## **Fresno E-Consult Coalition**

## **Round Table Summary**

**12/15/2020**

**Attendees**

* Anthem Blue Cross – Bradley Bonilla, Mohit Ghose, Tanya Gonzales, Joel Gray, Tom Manning, Kerina Mendoza, Janet Paine, Lynnette Siverling
* APG – Bill Barcellona
* CalViva – Greg Hund, Jeffery Nkansah
* Camarena Health Centers – Leonor Seiler
* Central Valley Health Network – Mary Renner
* Clinica Sierra Vista – Britto Saroja, Ester Marin
* ConferMED – Daren Anderson, Aushia Bouasy, Agi Erickson, Maryann McGuire
* First Choice/Babylon – Chris McCrary, Marcus Zachary, MD
* Health Net – Dee Iverson, Mark Schweyer, Abbie Totten
* Omni – Lisa Atkison
* RubiconMD – Sarah Alexander, Suzy Goldenkranz, Swati Kumar
* United Health Centers – Emily Mireles, Mabodawilage Hematillake, Beatrice Perez
* Valley Health Team – Sean Folweiler
* Zuckerberg SF General – Delphine Tuot, MD
* BluePath Health – Ciara Keegan, Timi Leslie, Libby Sagara, John Weir

**Agenda**

***Provider Implementation Status***

Significant progress has been made in implementation planning with the majority of clinics planning to go-live in January/February 2021. (Green – clinic live, Yellow – ready to launch)



***Provider Survey Response Review***

Main themes of the provider e-consult survey included:

* Payment for e-consults regardless of vendor platform and coverage for all lines of business are especially important for e-consult expansion
* Highest need specialties include: Neurology, Rheumatology, Endocrinology and Orthopedics
* Biggest barrier to specialty access is not enough providers in certain specialties.

***Featured Speaker - E-Consult Workgroup Clinical Advisor: Delphine Tuot, MD***

Dr. Tuot spoke to UCSF/ZSFG best practices in provider workflow and engagement, addressing barriers to implementation (slides attached). Questions/comments:

* Joel Gray: Do you always start the referral process with an e-consult?
	+ Dr. Tuot: Yes (for routine, non-urgent referrals), it helps to take the guesswork out – it’s up to health centers in how they decide to implement, and it helps to have protocols in place.
* Jeffrey Nkansah: This program would be really beneficial to the service area and community.
* Manoj Mathew: In terms of behavior change, 22% of referrals never got scheduled - wondering have you been able to see that over time that the referrals per PCP are coming down and are you able to quantify that?
	+ Dr. Tuot: Anecdotally, yes.
* Timi Leslie: How can the coalition support the group that is on the call today? (bandwidth, block and tackling, implementation support, provider welcome sessions, office hours with experts, convening events, peer to peer discussions among providers) If we were able to sponsor a peer provider get together about econsult is that something that you would support?
	+ Mary Renner: Yes, go for it, happy to support the effort.
	+ Manoj Mathew: Being able to share strategies is great, we have some experience .working on e-consult - provider engagement and bandwidth is an issue: sometimes it is easier for the clinician on the frontline to just make a referral without considering what impact that would have, we need to reinforce the need to take on the accountability takes a lot more thought and intention, where referral is the path of least resistance.
	+ Sean Folweiler: Excited to see effects it would have on operational staffing, free up some more time to track live referrals that they are sending out and be able to follow up on those.
	+ Bill Barcellona: Want to be able to coordinate the APG and FQHC models.

***Fresno E-Consult Coalition Dashboard***

What can be tracked initially across Fresno county provider organizations?

* We should adopt PRIME evaluation metrics to demonstrate success with those to resonate with Medi-Cal so we can start incorporating those metrics.
* Daren Anderson: We need total number of referral requests which come from health centers participating - need to agree to this and send to the project team to aggregate.
* Abbie Totten: Aligning metrics and ensuring we got consistency is important - have we discussed ensuring commonality in terms of protocols used by clinics, for example if there are different specialty referrals you may have a different utilization pattern - aligning the specialists that are used and making sure there is standardization to do a comparison across the county?
* Sarah Alexander: We recommend a dashboard review of e-consults and have found that to be a key driver to provider engagement. Turnaround times and the overall quality of the e-consult are also important findings from our data.
* Measuring success: Looking across the various groups at a granular way of tracking dashboard metrics, e-consults by total denominator of referrals.

**Next Steps**

* We are pleased to announce the FQHC grant funding support provided by Anthem, CalViva and Health Net.
* The Fresno E-Consult Coalition will send a press release announcing our efforts in early January and seeks clinic input to the announcement.
* Please visit the program web site to view meeting recordings and presentations - <https://econsultworkgroup.com/fresno>
* **Next Fresno E-Consult Round Table** – January 19, 10-11 AM