

Frequently Asked Questions Regarding Managed Care Organization E-Consult Programs

Process

Is e-consult mandated as the first step to a referral?

E-consult is often incorporated into the referral process as a first step to requesting a specialty appointment. It is not always available for every specialty, but in cases where it is the standard process, it is for non-urgent, non-emergent outpatient requests only. If a patient's need is urgent, a request for a face-to-face (FTF) visit is made. There are pathways for a PCP to call a specialist or send the patient to the ED.

How do you manage increase in demand and avoid overuse of e-consults? How do you avoid double paying for the same encounter (e-consult and FTF)?

In many cases, local specialists are not paid on a per-encounter basis, as a time allotment for e-consults is incorporated into their workweek (e.g. 1 day/week.) In cases where specialists are paid per-encounter, there is robust reporting to allow for monitoring of appropriate volume and use. In cases where an e-consult occurs and results in a FTF visit, this benefits the patient and the specialist as the e-consult results in the specialist receiving all necessary records, labs and diagnostics prior to the FTF visit.

What do you do about the inability to see e-consult patients in person, when face-to-face is needed?

It is common to make an assessment that the patient (while not urgent/emergent) still needs a specialty appointment sooner than the "next available" interval, e.g. an "expedited" appointment. The typical "expedited" intervals are "less than 15 days" and "2-4 weeks".

Does this solution work across systems with all EHRs?

Most programs involve providers using different EHRs. The e-consult system can be integrated into the EHR or work as a standalone communications tool from which a provider can copy a consult into the patient's record.

Do both commercial and managed care plans run e-consult programs?

Safety net providers and Medicaid managed care plans face significant challenges in scheduling Medi-Cal members for specialty appointments. A number of commercial payers have implemented e-consult, however, this workgroup is focused on use of e-consult for safety net providers and MCOs.

Members

What if a patient doesn't like the results of an e-consult or has a grievance?

If a patient expresses dissatisfaction with an e-consult, they are routed to a face-to-face visit. Often when it is explained that the patient may avoid the travel and time off work required of another appointment, they are satisfied with the process. Patients are informed of the occurrence of the e-consult and given access to the organization's standard grievance process.

Is there an age limit for an e-consult?

No. E-Consults are successfully employed in both adult and pediatric specialty care.

Providers

What guides a PCP or provides decision support in an e-consult?

PCPs and specialists work together to develop guidelines or expected practices for each specialty including checklists assisting the PCP in developing the question and including pertinent information. Guideline templates are available through e-consult vendors and are typically customized and updated by the provider organizations.

What if the PCP is unsure of the specialist's advice given in an e-consult?

PCPs and specialists may have multiple communications in order to ensure the consult is clear and meets the needs of the patient. The e-consult is typically closed after 1-4 asynchronous exchanges between providers. The PCP always has the option to communicate verbally with the specialist and/or to disagree with the final advice given.

What are the e-consult time commitments and requirements of specialist FTEs? Protected time?

Local specialists typically respond to e-consults according to their schedules (e.g. at end of day). In programs where FTE specialists are used to respond to consult requests, protected time may be incorporated into the specialist schedule (e.g. 1 day/week). Most specialists also see FTF visits and are not designated as e-consult only. Programs are most successful when a specialist champion from each discipline works with their primary care partners to ensure collaboration.

How are specialists contracted and paid for e-consult? Given permissions and platform access?

Many e-consult vendors offer a panel of remote specialists whom they contract and credential for their payer and provider organization users. Access to the panel of specialists is part of the vendor contract and varies according to organizations' needs. Often the remote panel is used to supplement a local panel and address scarcity in specific specialties. If local specialists have access to an e-consult platform, this is granted by the payer or provider organization (platform contract holder).

How does compensation for e-consult differ from reimbursement for face-to-face care?

As e-consult is not reimbursable by Medi-Cal, payers have incorporated different payment models to encourage specialist use. Capitated programs may incorporate e-consult as part of their best practices and workflow. If/when contracted specialists are paid per-encounter, rates align with time spent and are reimbursed at a rate lower than that of a FTF visit.

Quality of Care

How do you assess quality of care delivered through an e-consult?

Payer and provider programs incorporate patient/member, PCP and specialist satisfaction surveys which consistently demonstrate satisfaction results exceeding ratings of the typical referral processes. Early data on quality demonstrate improvements in timely access to care, reduction in travel and unnecessary

FTF visits, improved FTF visits incorporating a complete set of information needed by the specialist and decreased downstream inpatient and ED visits by patients who have received an e-consult.

How do you determine if the opinion given in an e-consult was appropriate?

E-consult platforms support PCP and specialist peer rating systems allowing consult-specific feedback regarding the completeness and appropriateness of the consult and advice given. Providers have access to these peer ratings, may select responders and build relationships with peers via the e-consult platform, therefore they are encouraged to deliver high quality consults.