E-Consult *Toolkit*

NEWS
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Policy

Managed Care Organizations Demonstrate Leadership of E-Consult Programs

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

The E-Consult Payer Subgroup of the Center for Connected Health Policy's E-Consult Workgroup has been working to understand what data are needed to consider e-consult as a solution to meet network requirements. As part of this work, the Subgroup has held several meetings with Department of Managed Health Care (DMHC) to discuss the use and benefits of e-consult and understand DMHC's concerns and issues regarding e-consult's use.

DMHC administrators' questions focus on the e-consult process, member issues with e-consult, provider e-consult use and quality of care delivered through e-consult. A few examples of these questions include the following:

- How do you manage increase in demand and avoid overuse of e-consults? How do you avoid double paying for the same encounter (e-consult and FTF)?
- How are specialists contracted and paid for e-consult?
- How do you assess quality of care delivered through an e-consult?

Now, managed care plans are presenting their efforts to address implementation, member communications, provider engagement and quality of care delivered through e-consult. Plans' responses to e-consult FAQs can be found here.

In a March meeting with DMHC, California Health & Wellness (CH&W) gave a presentation addressing these questions, reporting that 92.3% of e-consult responses were delivered within 48 hours. CH&W also emphasized the plan's perspective that e-consult is an extension of specialty care and not a replacement for it. View the full presentation here.

MACPAC Report on Telehealth in Medicaid Includes Discussion of E-Consult

In March, the Medicaid and CHIP Payment Access Committee (MACPAC) released a report to Congress that includes a "Telehealth in Medicaid" chapter describing how state Medicaid programs cover and use telehealth. E-consult is discussed among the telehealth modalities that, while they are "rarely covered", are garnering interest from states and stakeholders due to their utility and effectiveness.

The report includes the following description and example of e-consult:

> "Providers in different locations can use provider-to-provider e-consults to seek and receive advice and education (Waugh et al. 2015). For example, a state-funded child telepsychiatry system in Wyoming facilitates consultation between community providers in state and child psychiatrists at Seattle Children's Hospital; this **initiative not only helped to reduce the use of psychotropic medications in some children but it also led to program savings**— Wyoming Medicaid experienced an estimated 1.82:1 return on investment (Hilt 2015)."

Adoption

Parkland Health and Hospital System Targets

Gastrointestinal Patient Wait Times with E-Consult

At Parkland Health & Hospital System, a public hospital in Dallas, TX that serves the safety net, wait times for gastrointestinal (GI) appointments had reached 6 months in 2016. Inspired by the success of a telederm initiative that decreased Parkland dermatology clinic wait times from nine months to a zero, Parkland decided to develop a similar program for GI patients. During the 6 months after it August 2016 implementation, the percentage of GI consultations resolved without a face-to-face visit went from 8% to 45%.

"Often the reason for referral is very simple and requires only a review of data in the patient's medical chart," said Dr. Christian Mayorga, Parklands clinical chief of digestive and liver diseases and senior medical director of medical specialty services. Read more.

Evaluation

Five-Year Cross Sectional Study of E-Consult Reports on Growth and Sustainability

A cross sectional study of five years of Champlain BASE e-consult cases provides the first in-depth look at e-consult's growth and sustainability. Published in March, the study reports that e-consults submitted between 4/1/11 and 4/30/16 generated the following results:

- 14,105 cases were directed to 56 different specialties
- median response time of 21 hours
- 65% of all e-consults were resolved without a specialist visit
- after 5 years, system was in use by 1,020 primary care clinicians and processing 700 consultations per month

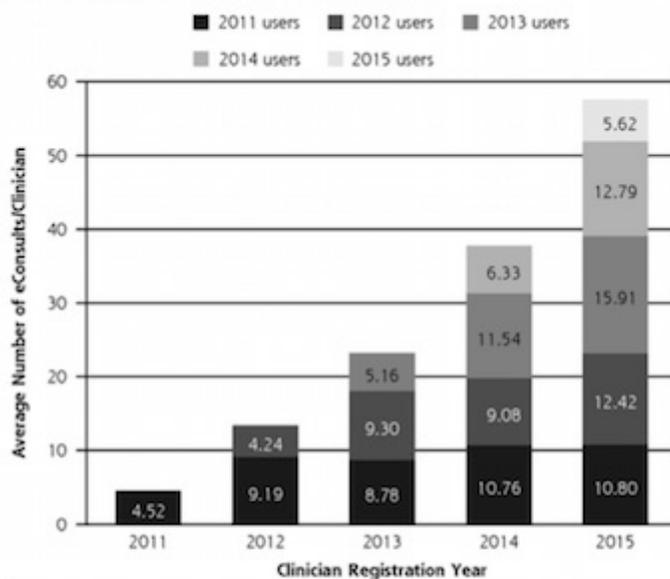## Sustainability of a Primary Care–Driven eConsult Service

Legend: 2011 users, 2012 users, 2013 users, 2014 users, 2015 users

Y-axis: Average Number of eConsults/Clinician

- 2011: 4.52
- 2012: 9.19, 4.24
- 2013: 8.78, 9.30, 5.16
- 2014: 10.76, 9.08, 11.54, 6.33
- 2015: 10.80, 12.42, 15.91, 12.79, 5.62

X-axis: Clinician Registration Year

Figure 1a

Average number of eConsults completed per primary care clinician for users of the Champlain BASE eConsult service as function of their registration year.

BASE = Building Access to Specialists through eConsultation.

Note: User denotes an individual who used the service at least once in the year indicated.