

E-Consult News

June 2020

Issue Contents

Adoption

Anthem Blue Cross of California Expands E-Consult Program

To improve access to specialty care for underserved populations [Anthem Blue Cross recently launched a new program](#) that includes expanding its e-consult program.

“The demand for specialty care outpaces the number of specialists available to serve Californians. Anthem is using our eConsult initiative to help our partnering providers build stronger health homes, improve health outcomes, and simplify care for Anthem Medi-Cal members,” explains Joel Gray, Executive Director of CA Medicaid at Anthem Blue Cross.

Through its \$4.4 million advance incentives, Anthem is helping 54 safety net centers throughout the state of California to increase care quality and expand telehealth capabilities, which include e-consults.

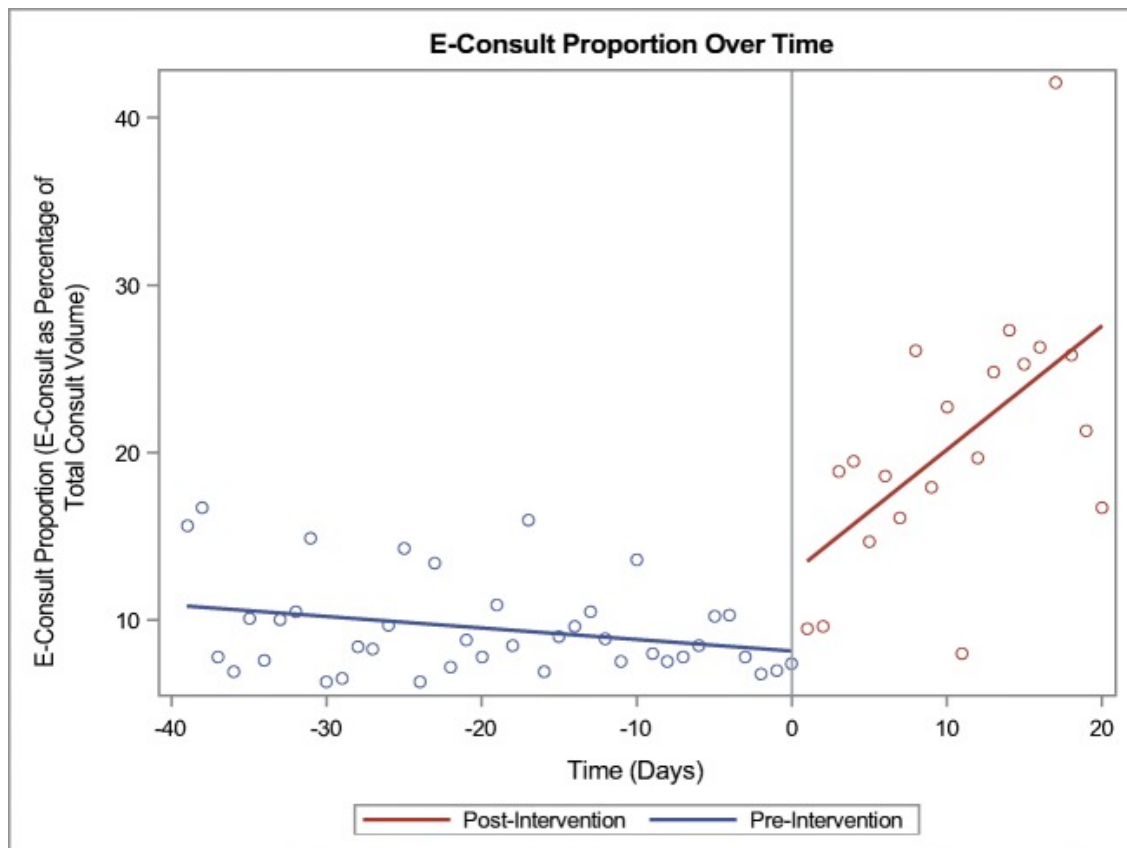
New Mass General Study Finds an Increase in E-Consult Use During Pandemic

A [new study by Massachusetts General Hospital](#) researchers determined that e-consult use for ambulatory care has increased during the COVID-19 Pandemic. The study, which highlights e-consult's ability to provide specialist access while maintaining social distancing and reducing PPE demand, reviewed e-consult use from February 1 through April 1st. The pre-COVID and post-COVID comparison uses March 11th, the day that Massachusetts declared its pandemic-related state of emergency, as the "intervention date."

The study showed a greater decrease in daily ambulatory care consult than e-consult requests, which results in a proportional increase of 5% to 19% of e-consults after March 11th. The numeric results included the following:

- Daily Median, Feb 1 to March 11 (n = 40 days): 565 ambulatory consults 48 e-consults
- Daily Median, March 11 to April 1 (n = 21 days): 144 ambulatory consults 40 e-consults

The study's authors conclude that their findings "suggest an increase in e-consult utilization associated with the COVID-19 pandemic in the USA...[as a] promising method of ambulatory consultative care delivery [that] can potentially replace some specialty consultations in a manner that provides clinical guidance while reducing the risk of in-person visits to both patients and physicians."



"Figure demonstrates e-consult proportion as a function of time. The vertical line at time 0 represents the date of intervention (March 11, 2020). Points to the left of this line represent data obtained prior to this date; points to the right represent data obtained after this date."

"After the pandemic, visiting the doctor will never be the same. And that's fine."

In a [recent editorial for the Washington Post](#), Michael Barnett, MD, a professor at Harvard T.H. Chan School of Public Health and primary care provider at Brigham and Women's Hospital, described his experience working with telehealth to deliver care during pandemic. He discussed how "much of the actual work of primary care happens when patients are not in the office" and that only 5% of telehealth patients are referred to in-person visits at Brigham and Women's non-COVID clinic. Through its impact on in-person visits, he highlights that "COVID-19 is providing a vivid illustration that not every patient needs to be seen in person for every health-care issue."

While in-person visits are still essential, Barnett explains that it is now evident that healthy patients can be managed by phone and "up to one-third of referrals to specialists could be resolved with e-consults without an additional appointment." Today, finding a norm for the right combination of telehealth, in-person care and home-based care will be the future's focus. In closing, Barnett states. "I pray for the day I can finally see my patients in real life again — but only when they truly want or need to be there."

On March 26th, the E-Consult Workgroup Webinar included a presentation from Barnett about virtual care and e-consults. Webinar recording available [here](#).

Telehealth: Simply How Healthcare is Done

With its extremely fast growth during the pandemic, telehealth is now "simply how healthcare is done," states Justin Greiwe, MD of the University of Cincinnati College of Medicine in a recent editorial for [The Journal of Allergy and Clinical Immunology: In Practice](#). Greiwe, who has been using e-consults for a year, focuses on how they provide a "convenient way for specialists and primary care providers (PCPs) to collaborate on difficult cases despite differences in locations or time zones." While exposing weaknesses in the nation's healthcare system, addressing COVID-19 has also highlighted how "effective and valuable telemedicine services can be used to improve these deficiencies."

Greiwe's description of e-consults' benefits include access to specialty care for underserved and geographically isolated patients, reduced wait times, reduced travel times and childcare needs, all of which "translate to significant cost savings to patients." These benefits, as well as referral process streamlining and increased flexibilities in telehealth reimbursement, were all dependent on insurance reimbursement which is now better and has helped to move telehealth from fringe to mainstream in a matter of weeks." With this shift, telehealth is now a step in the "right direction as health care providers attempt to navigate the new world of medicine in the post-COVID-19 era."

Events

New Funding for Safety-Net Practices' Implementation of Virtual Care



California Health Care Foundation (CHCF) has proudly announced [The Connected Care Accelerator](#) in partnership with the Center for Care Innovations (CCI) to provide community health centers and independent physician practices that predominantly serve low-income communities with funding for virtual care implementation.

To achieve geographic diversity and reach communities most vulnerable to COVID-19, CHCF will select participants across California from "practices that serve at least 8,000 unduplicated patients and provide comprehensive primary care services to a substantial percentage of Medi-Cal and uninsured patients."

Below is a links to register for CCI's informational webinar about the program and to access the application:

- [Informational Webinar](#): Tuesday, June 9, 2020, at 1 PM (PT)
- [Application Deadline](#): Friday, June 19, 2020, at 5 PM (PT)

June 11th E-Consult Workgroup Webinar: E-Consults and Telepsychiatry

Please join us for the next E-Consult Workgroup webinar on June 11th from 12 to 1 p.m. Pacific Time. This month's webinar will feature Dr. Peter Yellowlees, MBBS, MD, Chief Wellness Officer, UC Davis Health and Alan Stoudemire Endowed Professor of Psychiatry, Department of Psychiatry, UC Davis speaking to the recent publication, [A comparison of In-Person, Synchronous and Asynchronous Telepsychiatry: Skills/Competencies, Teamwork, and Administrative Workflow](#).

- Online access: <https://zoom.us/j/176936318>
- Dial-in access: +16699006833,,176936318#

Workgroup Sponsors

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E-Consult Workgroup Sponsors

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