CCHP E-Consult Workgroup Update for DHCS

Department of Health Care Services
December 14, 2017
10 AM

December 14 E-Consult Workgroup Update for DHCS

Activity	Time
Program Updates	5 minutes
Workgroup Products and Key Tenets	10 minutes
Gaps in E-Consult Support	15 minutes
Recommendations to Address Gaps	20 minutes
Next Steps	10 minutes

CCHP and BluePath Health work to facilitate the eConsult Workgroup in parallel with supporting complementary efforts across the state

eConsult Definition and Incentives

DHCS and DMHC

MCPs

- Facilitate CCHP eConsult Workshop in June 2016 to further reimbursement discussions among DHCS, MCPs and DPHs

- Discuss rates for eConsult CPT codes based on time spent (published in 2014 by California Academy of Family Physicians - see Appendix)

- Work with MCP stakeholders within pilot regions to discuss potential reimbursement of specialist eConsults

- With BSCF pilots and MCPs, develop an incentive plan to engage PCPs at CHCs/FQHCs

- Consider eConsult to address increased specialty care timely access requirements following Covered California expansion

Engagement and Collaboration

DPHs

CHCs/FQHCs

- Provide opportunities for BSCF pilot DPHs to share best practices in implementing eConsult to optimize Waiver programs and reporting, aligning measures with BSCF pilot requirements

- Facilitate collaboration and participation in CAPH educational events (e.g. PRIME webinars)

- Facilitate FQHCs, BH/MH and social services in pilot regions in pursuing GPP programs, utilizing eConsult as appropriate to meet program goals

- To optimize available incentives, seek opportunities to engage FQHCs in waiver programs which value alternative (specialty care) touches and avoidable utilization of high-cost health care services

- Follow progress in FQHC APM pilots planned for 2017 to determine how eConsult programs can be incorporated
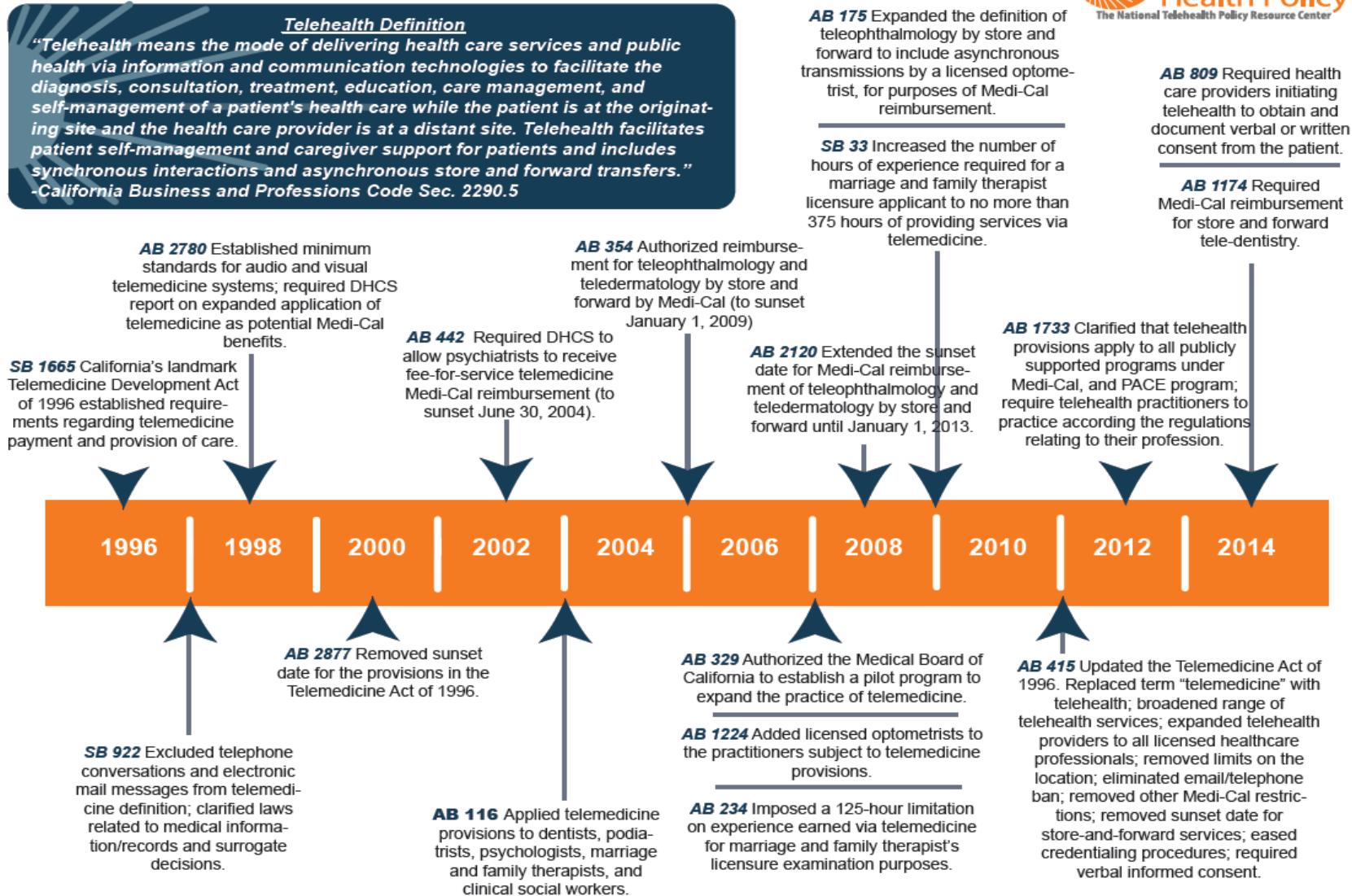
California's reimbursement for store and forward telehealth services

TELEHEALTH IN CALIFORNIA: LEGISLATIVE HISTORY

Center for Connected Health Policy
The National Telehealth Policy Resource Center

Telehealth Definition
"Telehealth means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers."
-California Business and Professions Code Sec. 2290.5

AB 175 Expanded the definition of teleophthalmology by store and forward to include asynchronous transmissions by a licensed optometrist, for purposes of Medi-Cal reimbursement.

AB 809 Required health care providers initiating telehealth to obtain and document verbal or written consent from the patient.

SB 33 Increased the number of hours of experience required for a marriage and family therapist licensure applicant to no more than 375 hours of providing services via telemedicine.

AB 1174 Required Medi-Cal reimbursement for store and forward tele-dentistry.

AB 2780 Established minimum standards for audio and visual telemedicine systems; required DHCS report on expanded application of telemedicine as potential Medi-Cal benefits.

AB 354 Authorized reimbursement for teleophthalmology and teledermatology by store and forward by Medi-Cal (to sunset January 1, 2009)

AB 442 Required DHCS to allow psychiatrists to receive fee-for-service telemedicine Medi-Cal reimbursement (to sunset June 30, 2004).

AB 2120 Extended the sunset date for Medi-Cal reimbursement of teleophthalmology and teledermatology by store and forward until January 1, 2013.

AB 1733 Clarified that telehealth provisions apply to all publicly supported programs under Medi-Cal, and PACE program; require telehealth practitioners to practice according the regulations relating to their profession.

SB 1665 California's landmark Telemedicine Development Act of 1996 established requirements regarding telemedicine payment and provision of care.

Timeline

1996 1998 2000 2002 2004 2006 2008 2010 2012 2014

AB 2877 Removed sunset date for the provisions in the Telemedicine Act of 1996.

AB 329 Authorized the Medical Board of California to establish a pilot program to expand the practice of telemedicine.

AB 415 Updated the Telemedicine Act of 1996. Replaced term "telemedicine" with telehealth; broadened range of telehealth services; expanded telehealth providers to all licensed healthcare professionals; removed limits on the location; eliminated email/telephone ban; removed other Medi-Cal restrictions; removed sunset date for store-and-forward services; eased credentialing procedures; required verbal informed consent.

AB 1224 Added licensed optometrists to the practitioners subject to telemedicine provisions.

SB 922 Excluded telephone conversations and electronic mail messages from telemedicine definition; clarified laws related to medical information/records and surrogate decisions.

AB 116 Applied telemedicine provisions to dentists, podiatrists, psychologists, marriage and family therapists, and clinical social workers.

AB 234 Imposed a 125-hour limitation on experience earned via telemedicine for marriage and family therapist's licensure examination purposes.

CCHP E-Consult Workgroup Program Updates

Building on the work accomplished at the June 8 CCHP E-Consult Workshop sponsored by Blue Shield of California Foundation and California Health Care Foundation, this group of experts in electronic consults will refine the approach to expanding the use of, and payment for, E-Consult across the state.

Monthly Activities

- **July Objective** - Identify and outreach to a secondary set of stakeholders who could be important allies in driving policy (other associations, consumer advocates).

- **August Objective** - Develop a set of common messages/frames to use in policy conversations around E-Consult.

- **September Objective** - Seek consensus across DPHs and plans on shared metrics for eConsult (e.g. USCF/SF General/BSCF and PRIME metrics).

- **October Objective** - Facilitate the coordination of public hospital (DPH) and managed care plan efforts to bridge payment/reimbursement models.

- **November/December Objective** - Develop and review recommendations with Department of Health Care Services and Department of Managed Health Care.

- **BSCF Toolkit, 2017** - Develop provider communications and education tools to encourage patient understanding and acceptance of E-Consult.

Organizations Participating in CCHP E-Consult Workgroup

Organization	Name	
Alameda Health System	Evan	Seevak
Blue Shield of California Foundation	Rachel	Wick
California Health & Wellness/Health Net	Greg	Buchert
California Health Care Foundation	Chris	Perrone
California Medical Association	Lishaun	Francis
California Primary Care Association	Mike	Witte
California State Rural Health Association	Christine	Martin
CAPH/Safety Net Institute	David	Lown
Central California Alliance for Health	Elizabeth	Murphy
The Children's Partnership	Ielnaz	Kashefipour
Community Health Center Network	Ella	Schwartz
Community Health Partnership of Santa Clara County	Paul	Nguyen
Inland Empire Health Plan	Matthew	Wray
Kaiser Permanente, CO	Ted	Palen
LA County Department of Health Services	Hal	Yee
LA County Department of Health Services	Paul	Giboney
Local Health Plans of California	Caroline	Davis
Open Door Community Health Center	Bill	Hunter
Partnership Health Plan	Lyle	Smith
San Joaquin General Hospital	Jeff	Slater
San Mateo Medical Center	Carolyn	Senger
UC Davis Medical Center	Tom	Nesbitt
UCSF/Zuckerberg SF General	Delphine	Tuot
UCSF/Zuckerberg SF General	Nwando	Olayiwola
Valley Medical Center	Kenneth	Soda
Weitzman Institute, CHC Inc, CT	Kevin	Massey

Workgroup Products: E-Consult Definition

An electronic consultation is an asynchronous dialogue initiated by a physician or other qualified health care professional seeking a specialist consultant's expert opinion without a face-to-face patient encounter with the consultant.

To capture the service rendered, the specialist will report a code for interprofessional consultation (e.g. 99446). Electronic consults provided by consultative physicians include written report to the patient's treating/ requesting physician/qualified health care professional.

Key Tenets of Electronic Consult

- **E-Consult directly impacts patient and provider satisfaction.** E-Consult related surveys report overwhelming improved satisfaction from both patients and providers.

- **E-Consult is the standard of care.** E-Consult in no longer in pilot stage. There is a significant experience base that has demonstrated lasting results.

- **E-Consult improves access to specialty care and network adequacy.** E-Consults optimize face-to-face visits and satisfy specialty access standards. Improved access is demonstrated through:

  - Decreased wait times for specialty care

  - Decreased "repeat" appointments

  - Decreased "no shows"

- **E-Consult promotes health homes and builds PCP capacity.** Over time, E-Consult is shown to expand the ability of the PCP to care for the patient, keeping him/her within the health home.

- **E-Consult is not an electronic referral.** E-Consult is separate and distinct from an electronic referral. The two processes should not be subject to the same regulatory requirements.

Examples of eConsult Program Expansion Supporting Safety Net

Program Lead	Description
Community Health Center Network (CHCN) and Alameda Health System	AHS using EHR to support internal eConsults, partnering with Community Health Center Network (FQHC) who also utilizes a remote specialist network
Community Health Partnership of Santa Clara County	Participating in eConsult exchange with Valley Medical Center serving over 10 specialties
California Health & Wellness	Incorporating eConsult as part of telehealth pilot in 3 counties with selected high demand specialties
Central California Alliance for Health	Beginning pilot with selected PCPs and specialists in Santa Cruz, Monterey and Merced counties
LA Care Health Plan	Following MMC/county MOU, beginning eManagement program for MH/BH (on top of eConsult platform)
Los Angeles Department of Health Services	Los Angeles County CHCs and FQHCs partner with Health Care LA IPA specialists
Partnership Health Plan	Partnering with FQHCs with 6 specialties across Humboldt and Marin counties, rolling out in additional counties across the state
USCF/Zuckerberg SF General	eReferral program results in approximately 20% of requests adequately cared for by PCP, and 50% drop in wait time for specialty clinics

Early Pilot/Planning:

- Contra Costa RMC
- Inland Empire Health Plan
- Kern Health System
- San Joaquin General
- San Mateo Medical Center
- Ventura County
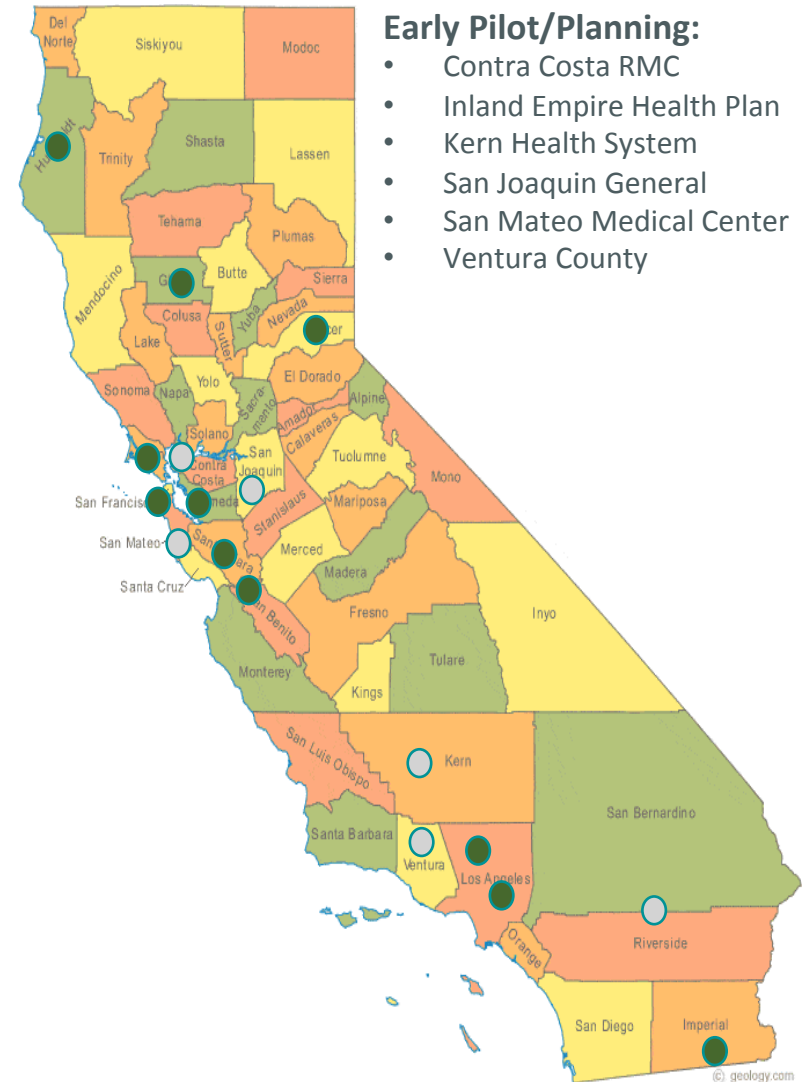
Gaps in eConsult Support

Stakeholder	Source of Support	Current Gaps
FQHC	• GPP • County Specialty Care Budgets • WPC • APM	• APM and WPC pilots are limited. Program will not scale to support additional FQHCs until 2018. • Incentive payments to PCPs are taken out of the clinic's PPS rate during reconciliation
Managed Care Plan	• DHCS • DMHC	• Contracts do not acknowledge the use of electronic consults as a means of delivering specialty care • eConsult is not considered a solution to network adequacy and timely access requirements
County	• GPP • County Specialty Care Budgets	• GPP is a potential funding source for uninsured, yet specialist must be reimbursed at (minimum) Medicare rates • Works with partners (e.g. LADHS working with CA DSH, community and university providers)
District and Public Hospital	• GPP • County Specialty Care Budgets	• PRIME payments made based on mid-year and annual reporting of metric target achievement: referral reply turnaround rate, specialty care touches, receipt of specialist report • GPP incents DPHs to provide non-traditional/technology based services to increase primary and preventive services

RECS to Address Gaps: PCP Pay for Performance

Potential Solution	Supporting Data
Encourage provider Pay for Performance incentives for use of E-Consult	• Providers are in a transition period to alternative payment. In the meantime, PCPs could receive eConsult incentive payments from DPH or MCO partners as part of incentive programs e.g. PRIME and IHA. • Incentives allow for support of infrastructure, flexibility of use of funds and options for technical assistance, training and support as specialties are brought on, and access to a specialty panel.

Integrated Healthcare ASSOCIATION

PRIME

- Funding for Designated Public Hospitals and District/Municipal Hospitals throughout the state.

- Provides incentives to improve the way care is delivered and to transition to Alternative Payment Models (APMs).

- A five-year program. Five-year plans will be approved by June 3, 2016.
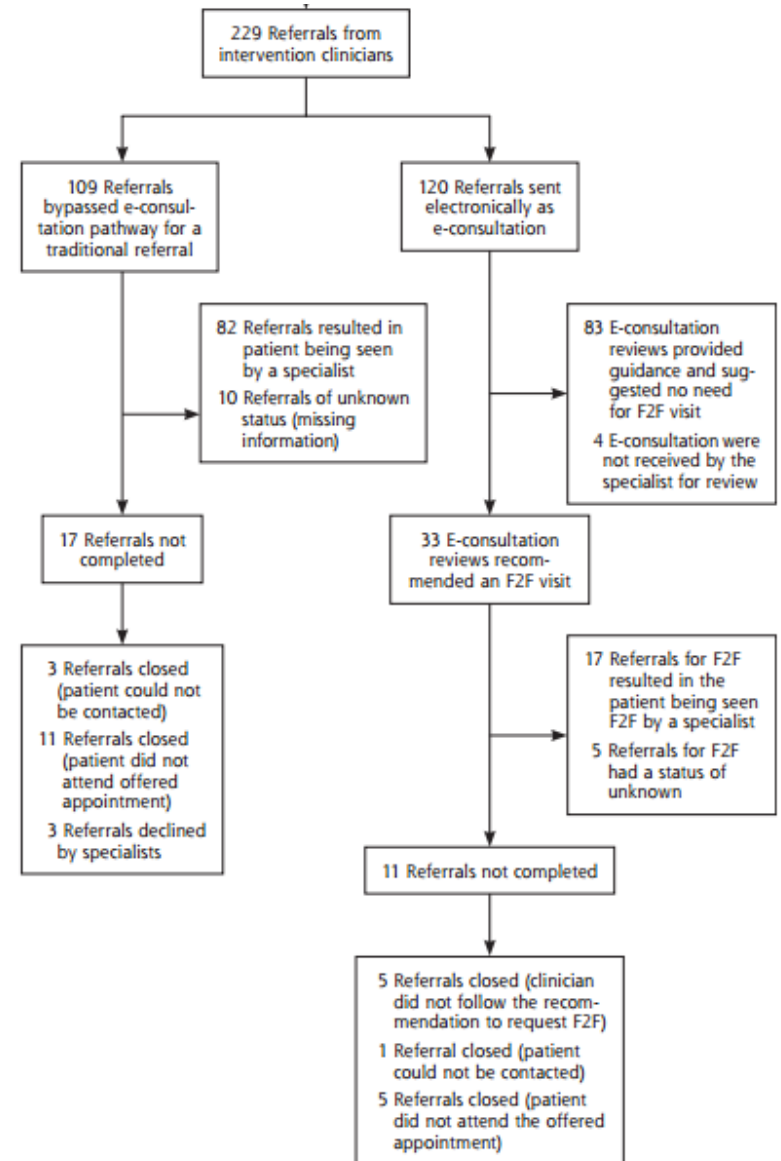
Incorporating Use of E-Consult in FQHC Rates

Potential Solution	Supporting Data
Incorporate E-Consult into primary care provider payments and PPS rate calculation	• Pilot programs have demonstrated successes with eConsult, and will report more data over longer periods of time to show eConsult sustainability. • Reimbursement would require the use of CMS/DHCS-accepted CPT codes for interprofessional consultation with codes and rates tied to time spent per encounter. • When fee-for-service rates apply, they are based on a percent of the provider's face to face hourly Medicare rate, adjusted for electronic consults of up to >10, 10-15, 15-20 and >20 minutes.
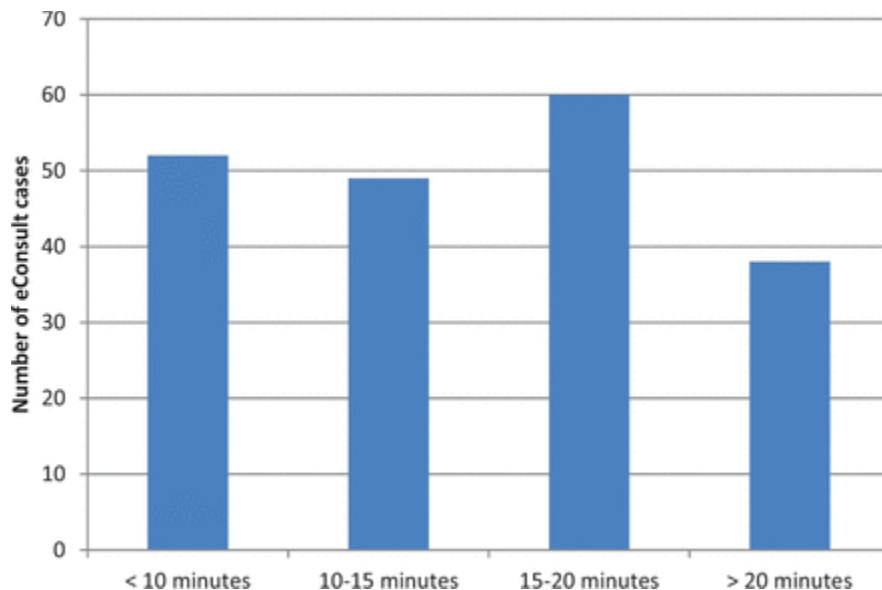
Improving Access to Chronic Pain Services Through
eConsultation: A Cross-Sectional Study of the
Champlain BASE eConsult Service
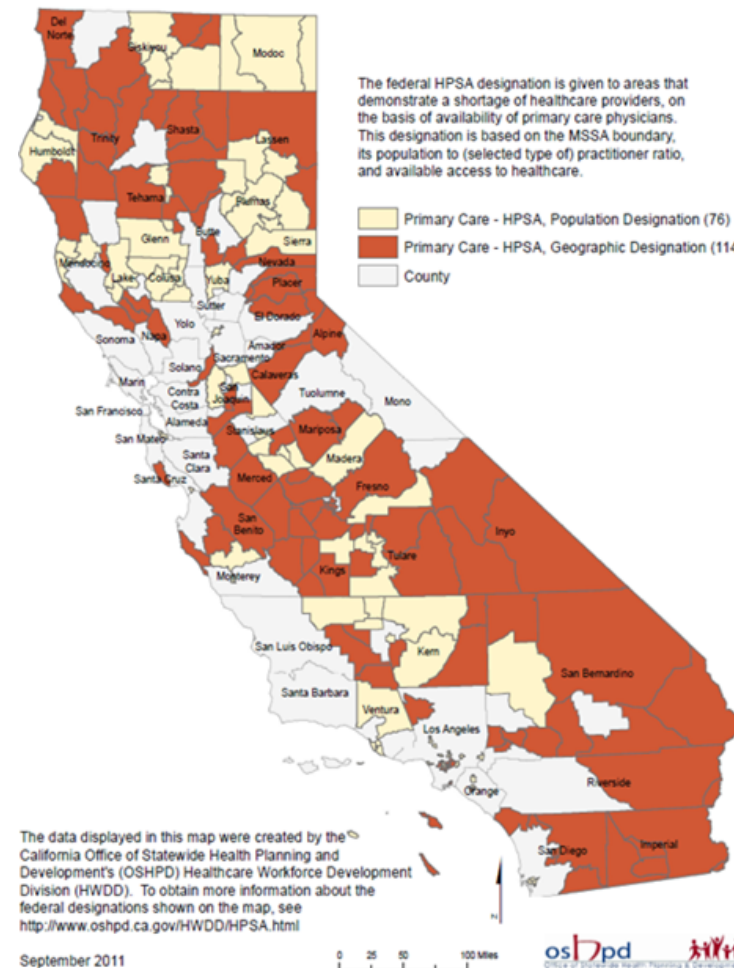Clare Liddy MD, MSc, CCFP,FCFP
Catherine Smyth MD, MSc, FRCPC

E-Consult Supports Efforts to Achieve Timely Access

Potential Solution	Supporting Data
Include E-Consult as a tool to meet Timely Access requirements	• Acknowledge provider efforts to meet timely access requirements through use of alternative specialty care touches (e.g. electronic consult) as part of the referral process. • PCPs can complete eConsults with specialists "within fifteen business days of the request for appointment…" through participating in electronic consultations in which a standard response time of a specialist is 7 calendar days.

E-Consult Supports Efforts toward Network Adequacy

Potential Solution	Supporting Data
Include expanded networks of specialists delivering E-Consult in plan network adequacy requirements	Through E-Consult, managed care plans provide access to expanded networks of specialists. This should be acknowledged in their efforts to address network adequacy requirements, as: • MCPs contract with local specialists who respond to E-Consults as a first step to a referral request. The E-Consult may provide the PCP with the advice needed to treat the patient. If a face-to-face visit with the specialist is needed, it will be scheduled according to the patient's needs. • In geographical areas where specialists of certain disciplines do not exist (within 10 miles or 30 minutes of the member) or do not accept Medi-Cal patients, the MCP may contract with a remote network of licensed specialists who can offer E-Consults when appropriate to address the network adequacy requirement, avoiding unnecessary travel for the member.

The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of primary care physicians. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access to healthcare.

Primary Care - HPSA, Population Designation (76)
Primary Care - HPSA, Geographic Designation (114
County

The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD). To obtain more information about the federal designations shown on the map, see http://www.oshpd.ca.gov/HWDD/HPSA.html

September 2011

Incorporating Use of Standard E-Consult CPT Codes

Potential Solution	Supporting Data
Incorporate E-consult CPT codes into DHCS approved list of codes	• Referring and consulting clinicians participating in e-consults will use approved CPT codes specific to interprofessional consultation. • These codes should be incorporated into the list of approved codes for DHCS specialist reimbursement.

Evaluation and management ✳
A new code set (CPT codes 99446–99449) has been added to the evaluation and management (E&M) codes to cover interprofessional telephone and Internet consultations.

The new E&M code set is described as follows: "An interprofessional telephone/Internet consultation is an assessment and management service in which a patient's treating (eg, attending or primary) physician or other qualified health care professional requests the opinion and/or treatment advice of a physician with specific specialty expertise (the consultant) to assist the treating physician or other qualified health care professional in the diagnosis and/or management of the patient's problem without the need for the patient's face-to-face contact with the consultant."

The following key points cover the use of these codes:

- The code range is based on time and includes a verbal and written report to the treating or consulting physician.
    - 99446: 5–10 minutes of medical consultation discussion and review
    - 99447: 11–20 minutes of medical consultation discussion and review
    - 99448: 21–30 minutes of medical consultation discussion and review
    - 99449: 31 minutes or more of medical consultation discussion and review

*JAM, Effective January 1, 2014

Next Steps

Discussion

Appendix

eConsult Policy and Reimbursement Discussion California Department of Health Care Services and Center for Connected Health Policy

January 15, 2015

Room: Cypress Conference Room 71.4003
Dial-in: 1 (866) 675-1146
Participant Code: 1931605

The Blue Shield of California Foundation engaged the Center for Connected Health Policy to perform a national scan to address eConsult Policy and Reimbursement

| Project Objective	Description
Literature Scan	Conduct a literature scan that summarizes existing eConsult type programs and the costs, benefits and outcomes of electronic consult solutions deployed in California and across the country.
Subject Matter Expert Interviews	Identify and interview up to 20 key subject matter experts and key stakeholders including State and government regulators, government and commercial payers, providers, researchers and other thoughts leaders to aid in research gathering; identify and analyze best practices, barriers, and solutions.
Analysis of Barriers and Solutions	Complete the analysis and ranking of the barriers & solutions resulting from the interviews and literature scan.
Model of Impact, Volume and Costs	Model impact to grantees and get input from payers, collaborate with technical assistance team
Billing and Payment Framework	Collaborate with grantees to gain input
Roadmap to Recommended Policy Changes	Plan for expert review or workshop
Policy, Plan and Provider Briefings	Identify complementary 2015 briefings (e.g. CTN 2016 Summit)

eConsult provider to provider communication is spreading nationwide and is increasing access to specialty care

Telehealth

Telehealth is a **means** for enhancing health care, public health, and health education delivery and support, decreasing the need for physical health care visits using telecommunication technologies.

Store and Forward	Synchronous	Remote Patient Monitoring

Provider to Patient

Patient Involved Store and Forward
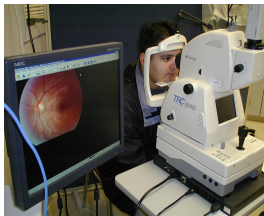
- Transmission of recorded health history through an electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.
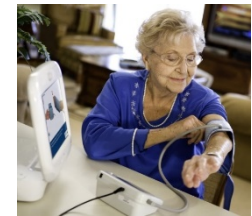
Live Video

- Live, two-way interaction between a patient and a provider using audiovisual telecommunications technology.

Remote Patient Monitoring

- Data collected from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care and related support.

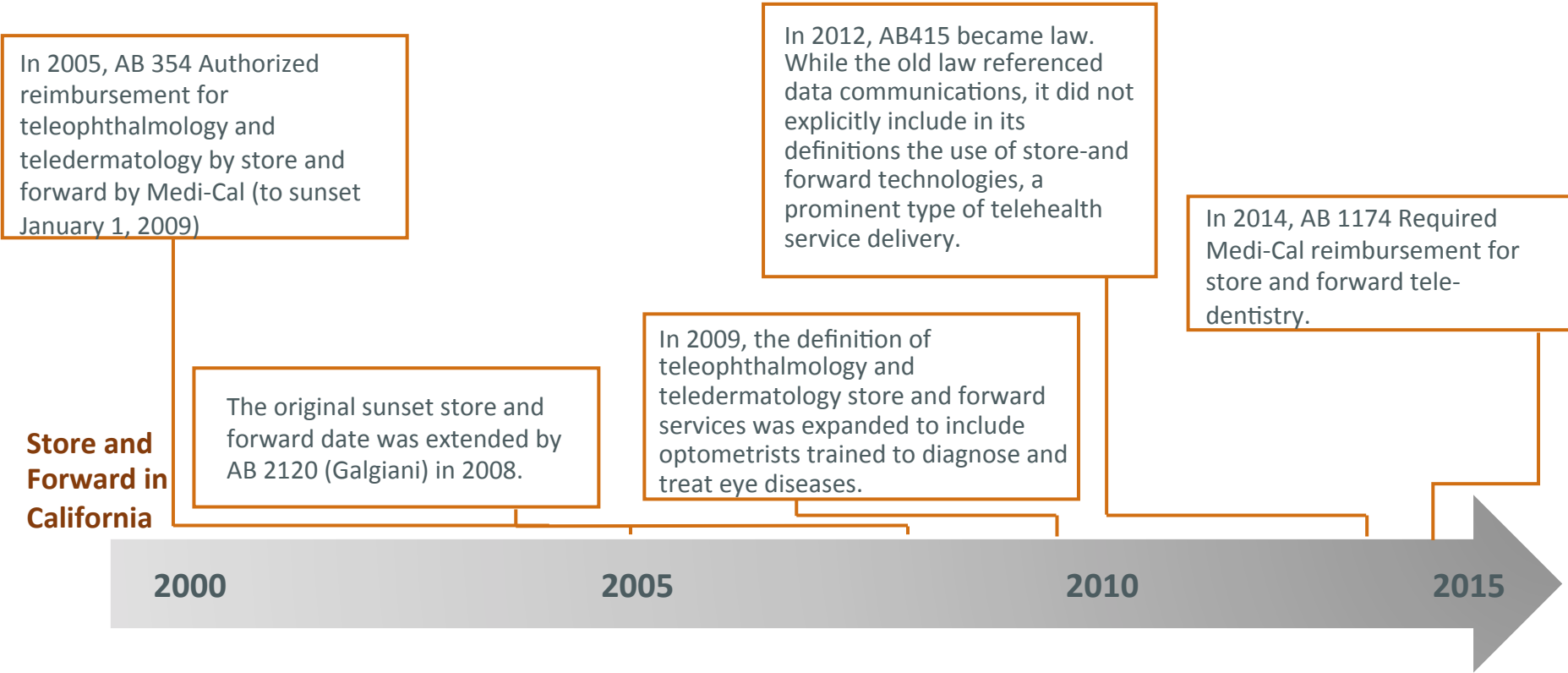**Provider to Provider**

eConsult (Expert Opinion)

- Electronic message exchange (including clinical question and related diagnostic data) initiated by the primary care physician to a specialist. Specialist can convert an eConsult to a referral if necessary.

Project ECHO

- Videoconferencing to help urban specialists train primary care doctors in rural settings. The training allows these general practitioners to provide specialty care, especially chronic condition services, that would otherwise be unavailable to patients in these areas.

Medi-Cal Store and Forward definitions have evolved over several years

Store and Forward in California

In 2005, AB 354 Authorized reimbursement for teleophthalmology and teledermatology by store and forward by Medi-Cal (to sunset January 1, 2009)

The original sunset store and forward date was extended by AB 2120 (Galgiani) in 2008.

In 2009, the definition of teleophthalmology and teledermatology store and forward services was expanded to include optometrists trained to diagnose and treat eye diseases.

In 2012, AB415 became law. While the old law referenced data communications, it did not explicitly include in its definitions the use of store-and forward technologies, a prominent type of telehealth service delivery.

In 2014, AB 1174 Required Medi-Cal reimbursement for store and forward tele-dentistry.

2000　　**2005**　　**2010**　　**2015**

Source: CCHP: Advancing California's Leadership in Telehealth Policy

Many payer and provider organizations at the state and national level are engaged in eConsult programs

Select Scaled eConsult Programs

- Multi-specialty
- Multi-year

Health Services LOS ANGELES COUNTY · L.A. Care HEALTH PLAN · Health Care L.A. IPA · UCSF University of California San Francisco · MAYO CLINIC · KAISER PERMANENTE · NEW ENGLAND ECONSULT NETWORK · THE OTTAWA HOSPITAL L'HÔPITAL D'OTTAWA

Select Pilot eConsult Programs

- Select specialties
- Pilot timeframe

UCLA Health · UC San Diego HEALTH SYSTEM · PARTNERSHIP HEALTHPLAN of CALIFORNIA · california health & wellness

Blue Shield Grantees

- Select specialties
- Pilot timeframe

- Alameda
- Kern
- Monterey
- San Diego
- Santa Clara
- San Bernardino
- San Joaquin
- San Mateo

State Medicaid programs are actively exploring payment options to reimburse eConsults

State	Status	Reimbursement
Colorado	• Colorado Medicaid convened several stakeholder meetings with PCPs and specialists, and engaged CO medical board to support eConsult reimbursement. • eConsults will be transmitted using CORHIO's proprietary portal (Patient Care360, Medicity). • Next steps include finalizing pilot payment rates and program implementation details.	Transactional payment for both PCP and specialist
Connecticut	• New England eConsult Network uses Safety Net Connect platform and plans to use Direct Messaging. • Alternative Payment Methodology Payments includes FQHC maintaining quarterly volume of Medicaid encounters to receive an incentive payment for e-consults occuring during that quarter in order to avoid unnecessary referrals to physician specialists and to expand access. • Incentive payments will be paid as Medicaid supplemental payments on a quarterly basis… up to a maximum of $89,500 per quarter per qualifying FQHC.	Transactional payment for specialist, PCP payments vary by setting
Oklahoma	• SoonerCare HAN pilot reimburses both PCPs and specialists $20 per timely completion of eConsult. • Providers submit and receive referrals in Doc2Doc. Referrals pass directly in to OKHCA MMIS. • Effects include reduction in professional fees among patients receiving the online telemedicine consultations ($140.53 vs. $78.16) and reduction in costs for patients receiving an online consultation vs. those referred of $130.18 PMPM.	Transactional payment for both PCP and specialist
Washington	• WA State Medicaid Waiver provides upfront investment for PCMH Transformation. • Allows FQHCs to replace billable visits with most appropriate modality of care (patient "touches" such as telephone visits, group visits, secure email, encounters with non-billable providers, etc.). • Yakima Valley Farm Workers' Clinic worked with OR and WA Medicaid managed care plans to form a pilot using the Waiver.	Through Medicaid waiver, plans to support FFS through managed care plans

A Connecticut cardiology eConsult trial showed lower per patient costs than traditional face to face visits

Connecticut Health Foundation: CHC-UCONN Cardiology eConsult Trial Per Patient Costs
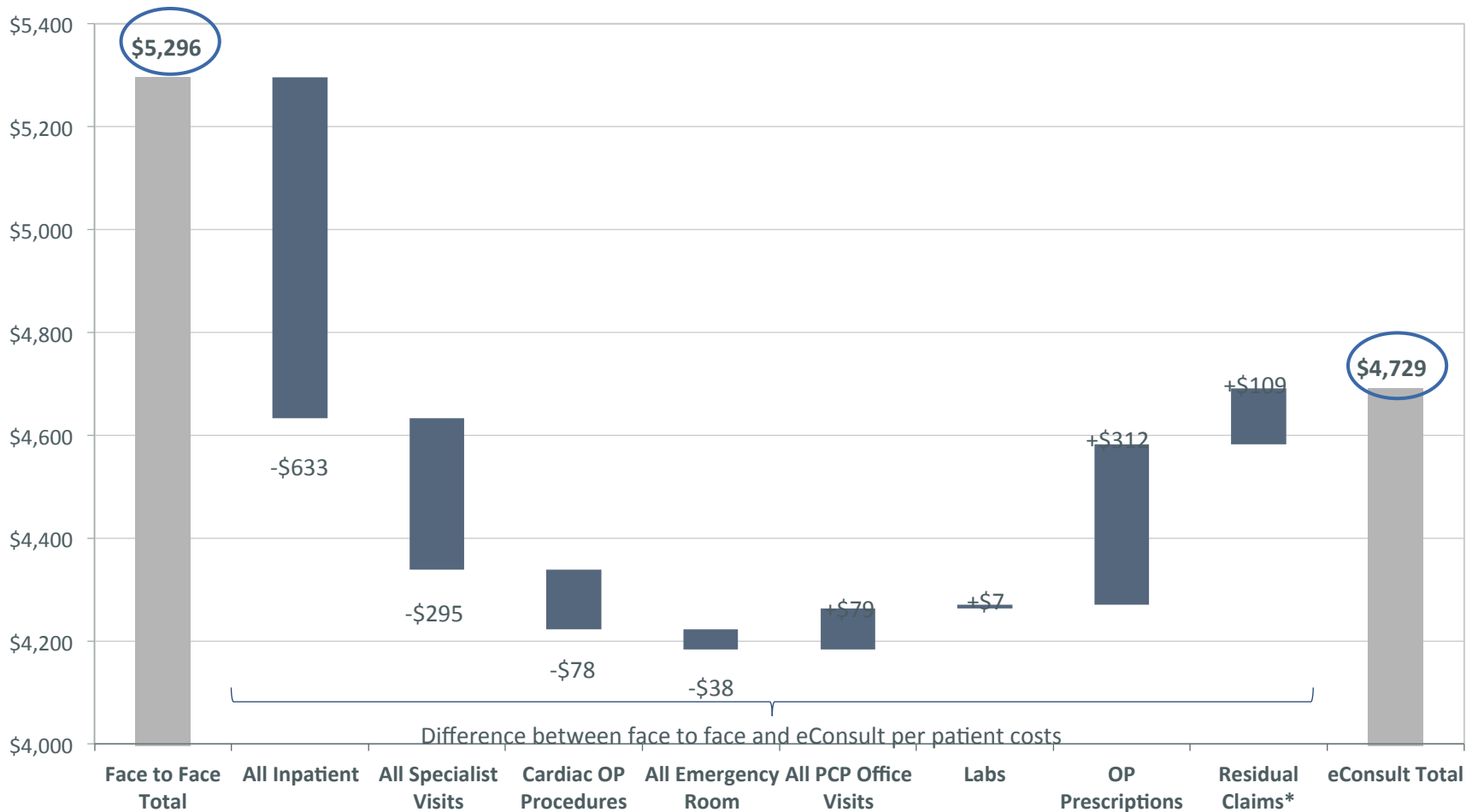
*Sum of unaccounted and double-counted claims due to coding

Notes:
Average cost savings per patient: $565
Medicaid population in intervention group: 10,665

Total Cost difference between post intervention groups: $75,710
Number of month: 6 months
PMPM Estimated Savings: $1.18

A CMS/CMMI grant to the American Academy of Medical Colleges CORE program supports eConsult expansion

- In September 2014, the Center for Medicare and Medicaid Innovation (CMMI) awarded AAMC a $7M Health Care Innovation award to launch the Coordinating Optimal Referral Experiences (CORE) project

- AAMC collaborates with UCSF to disseminate the model to 5 academic medical centers:
  - Dartmouth-Hitchcock
  - University of California, San Diego Medical Center
  - University of Iowa Hospitals and Clinics
  - University of Virginia Medical Center
  - University of Wisconsin (UW) Health

- USCF will provide technical assistance, implementation and training resources to participating AMCs

- All organizations are using Epic EHR to support transmission of eConsults

- Anticipated benefits include reduction in unnecessary referrals, reduced fragmentation of care, enhanced referrals (appropriate evaluation prior to visit), structured, standardized templates, and recognition of both PCP and specialist time and effort in eConsult response, and improved (timely) access for patients

- Evaluation includes impact on quality, costs, access, patient and provider satisfaction

- Recommendations will include a future sustainable payment model to support eConsult dissemination

Did You Know?

Up to 35% of all primary care patients in U.S. are referred to specialists annually

CORE Coordinating Optimal Referral Experiences: Implementing eConsults and Enhanced Referrals

Interview with Scott Shipman, MD, MPH, Director of Primary Care Affairs and Workforce, aamc.org/initiatives/econsults

eReferrals and eConsults
A New Model
for Specialty Care

Delphine S. Tuot, MDCM, MAS
Director, eReferral at San Francisco General Hospital
Director, UCSF Center for Innovation in Access and Quality
Asst. Professor of Medicine, UCSF

eConsult implementations demonstrate significant benefits for numerous stakeholders

1 **Primary Care Providers:** Higher quality coordinated care and enhanced communication with specialists, ultimately expanding the knowledge and scope of practice of the PCP.

2 **Specialists:** More efficient use of time as a result of decrease in unnecessary referrals; formalization of curbside consults.

3 **Patients:** More timely access to specialists with improved health outcomes; greater satisfaction with care a result of not having to travel and engage in unnecessary in-person visits.

4 **Public/Private Health Plans:** Increased ability to meet timely access requirements, while increasing the efficiency and reducing cost per patient.

Achieving the quadruple aim:

Improved Population Health

Improving Experience of Care

Reducing Per Capita Cost

Improving Experience of Providing Care

Population health – improved access to care

PCP initiates referral request

95% within 3 business days →

July 2013-June 2014
48,453 new eConsult submissions excludes diagnostics (22,744)

Specialist reviews

Appropriate and complete consults — 64%

Consult inappropriate or incomplete or clinic visit not needed — 36%

Scheduled
need to be seen in clinic

54%   10%

Not initially scheduled
specialist responds to request more information and/or make recommendations

Non –urgent **routine** appointment

Urgent **overbook** appointment

PCP provides information, initial evaluation complete, visit needed
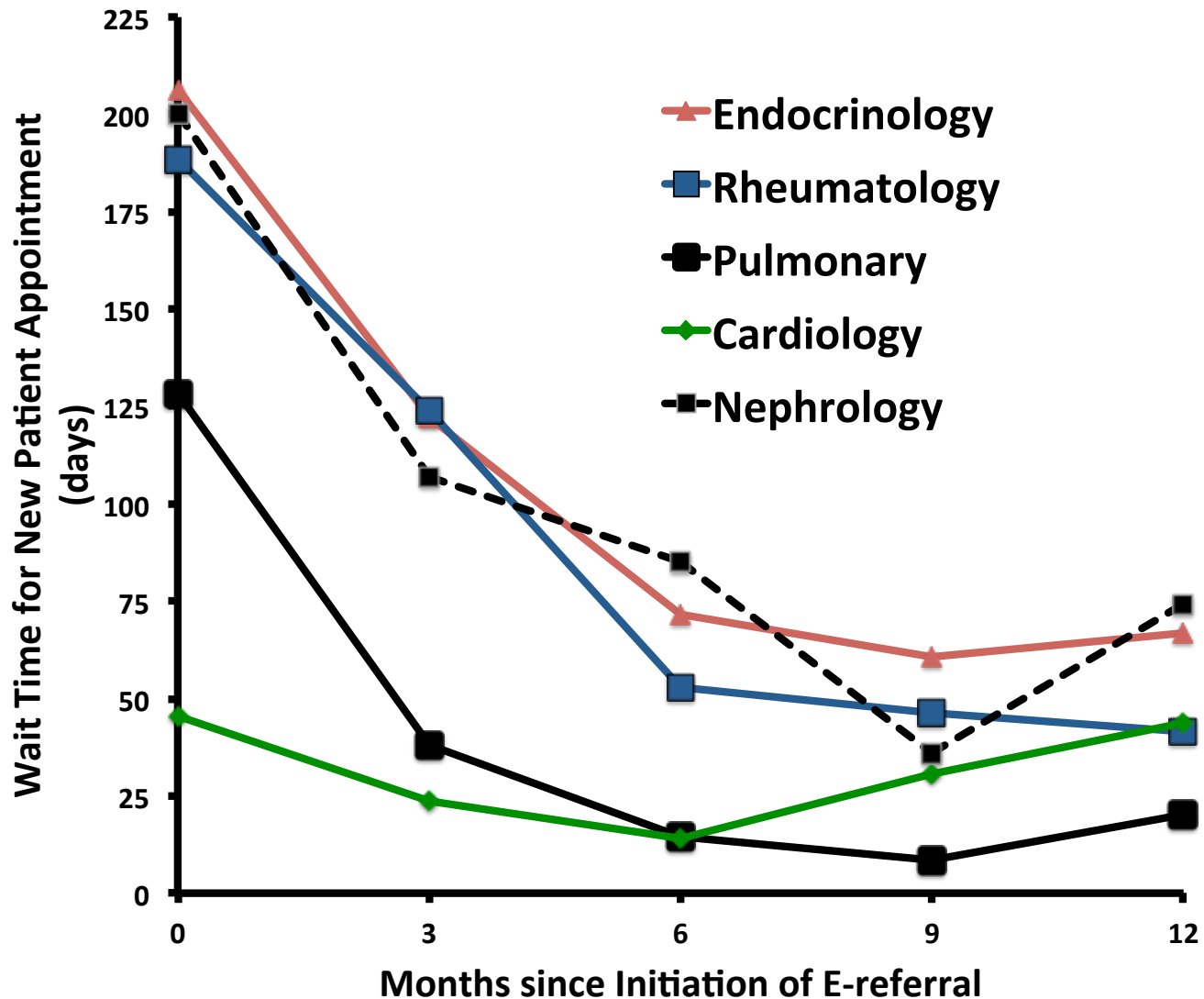
No appointment 6 months after last exchange

Iterative communication as needed

20%   16%

Scheduled

Never Scheduled

eConsults decrease wait times for in-person visits

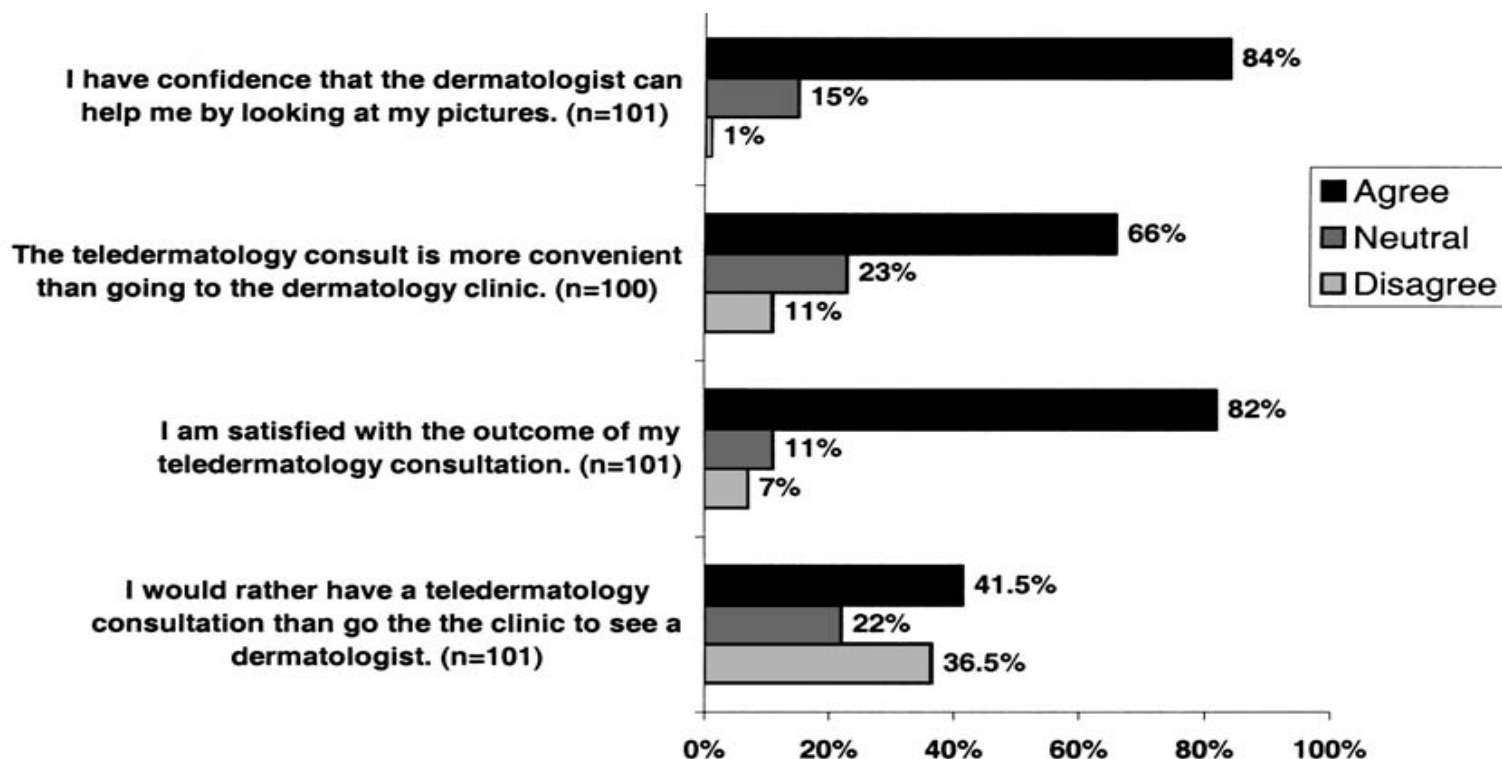# Excellent provider team experience with eConsults

Primary Care

- Reduced wait times

- Quick access to specialist expertise

- Primary – specialty dialogue is recorded in real time in EMR

- Case-based "CME"

- Virtual co-management keeps patients in PCMH, reduces need for external care coordination

- More "balls" in PCP court

Specialty Care

- Reduced wait times

- Avoidance of incorrect referrals

- Ability to clinically triage

- Improved clarity of consultative question

- Increased efficiency of in-person visits

- Formalization of curbsides

- Opportunities to educate, learn

- Increased "case-mix" in clinics

Patient Satisfaction with eConsult systems

- Patient satisfaction of quality of medical care received not significant between eConsult and traditional face to face consultation. (KP, Colorado)

- Of 30% of patients surveyed, 96.7% were either "very" or "somewhat" satisfied. (Massachusetts General, Cardiology Pilot)

- Patients were ambivalent about preferences for teledermatology vs. traditional dermatology consult in Durham VA RCT (n=194, 71%).

I have confidence that the dermatologist can help me by looking at my pictures. (n=101)
84%
15%
1%

The teledermatology consult is more convenient than going to the dermatology clinic. (n=100)
66%
23%
11%

I am satisfied with the outcome of my teledermatology consultation. (n=101)
82%
11%
7%

I would rather have a teledermatology consultation than go the the clinic to see a dermatologist. (n=101)
41.5%
22%
36.5%

Legend: ■ Agree ■ Neutral □ Disagree

0% 20% 40% 60% 80% 100%

Delivery system reform take-homes

- eConsult systems can improve communication and enhance the primary-specialty care interface

- eConsult moves the needle on achieving the quadruple aim

  - Improves the health of the population via better access

  - High provider satisfaction

  - High patient satisfaction

  - Enhances value

- Sustainability requires further investment in technology and specialist and PCP time/effort as well as a commitment to evaluation