction.

With nine specialties, including cardiology, endocrinology, urology, neurology, rheumatology, gastroenterology, pulmonology, urogynecology and obstetrics and gynecology, now using e-consult, that dream is a reality.

### **Technology Considerations**

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, an 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.

### **Providers Embrace E-Consult**

"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," says Michaela Hayes, grant manager at AHS.

Supporting buy-in from providers for e-consult means overcoming skepticism and concerns. Some providers were uncomfortable with the idea of making a

recommendation without seeing a patient in person. To mitigate this concern, AHS included a disclosure stating that the referral is based only on the information provided and that the patient had not been examined in its e-consult system.

As AHS and CHCN providers became more familiar with e-consult and more started participating, offering advice through the platform felt comfortable and familiar, Seevak says.

Providers were concerned about how they would build time into their day to use e-consult. Some providers complete their e-consults during administrative time, others complete them during patient visits.

“I do it while I am in with the patient,” Seevak notes. “I tell the patient, ‘I am going to ask one 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.”

### **High Levels of Provider 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 says.

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

### **Culture of Collaboration Strengthens PCP Network**

E-consult has helped create an overall culture of collaboration among AHS and CHCN providers. In a monthly newsletter, AHS includes program updates, such

as new specialties participating, and a sample dialogue between a specialist and a primary care provider to illustrate good use of e-consult.



*Terry White, MD, Oakland Highland Hospital*

To promote further collaboration and camaraderie between PCPs and specialists, a specialist gives a presentation to other providers on a topic of interest each month.

In August 2017, Dr. Terry White, urogynecologist and director of female pelvic medicine and reconstructive surgery at Oakland's Highland Hospital, talked about how PCPs can evaluate a patient with urinary incontinence and pelvic organ prolapse, and when to refer a patient to a specialist.

"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."

"One key unexpected benefit is the partnership of our specialists and the primary care physician network has been so strengthened," Hayes explains. "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."