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## Adoption

### **American College of Physicians Finds 1/3 of Practices Using E-Consult**

A [new survey from the American College of Physicians](#) (ACP) reports that one third of physician practices for which ACP internist members work provide access to e-consult technology. ACP's survey of a random sampling of its 1,449 members also revealed that 63% of internists with access to e-consult use it once a week. In comparison, only 18% of practices provide access to video visits and only 19% of the internists surveyed use it once a week. The survey's insight demonstrates that e-consult adoption is contributing to telehealth's rapid expansion.

### **WHO Digital Health Guidelines Include Provider-to-Provider Telemedicine**

The [WHO has published its first set of guidelines](#) on 10 ways that digital health can improve healthcare's essential services. One of the ten recommendations is asynchronous provider-to-provider communications "to improve access to

quality care and to reduce the isolation of health workers working in remote settings." This recommendation is made to address the need for "access to qualified health workers with the appropriate competencies" and to reduce the isolation of healthcare providers working in remote settings.

The inclusion of e-consult in this first set of guidelines illustrates how they are now considered a standard element of digital health across the globe.

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## Quality

### **AHRQ Report Concludes Remote Consultations for Outpatient Care Likely Improve Access and Clinical Outcomes**

In April 2019, the Agency for Healthcare Research and Quality (AHRQ) released a Comparative Effectiveness Report on Telehealth for Acute and Chronic Care Consultations intended to help healthcare decision makers, including patients and clinicians, health system leaders, and policymakers, among others, make well-informed decisions for healthcare services quality improvement. The report's purpose is to assess the effectiveness of telehealth consultations and explore supplemental decision analysis. Key messages relevant to electronic consult (e-consult) include:

- Results vary by setting and condition, with telehealth consultations producing generally either better outcomes or no difference from comparators in settings and clinical indications studied.
- Specialty telehealth consultations likely reduce patient time in the emergency department.
- Remote consultations for outpatient care likely improve access and clinical outcomes.
- More detailed telehealth consultation costs and outcomes data would improve modeling assumptions.
- Future research should employ rigorous methods and standardized outcomes for consistent measurement of telehealth consultation effectiveness.

These findings emphasize the shared perspectives of e-consult subject matter experts who note that their program outcomes are either equal or better to

those resulting from face-to-face visits. Read more in the [evidence summary](#) and [full report](#).

## **E-Consults Can Improve Chronic Kidney Disease Patient Co-Management**

Chronic Kidney Disease (CKD) affects 30 million adults, causing more deaths than breast cancer or prostate cancer, according to the [National Kidney Foundation](#). These statistics explain why effective CKD care requires effective patient co-management between primary care providers (PCPs) and nephrologists. However, a [recently published study](#) reveals barriers to this co-management. Specifically, PCPs included in the study expressed a "desire for better communication tools" to develop clear CKD care plans and improve their collaboration with nephrologists.

As part of the study, investigators provided e-consults to PCPs to improve access to nephrologist advice. Based on the results from using e-consult as well as implementing care coordination contracts, the study's investigators conclude that communications tools are needed to improve CKD patient care.

"Effective co-management of CKD between PCPs and nephrologists is essential for the delivery of efficient and high-quality CKD care," said Raquel Greer, MD, MHS, the lead investigator.

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