
E-Consult Toolkit

NEWS
May 2018

Primary Care Provider Satisfaction

New Research on Primary Care Providers' Satisfaction with E-Consult Highlights Where Support is Needed

An extensive survey of primary care providers (PCP) brings to light both the success and challenges of e-consult implementation and uncovers broader insight into the expectations, workflow changes, and problems that emerge when adopting new health information technology. The study, published in [JAMA Internal Medicine's April issue](#), concludes that e-consult's transformative delivery innovation requires support for PCPs, and offers a checklist of recommendations for implementation planning.

Authors of [invited commentary](#), including Scott Shipman, MD, MPH and director of primary care affairs at the Association of American Medical Colleges, shared results of a previous survey on PCP satisfaction with e-consult with positive results. Authors note that "providing dedicated time for non-face-to-face care activities (inclusive of e-consults) and/or recognizing the clinical effort involved in carrying out the specialists' advice after an e-consult through an appropriate reimbursement or credit may support PCP adoption and satisfaction."

In a set of suggested steps on how to implement e-consult without adding frustration and professional burnout, the commentary authors provide the following guidance:

- Identify and eliminate low-value tasks to free PCP time for new, higher-value activities
- Ensure that e-consult's technology user interface doesn't increase frustration

- Provide dedicated time for non-face-to-face care activities and to carry out activities recommended by specialists through e-consult

Overall, systems considering adopting e-consult have both "reason for optimism" regarding its value and support for careful planning to implement change for the fundamental role of speciality referrals in primary care.

Case Study

E-Consult Snapshot: UC Davis

For UC Davis's primary care networks, including 15 clinical sites as well as hospital-based clinics, e-consult is embedded in EPIC and integrated into primary care provider workflow. Response time from the program's 22 pediatric and adult care sub-specialties is less than 24 hours. In addition to improving access, e-consult transforms relationships between providers and enables the creation of patient-centered "health homes."

"E-consult shifts the relationship between specialists and primary care providers and supports a person-centered health home. For our organization, e-consult is a strategy to facilitate access and relationships between providers,"

Jana Katz Bell, Assistant Dean, UC Davis School of Medicine and Betty Irene Moore School of Nursing.

Optimization

Recommendations to Optimize E-Consult for Psychiatric Care and Advice

Some of the longest specialist wait times are in psychiatry. A [recent study](#) concludes that e-consult is a viable and timely way for PCPs to get much-needed psychiatric advice, particularly for medication management. Among the e-consults, 81% were answered within 24 hours, and 65% (24/37) were addressed in a single exchange.

From interviews that explored PCP perceptions about the uses and barriers of psychiatry e-consult and the quantitative findings, researchers developed recommendations to optimize utility and uptake. These recommendations include the following:

- PCPs new to practice and from rural areas may be more receptive to psychiatric e-consult, but not exclusively because long wait times for specialist care are universal.
- Regarding mental health care for which community services and social determinants of health are important, e-consult psychiatrists must be either familiar or have relationships with the communities and the providers patients consult to.
- Due to the nuances of the psychiatric care, e-consult should be integrated with other psychiatric services including telephone consultation, in-person or telehealth face-to-face assessment and other ongoing collaborative communications methods.

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BluePath Health · 929 Sir Francis Drake Blvd. · Suite 101C · Kentfield, California 94904 · USA



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