

E-Consult Workgroup August Webinar

August 20, 2020
12-1 PT

<https://us02web.zoom.us/j/9689264532>
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Agenda

- Welcome and Introductions
- COVID-19 Impact on E-Consult Utilization
 - Danielle Oryn, MD, CEO, Redwood Community Health Coalition
 - Stanley Dea, MD, eConsult Director, LADHS
 - Stanley K Frencher, Jr, MD, MPH, CEO, HubMD
- E-Consult and Telehealth Policy Updates
- Virtual E-Consult Workgroup 2020, 11/16-17



Serving Sonoma, Napa, Marin & Yolo Counties

RCHC eConsult Pilot

Danielle Oryn DO MPH

Health Center Covid Response



- Move to telehealth quickly
- Remote workforce
- Initially little to no specialty care available

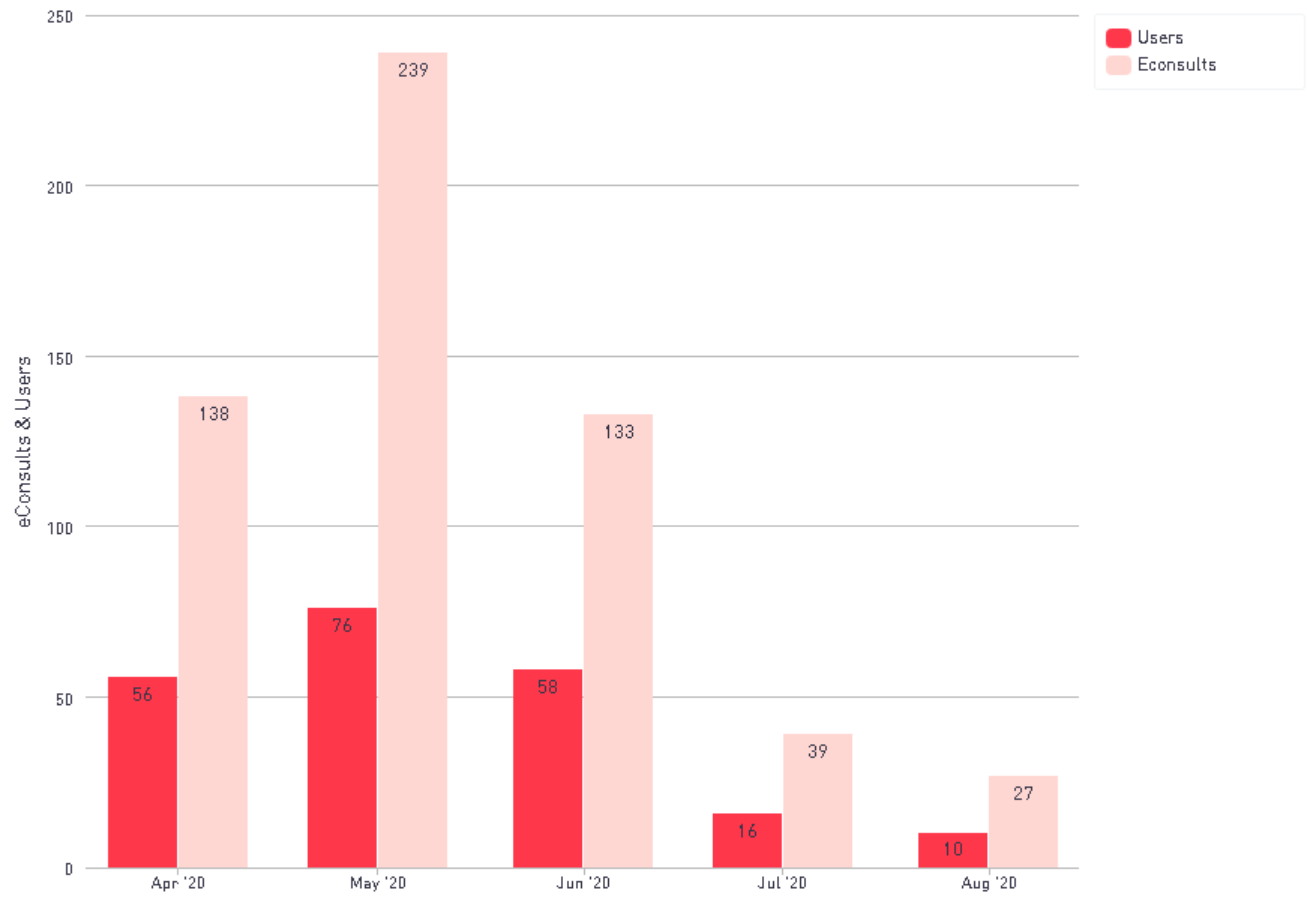
RubiconMD Three Month Pilot



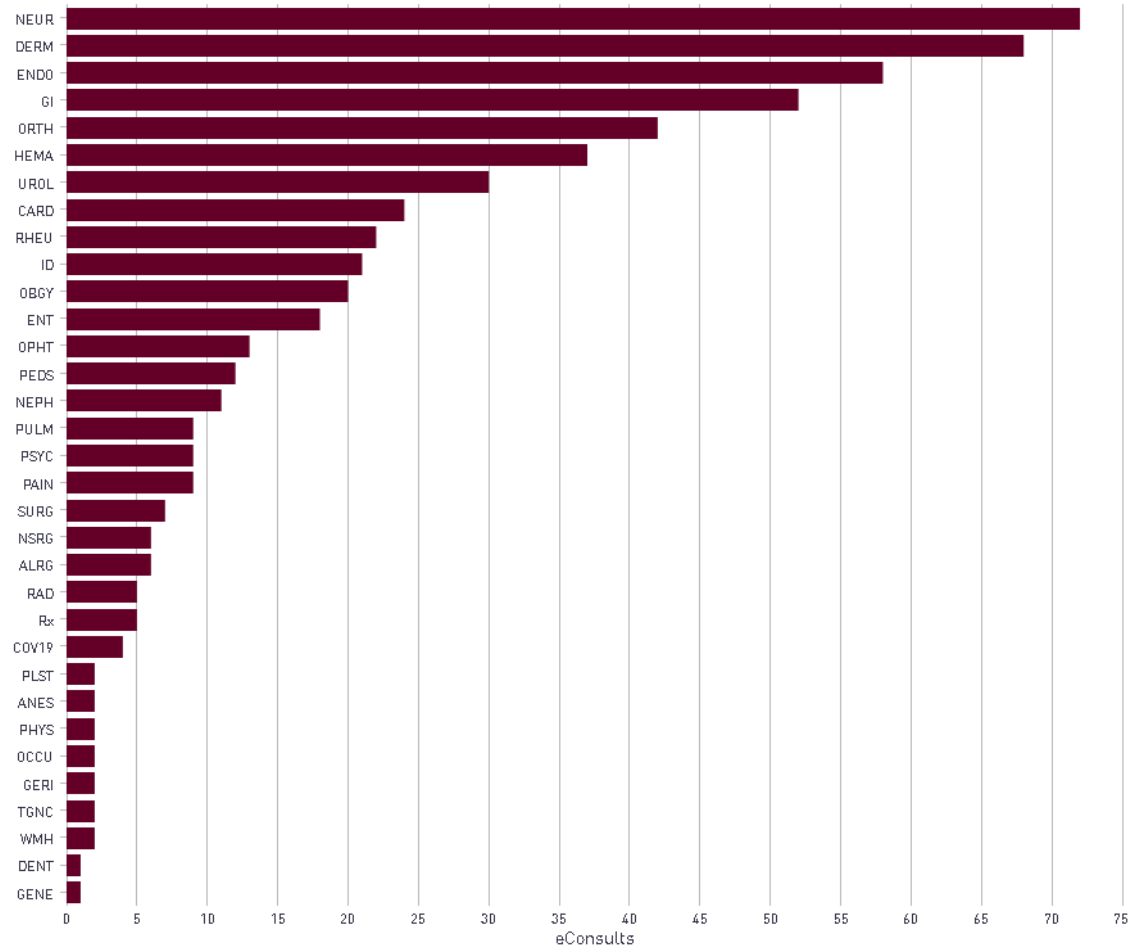
- 6 Health Centers
- 99 Providers
- Implementation ranged from April through May
- Training – 30-45 min webinar training

576 Consults

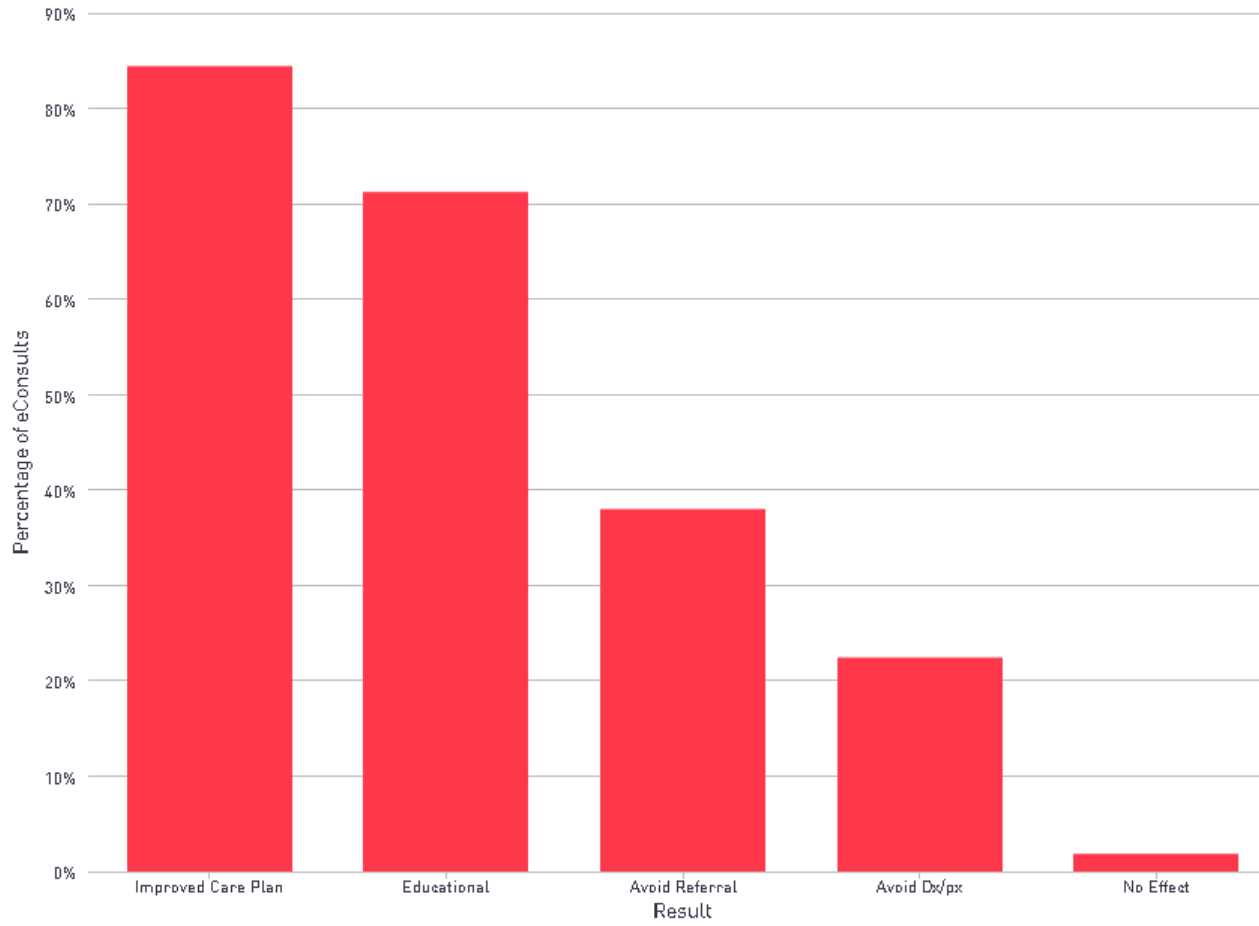
Traffic & Engaged Users



Traffic by Specialty



Results



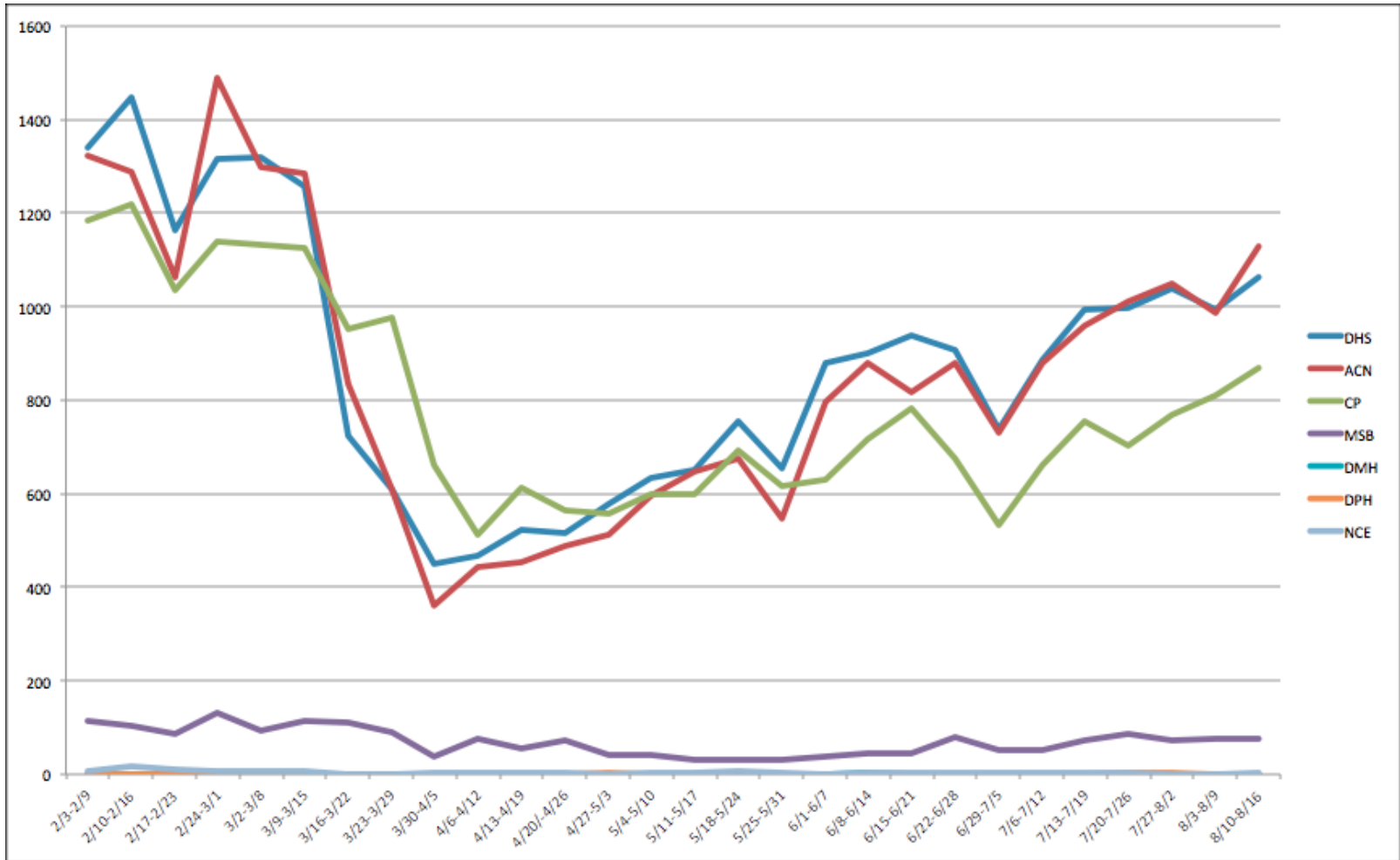
Results & Next Steps



- Very engaged providers
 - Approximates 5 consults/user
 - Average rating of 4.84/5
- 48% avoided services (in-person consults and diagnostic testing)

Currently working with RubiconMD to create a sustainable model

Impact of COVID-19 on E-Consult Utilization in LADHS



eConsult Data and Analytics

Stan Dea, MD
Director of eConsult
Department of Health Services
County of Los Angeles

August 20, 2020

Introduction

- **Medical decision-making must be data-driven**
- **Electronic records are built for data**
- **Can quickly pull “clean” data**
- **Built-in analytic dashboards**



5 W's and 1 H



eConsult Analytics

- **What** was our volume of eConsults?
- **When** did our patients get scheduled?
- **Who** is performing well (or poorly)?
- **How** do I answer other questions?
- **Why** are we seeing these results?
(the most important question)

Monthly Report

- **What** was our volume of eConsults?
- Monthly trend by Submitting Org Type
- **NOTE:** All screenshots were made with the built-in analytics package in the eConsult platform (Safety Net Connect)

DHS Analytics: Monthly Report

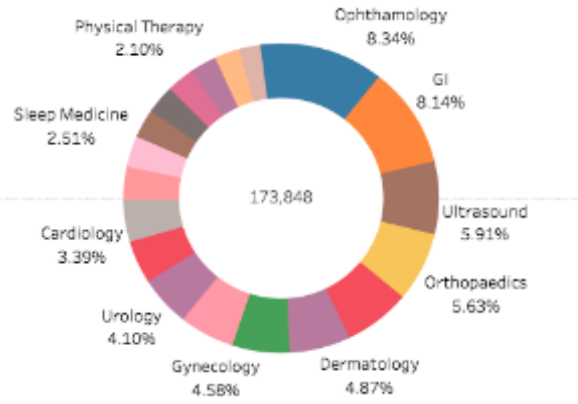
Monthly Report

SR Cluster: (All) Org Type: (All) Specialty Name: (All) Submitted Date: January 1, 2019 - December 31, 2019

Category: (All) Subcategory: (All) Specialty Type: (All)

Top 20 Specialties

Specialty Name	Number of Consults	% of Total
Ophthalmology	18,679	8.34%
GI	18,244	8.14%
Ultrasound	13,241	5.91%
Orthopaedics	12,608	5.63%
Surgery	11,915	5.32%
Dermatology	10,908	4.87%
Gynecology	10,251	4.58%
ENT	9,833	4.39%



Submitted Consults by Org Type

Org Type	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019
ACN	5,283	4,832	5,303	5,791	5,680	5,171	5,557	5,735
CP	7,292	6,788	7,800	7,535	7,603	6,961	7,649	7,671
DHS	5,420	5,068	5,232	5,971	5,768	5,326	5,975	6,089
DMH	2	2	1	3				2
DPH	2	5	1	2	1	1	8	1
MSB	481	436	478	499	541	446	518	502
NCE	31	29	24	30	27	21	38	24

MORE BELOW



Filters

- **eConsults submitted (Filter By):**
 - By Submitting Org Type
 - By Submitting Region
- **eConsults Reviewed (Filter By):**
 - By Specialty Portal
 - By Specialty Subcategory
 - By Reviewing Region



DHS Analytics: Monthly Report

Monthly Report

SR Cluster: LAC+USC

Org Type: (Multiple values)

Specialty Name: (All)

Submitted Date: January 1, 2019 - December 31, 2019

Category: (All)

Subcategory: GI

Specialty Type: (All)

Top 20 Specialties

Specialty Name	Number of Consults	% of Total
GI	4,264	100.00%



Submitted Consults by Org Type

Org Type	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019
ACN	195	131	182	150	176	133	135	166
DHS	185	173	183	212	190	175	202	219
Grand Total	380	304	365	362	366	308	337	385

Monthly Report (page 2)

- **# of eConsults accepted as Face-to-Face**
 - By Specialty Portal
 - By Reviewing Region
- **All metrics trended on a monthly basis**
- **Download gives you raw data as a flat file**

Submitted Consults by Org Type

Org Type	January 2017	February 2017	March 2017	April 2017	May 2017	June 2017	July 2017	August 2017
ACN	4,994	4,900	5,680	4,821	5,381	5,588	4,943	5,829
CP	6,036	6,026	6,633	6,323	7,134	7,234	7,070	8,211
DHS	5,233	4,884	5,939	5,094	5,499	5,447	4,914	5,873
DMH	1	6	2	16	2			3
DPH	1	5	4	4	3	9	12	5
MSB	336	257	352	285	325	347	339	391
NCE	32	39	46	35	48	39	23	29
Grand Total	16,633	16,117	18,656	16,578	18,392	18,664	17,301	20,341

Submitted Consults by SR Cluster

SR Cluster		January 2017	February 2017	March 2017	April 2017	May 2017	June 2017
Null	Number of Consults	3,089	2,995	2,751	2,513	2,786	2,751
	FTF Consults	1	0	0	2	0	4
	% FTF	0.03%	0.00%	0.00%	0.08%	0.00%	0.15%
Harbor UCLA	Number of Consults	2,843	2,682	3,356	3,036	3,265	3,189
	FTF Consults	2,242	2,110	2,585	2,349	2,579	2,456
	% FTF	78.86%	78.67%	77.03%	77.37%	78.99%	77.01%
HDHS	Number of Consults	661	649	800	694	849	722
	FTF Consults	578	556	730	631	741	647
	% FTF	87.44%	85.67%	91.25%	90.92%	87.28%	89.61%
LAC+USC	Number of Consults	5,028	4,741	5,873	5,176	5,758	5,799
	FTF Consults	3,809	3,619	4,509	3,975	4,318	4,371
	% FTF	75.76%	76.33%	76.78%	76.80%	74.99%	75.38%
MLK	Number of Consults	1,580	1,634	1,990	1,692	1,976	2,141
	FTF Consults	1,245	1,286	1,547	1,300	1,578	1,617

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🔗 Share  Download

Scheduling Timeframes

- **When** did our patients get scheduled?
- Breakdown of selected timeframes
- Are reviewers choosing too short timeframe?

DHS Analytics: ITC Report

ITC Report

SR Cluster: (All) | Org Type: (All) | Specialty Name: (All) | Submitted Date: January 1, 2019 - December 31, 2019
 Category: (All) | Subcategory: Cardiology | Specialty Type: (All)

Specialty Detail

Scheduling Timeframe	Harbor UCLA		LAC+USC		MLK		OVMC		FTF C
	FTF Consults	% of Total	FTF Consults	% of Total	FTF Consults	% of Total	FTF Consults	% of Total	
Less than 15 Days	53	6.49%	79	4.20%	23	4.74%	11	1.37%	
2-4 Weeks	188	23.01%	284	15.09%	150	30.93%	113	14.07%	
1-2 Months	296	36.23%	516	27.42%	168	34.64%	126	15.69%	
2-3 Months	150	18.36%	501	26.62%	75	15.46%	47	5.85%	
3-6 Months	13	1.59%	319	16.95%	15	3.09%	16	1.99%	

**MORE
BELOW**



Precision Scheduling

- % of patients scheduled within selected timeframe
- Urgent = timeframe < 4 weeks

Specialty Detail Totals

	Harbor UCLA	LAC+USC	MLK	OVMC	RLA	Grand Total
FTF Consults	817	1,882	485	803	70	4,057
Number of Consults	1,363	3,351	891	1,740	128	7,473
% FTF	59.94%	56.16%	54.43%	46.15%	54.69%	54.29%
Precision Scheduling	67.00%	54.36%	51.78%	83.48%	67.21%	62.50%
Urgent Precision Scheduling	42.86%	39.45%	44.06%	60.32%	66.67%	44.02%

Overall Precision Scheduling **60.21%**

Overall Urgent Scheduling **44.02%**

Specialty Routine/Urgent Precision

Specialty Name		January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019
Cardiology	Routine	44.20%	48.64%	52.19%	47.66%	55.72%	66.41%	66.54%
	Urgent	27.40%	36.84%	45.61%	35.00%	35.71%	43.10%	27.27%
Grand Total	Routine	44.20%	48.64%	52.19%	47.66%	55.72%	66.41%	66.54%
	Urgent	27.40%	36.84%	45.61%	35.00%	35.71%	43.10%	27.27%

Response Time

- **Who** is performing well (or poorly)?
- Response time was our first performance measure
- Time between specialty reviewer receiving eConsult and responding
- Publishing this metric improved performance via peer pressure
- 3-month average was a one-dimensional measure



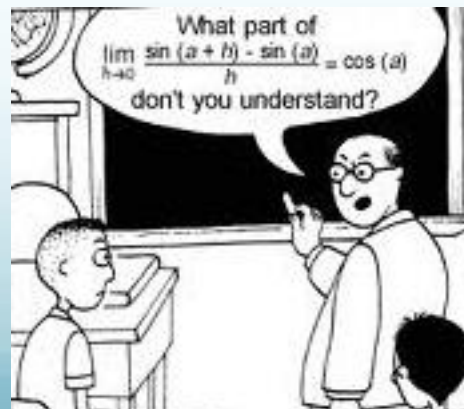
ART Score

- **Composite score consisting of:**
 - 3 month adjusted response time
 - Last month adjusted response time
 - Compliance to <4 day response time
 - # of delinquent eConsults (>14 days)
- **1-5 star rating for each component and averaged for a total score**



How It's Done

- 1) $5 - \left(\frac{[3 \text{ mo. ART}] - 4}{\text{MIN}_0} / 1.5 \right)$ (MAX 5)
- 2) $5 - ([1 \text{ mo. ART}] - 4)_{\text{MIN}_0}$ (MAX 5)
- 3) $([4\text{d compliance}\%] - 0.5) * 10$ (MIN 1, MAX 5)
- 4) $5 - [\# > 14\text{d nonresponse}]$ (MIN 1)
- 5) BONUS: $\text{LOG}_{10}[\# \text{eConsults reviewed}] - 1$ (MIN 0)
- ADD and divide by 4 for TOTAL ART Score



DHS Analytics: ART Score

ART Score

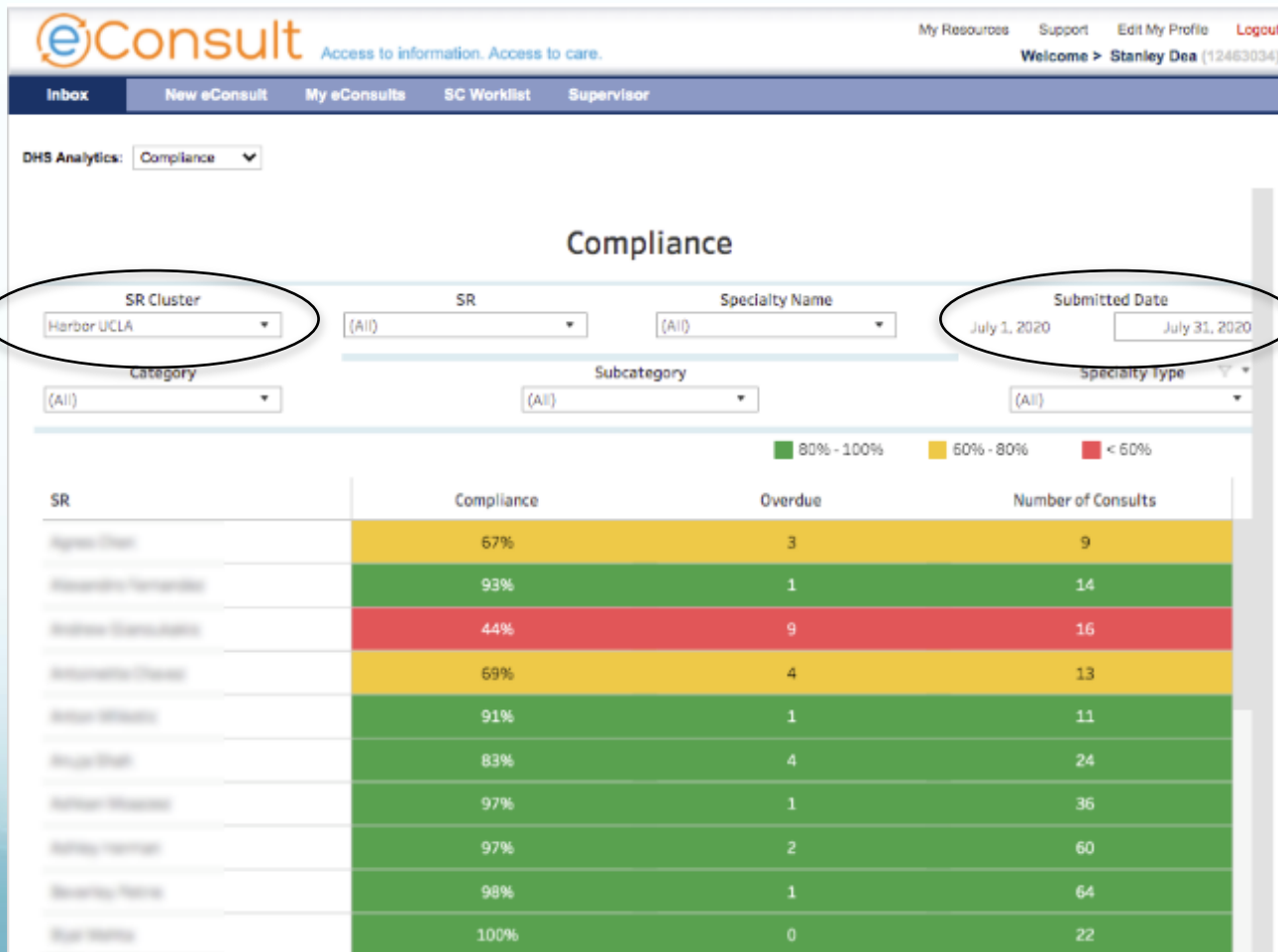
SR: (All) | SR Cluster: Harbor UCLA | Specialty Name (Grouped): (All) | Specialty: (All) | Previous Month(s): Last Month

Category: (All) | Subcategory: (All) | Specialty Type: (All)

SR	Specialty	Avg ART (3 Months)	% FTF	Last Month Consult Count	Number Overdue >14 Days	Avg ART for Selected Month	Compliance	ARTS Score	■ 80% - 100% ■ 60% - 80% ■ < 60%
	NEUROLOGY - ADULT	0.00	76%	0	0	0.00	100%	5.47	★★★★★
	MENTAL HEALTH - ADULT	0.00	50%	0	0	0.00	100%	5.00	★★★★★
	PEDIATRIC NEUROLOGY	0.12	91%	9	3	0.06	62%	3.70	★★★★☆
	EMG/NCV - ELECTROMYOGRAPH..	0.00	17%	0	0	0.00	67%	4.17	★★★★☆
	MAGNETIC RESONANCE IMAGIN..	0.00	8%	0	3	0.00	75%	3.64	★★★★☆
	BARIATRIC SURGERY	0.23	89%	14	8	0.08	85%	3.94	★★★★☆
	PEDIATRIC DEVELOPMENT, BEH..	0.87	0%	0	0	0.00	92%	4.81	★★★★★
	MAGNETIC RESONANCE IMAGIN	0.00	38%	0	0	0.00	100%	5.00	★★★★★

Compliance Report

- Provider level detail about 4-day response compliance and # overdue



Summary Report

- **Summary of pertinent information from the previous reports**
- **Provided to administrators on a monthly basis**
- **Graphs makes trends easier to see**

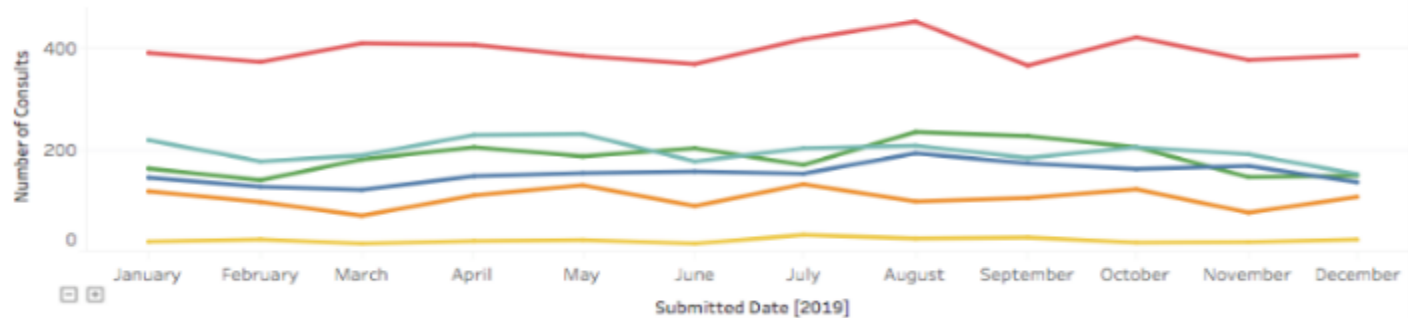
DHS Analytics: OMD Report

OMD Report

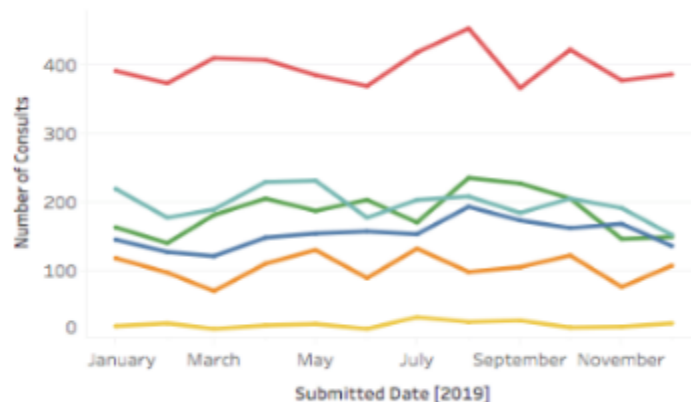
Org Type: (All) | Region Name: (All) | Specialty Name: Orthopaedics | Submitted Date: January 1, 2019 - December 31, 2019
 Category: (All) | Subcategory: (All) | Specialty Type: (All)

■ Harbor UCLA
 ■ HDHS
 ■ LAC+USC
 ■ MLK
 ■ OVMC
 ■ RLA
 ■ Total

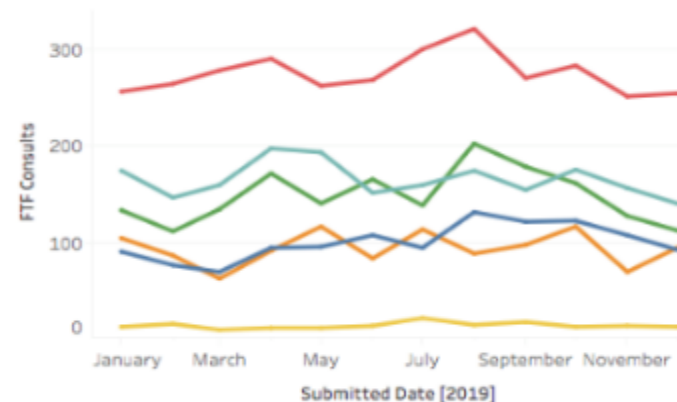
eConsults Submitted



eConsults Reviewed



eConsults Accepted as Face-To-Face



MOC



“My Own Creation”

Custom Reports

- **How** do I answer other questions?
- Built-in dashboards are quick and easy but lack flexibility
- Ability to “data dump” allows creation of custom reports
- Not for beginners



Summary

- **eConsult is an ideal platform for data and analytics**
- **Built-in analytics package is powerful and easy to use**
- **Ability to “make your report” with raw data dump**



Questions?



An analysis of Inland Empire Health Plan's (IEHP) e-consult use

before and during the pandemic found that specialists' use of virtual (in place of in-person) communications to deliver care increased during the pandemic because "physicians scrutinized individual cases more keenly and were not as quick to recommend a face-to-face visit." The study reviewed IEHP's e-consult data from February to April 2020, both before and after the issuance of California's stay-at-home order on March 19th. The study found that the percentage of e-consults completed without a face-to-face recommendation increased from 11.1% to 19.5% during this time. These results demonstrate how the pandemic has driven "clinicians to make different decisions about referrals and care coordination."

Table. **eConsults That Concluded Without a Recommendation for a Face-to-Face Visit by Specialty Before and During COVID-19 Pandemic**

Specialty	Pre-COVID-19 2/20 to 3/19/2020		During COVID-19 3/20 to 4/19/2020		P Value
	Face-to-Face, No. (%)	Non-Face-to-Face, No. (%)	Face-to-Face, No. (%)	Non-Face-to-Face, No. (%)	
Endocrinology	117 (76.47)	36 (23.53)	61 (58.65)	43 (41.35)	0.002
Infectious disease	29 (80.56)	7 (19.44)	10 (52.63)	9 (47.37)	0.03
Cardiology	314 (80.93)	74 (19.07)	149 (68.98)	67 (31.02)	0.001
Urology	214 (79.55)	55 (20.45)	128 (70.33)	54 (29.67)	0.025
Pulmonology	139 (80.81)	33 (19.19)	86 (70.49)	36 (29.51)	0.04
Podiatry	307 (91.10)	30 (8.90)	117 (80.69)	28 (19.31)	0.001

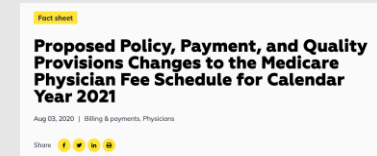
CMS Physician Fee Schedule

What's in the PFS:

- Addition of certain telehealth codes as Category 1 (permanent), Category 3 (end 1 year after PHE)
- Seeking comments on whether other codes should be added to Category 1 or 3
- Seeking comment on whether payment should be made for telephone E/M services beyond virtual check-in

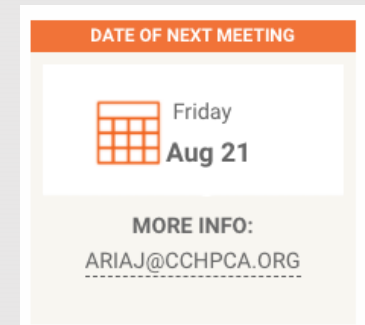
Category 1	
Visit complexity associated with certain office/ outpatient E/Ms	GPPC1X
Prolonged services	99XXX
Group psychotherapy	90853
Neurobehavioral status exam	96121
Care planning for patients with cognitive impairment	99483

Category 3 (remain a year after PHE)	
Domiciliary, rest home or custodial care services, established patients	99336, 7
Home visits, established patient	99349, 50
ED visits	99281-3
Nursing facilities discharge day management	99315, 6
Psych and neuro testing	96130-33



Sample Coalition comments

- CMS should cover telehealth post-PHE to the furthest extent allowed under law
- CMS should add more codes under Category 1 including those temporarily added during PHE *or* remove its Category distinction for telehealth
- CMS should reimburse for telephone E/M beyond virtual check-ins



[CMS Proposed Rule](#); [CMS Press Release](#)

6th Annual E-Consult Workshop – Now Virtual

**Save the Date:
November 16-17**

With thanks to the California Health Care Foundation, the E-Consult Workgroup will host its 6th annual E-Consult Workshop (now virtual) on November 16-17, 2020 in conjunction with the California Telehealth Policy Coalition.

<https://econsulttoolkit.com/>

E-Consult News & Events

- **The August 20th E-Consult Workgroup Webinar** will feature provider presentations on COVID-19's impact on e-consult use. Speakers include Stanley Dea, MD of LA County Department of Health Services; Danielle Oryn, MD, CEO of Redwood Community Health Coalition; and Stanley K Frencher, Jr. MD MPH, CEO of HubMD.
- **A recent survey of 208 neuro-ophthalmologists found an increased use of telehealth modalities, including e-consults**, during the pandemic, with e-consult use increasing from 4.4% to 18.7%.
- **Anthem Blue Cross Expands E-Consult Program for Safety Net Providers:** **Read more** about Anthem's new virtual care program improving access for California's underserved populations.
- **E-Consult COVID-19 Resources:** **Updates** to e-consult provider services, policies and best practices in response to the pandemic.
- **Annual E-Consult Workshop, November 16-17:** Save the date. To learn more about the Workshop and **Sponsorship Opportunities**, contact: electronic_consult@bluepathhealth.com.

Featuring Keynote Speaker

J. Nwando Olayiwola, MD, MPH, FAAFP

Chair & Professor, Department of Family and Community Medicine
Founder, Center for Primary Care Innovation and Transformation
The Ohio State University College of Medicine &
Wexner Medical Center



E-Consult Workgroup: COVID-19 Provider Resources



Throughout the COVID-19 public health emergency, the E-Consult Workgroup has shared examples of health systems' innovative efforts to use telehealth triage to address the health care needs of our most sensitive populations. To learn about resources supporting providers during the crisis, visit <https://econsulttoolkit.com/econsult-covid-19-resources/>

Telehealth Triage: In order to allow patients to remain in place to seek care and avoid potential COVID-19 transmission, providers, plans, and health systems should consider e-consult as a key component of their overall approach to telehealth:

- ↻ **Provider education at scale:** Host virtual “grand-round” sessions connecting providers to specialists to educate on COVID-19 cases and best practices in telehealth triage, treatment and workforce safety
- ↻ **Assessment:** Deploy online symptom checkers in addition to chat, phone or video visits to ensure patients are able to receive needed navigation and/or care at home and if a testing site or clinic visit is necessary, appointments are made in a safe manner
- ↻ **Virtual provider-to-patient visit:** Connect patients from home with their treating providers for a scheduled visit
- ↻ **E-Consult:** Enable provider-to-provider consults to remedy provider questions prior to specialty referral that may reduce the overall need for subsequent specialty visit
- ↻ **Face-to-face visit:** only when deemed necessary

We Thank the Sponsors of the E-Consult Workgroup



Interested in sponsoring? Please contact electronic_consult@bluepathhealth.com

Funding for the E-Consult Workgroup is provided by California Health Care Foundation.

