

Cost Effectiveness

E-Consult Lowers Costs for Geisinger Integrated Healthcare System

Geisinger, an integrated healthcare system located in central Pennsylvania, serves more than 2 million patients and employs approximately 500 primary care providers and 2000 specialists. Since January 2014, the system's PCPs have had access to an e-consult system developed by Geisinger called Ask-a-Doc (AAD). [New research](#), which evaluated AAD's adoption by providers and impact on use, quality, and cost of care, reveals that e-consult reduced costs associated with 14 medical specialties.

All of Geisinger's PCPs are trained to use AAD to send e-consults to medical specialists for addiction medicine, cardiology, comprehensive care, dermatology, endocrinology, hematology, infectious disease, laboratory medicine, nephrology, neurology, palliative medicine, psychiatry, pulmonary medicine, rheumatology, orthopedics, thoracic surgery, transplant surgery, urology, and vascular surgery.

Geisinger's e-consult program contributed to an 11% reduction in ED visits, a 10% reduction in PCP visits and a 74% reduction in specialist visits during the first and second months after an e-consult, leading to a significantly lower total cost of care. The study authors conclude that "a reliable and efficient asynchronous communication system between primary care and specialty care providers can potentially lead to reductions in acute care and more efficient use of specialty care."

Study Data Examples

Cost Reductions

- 14% reduction in total cost of care during the first month of follow-up
- 20% reduction in total cost of care during the second month

Use and Effectiveness

- 11 minutes average time for e-consult completion by PCPs

- 6 hours and 19 minutes average turnaround time by specialists
- 98% of specialists responded within PCPs' requested time frames
- Satisfaction rating was 4.3 on a 0 to 5 scale, 5 being excellent

E-Consult Cost Savings Research, Among Most-Read Articles for 2018, Impacts Connecticut Medicaid Reimbursement Policy

A study on the cost-effectiveness of e-consult for Medicaid patients seeking cardiology care was the third most-read article published in the American Journal of Managed Care during 2018. The study, "[A Cost-Effectiveness Analysis of Cardiology eConsults for Medicaid Patients](#)," reviews a randomized trial of e-consults for cardiac patients conducted by Connecticut's Community Health Center (CHC), one of the Connecticut's leading healthcare providers.

The study included 369 Medicaid patients who were referred for cardiology consults. Six months after the consults, which were randomly assigned to e-consults or face-to-face referrals, mean unadjusted total costs for the e-consult patient group were \$655 lower than patients in the face-to-face arm of the study. In addition, costs for outpatient cardiac procedures were \$81 lower for patients in the e-consult arm. The study concludes that e-consults impact total cost savings because they reduce the cost of cardiac outpatient procedures.

This research, as well [earlier research](#) on CHC's use of e-consults, has had an important influence on the reimbursement policy of the Connecticut Medical Assistance Program (CMAP). In July 2016, Connecticut became the first state to approve [Medicaid reimbursement to FQHCs](#) for e-consults. To support the growing use of e-consult, in December 2018 CMAP expanded its [e-consult reimbursement policy](#) to include psychiatry and e-consults related to medication management. In addition, CMAP simplified e-consult billing, replacing several procedure codes with two codes, one for the consultive physician (e.g. specialist) and one for treating/requesting physician (e.g. primary care provider).

CHC's Weitzman Institute continues to conduct research on its use of e-consult to examine the value and benefits e-consult delivers. The most recent [study](#), "Reduced Cost Of Specialty Care Using Electronic Consultations For Medicaid Patients," reports that e-consult generated an average of \$84 in cost savings per patient per month (PPPM) for CHC patients.

Quality

E-Consults Prove Telehealth's Value

On January 28th, [mHealth Intelligence](#) published a 2000-word feature on e-consult's benefits, the strength of its virtual care connections, and its ultimate ability to "prove...tenets of telemedicine." In answer to the question "What is an econsult?", econsult is defined as a telemedicine platform that connects primary care providers with specialists improving care coordination and management. The article also reviews e-consults' many additional benefits, including addressing current and future shortage of specialty providers, improving patient care quality, and increasing provider satisfaction.

"As we face increasing demand alongside the shift to risk-based reimbursement models, a distinct advantage of this model is that it improves access, promotes high-quality care at lower costs, and increases satisfaction for providers and patients," notes Scott Shipman, MD, MPH, and principal investigator of AAMC's [Project CORE](#) e-consult collaborative.

E-consults' use for safety net patients by Connecticut's Community Health Center Inc. is included as an example of how e-consult both improves clinical outcomes and is "adept at saving money." Cost savings are linked to reimbursement policy shifts, noting that while Connecticut is currently the only state that reimburses e-consults through its Medicaid program "other payers are taking notice." Other states working to revise their Medicaid reimbursement policies include California, Colorado, Oklahoma, and Washington.

Ultimately, the article concludes that econsults bring "the right providers with the right skills to the right patient at the right time, improving the care process and leading to better outcomes."

Adoption

E-Consult Services and Worldwide Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM)

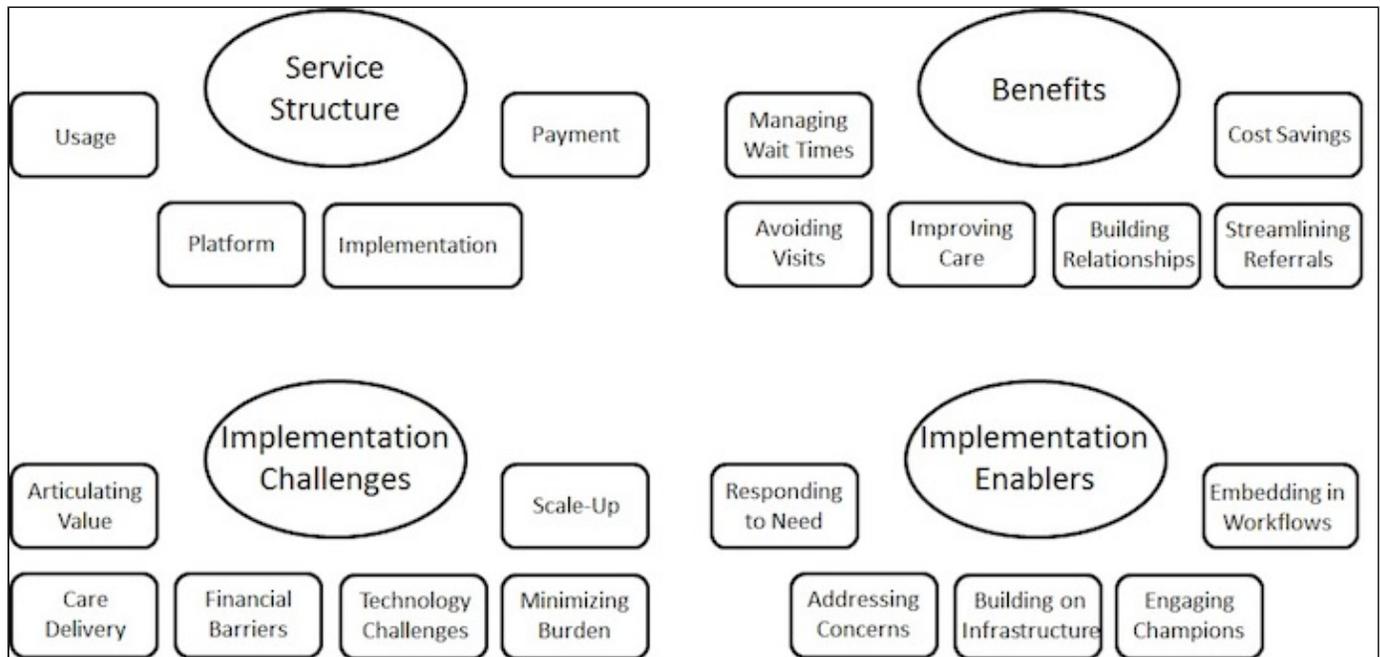
A [study](#) published this January examines and compares the strategies, barriers, and successes of e-consult implementations in different health care contexts around the globe. Using the five category framework of RE-AIM, which includes reach, effectiveness, adoption, implementation, and maintenance, researchers conducted 11 interviews with representatives from 10 e-consult services in 4 countries. The interviewees included researchers, primary care providers, specialists, managers, and directors, as well as chief executive, medical or information officers, who discussed usage, platform, implementation, and payment of their e-consult services.

While these services have different origins, such as private companies, research pilots, government initiatives, and extensions of existing hospitals or health care clinics, interviewees cited similar barriers to implementation as well as common success factors. These common barriers include gaining stakeholders interest, ensuring ability to meet stated aims, and securing financial support and common success factors include engaging clinical champions, building on existing infrastructure, and

addressing an existing need.

E-consult benefits achieved by all study participants include avoidance of unnecessary specialist visits, quality of care improvement, reduced costs, and improved communication between providers. This worldwide success points to a promising future for e-consult delivery of quality care and an extension of patient-centered medical homes.

Research Interviews' Themes and Subthemes



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