

E-Consulting: Bridging the Gap between Patients and Specialty Care

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Introduction

Limited access to specialty care is a major contributor to health disparities by way of:

- Limited accommodation by specialists to see Medicaid patients
- Imbalance of supply and demand leading to long wait times; anticipated shortage of 46,000 specialists by 2020
- Specialty practices that are often located far from patient's home
 - Geographic distance limits ability to travel
 - Travel time and demands for time off work present constraints for patient and family/caretaker

North County Health Services

- North County Health Services (NCHS) is a private, non-profit Federally Qualified Health Center with 13 clinical care sites serving approximately 70,000 patients per year in North County San Diego
- Approximately 73% of NCHS' patients are either insured by Medi-Cal or Medicare

www.NCHS-Health.org



NCHS Experience

- Marked increase in demand; over 340,000 visits/yr
- Leveraging the talent of mid-level providers to strengthen our workforce
- Population served is relatively young, yet, with advanced chronic disease due to long deferred care or inaccessibility to care
- Referral rates running at 2500-3000 per month

Low Specialty Consult Fulfillment Rates

- Fulfillment rate is estimated to be approximately 35%
- Suboptimal communication
 - Only 34% of Specialists report receiving information from PCP
 - Only 62% of PCP receive information from Specialist
 - Reason for specialty referral unclear and work up inadequate to make face to face visit meaningful when patient seen
- Results: Duplicate testing, increased medical errors, sustained disparities and lower quality of care

What is Electronic Consultation ?

- E-consultation is an asynchronous, non-face-to-face consultation between a PCP and a Specialist using a secure communication platform
- Goal: To provide timely access to efficient and high quality care through improved communication and information exchange between the PCP and the Specialist
- E-Consults promote:
 - Specialty guided care in the primary care setting
 - Improved efficiency in selecting patients who are most appropriately evaluated in a face-to-face consult by a Specialist

Evidence on Use of E-Consultation

- A number of studies have now validated the benefits of e-Consultation on utilization of specialty care and clinical outcomes *
- Results of one study at Community Health Center, Inc., an FQHC health center in Connecticut :
 - Of 590 patients who had E-consultation with Cardiologist, 69% of consults were resolved without a face to face appointment.
 - Median time lapsed to complete an E-Consult vs complete a live visit (control) was 5 days vs. 24 days, respectively.
 - Observation of fewer cardiac related visits to ED found in the E-consultation intervention group [3].
- NCHS E-consulting Pilot: “Effectively mitigating challenges of specialty care access”

* <http://econsulttoolkit.com/publications/>

NCHS – AristaMD Pilot

- NCHS Pilot: Designed to answer two questions:
 - a) “Is e-consulting a useful approach to improving access to specialty-guided care and quality?”
 - a) “Is the AristaMD e-consulting platform adaptable and acceptable to busy primary care clinicians a community medicine practice?”

Pilot Design

- Pilot planning: Carried out in collaboration with AristaMD
- NCHS Clinical champion and 10 NCHS clinicians agreed to spearhead this effort
- May 2016: NCHS initiates E-consulting
- Today, all NCHS providers have access to service

NCHS Average Referrals Made

(Referrals/100 Visits - %)

Provider Specialty	Physicians	Mid-Level Providers
Family Practice	22	28
Internal Medicine	44	22
Pediatrics	10	7
OBGYN	17	16

Primary-Specialty Collaboration Improves Quality

- Other observational studies cite the potential for E-Consultation to
 - Reduce waiting times,
 - Improve access to specialty care
 - Reduce the need for a face to face consultation by as much as 8.9-51% depending on the specialty

eConsult Workflow with Data Extraction Service

Prerequisite:

Review Workup Checklist

Physician examines patient and begins encounter note in Intergy EHR. They review the AristaMD Workup Checklists using the "Workup Checklist Wizard", and make assessments and order necessary diagnostics.

Stage 1:

Create eConsult

Request eConsult using "Refer Specialist" in Orders/Charges:

- OPTION: Add "AristaMD eConsult" as a referral type above "Routine"
- Use existing fields to communicate necessary information to DES
- Select group user "AristaMD eConsults"
- eConsult creation tasks handled via OrderTasks assigned to "AristaMD eConsults" group user, monitored by AristaMD DES Team.

Stage 2:

PCP and Specialist Communication

All PCP-to-Specialist communication done via AristaMD application

- Provider/Clinical Staff notified of new eConsult status via eMail notifications, with notes and status updates made to eConsult order in Intergy EHR
- PCP logs into AristaMD to retrieve/respond to all communication from Specialist
- Original eConsult Order & Task marked as "Resulted"
- Final PCP Acknowledgement and Completion of eConsult done in AristaMD

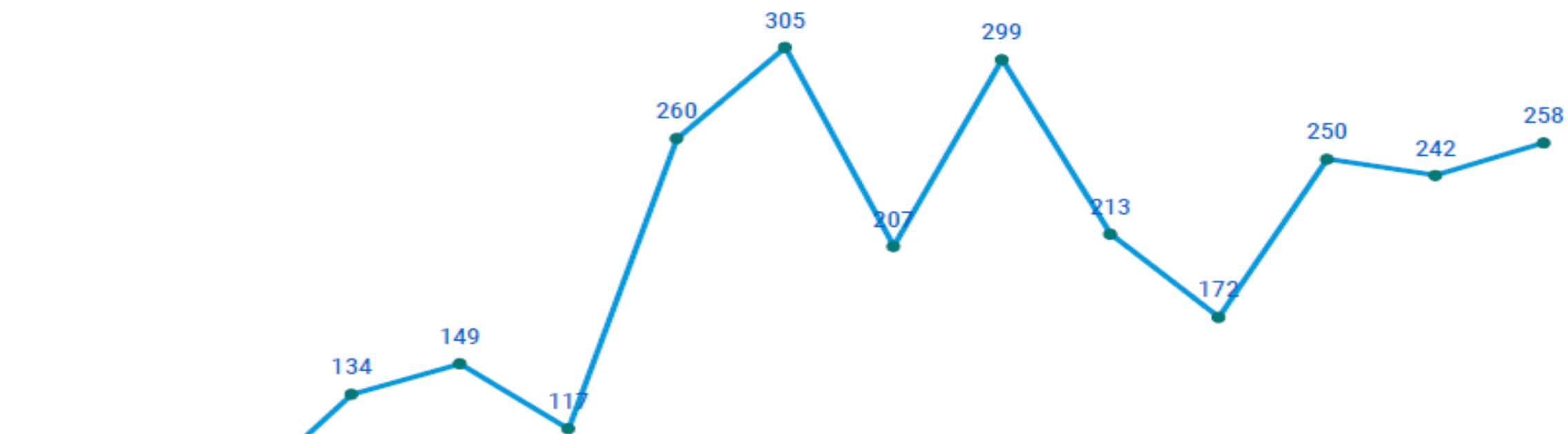
Stage 3:

eConsult Added to Patient Record

- Original eConsult Order and Task marked as Closed.
- DES exports final Acknowledged and Completed eConsult into PDF format, and uploads it into the Patient's Records in Intergy EHR.

eConsult Volume

Total eConsults by Month



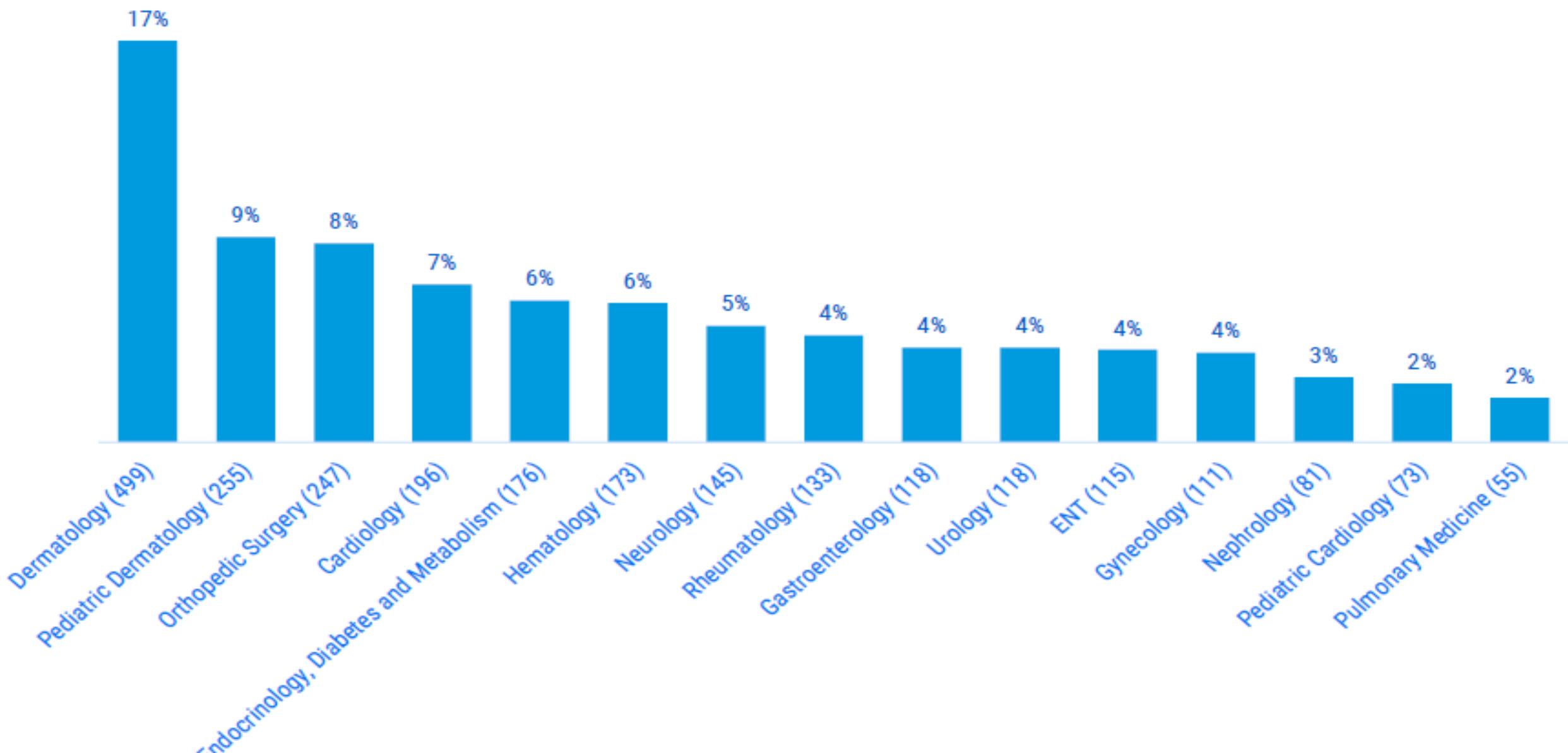
2017 eConsults:

2170

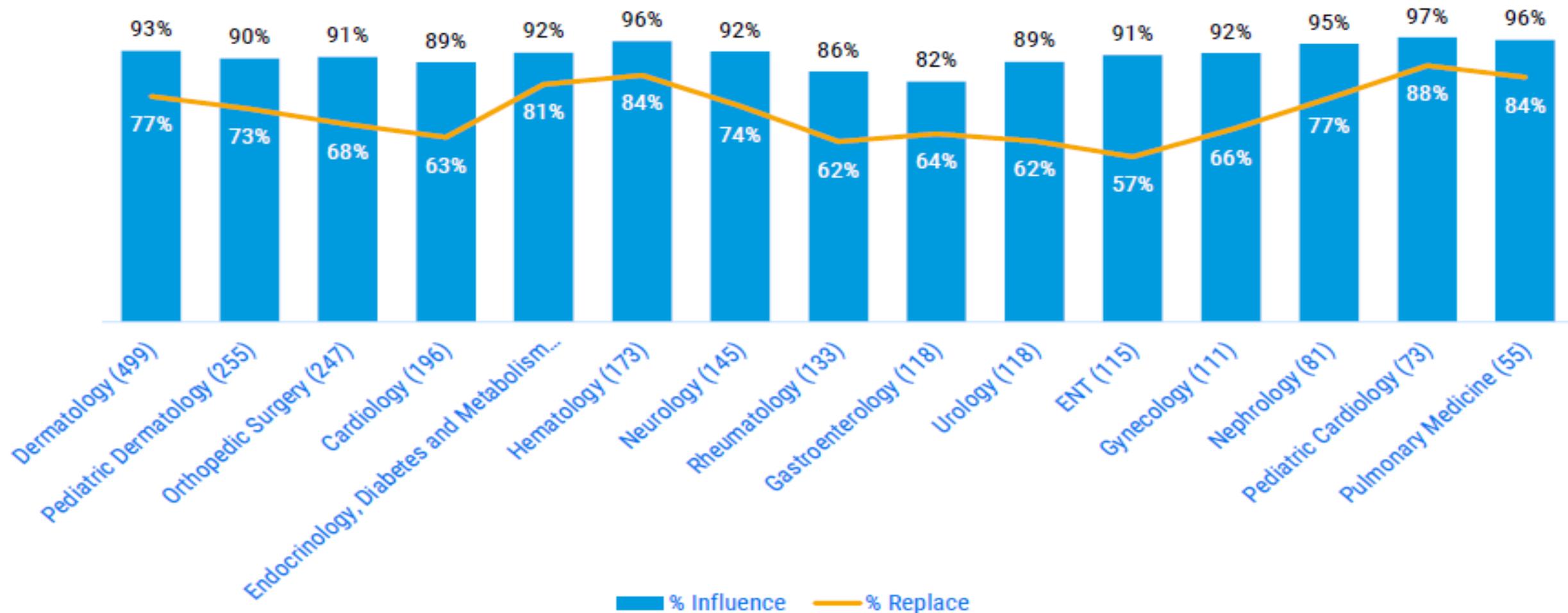
2018 eConsults:

814

eConsult Distribution by Specialty



Provider Ratings on Efficacy



PCP-reported Efficacy

91%



72%



85%

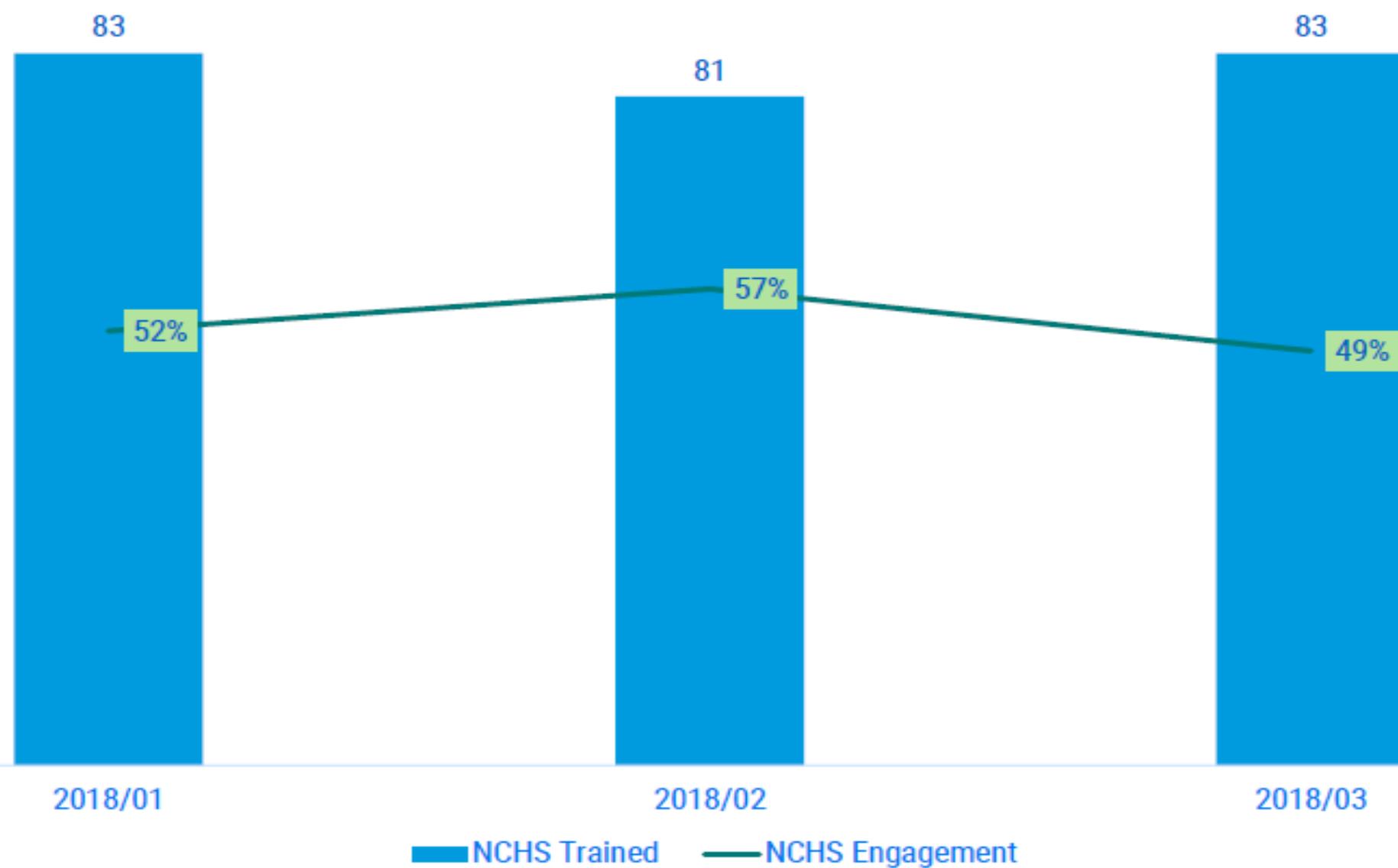


Had a Significant Influence on Care

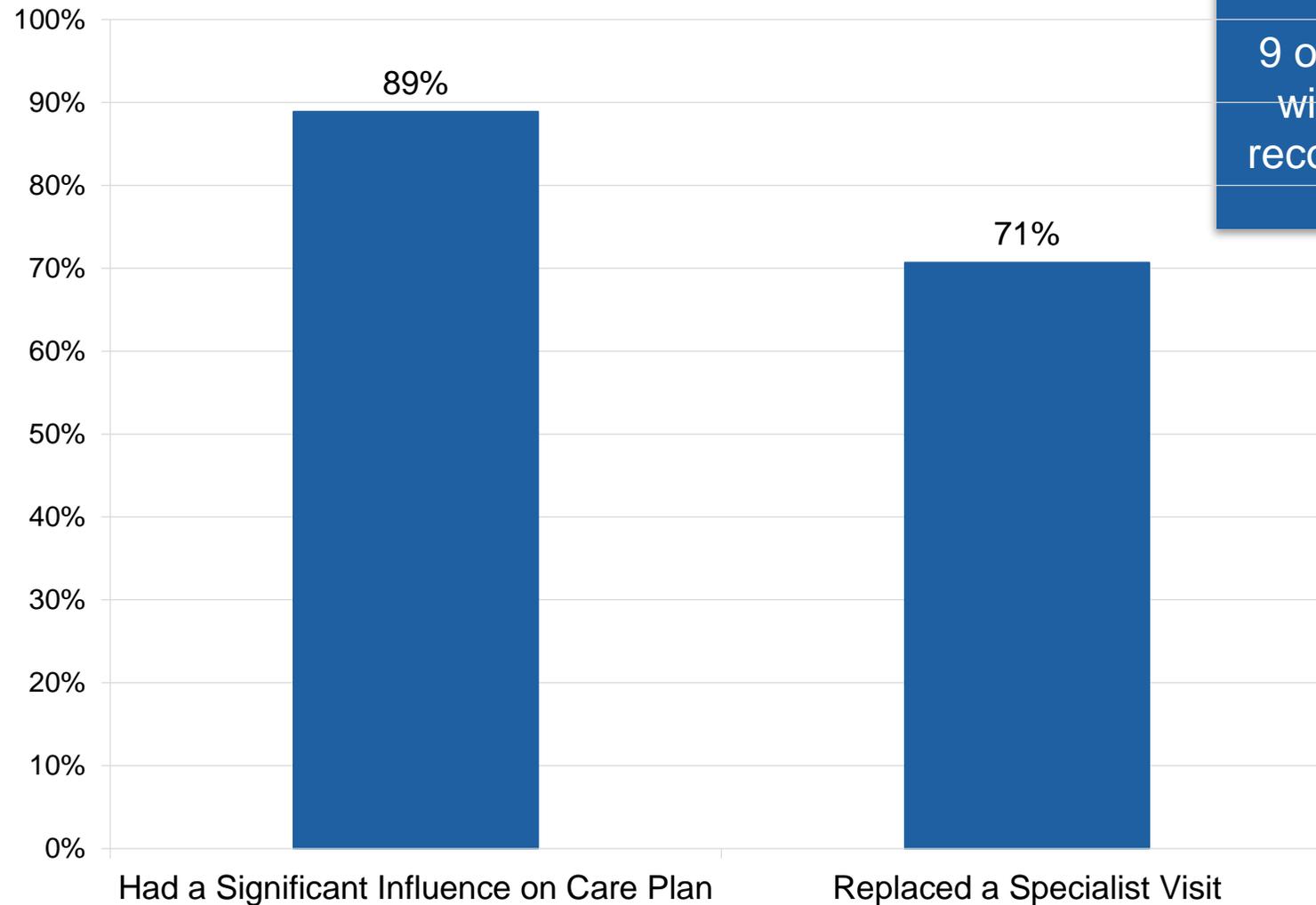
Replaced a Specialist Visit

Would Recommend

PCP Engagement



Providers view eConsults as of 1/9/17 as Highly Impactful to Patient Care



9 out of 10
willing to
recommend

Summary

NCHS now has over two years' experience with e-consulting showing consistently positive outcomes:

>> 65% of e-consults are resulting in specialty guided care, with specialist documentation in the patient's chart, in the primary care setting

- Clinical Efficiency:
 - Specialist: Improved quality of specialty care referrals thereby enabling more clinically appropriate utilization of specialty services
 - Payer: Lower cost of care for ambulatory specialty care
 - Primary care provider: Creates a “virtual multi-specialty group practice” which improves the scope of practice, enhances real-time learning and enriches the professional experience
- Health Care System: Ambulatory care design that aligns stakeholders
- Patient : *Significantly improved service access to evidence based specialty care appropriately and safely provided in the primary care setting*

Conclusion

Current and Future Directions:

- 1) Implementation of enhanced work flows for E-consult ordering and EMR system integration with AristaMD platform
- 2) Establish E-consultation as the standardized “first line” approach to specialty care
- 3) Continue to document cost-benefit analysis
- 4) Enhance patient education & measure provider and patient satisfaction
- 5) Document clinical outcomes
- 6) Continue collaborative development with payers to implement “Pay for Performance” arrangements that optimize cost-of-care and clinical outcomes sustainably over the long term.

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