CCHP E-Consult Workgroup Webinar
May 9, 2018

Webinar - https://zoom.us/j/340405423
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blue of california foundation

Center for Connected Health Policy
The National Telehealth Policy Resource Center

BluePath HEALTH

Agenda

Agenda Topic	Speaker	Time (min)
Welcome and Introductions	CCHP and BluePath Health	5 minutes
PCP Perceptions and Use of E-Consult	Paul Giboney, MD, LACDHS	20 minutes
Q&A	All	10 minutes
Invited Commentary and Discussion RE Addressing PCPs' E-Consult Needs	Scott Shipman, MD, AAMC and All	20 minutes
Wrap-up and Upcoming Activities	All	10 minutes

PCP Perceptions and use of eConsult

Paul Giboney, MD
Associate Chief Medical Officer
Los Angeles County Department of Health Services

Qualitative Study*

- Interviews of PCP users of DHS eConsult system
  - Interviews in early 2017
- 40 providers, 45 minute surveys each
  - Independent, Harvard researcher conducted interviews
  - 20 DHS providers
  - 20 Community Clinic providers who use DHS eConsult
    - Balance of hospital based PCPS and community PCPs

* JAMA Intern Med. Published online April 12, 2018. doi:10.1001/jamainternmed.2018.0738

Themes

- Access/Timeliness
  - Positives = improved timeliness of specialist input, faster face-to-face visits when needed, reduction in unnecessary visits, referrals more meaningful
  - Negatives = delays/obstructs access to specialty visits, specialists as “gatekeepers”
- Shift of specialty care to PCP
  - Positives = PCP has more comfort in managing patient, educational, PCPs more accountable, Expected Practices help improve referral efficiency
  - Negatives = Increased burden of pre-referral workup, more testing/evaluation than before, Expected Practices not helpful, increased work “not worth it”.

Themes

- Relationships with specialists
  - Positives = increased communication, specialists as educators
  - Negatives = Some specialists not helpful or responsive, impersonal, lack of trust, “gatekeepers”
- IT/interface issues
  - Negatives = EMR and eConsult platform are separate, uploading notes/images takes time
- Other issues–not directly tied to eConsult (but mentioned in article)
  - Lack of follow up after patient sees provider
    - Getting visit notes back
  - Specialty scheduling issues/scheduling timeliness.

Reflections

- Changing role of PCP (more care delivered in medical home)
  - Not just eConsult, but Patient Centered Medical Home (PCMH) in general and multitude of federal/state programs like Meaningful Use, NCQA, PRIME, etc.
  - Shift to patient-centeredness
    - When clinically appropriate, PCMH is a better, less expensive, more holistic place to deliver care than the specialty clinic, urgent care or emergency department.
    - Less patient travel, fewer days off work, etc.
  - However, many PCMHs have not made the full transition to be able to adjust to these new demands
    - Need better use of entire care team (Nurses, CMAs, Care Coordinators, etc.)
    - Management tools/technology to support their changing role
    - New reimbursement models to reflect increased care responsibilities.

Reflections

- Recency bias
  - 7 years ago, PCPs noted long wait times for specialty care, tens of thousands of unanswered referral requests. (the previous system was ineffective).
  - eConsult as "impersonal", but prior system was a one-way fax or other submission with no communication (even more "impersonal").
  - Specialty referral "review" was a part of our system for years before eConsult…just much less effective/efficient.
- PCP Variation
  - In most human endeavors, there will be a range of experiences. Medicine is no different
- "Blaming" eConsult for aspects of care it was not designed to address
  - Urgent/Emergent specialty requests
  - Scheduling issues
  - Getting notes back from providers

Reflections/Next Steps

- Participation/Selection bias
  - Did those who agreed to the survey participants skew to either those strongly for or against? (those willing to spend 45 minutes talking about it).
- We don't have a study that documents PCP perceptions of previous specialty referral processes.
  - Anecdotal/experiential evidence only.
- Next Steps
  - Never stop improving!
    - Timely responses (address outliers)
    - More helpful specialists
    - Easier interface – integration with EMR
    - More capable and better resourced PCMHs
    - Keep patient's needs at the center

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Invited Commentary

Scott Shipman, MD, MPH

Director of Clinical Innovations,
Primary Care Initiatives and Workforce Analysis,
Association of American Medical Colleges (AAMC)

eConsult—Transforming Primary Care or Exacerbating Clinician Burnout?

Nathaniel Gleason, MD[1]; Sara Ackerman, PhD, MPH[2]; Scott A. Shipman, MD, MPH[3]

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Discussion: Guiding Questions for E-Consult Implementation Planning

E-Consult System PCP Interface Design

Process Design

Pre E-Consult Process Decisions

1. eConsult System/Process Design

A. PCP Interface Design

Have log-in steps been minimized?

Has interface with EHR been optimized?

Has entry of duplicate information been minimized?

Can PCPs indicate their desired outcome of the eConsult? Should they be able to?

Can PCPs track status of eConsult after entry? Is that a desired feature?

Is there a mechanism for specialists to flag responses that are urgent vs nonurgent?

B. Process Design

How quickly can PCPs expect a response?

What process should PCPs use if a more urgent specialty care need arises?

Is there a way for other clinicians in the PCP's group to join an ongoing dialogue if a different clinician is covering or sees the patient in follow-up?

Is there a way to transfer an ongoing dialogue to a different specialist if determined to be more appropriate?

When should a dialogue be closed?

Should the eConsult platform only be used for previsit conversations, or could it be used for ongoing comanagement conversations?

Do all eConsults require the same depths of information or might some (ie, referral for colonoscopy for routine screening) be more automated in terms of PCP data entry and specialist review?

Will PCPs (and specialists) receive administrative time or some form of compensation to enter and respond to eConsults?

Should administrative support or care coordinators be part of the workflow of eConsults?

2. Pre/Post eConsult Process Decisions

A. Pre-eConsult Processes

Are expected practices or referral guidelines or pathways available?

If so, are they easily available at the point of care, or do they require extra log-ins?

Is there an alternative referral process for urgent referrals or particularly routine referrals?

Pre E-Consult Processes

B. Post eConsult Processes

If a visit is recommended by the specialist reviewer, how is that decision communicated to the PCP or patient?

If a visit is recommended by the specialist reviewer, what are the scheduling processes?

If a visit is recommended by the specialist reviewer, is documentation of the eConsult dialogue available to the specialist who sees the patient?

How are visit notes shared back with PCPs referring through eConsult?

3. eConsult Implementation/Change Management Decisions

E-Consult Implementation and Change Management Decisions

A. Implementation Planning/Messaging

What is the desired outcome of eConsult? How is this desired outcome to be communicated with specialists, PCPs, and patients?

Has implementation training adequately discussed the potential value of the eConsult dialogue?

Would PCPs benefit from training in the appropriate amount of information to enter in eConsult?

How personable are PCP-specialist relationships, and how will this change relationships? Will PCPs know their specialist reviewers? Would there be value in meet-and-greet sessions?

B. Maintenance/Feedback

What processes are in place to receive feedback from PCPs and specialists about the process?

Are there processes to monitor speed or quality of specialist reviewer responses?

Planning, Messaging, Maintenance and Feedback

Abbreviations: EHR, electronic health record; PCP, primary care practitioner.

Wrap-Up and Upcoming Activities

- CTRC/CTN Annual Telehealth Summit, San Diego, May 16-18
- Upcoming Managed Care Plan Network Adequacy Subgroup meeting at DMHC (dial-in available) May 29, 11-12 AM
- Next CCHP E-Consult Workgroup Date (hold) – June 19, 12-1 PT