Central Valley E-Consult Coalition
January Roundtable

January 19, 2021
10-11 AM
https://us02web.zoom.us/j/9689264532

Agenda

- Central Valley E-Consult Coalition Overview
  - New participant introductions
- E-Consult, Equity and Patient Engagement
  - Denise D. Payán, PhD, MPP, Community Health & Innovative Policy Lab, UC Merced
- Specialist Outreach, Education and Engagement
  - Lunch and Learn, 2/10
- Measures of Success – Program Dashboard
- Program Announcements
- Next Steps

Coalition Introduction

Central Valley E-Consult Coalition

Clinic/Health System	Platform	Fresno	Madera	Kings	Tulare
Camarena Health	ConferMED	🟩	🟩		
Clinica Sierra Vista	RubiconMD	🟨			
Family Health Care Network	ConferMED	🟨		🟩	🟩
Omni Family Health	ConferMED	🟨		⬜	⬜
United Health Centers	ConferMED	🟨		⬜	⬜
Valley Health Team	ConferMED	🟨			⬜

🟦 Clinic site present in county
🟩 Clinic live with e-consult
🟨 Ready to launch early 2021

Plan Sponsors

*Welcome,
new participants!*

Spreading the Word about Coalition Successes

CENTRAL VALLEY e-Consult Coalition

January 2020

Issue Contents

- Central Valley E-Consult Coalition Participants
- Our Program - In the News
- Congratulations to Camarena Health Centers: The First Fresno County E-Consult
- Upcoming Coalition Events
- E-Consult Resources

View our recent press release

Welcome

Welcome to the first monthly newsletter from the Central Valley E-Consult Coalition – a group engaging federally qualified health centers (FQHCs), provider associations and health plans to support the adoption of e-consult across Fresno and neighboring counties. We are proud to announce that through this effort, 6 FQHCs will launch or expand e-consult programs in the Central Valley in early 2021.

Background

Central Valley E-Consult Coalition Participants

FQHCs and Health Systems	Health Plans	Provider Associations	Technology and Program Management
Camarena Health Centers	Anthem Blue Cross	APG	BluePath Health
Clinica Sierra Vista	CalViva	CCIPA	ConferMED
CRMC	Health Net	CVHN	RubiconMD
Family HealthCare Network		First Choice/ Babylon	UCSF/ZSFG
Omni Family Health		La Salle	
United Health Centers		Sante Health	
Valley Health Team			

Updates

Our Program - In the News

Read the recent press release highlighting our innovative effort among payers and providers.

Congratulations to Camarena Health Centers: The First Fresno County E-Consult

Joel Ramirez, MD, CMO
Camarena Health Centers
View presentation starting at 25:45

Over the last year, we have seen tremendous value in offering e-consult services to our patients in Madera County, making it easier for our providers to get specialist input in a timely manner, so we are pleased to now have the opportunity to offer e-consults in other Central Valley counties.

I like to see where we are sending a lot of e-consults (in our monthly report) - it triggers the idea that maybe we need to get more education in this area. If we are sending a lot to rheumatology, then maybe we get someone to come in to do a workshop on this.

I know we are struggling to get access to certain specialties. We can get an answer without having to wait weeks or months for that patient to get an appointment with a specialist. That means less frustration for the providers (and patients.)

Events and Resources

Upcoming Coalition Events

Robert Wood Johnson County Health Ranking 2020: Central Valley
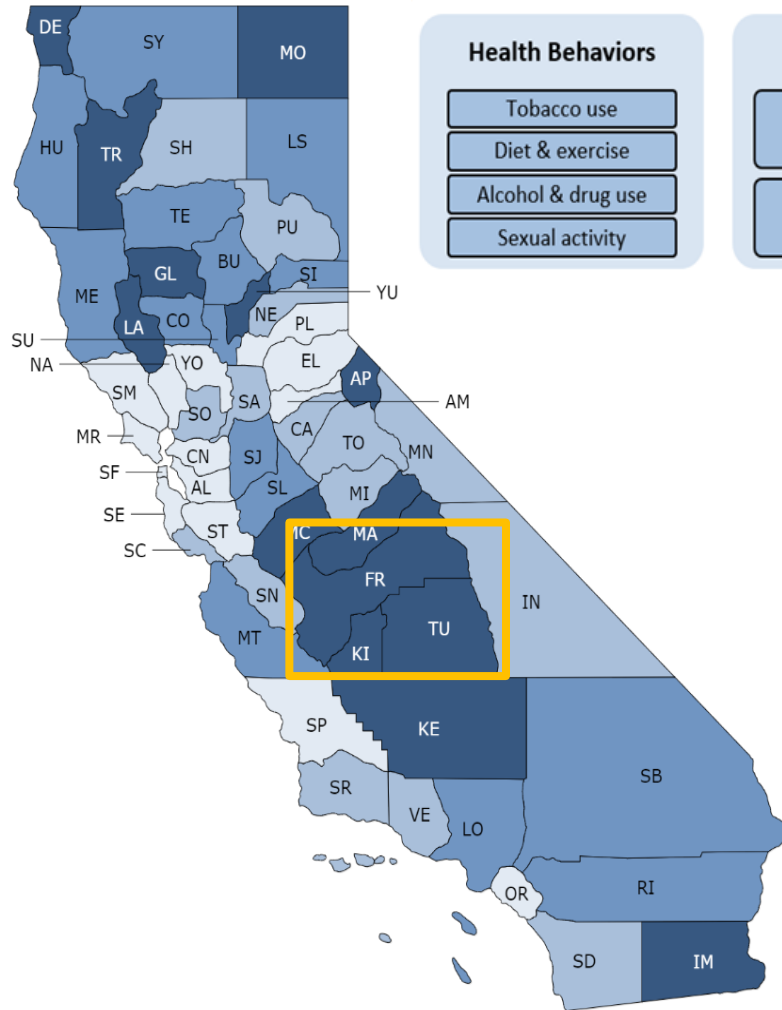
Health Behaviors
- Tobacco use
- Diet & exercise
- Alcohol & drug use
- Sexual activity

Clinical Care
- Access to care
- Quality of care

Social and Economic Factors
- Education
- Employment & income
- Family & social support
- Community safety

Physical Environment
- Air & water quality
- Housing & transit

Participating clinics span Central Valley Counties with significant health challenges that may be focus areas of the e-consult program. How can the Coalition's work impact Central Valley access and overall health?

Health Factor Ranks 1 to 14 15 to 29 30 to 44 45 to 58

1. https://www.countyhealthrankings.org/reports/state-reports/2020-california-report

Equity in E-Consult and Telehealth

Denise D. Payán, PhD, MPP
Community Health & Innovative Policy (CHIP) Lab, UC Merced

Deputy Director
California Initiative for Health Equity & Action (Cal-IHEA)

Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

Source: https://www.cdc.gov/chronicdisease/healthequity/index.htm

Cal-IHEA Priority Areas

Building a Workforce for Health Equity

Improving Health Access for All Immigrants

Advancing Universal Health Insurance Coverage in California

Addressing Social Determinants of Health through Cross-Sector Collaboration

For more information on Cal-IHEA, please visit:
https://healthequity.berkeley.edu/

Important to Consider…

- Provider-patient relationship & trust
- Communication mode (phone, virtual, in-person)
- Language access
- Health literacy
- Patient-centered strategies
- Patient preferences
- Shared decision making

To promote equity, you should center and support the provider-patient relationship, the patient, and communication

My patient needs to see a specialist about a specific clinical issue.

I have a clear clinical question for a specialist to help me manage my patient's care plan.

PCP

ENHANCED REFERRAL

eCONSULT

I appreciate having a clear clinical question and relevant data in the EMR to help make the most out of this in-person visit.

I reply to the PCP with my recommendation and next steps for the patient so that the PCP can continue managing the patient's care.

Specialist

Specialist

Source: https://www.aamc.org/news-insights/econsults-reduce-need-specialty-referrals

How Cultural, Language Barriers Impact Positive Patient Experience

Cultural and language barriers get in the way of a positive patient experience in urban and multicultural community health centers, research shows.

Source: Thinkstock

By Sara Heath

January 24, 2018 - Cultural and language barriers keep patients and providers from building strong relationships, posing considerable obstacles to a positive patient experience, according to research published in the *Journal of Medical Internet Research*.

"I don't know because I don't understand English, and then whatever I tell the interpreter, he is relaying the information in English, and then relaying what the doctor says back to me. There is a gap." ~Mien-speaking patient

"[Seeing a doctor who does not speak Spanish] makes the visit to the doctor's more difficult because we don't have any clear communication. Maybe the symptoms will be, uhh, not interpreted correctly." ~Spanish-speaking patient

Source: Berkowitz RL, Phillip N, Berry L, Yen IH. Patient Experiences in a Linguistically Diverse Safety Net Primary Care Setting: Qualitative Study. J Participat Med 2018;10(1):e4

Language Access

Optimal

Reality??

Strengthen shared decision making processes and patient communication

Enhance patient experiences – e.g., Integrate community health workers/*promotores* de salud
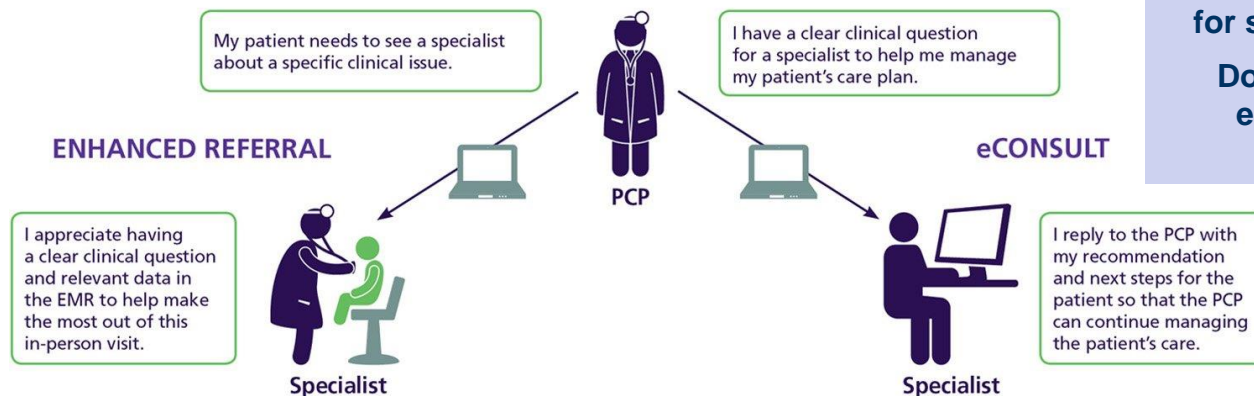
Document access, cost, and quality outcomes

Promote high quality interpretation and translation services

Produce literacy-appropriate and culturally sensitive communication materials

Mandate and/or incentivize communication training for staff and providers

Document provider engagement and decisions

Increased hiring of PCPs and specialists

Recruit and retain a diverse workforce

ENHANCED REFERRAL

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eCONSULT

PCP

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Specialist

I reply to the PCP with my recommendation and next steps for the patient so that the PCP can continue managing the patient's care.

Specialist

Thank You!

Specialist Outreach, Education and Engagement

Strategies and Tools

- IPA and clinic partners send E-Consult Coalition email invitation and opportunity to collaborate:
  — Brief overview of specialist role in e-consult response to improve regional access to care
  — Save the Date for February 10 Lunch and Learn with UCSF/ZSFG e-consult specialists
  — Identify CME sponsor

Key Messages

- Specialists/orgs have the opportunity to improve regional and population health and access to care
- E-consults are reimbursable encounters and take an average of less than 10 minutes to respond
- E-consults result in 25-50% avoided unnecessary visits, freeing up appointments for high need visits.

Hospital Locations, Contacts and Specialties (available on system web sites)

Health System	Cardio	Derm	Endocr	GI	ID	Neuro	Ortho	Psych	Pulm	Rheum
Adventist Health	x		x	x		x	x		x	x
CRMC/UCSF	x					x	x	x	x	
Dignity Health/Mercy	x	x				x		x		
Kaweah Delta Med. Ctr.	x	x	x	x	x	x	x	x	x	x
Madera Community Hospital	x	x		x	x	x	x		x	x
St Agnes Med. Ctr.	x					x	x		x	
Valley Children's Hospital	x	x	x	x	x	x	x	x	x	x

Electronic Consultations (eConsults) for Safe and Equitable Coordination of Virtual Outpatient Specialty Care: Recent Publication

The pandemic has presented a unique set of challenges for the specialty care delivery system, including increased volumes of consultations and referrals…as well as an increased need for virtual specialty care access for management of other conditions in particularly at-risk patients.[4] [6] **Coordination and transition of care between primary and specialty care are of utmost importance at a time when in-person communication may be more fragmented** and more patients need timely input from specialists without putting themselves at unnecessary risk of exposure to COVID-19 through in-person visits.

eConsults have the potential to both facilitate and moderate transitions of care between primary care and specialists, especially as the COVID-19 pandemic continues to create both increased need for—as well as additional barriers to providing—high-quality, timely specialty care. By embracing such technologies that enhance timely and complete interprofessional communication, **specialists and PCPs can share in the successes of making the health of both individuals and populations more efficient, safe, and equitable.**

Measures of Success: Goals for Provider Engagement

E-consult as first step for routine, non urgent, non-procedural referrals

- PCPs maintain the patient relationship and can determine whether an e-consult is appropriate for the patient.
- **Goal year one** – all non-urgent, routine, non-procedural referral requests go first to e-consult

Broad user engagement

- Allow access to all staff, noting some may not participate due to focused roles (e.g. urgent care or part-time status).
- Rollout may be phased across sites, requiring training and SME support
- **Goal year one** – all participating referring providers gain access to e-consult
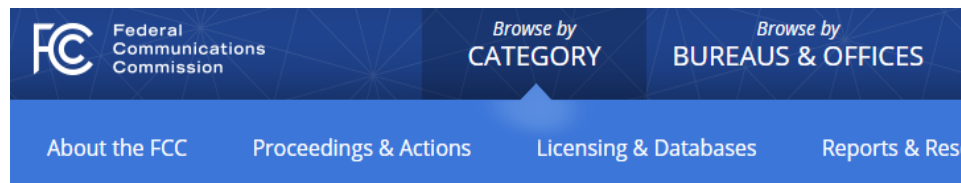
Baseline level of participation

- Rollout may be staged across sites, requiring training and SME support
- **Goal year one** – average of one e-consult per referring provider per month

Central Valley E-Consult Dashboard (data to be populated following month one - 1/31)

Org Name	Launch Date	# Referring Providers	# Specialist Responders	Total E-Consults	Cardio	Derm	Endocrin	GI	ID	Neuro	Ortho	Psych	Pulm	Rheum	Average TAT
Camarena Health	1/5														
Clinica Sierra Vista															
Family Health Care Network															
Omni Family Health															
United Health Centers															
Valley Health Team															

FCC Telehealth Grant Announcement

- In the latest stimulus bill, $250 million was allocated towards the Federal Communications Commission's FCC's Telehealth Program, which funds grants for local telehealth programs across the country.

- Earlier this year, $200 million was put towards this fund in the CARES Act.

- Past awardees can be found on the FCC website.

- BluePath Health will continue to monitor FCC communications for more information on project requirements and due dates.

View the Coalition Web Page for Program Updates

https://econsultworkgroup.com/fresno

Central Valley E-Consult Coalition

Payer Collaboration

Medi-Cal managed care organizations (MCOs) in California's Central Valley counties are working together to support clinics and health systems in the region by providing no-cost access to electronic consult (e-consult) to improve Medi-Cal patient access to specialty care and enhance care coordination between primary providers and specialists. The Central Valley E-Consult Coalition is a group of community health centers, health systems, independent practice associations, clinic networks and MCOs working together to create an inclusive program to address implementation needs, streamline referral workflows and improve patient/member experiences.

Unique Aspects of the Coalition

- Payer collaboration to cover e-consult costs to make the service available to all providers and patients;
- Organizations working to resolve key issues and disseminate learnings to support program spread;
- Provider champion sharing of the benefits and value proposition of e-consult to facilitate use; and
- Shared tracking of progress and modeling of outcomes to sustain adoption.

Health Care Provider Role

- Commit to participate in monthly Coalition Roundtables
- Provide Program Implementation Team (including clinician lead, program manager, and IT lead)
- The health system will not be charged a fee for the platform or implementation support provided

Join the Central Valley E-Consult Coalition

- Join us for the next Coalition Roundtable on January 19, 10-11 AM.
  Webinar Link - https://us02web.zoom.us/j/9689264532
- To get involved, please complete this brief survey.
- If your organization is actively using e-consult or if you would like more information, contact libby.sagara@bluepathhealth.com.

Program Materials

Coalition Overview

November 20 Roundtable Presentation and Summary

ConferMED Platform Overview

E-Consult Workgroup Annual Meeting Video

Next Steps

- Specialist outreach and invitation to 2/10 Provider Lunch and Learn

- Next Central Valley E-Consult Coalition Roundtable (to be confirmed) – 2/17, 12-1 PM

- January E-Consult Workgroup webinar on PCP engagement – 1/20, 12-1 PM

- Provider Lunch and Learn webinar - 2/10, 12-1 PM

- February E-Consult Workgroup on e-consult and primary care COVID-19 response – 2/23