

E-Consult Workgroup April 2019 Webinar

April 30, 2019

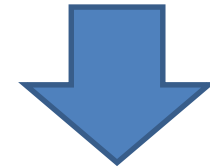
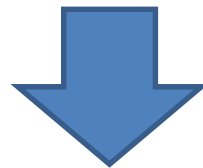


Agenda

Introductions and Agenda Overview	5 min
E-Consult Simulation Tool Overview (link provided) Alex Cho, MD, Donna Phinney, MSN, RN and Breanna Swan	20 minutes
Review of AHRQ CER Report on Telehealth (link provided)	10 minutes
Managed Care Plan Subgroup Spring Meeting	10 minutes
Overview of AB 1676 (link provided) Joy Burkhard, 2020 Mom	10 min
Announcements, Upcoming Activities and Next Steps	5 minutes



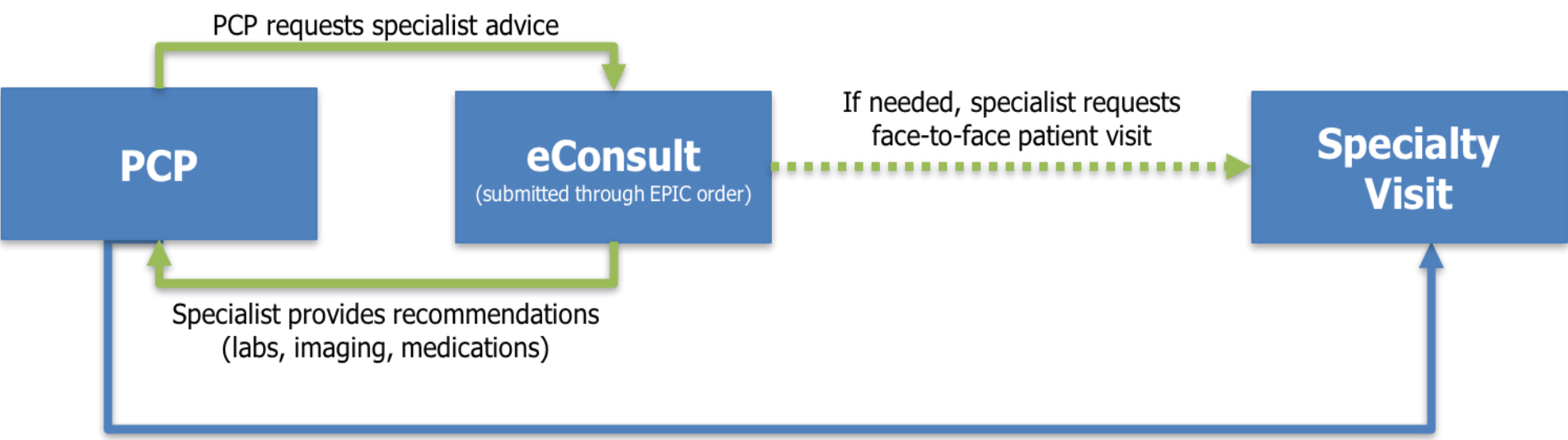
Improve Patient Care by Transforming the Primary Care – Specialist Relationship



- Create a better **collaboration** between Primary Care and Specialists
- Give patients and physicians better **options** for specialty care
- Improve specialist **access**
- Improve population-level **health** for a chronic disease



Enhanced Referral Pathway



Traditional Referral Pathway

Simulation Tool to Evaluate E-Consults in Rheumatology

Breanna P. Swan and Chloe L. Shevlin (North Carolina State University)
and Alex Cho and Donna Phinney (Duke University Health System)

Complex patients, limited specialists, and high demand create long referral queues ill-equipped to deliver timely quality care. One approach to reduce queue length is for specialists to review referrals through an electronic consultation (e-consult) and determine if

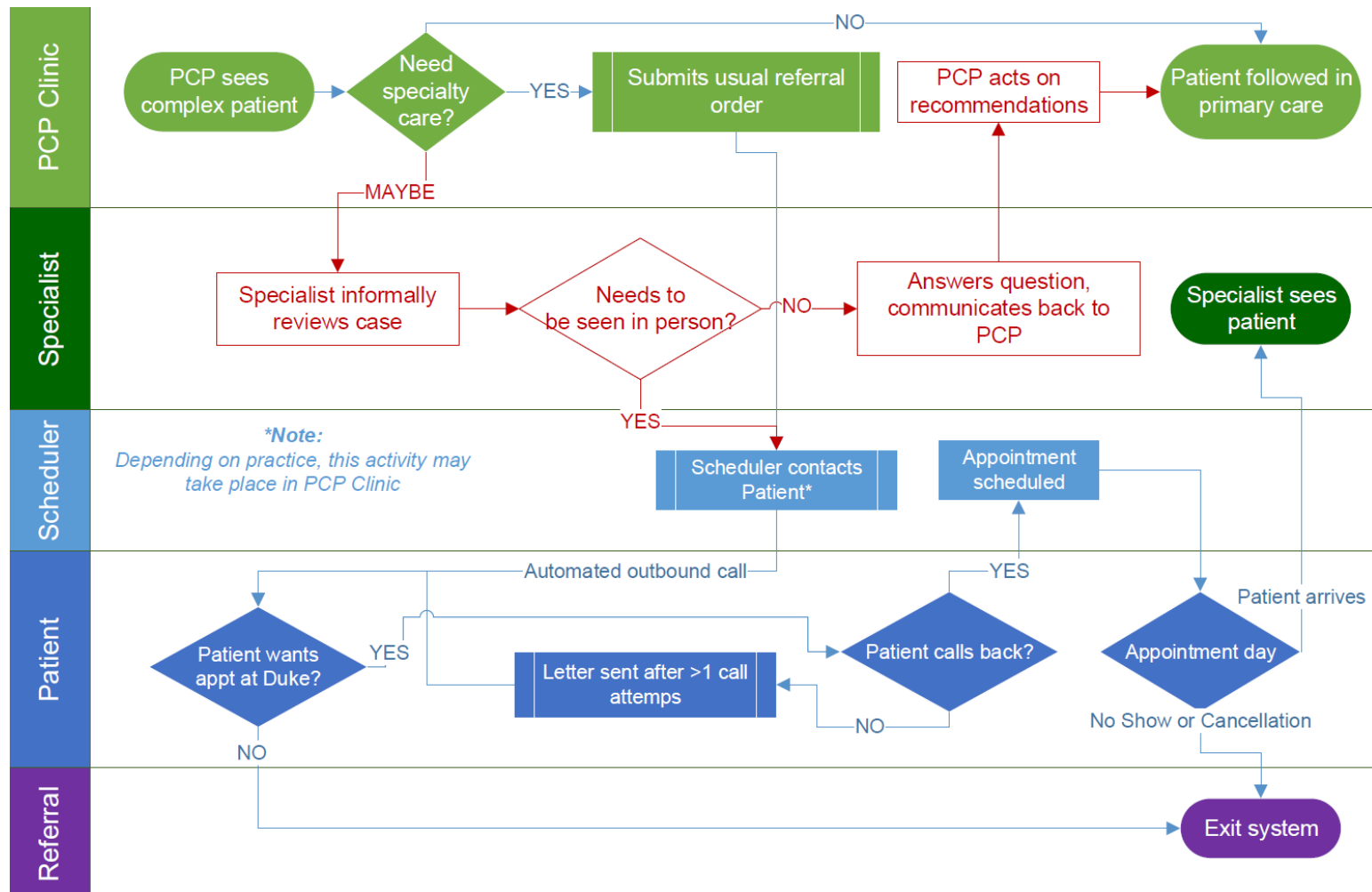
- 1) the patient requires a specialty appointment or
- 2) the primary care physician can continue care with the specialist's recommendations.

As inappropriate patients are removed from the queue, it is hypothesized that lead times will decrease and the system be more efficient at delivering the right care to the right patient at the right time. A discrete-event simulation was built to estimate the impact e-consults have on Rheumatology clinics at Duke Health; specifically considering lead time, queue length, and specialists' workload. This is an adaptable tool with visualizations for which any specialty clinic, each with its own complex challenges, could estimate the impact e-consults have on delivering quality care to referred patients.

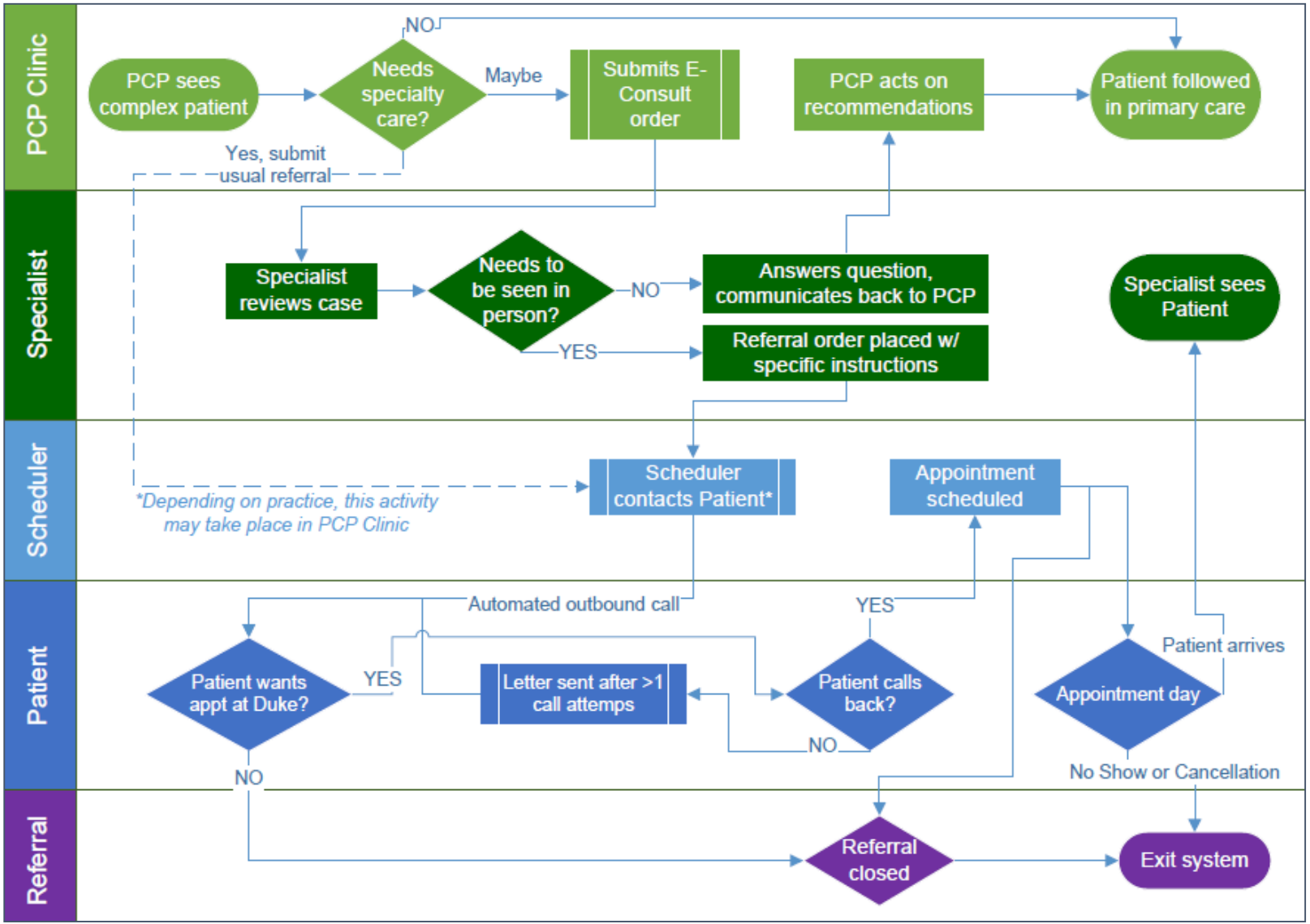
<https://www.informs-sim.org/wsc18papers/includes/files/227.pdf>



Current Process: Undocumented Communication

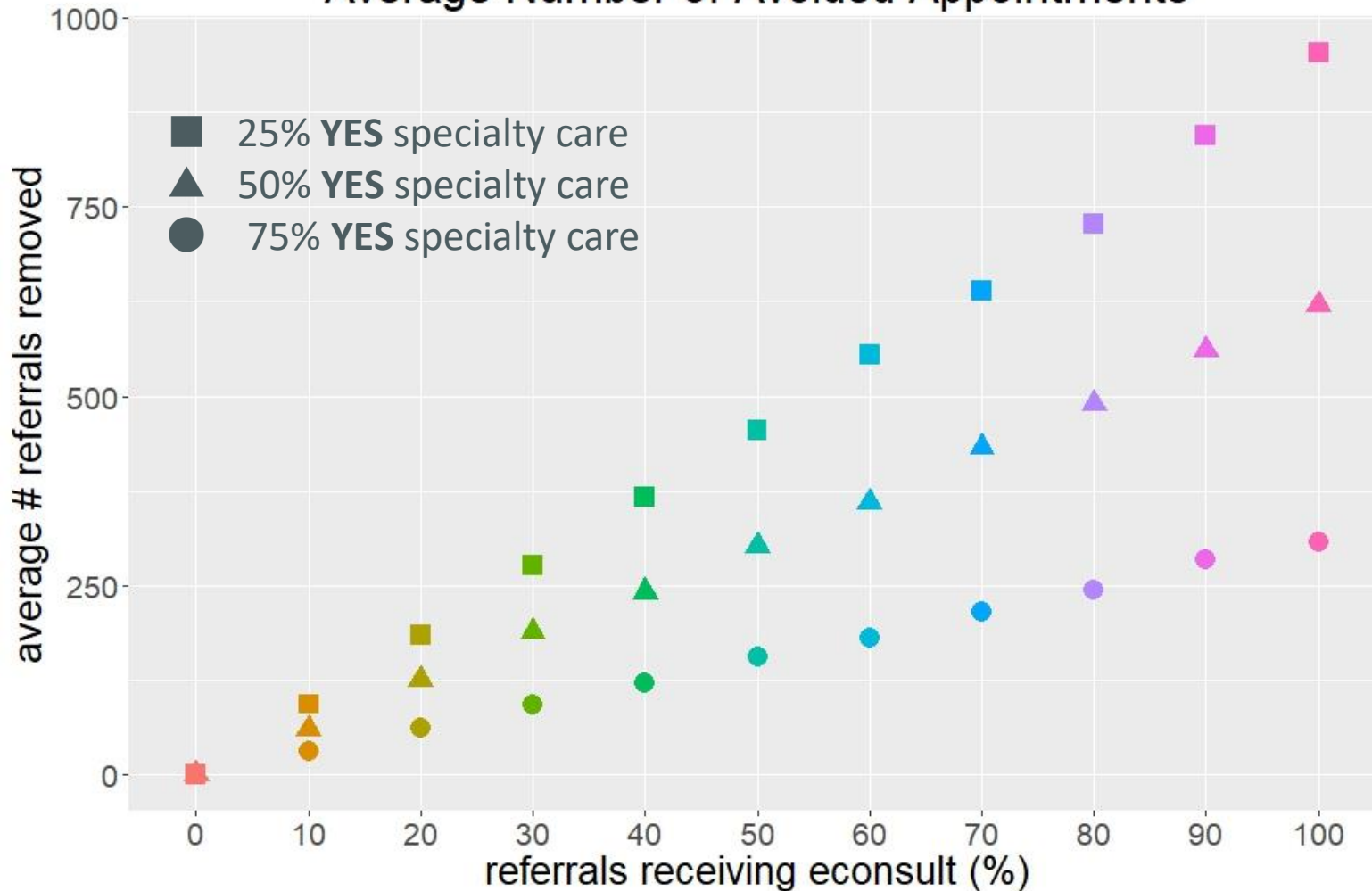


Future Process: E-Consults



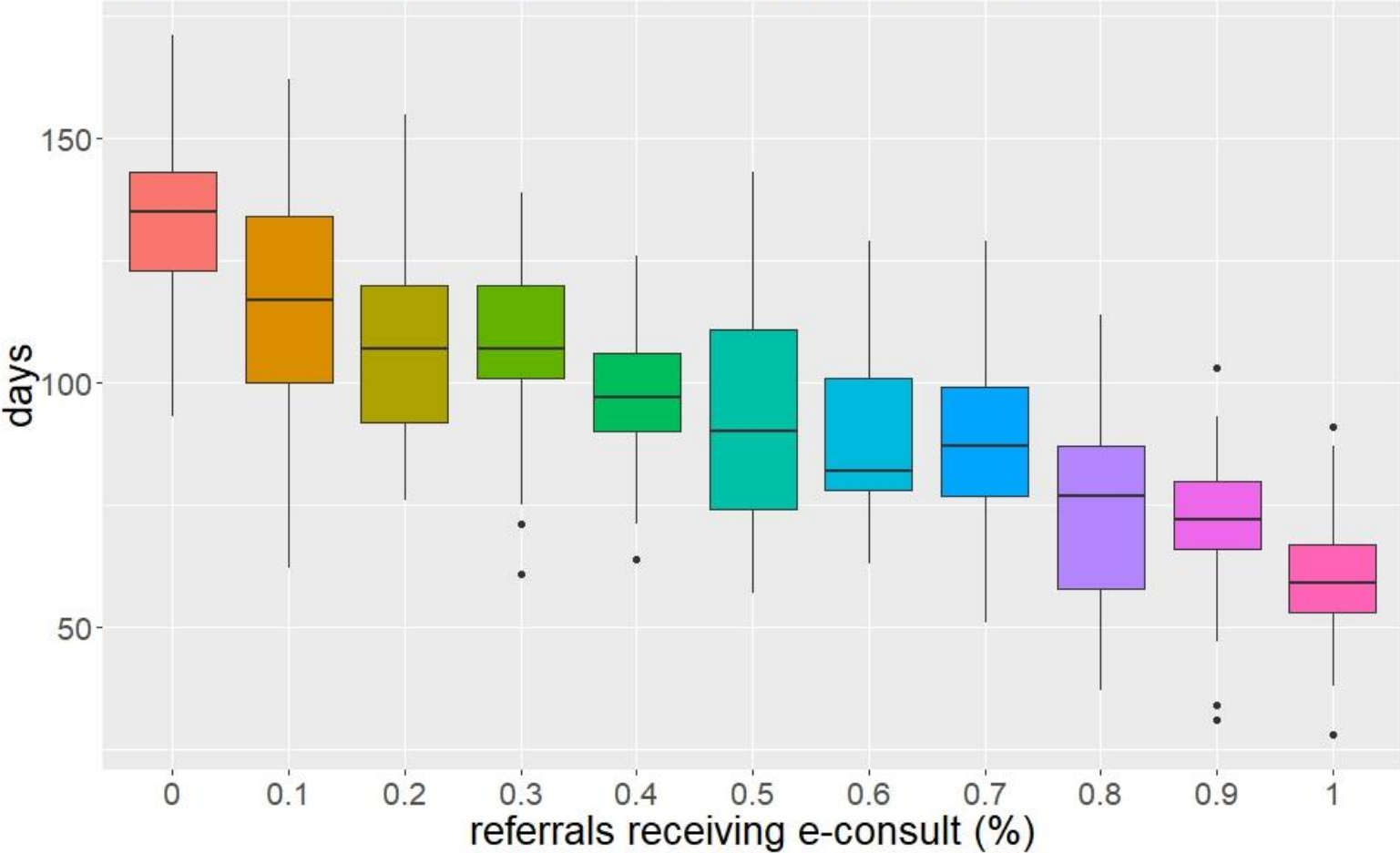
E-Consults → More efficient specialist appointments

Average Number of Avoided Appointments



Reduction in Median Lead Time: Conservative Estimate

Median Lead Time for Duke Rheumatology Referrals
(25% of e-consults result in no appointment)

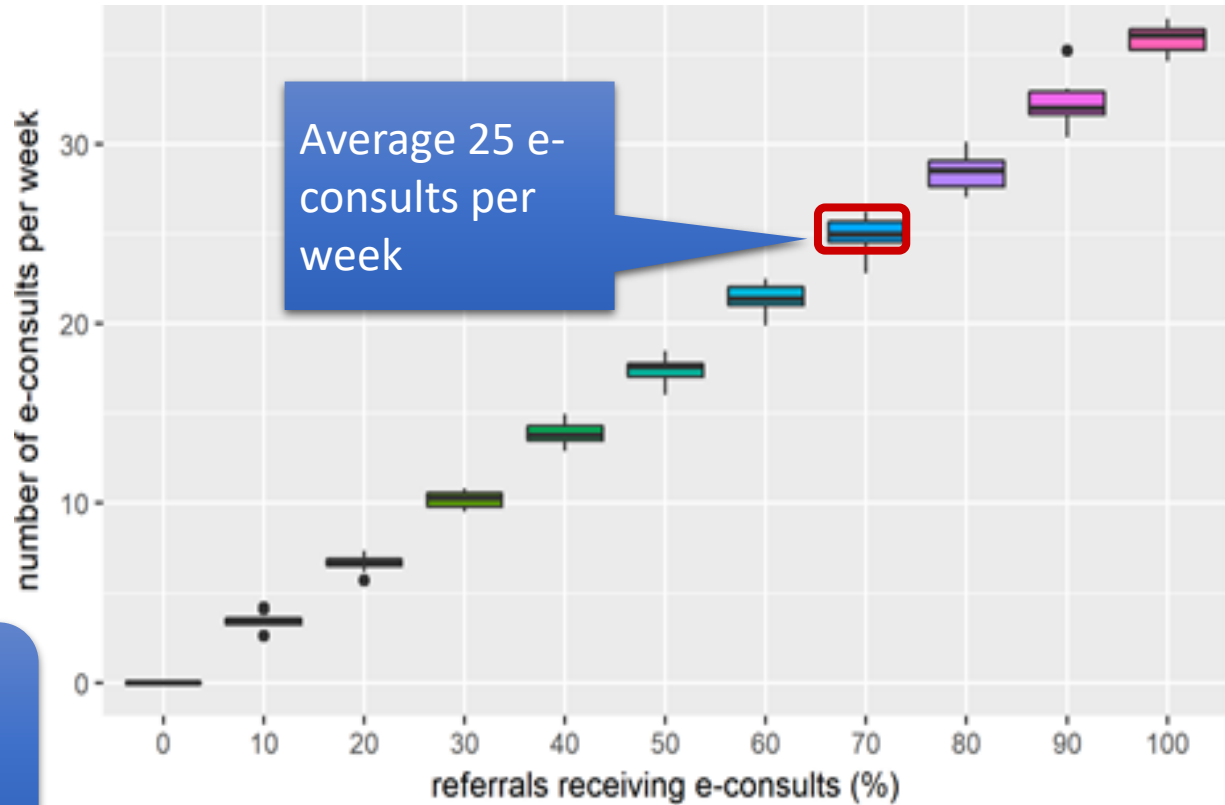


E-Consult Workload for Specialists: Quantified

Measure	Minutes
Min	0.0047 (0.0002, 0.009)
Q2	12 minutes per e-consult
Median	()
Mean	12.05 (11.81, 12.29)
Q3	16.40 (16.0, 16.81)
Max	100.94 (88.73, 113.14)

5 hours per week required for 70% of e-consults to be completed

E-Consults per week for Duke Hospital Rheumatology Clinic





- ❑ **E-Communications volume = 1673***
- ❑ Volume in access-challenged specialty areas = 1459
- ❑ Primary specialties engaged to date: **Rheumatology, Nephrology, Endocrine (adult)**
- ❑ Avoided need for an in-person specialty visit in 40% to 65% of cases
- ❑ **Other specialties:** Pediatrics (Cardiology, Nephrology, Special Infant Care, Rheumatology, Gastroenterology, Palliative Care); Child Psychiatry; Project Access-Endocrine, Dermatology; Medicine (Cardiology, Geriatrics); Orthopaedics

AHRQ CER demonstrates 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. Key messages relevant to electronic consult (e-consult) included:

- 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.

Managed Care Plan Subgroup – Spring 2019 Meeting Planning

- Sharing of managed care plans narrative reports on e-consult progress
- Discussion of plans' inclusion of telehealth providers in annual network report form
- Sharing of COHS plans' e-consult program progress with DHCS

Access

- E-consult results in improved timely access rates of compliance for the patients who receive FTF visits

Network

- E-consult does not result in a narrower network – it expands the list of specialists available for specialty access

Quality

- E-consult for routine and non-urgent cases improves the quality of care delivered - FTF visits that occur are those of high value

Effectiveness

- Rates of satisfaction and resolution without the need for a FTF visit are tracked at the specialty level

Overview of [A.B. 1676](#)

Introduced by Assembly Member Maienschein

An act to add Section 1367.626 to the Health and Safety Code, and to add Section 10123.868 to the Insurance Code, relating to health care.

Joy Burkhard
Founder and Executive Director
Chair, Mom Congress
2020 Mom



http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1676

- Telepsychiatry doc to doc consultation to increase primary care provider capacity to diagnose/treat common anxiety/depression in moms/children (most vulnerable/preventive)
- Recommended by 2017 Maternal Mental Health Task Force Report
- Modeled after Massachusetts MCPAP/MPAPC for Moms Program
- Requires Health insurers to create a program and communicate availability to Pediatricians, Obstetricians and Family Practice MDs
- Building on Health plan/Insurer requirements to have adequate networks or use telemedicine

Upcoming Activities and Next Steps

econsulttoolkit.com

E-Consult Toolkit

Right care, right setting, right time

Background ▾

News

Policy ▾

Case Studies

Publications ▾

Contact

Tools



E-Consult News & Events

- Workgroup member announcements and upcoming meetings
- Spring meeting of Managed Care Plan Subgroup
- Awaiting announcement of release of DHCS Telehealth Provider Manual* and APL
- Planning for Annual Workshop in late Fall 2019

- **Workgroup Submits Policy Recommendations to Congressional Telehealth Caucus** On April 1st, the E-Consult Workgroup submitted its [letter of recommendations in response to the Congressional RFI](#) for "help and guidance" to craft comprehensive telehealth legislation. The Workgroup's recommendations include revising telehealth's definition to include all modalities, removal of originating site restrictions and asynchronous telehealth restrictions to Alaska and Hawaii, and reimbursement for specialists and primary care providers as well as telehealth services across all public health programs.
- **NY Times Highlights Decreased Wait Times from E-Consult** This week, the [NY Times published an in-depth overview of e-consults](#) and how they "help patients avoid additional visits to specialists and free up capacity in crowded health systems, reducing waiting times for others." The article, which has generated over 100 comments from readers, reviews the history of e-consult's development and includes many references to published research by members of the [E-Consult Workgroup](#).
- **University of Virginia Health Expands E-Consult Program** In 2015, The University of Virginia (UVA) Health System began an e-consult pilot as part of the CMMI-funded e-consult CORE program. On February 26th, UVA announced plans to expand e-consult, along with 5 other telehealth programs, to improve prevention and management of chronic conditions, including diabetes, prediabetes, and heart disease. [MORE](#).

Expanding Safety Net Access to Specialty Care With E-Consult: Best Practices, Tools and Templates for Payers, Providers, Policymakers and Patient Advocates

Readiness



Community engagement, specialty access and staffing considerations, systems and process assessment

Planning



Planning and financing considerations for successful e-consult implementation and rollout

Implementing and Scaling



Guidelines for launching, expanding across communities and continuously improving e-consult

Evaluation



Best practices for measuring quality, satisfaction, cost effectiveness and efficiency

*<https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>