

E-Consult Workgroup July Webinar

July 16, 2020
12-1 PT

<https://us02web.zoom.us/j/89596369472>

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Agenda

- Welcome and Introductions
- eConsult and Corrections in California:
 - Grace Song MD, CA Correctional Health Services Deputy Medical Executive, Clinical Operations, Utilization Management and Telemedicine
 - Stanley Frencher, Jr. MD MPH, Chief Executive Officer, HubMD
- Electronic Consultation (eConsults): A Triple Win for Patients, Clinicians, and Payers
 - Aasta Thielke, MPH, Center for Evidence Based Policy
- Telehealth Policy Updates
- E-Consult Workgroup 2020, 11/16-17: Going Virtual
 - Call for Speakers

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

The impact of COVID-19 and eConsult on CA Correctional Health Care Services (CCHCS)

Grace Song, MD
California Correctional Health Services

Federal Receivership

- Goal 1: Ensure Timely Access to Health Care Services
- Goal 2: Establish a Prison Medical Program Addressing the Full Continuum of Health Care Services
- Goal 3: Recruit, Train, and Retain a Professional Quality Medical Workforce
- Goal 4: Implement a Quality Assurance and Continuous Improvement Program
- Goal 5: Establish Medical Support Infrastructure
- Goal 6: Provide for Necessary Clinical, Administrative and Housing Facilities

Ways to Access Health Care

- Primary Care Team
- On Site Specialties
- Off Site Specialties
- Telemedicine
- *eConsult

Plata Time Frames

- Emergent
- Urgent-Must be seen within 14 days
- Medium-Must be seen within 45 days
- Routine-Must be seen within 90 days

CCHCS Network

- Majority of specialty services and hospitals are contracted through Health Net

Richard J. Donovan eConsult Pilot Go Live

2/3/2020

- Site chosen for high volume of referrals
- Backlogs
- Willingness to try new things

Richard J Donovan Pilot

- But they did not try very hard
- Low volume of eConsults

Strategies for Expansion

- Institution that needed external validation on clinical practice
- High volume (referrals) institutions x 2

COVID-19 > Cessation of Non-Essential Appts.

- March 20, 2020-Memo to the field that effective immediately, all elective procedures & surgeries shall be postponed.
- Keep only appointments that are absolutely necessary
- Consider telemedicine

And then COVID-19 came along

- CIM-Chino
- LAC-Lancaster
- CVSP-Blythe
- ASP-Avenal
- SQ-San Quentin

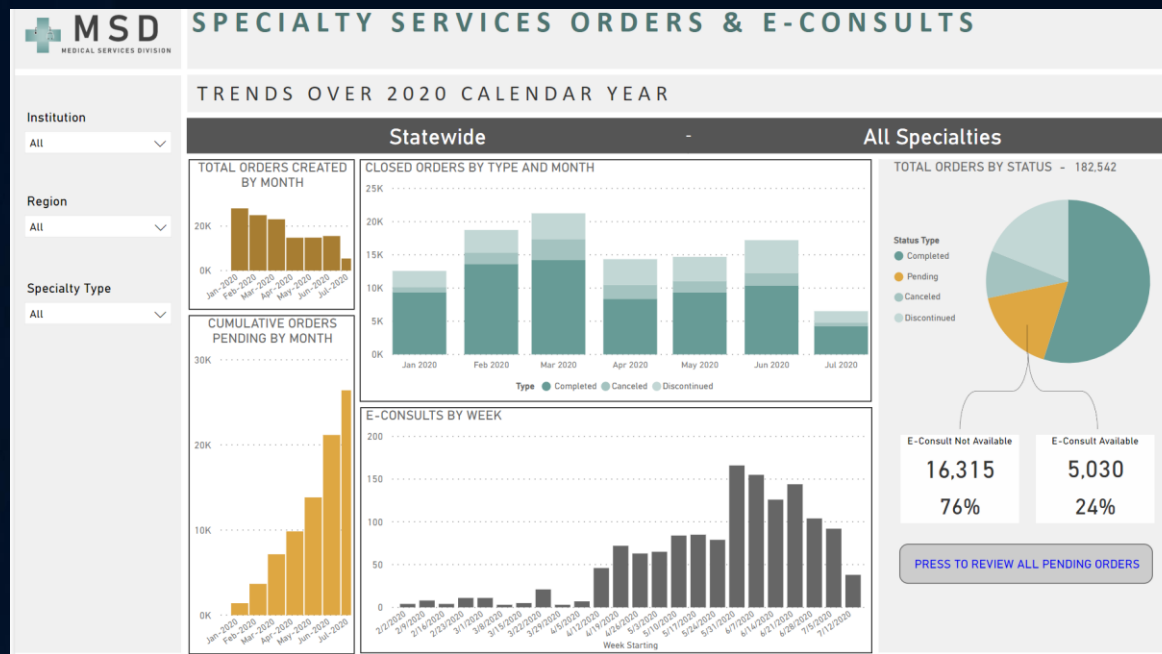
“Can we expand from 3 to 35?”

- Statewide expansion overnight
- Multiple training sessions

Total eConsults –February through July 2020

February	March	April	May	June	July
27	42	176	324	615	241

Following Specialty Services Trends

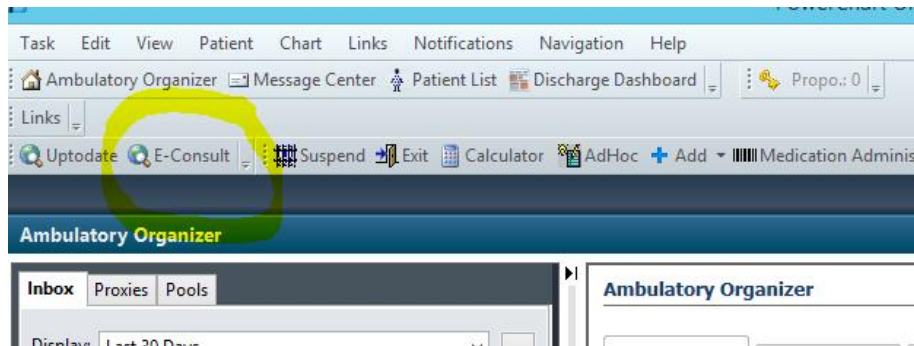


Next Steps to Expand

- Cerner Integration
- 2 Year Business Plan

Two ways to access eConsult

Tab in Cerner or via web browser through URL www.econsultcdcr.net



Stanley Frencher, Jr. MD, MPH,
Chief Executive Officer, HubMD

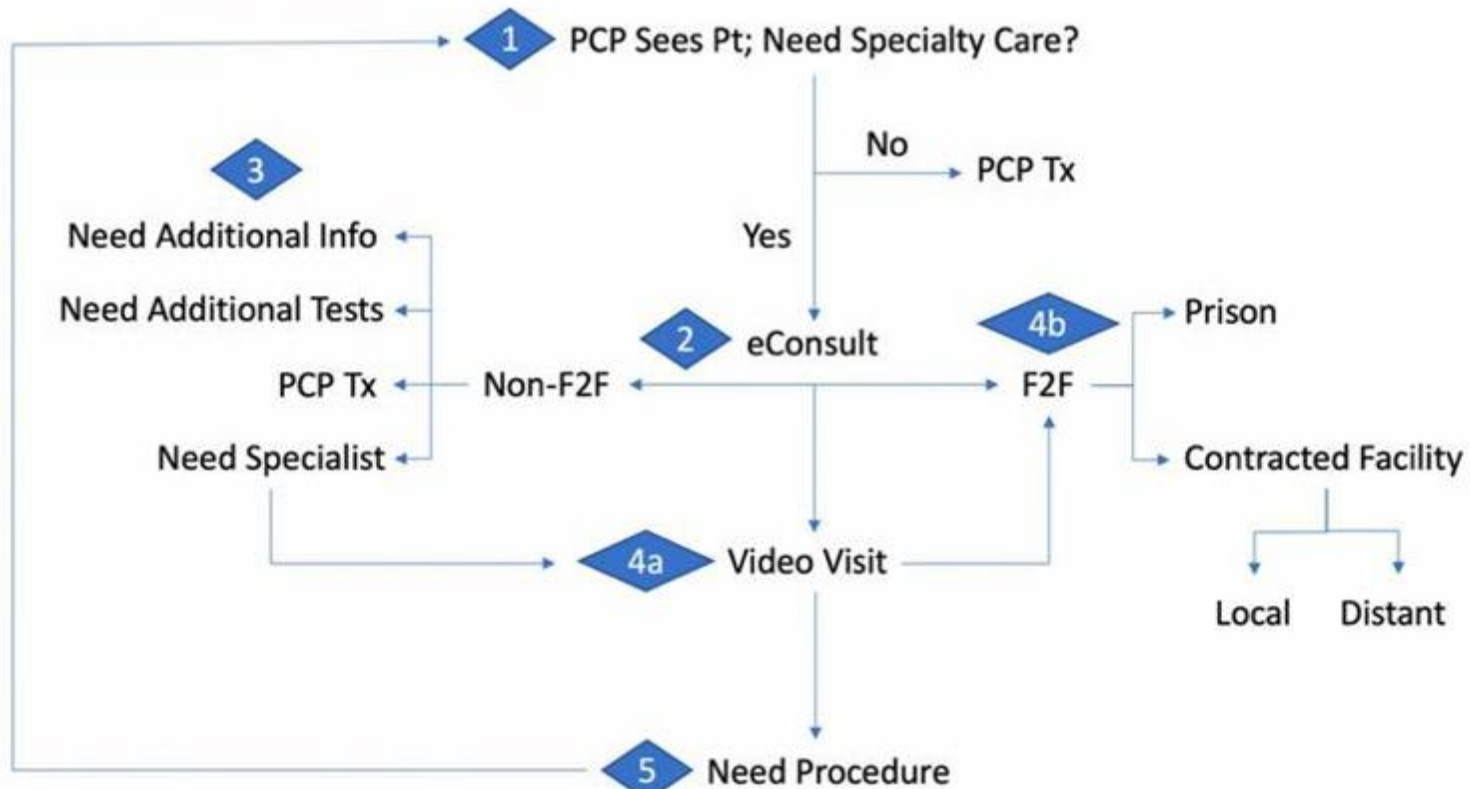
Available Specialties on eConsult

- Addiction Medicine
- Allergy and Immunology
- Cardiology
- Dermatology
- Endocrinology
- Facial Plastic and Reconstructive Surgery
- Infectious Disease
- Gastroenterology/Hepatology
- General Surgery
- Nephrology
- Neurology
- OB/GYN
- Oncology/Hematology
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Podiatry
- Pulmonology
- Radiology
- Rheumatology
- Transgender Endocrinology
- Urology

**Rolling expansion of specialties*



#eConsultFirst Workflow



About HubMD



> Established virtual medical group of physicians who are
Smart | Brave | Kind

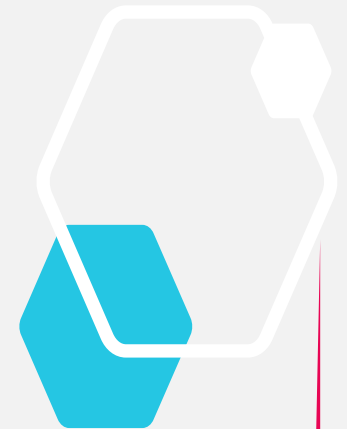


> Founded to accelerate access to specialty care for those most in need.

> Believe in every patient, regardless of socioeconomic status, deserves the best possible care.



> Create access to specialty care, **ANYTIME. ANYWHERE.**



CDCR Total eConsults by Month



Total eConsults Generated and Received													
Referring Provider Org	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOT
California Department of Corrections and Rehabilitation [CDCR]	0	27	42	176	324	615	116	0	0	0	0	0	1300
Total	0	27	42	176	324	615	116	0	0	0	0	0	1300

Number of PCPs “live” for CDCR: 559



eConsult Close Code Summary



Closed eConsults By Close Code Summary

Close Code	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOT
Specialty Needs Met	0	12	9	59	165	320	73	0	0	0	0	0	638
Referred for Face to Face Visit	0	6	8	56	84	190	35	0	0	0	0	0	379
Refer to Different Specialty	0	0	0	3	7	14	5	0	0	0	0	0	29
Referred to Different Specialty	0	0	0	0	0	0	0	0	0	0	0	0	0
Cancelled	0	0	0	0	2	2	0	0	0	0	0	0	4
Patient Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0
Out of Network	0	0	0	0	0	0	0	0	0	0	0	0	0
Admin Close	0	0	7	0	1	1	0	0	0	0	0	0	9
Total	0	18	24	118	259	527	113	0	0	0	0	0	1059



Dialog Examples: Oncology



07/07/2020 09:28 AM Duc Nguyen

To: Sami Ali

His stool guaiac is negative.

Will start on ferrous sulfate and repeat lab.

Thank you

07/07/2020 08:48 AM Sami Ali

To: Duc Nguyen

Hello, thank you for the consult. Patient appears to have microcytic anemia secondary to iron deficiency which is unusual for a male his age to have as diagnosis. Please check stool guaiac if you haven't done so already. Start ferrous sulfate 325mg twice a day and repeat labs in 6 weeks. Thanks

07/06/2020 12:07 PM Duc Nguyen

To: Sami Ali

27 y/o with hypochromic, microcytic anemia. Inmate asymptomatic. Inmate did not know he had anemia until lab done 10/17/19.

Exam: Normal.

Lab: attached

Questions: Any intervention needed like iron supplement. Any further testing

Thank you



Dialog Example: Cardiology



eConsult Dialog

07/02/2020 03:55 PM Joshua Leichman

To: Wenbiao Zhang

I think your plan is perfect, start the medication and see how it goes. If it helps then nothing to do other than continue the medication.

If it does not help then do ambulatory monitoring to assess burden of PACs and symptoms as they relate to the PACs. No need for echo or stress at this point.

07/02/2020 01:02 PM Wenbiao Zhang

To: Joshua Leichman

62 y/o man, has episodic palpitation lately at resting condition. EKG: PACs, HR: nl. denied drug use no coffee or Tea use . similar episode one yr ago, subsided by itself. current w/u, TSH, CBC & CMP: are normal, CXR: NL. HX OF htn: ON ENALPRIL 10MG qd

START METOPROLOL TODAY FOR TX. DOES PT NEED FURTHER W/U: ?HOLTER AND ECHOCARDIOGRAM OR LATER ON, STRESS TEST.

hdl IN 5-2018: 90, ldl 95, NO FHx OF CAD OR PREMATURE CADIAC DEATH



Questions?

California Correctional Health Care Services Telemedicine Program



TELEMEDICINE SPECIALTY SERVICES

Telemedicine Specialty Services Resources

- Fiscal Year 2006-07: 30 specialists in 4 locations
- Fiscal Year 2018-19: 200 specialists in 22 locations

Telemedicine Specialty Services Utilization Data

Fiscal Year	Total Telemedicine Specialty Encounters
2010-11	14,577
2011-12	19,013
2012-13	19,351
2013-14	20,452
2014-15	23,876
2015-16	25,590
2016-17	26,360
2017-18	30,853
2018-19	34,155

Telemedicine Specialties

CCHCS Telemedicine Services offers **29** different specialties, listed below:

Addiction Medicine	Neurology
Allergy & Immunology	Neurosurgery
Cardiology	Orthopedics
Cardiothoracic Surgery	Pain Management
Dermatology	Physical Med & Rehab
Dietary	Plastic and Reconstructive Surgery
Endocrinology	Podiatry
ENT	Pulmonology
Gastroenterology	Radiation Oncology
General Surgery	Rheumatology
Hematology/Oncology	Thoracic Surgery
Hepatology	Transgender
Infectious Disease	Urology
Nephrology	Vascular Surgery
	Wound Care

TELEMEDICINE PRIMARY CARE SERVICES

Primary Care Telemedicine Utilization

Primary care telemedicine has shown to be a great resource for institutions with recruitment and retention issues, and when providers are unavailable for long periods of time (military leave, sick leave, maternity leave, etc.)

Fiscal Year	Number of Encounters
2010-11	2881
2011-12	6900
2012-13	4716
2013-14	4434
2014-15	12,558
2015-16	27,446
2016-17	26,672
2017-18	38,378
2018-19	66,514*

Electronic Consultations (eConsults)

A TRIPLE WIN FOR PATIENTS, CLINICIANS, AND PAYERS

JUNE 2020

Aasta Thielke, MPH, and
Valerie King, MD, MPH

Milbank
Memorial Fund 

Electronic Consultation (eConsults): A Triple Win for Patients, Clinicians, and Payers

eConsult Workgroup

July 16, 2020

Aasta Thielke, MPH



Overview

Background, Key Questions, and Methods

Findings

- Effectiveness and safety
- Implementation and management
- Reimbursement

Considerations

Background, Key Questions, Methods

Report Background



Medicaid Evidence-based Decisions (MED) Project



Key Questions

1. Effectiveness and safety
2. Implementation and management
3. Reimbursement



PICOS

- Population: Individuals with barriers to accessing specialty care
- Intervention: eConsults between primary care provider (PCP) and specialist
- Comparators: Traditional referral/consultation approach; no specialty care or consultation
- Outcomes: Patient-important clinical outcomes, access to care, health care utilization, patient satisfaction, provider satisfaction, cost and cost-effectiveness, harms, adverse events
- Setting: U.S. only (for individual studies)

Methods

- Key Question #1
 - Searched standard evidence sources (e.g., Ovid MEDLINE, Cochrane Collaboration, Google) (Jan 2009 – Apr 2019)
- Key Questions #2 and #3
 - Searched standard policy sources (e.g., CMS, Kaiser), state provider manuals, rules, regulations and fee schedules
 - Interviewed key informants from eConsult programs
 - Alaska Medicaid
 - Community Health Center, Inc. (Connecticut)
 - Colorado State Innovation Model
 - Los Angeles County Department of Health
 - Project CORE
 - SoonerCare Health Access Network – University of Oklahoma

Evidence Overview

Included Studies

- 4 systematic reviews (all good methodological quality)
 - Vimalananda et al. (2015): 27 observational studies
 - Liddy et al. (2016): 7 RCTs, 25 observational studies, 4 economic studies)
 - Liddy et al. (2019): 3 RCTs, 38 observational studies, 2 economic studies
 - Trotten et al. (2019): telehealth for acute and chronic conditions
- 34 observational studies (3 fair and 31 poor methodological quality)
- 2 economic studies (1 good and 1 fair methodological quality)

Outcome Domains

Safety

- Adverse events
- Harms

Access to care

- Expedited access to specialist
- Wait time for face-to-face specialist visit
- Time to definitive treatment
- Specialist eConsult response time

Patient satisfaction

Patient-important clinical outcomes

Outcome Domains

Provider satisfaction (PCPs, specialists)

Health care utilization

- Avoided face-to-face specialist visits
- Face-to-face specialist visit completion
- Specialist request volume
- Other outcomes

Costs

- Return on investment
- Patient costs
- Cost savings

Specialty or Condition (total # of studies)	Safety	Access to Care	Health Care Utilization	Patient Satisfaction	Provider Satisfaction	Costs
Audiology (1)			1			1
Cardiology (3)	1	1	1		1	1
Dermatology (8)	1	5	5	3	4	
Endocrinology (1)	1	1	1		1	
Gastroenterology (1)	1	1	1		1	
Mental Health/Psychiatry (4)		2	4		2	1
Monoclonal Gammopathy (1)		1	1			
Multispecialty (8)	1	4	5	3	3	2
Nephrology (1)		1	1		1	
Neurology (1)			1			
Ophthalmology (1)	1				1	
Osteoporosis (1)			1			1
Pulmonology (1)		1				1
Sleep Apnea (1)		1				
Surgery (1)	1		1			
Vascular (1)	1		1	1	1	
Total included individual studies (36)	8	18	24	7	15	7

Included Studies Overview

- 89 studies based in the U.S. (out of 131 total included studies)
 - Study design
 - 91% observational studies with retrospective data review (n = 81)
 - 6% RCTs (n = 5)
 - 3% economic studies (n = 3)
 - Setting
 - 36% from Veterans Health Administration/Veterans Affairs (n = 32)
 - 24% from San Francisco Health System (n = 21)
 - 12% from Mayo Clinic (n = 11)
 - 28% other health care settings

Applying Evidence Quality to Policymaking

High-quality evidence	<ul style="list-style-type: none">• We have confidence that if a program or policy were replicated, the outcome would be similar to what the studies found
Moderate-quality evidence	<ul style="list-style-type: none">• We are fairly certain the outcome would be similar if the studies were replicated
Low-quality evidence	<ul style="list-style-type: none">• The evidence suggests a benefit (or harm), but we don't have much confidence in the reproducibility of the outcome or the accuracy of the estimates
Very low-quality evidence	<ul style="list-style-type: none">• We have very little confidence that the program or policy would produce the observed outcome, and future studies are very likely to change the conclusions

Key Findings: Effectiveness and Safety



Key Findings: Safety, Access to Care

Safety

- 2 SRs, 8 individual studies
- eConsults appear to be a safe mode of managing patients (low strength of evidence)

Access to care

- Access to specialty appointments: 2 SRs, 3 individual studies
- Wait times: 2 SRs, 5 individual studies
- Specialist response time: 3 SRs, 17 individual studies
- eConsults are associated with increased access to care (moderate strength of evidence)

Key Findings: Health Care Utilization, Clinical Outcomes

Health care utilization

- Avoided specialist visits: 3 SRs, 22 individual studies
- Specialist request volume: 3 individual studies
- No-shows: 6 individual studies
- Services utilization: 1 SR, 2 individual studies
- Consult time: 2 SRs, 8 individual studies
- eConsults are associated with a reduction in face-to-face specialist visits (moderate strength of evidence)
- eConsults are associated with increased percentage of completed specialist visits (moderate strength of evidence)

Key Findings: Satisfaction, Cost

Patient satisfaction

- 3 SRs, 5 individual studies
- eConsults are associated with high patient satisfaction for quality and convenience of care provided (moderate strength of evidence)

Clinician satisfaction

- Primary care: 3 SRs, 9 individual studies
- Specialty care: 2 SRs, 4 individual studies
- eConsults are associated with high levels of satisfaction among PCPs and specialists (moderate strength of evidence)

Key Findings: Satisfaction, Cost

Patient-important clinical outcomes

- Dermatology: 1 SR (3 individual studies)
- No significant differences with the use of eConsults compared to traditional referral systems (dermatology: moderate strength of evidence, all other specialties: very low strength of evidence)

Cost-related outcomes

- Actual costs: 2 SRs
- Costs avoided: 2 SRs (total), 3 individual studies (patient), 5 individual studies (health system)
- Return on investment: 1 individual study
- eConsults are associated with lower total costs of care than traditional referral systems (cardiology: high strength of evidence, all other specialties: low strength of evidence)

Bottom Line

- eConsults appear to be a safe mode of managing patients (low strength of evidence [SOE])
- eConsults are associated with
 - Increased access to care (moderate SOE)
 - More efficient use of resources (e.g., reduction in face-to-face specialist visits, reduction in no-show rates) (moderate SOE)
 - No significant differences in clinical outcomes (derm: moderate SOE, other specialties: very low SOE)
 - High satisfaction (patients and providers) (moderate SOE)
 - Lower total costs of care (low SOE)
- Substantial variation within and between specialties and conditions

Findings: Implementation and Management

eConsult Implementation and Management

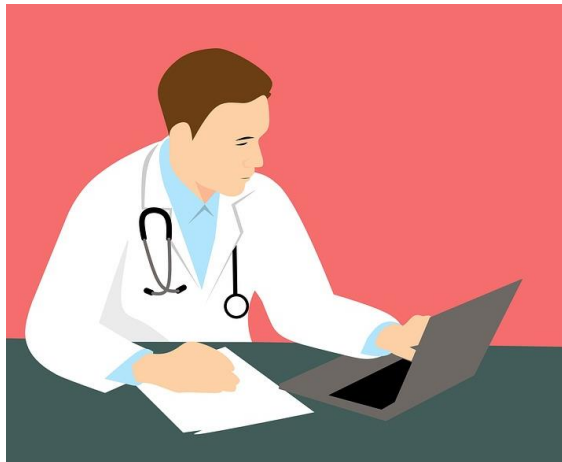
- Structure (voluntary vs. mandatory)
- Technology (platforms, EHR interoperability)
- Program implementation (planning and rollout, ongoing support and education, quality assurance)
- Program evaluation



Findings: Reimbursement

eConsult Reimbursement

- Reimbursement per eConsult (FFS, RVUs, conversions)
- Reimbursement for provider time (current structures, capitated payments)
- Mode of service delivery (parity with in-person visits)



Considerations and Discussion

Evidence Considerations

Use of eConsults is rapidly growing

Majority of evidence findings from retrospective data analyses; very limited comparative data

Substantial heterogeneity within and between specialties on effect size

Comparative studies are needed that explore effect of eConsults on patient-important clinical outcomes

Implementation Considerations

eConsult program implementation can be complex and time consuming

Providing incentives for provider participation

Medicaid regulations with using out-of-state providers

Technical challenges of integrating into EHR or modifying web-based platform to meet stakeholder needs

Reimbursement Considerations

Concerns about abuse of a fee-for-service reimbursement system, potential to integrate into value-based purchasing

Establishing criteria for which patients could benefit from eConsults (e.g., new patients)

eConsults require PCP and specialist time

Thank you!

Questions or comments?

Aasta Thielke

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Center for Evidence-based Policy

<https://centerforevidencebasedpolicy.org/>



E-Consult Workshop 2020: Going 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 on November 16-17, 2020 in conjunction with the California Telehealth Policy Coalition.

<https://econsulttoolkit.com/>

E-Consult News & Events

- Join us for the **July E-Consult Workgroup** webinar on 7/16 from 12 to 1 p.m. PT featuring the presentation: Increasing Specialty Care Access for Correctional Institution Patients with E-Consults.
- “eConsults: A Triple Win for Patients, Clinicians and Payers”, published in June by the Milbank Memorial Fund, reviews e-consults’ effectiveness and includes interviews of several E-Consult Workgroup members. Author Aasta Thielke will present on the July 16th E-Consult Workgroup webinar. [Read more.](#)
- **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.
- **E-Consult Workshop 2020:** Save the date for November 16-17. To learn more about the event and [Sponsorship Opportunities](#), contact electronic_consult@bluepathhealth.com.

Call for Speakers

Providers – we want to hear your e-consult success stories at the November Workshop.

We welcome pre-recorded videos, presentations or written submissions.

Interested presenters – please contact electronic_consult@bluepathhealth.com

We Thank the Sponsors of the E-Consult Workgroup



Interested in sponsoring? Please contact electronic_consult@bluepathhealth.com

Gold Sponsors \$10,000	Gold sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop event, presentation role • 3 registrations for the 2020 E-Consult Workshop
Silver Sponsors \$5,000	Silver sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop event, panel role • 2 registrations for the Workshop
Bronze Sponsors \$2,500	Bronze sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop event, panel role • 1 registration for the Workshop
Champions \$250	E-Consult Workgroup Champions support ongoing efforts to advance State and Federal e-consult policy and reimbursement. Champions are listed on the E-Consult Toolkit and receive one registration for the 2020 E-Consult Workshop.

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

