
E-Consult Toolkit

NEWS
June 2018

Case Study

San Diego County's North County Health Services Pilots E-Consult with Support from Care1st Health Plan

Like many community health care providers across California, North County Health Services (NCHS) in San Diego has almost doubled the lives it cares for over the past five years. Today it has 70,000 patients and 150 clinicians across 13 care sites and a mission and passion for equitable care. This mission been challenged by limited access to specialists in the face of increased clinical demand for specialty care.

“We are acutely aware of a combination of the workforce shortage and the remote distances that our patients have from specialists that are part of the Medi-Cal managed payer networks that we work with,” explained Patrick Tellez, MD, MPH, MSHA and CMO of NCHS.

While NCHS generated about 2500 to 3000 specialty care referrals per month, the actual fulfillment rate of these appointments was very low. To address this challenge, in May 2016 NCHS decided to initiate an e-consult pilot to determine if this could be a successful approach to improving access to specialty care while maintaining the clinic's high standard of quality.

Voluntary Participation and Collegial Buzz Support Provider Engagement

The pilot began with a champion and 10 trained clinicians and now, two years later, all of NCHS's providers have access to e-consult and between 50 and 70 providers use it regularly. To support engagement, Tellez addressed the situation with NCHS's clinical leaders emphasizing the reality of specialty care shortage and highlighting e-consult's simple workflow that, with workflow support from the vendor,

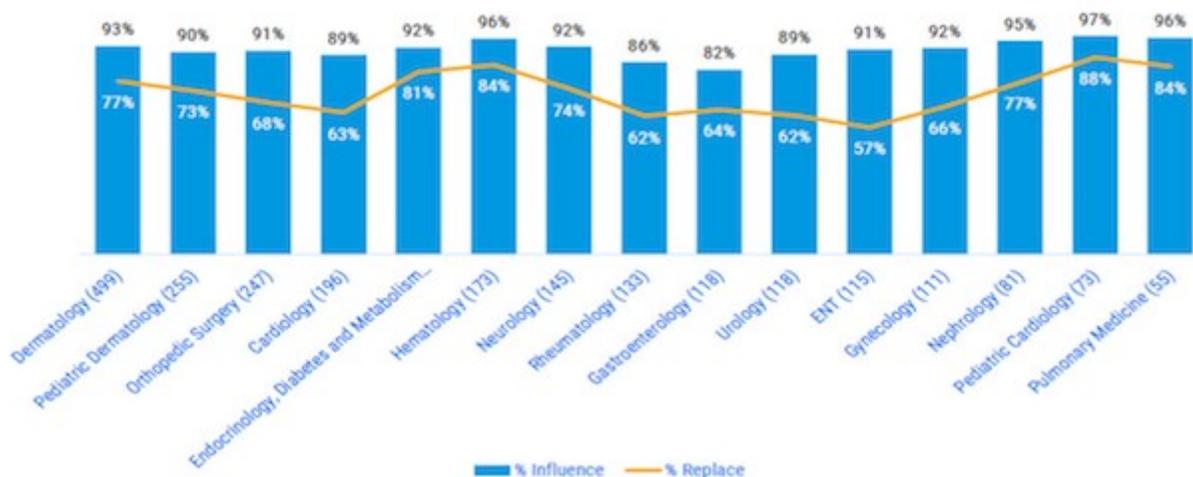
AristaMD, would not take more time than traditional referrals. In addition, although e-consult is the standard process for specialty referrals, providers have the option to go the traditional route.

“Providers of all stripes found great value in having access to this service. The initial ten clinicians started a buzz and it wasn’t long before other providers were asking for inclusion in the pilot....The service essentially sold itself,” said Tellez.

Program Metrics Reveal Surprising Success

When designing the pilot, NCHS also included success metrics such as wait times, access to specialty care and need for face-to-face consultations. When reviewing these measure, Tellez and his team were pleasantly surprised by what they found. Overall, 65% of e-consults resulted in specialty guided care with patient chart documentation in the primary care setting. For primary care providers e-consult creates a “virtual multi-specialty group practice” that enriches their professional experience.

North County Health Services Provider Ratings on E-Consult Efficacy



Engaging Care1st: Working for a Win-Win

NCHS has used the data on its success to work toward the long-term sustainability of the program. The data from the pilot shows that e-consult makes a difference in the cost of care and improves both care quality and provider experience.

The first phase of the pilot was funded through care quality awards NCHS received from HRSA. Over time, NCHS engaged Blue Shield Care1st to support the program. Today, Blue Shield Care1st is sponsoring NCHS’s e-consult program as well as another FQHC because, from a payer perspective, e-consulting has many benefits.

“It’s striking that primary care docs and mid-levels really get a sense of on-going professional medical education. As providers use the system, they learn and improve their confidence in managing certain conditions that in the past they may have referred out to a specialists,” commented Tanya Dansky, MD and Chief Medical Office for Care1st.

Dansky notes that while they want to get the right care to the right patients at the right time, they also want providers to have positive work experiences and avoid burn out. In surveys of both primary care and specialties, Care1st has found that the providers express high levels of satisfaction.

“From the health plan and population health perspective, I really want our member patients to get high-quality care and waiting two to three months to see a specialist is not high-quality care,” continued Dansky. “As well, it’s a great partnership with our primary care providers because it keeps them at the center of patient care which is where care coordination belongs.”

Based on the success of both NCHS and the other FQHC using e-consult, Care1st is now working to expand this program to other providers in its network.

Adoption

E-Consult Vendors' Growth Points to Expanding E-Consult Adoption

This June, Safety Net Connect announced that it had delivered more than 1 million e-consults since it was founded in 2009. In April, RubiconMD announced that it had raised \$13.8 million from major investors to support expansion beyond its current 35-state footprint. Together, this news points to growing provider adoption and demand for e-consult.

E-Consult is Transforming Healthcare

“It’s an honor to have reached [one] million [e-consults], thanks to our partner organizations, whose innovative ideas and dedication to the underserved are transforming our healthcare system,” said Chris Cruttenden of SNC. With its Converge platform, Safety Net Connection has served over 10 million Medicaid, low-income and underserved patients delivering the following outcomes:

- 89.2% decrease in wait times for specialty care access

- 68.8% of cases resolved without face-to-face specialty care appointments

E-Consult Captures Investor Attention with Its End-to-End Solution

RubiconMD, which launched in 2013, raised \$1.3 million of funding in 2014 and then raised another \$4 million in 2016. Now, just two years later, the company captured more than triple the amount of its latest round, a success that company co-founder and COO Carlos Reines attributes to e-consult's role as an end-to-end solution that drives clinical transformation.

"It's really the end-to-end program...that's been attractive to the new investors, [and they] see the results that we've been able to drive for health organizations for the last few years," Reines [commented](#). "If you allow primary care providers to do more for their patients, then the health system is going to function better and everyone is going to benefit."

E-Consult Removes Physical Barriers to Care for Incarcerated Patients

Providing specialist care to patient populations in jails includes unique barriers, such as transporting incarcerated patients, that are very expensive and time-consuming. At Chicago's Cook County Jail, the largest single-site jail in the U.S., e-consult has been used to overcome these barriers. By implementing e-consult, incarcerated patients now have access to care from within jail and much lower wait times if they require face-to-face specialist visits.

Much of this care focuses on mental health and addiction issues because almost [a third](#) of Cook County Jail's population suffers from mental illness. And while its population is decreasing, the [number of opioid-addicted](#) detainees is growing.

"Even though the population at the jail has dropped [recently], the evidence is that the people who are staying are much sicker because of mental health issues and opioid [addiction]," said [Mary Sajdak](#), COO of integrated care services for Chicago's Cook County Health and Hospital Systems.

Education

Study Recommends Education and Standardization to Improve Cardiology E-Consult Results

Primary care providers are the most frequent requesters of cardiology e-consults, using them primarily to obtain input on clinical questions. In a recent [study](#), researchers performed a retrospective analysis on 750 VA New England Healthcare System patient medical charts with cardiology e-consults. They study reviewed cardiologists' e-consult responses and examined their recommendations. The results showed that cardiologists answer one in ten e-consults because of insufficient clinical information.

The study analysis showed 424 of the e-consults came from primary care providers. Of these requests:

- 92.7% or 393 were used to request answers to clinical questions
- 7.3% were used for administrative purposes
- 60 of the clinical question e-consults addressed preoperative management, including general risk assessment (n=44), anti-coagulation/anti-platelet management (n=33), and EKG interpretation (n=20)
- 89.6% of these requests were answered by cardiologists
- For the 41 e-consults not answered or addressed with clinical guidance by cardiologists 18 were missing or had insufficient clinical information, 6 were medically complex and 7 were deferred to the patient's non-VA primary cardiologist
- 7.9% of e-consults recommended face-to-face consults

The study concludes that educating PCPs and standardizing e-consult templates may help reduce the number of unanswered e-consults.

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