

# Welcome

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# Meeting the Unmet Demand for Specialty Care

*E-Consults and their Potential*



**Edirin Okoloko**

Program Manager

**MHHA/AHA Webinar Series**

August 19, 2020



## ABOUT US

**We believe that sound evidence and solid analysis lead to better health policy, and that better health policy leads to healthier Coloradans.**

That is our work as Colorado's leading nonprofit and nonpartisan health policy research group.

And we are passionate about it.

# Today we will...

- Outline the issue of specialty care access in Colorado
- Define e-consults and explore their potential as a possible solution
- Discuss a proposed statewide model for increasing access to specialty care

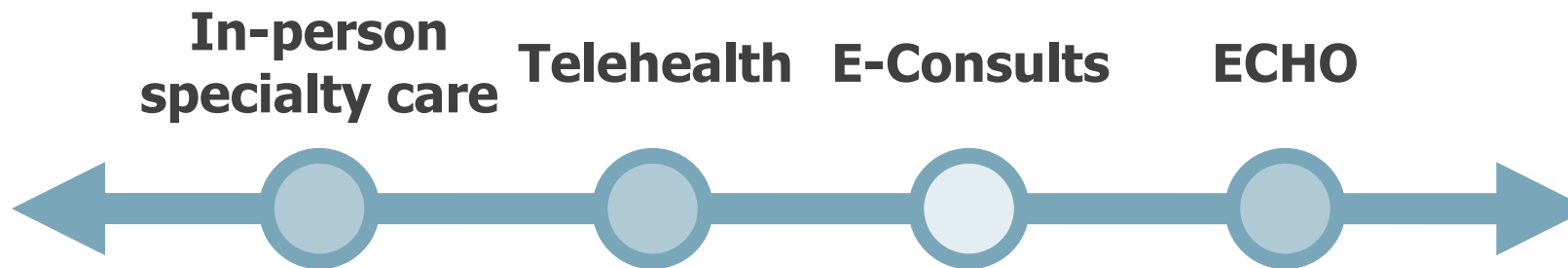
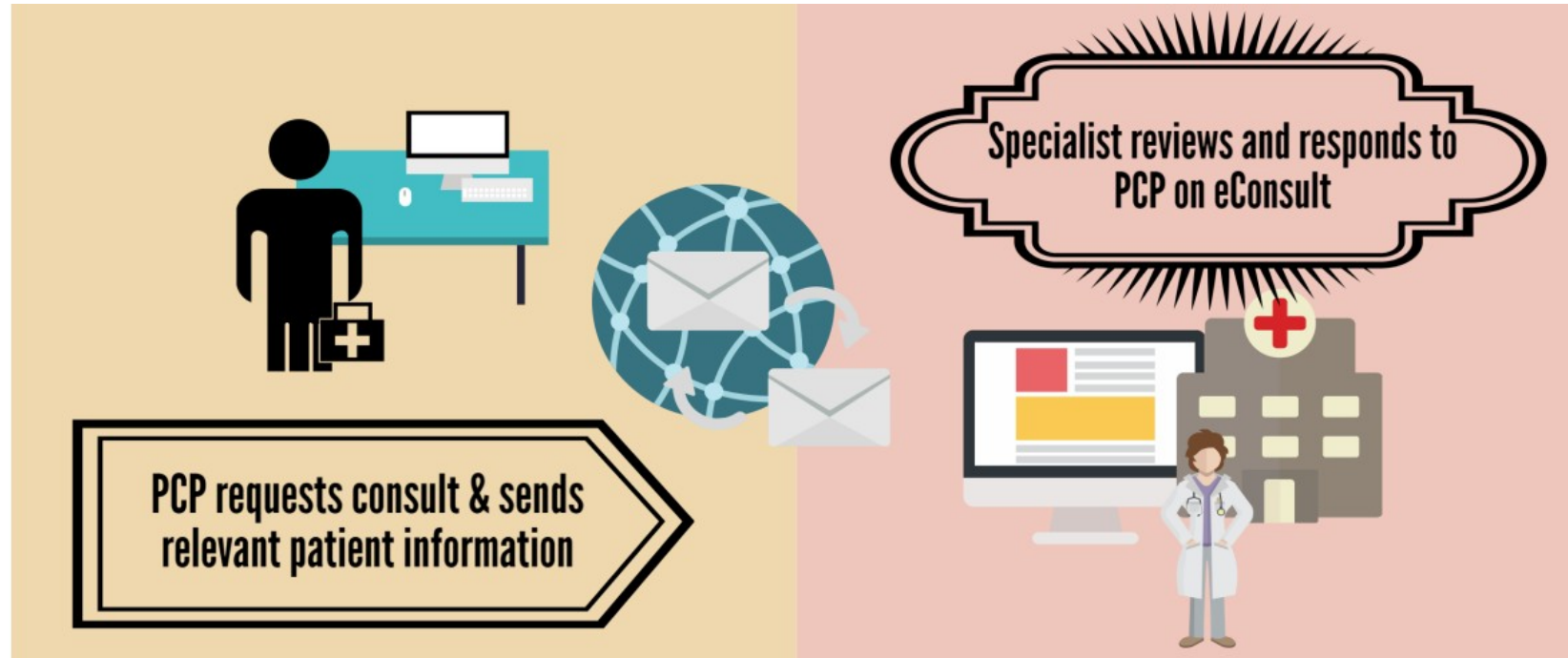


# Medicaid Enrollees and People Without Insurance Use Specialty Care At Lower Rates

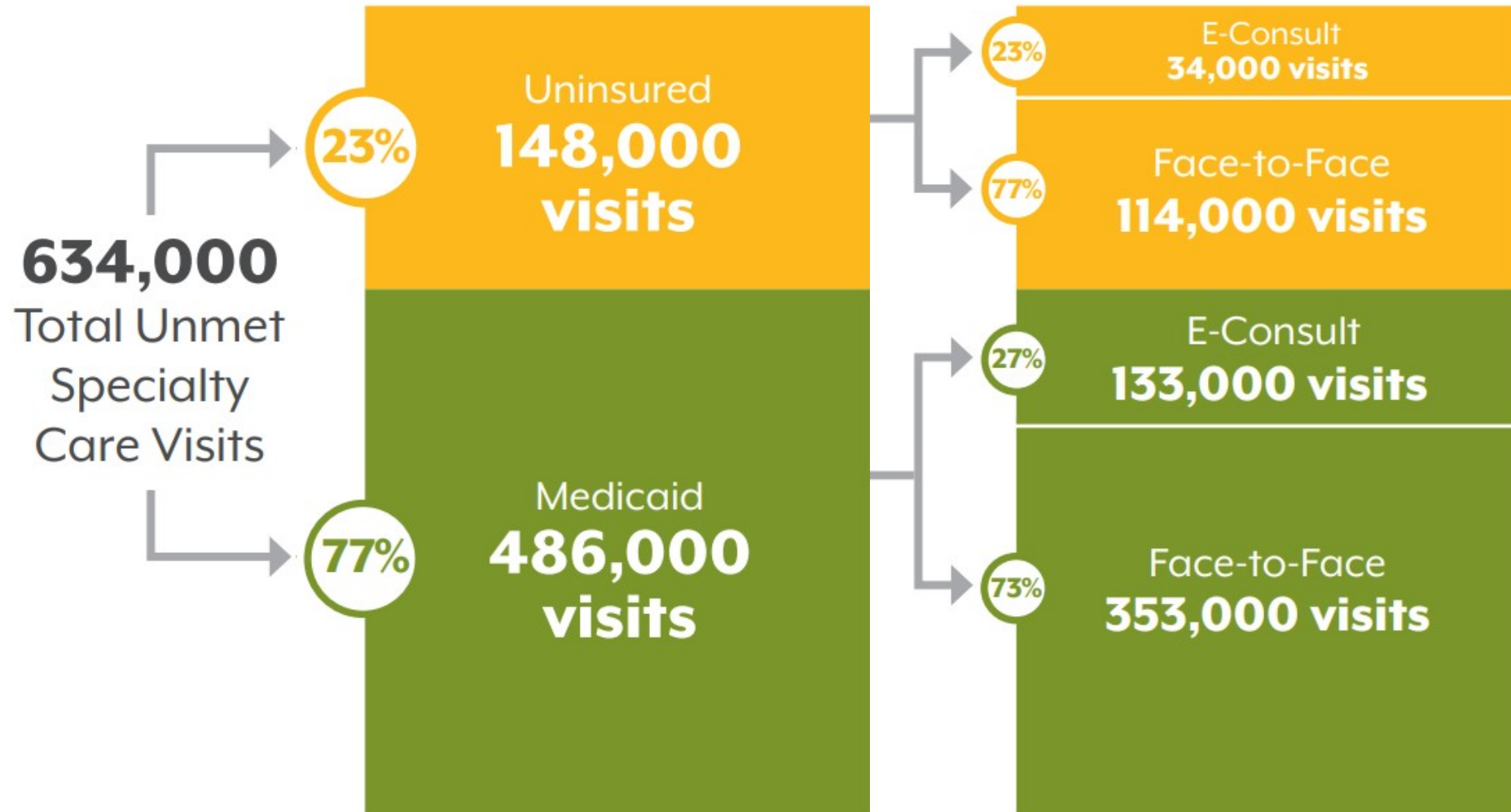
## Two day wait\*



# What is an E-Consult?



# E-Consults Could Address About A Quarter of Colorado's Unmet Demand for Specialty Care



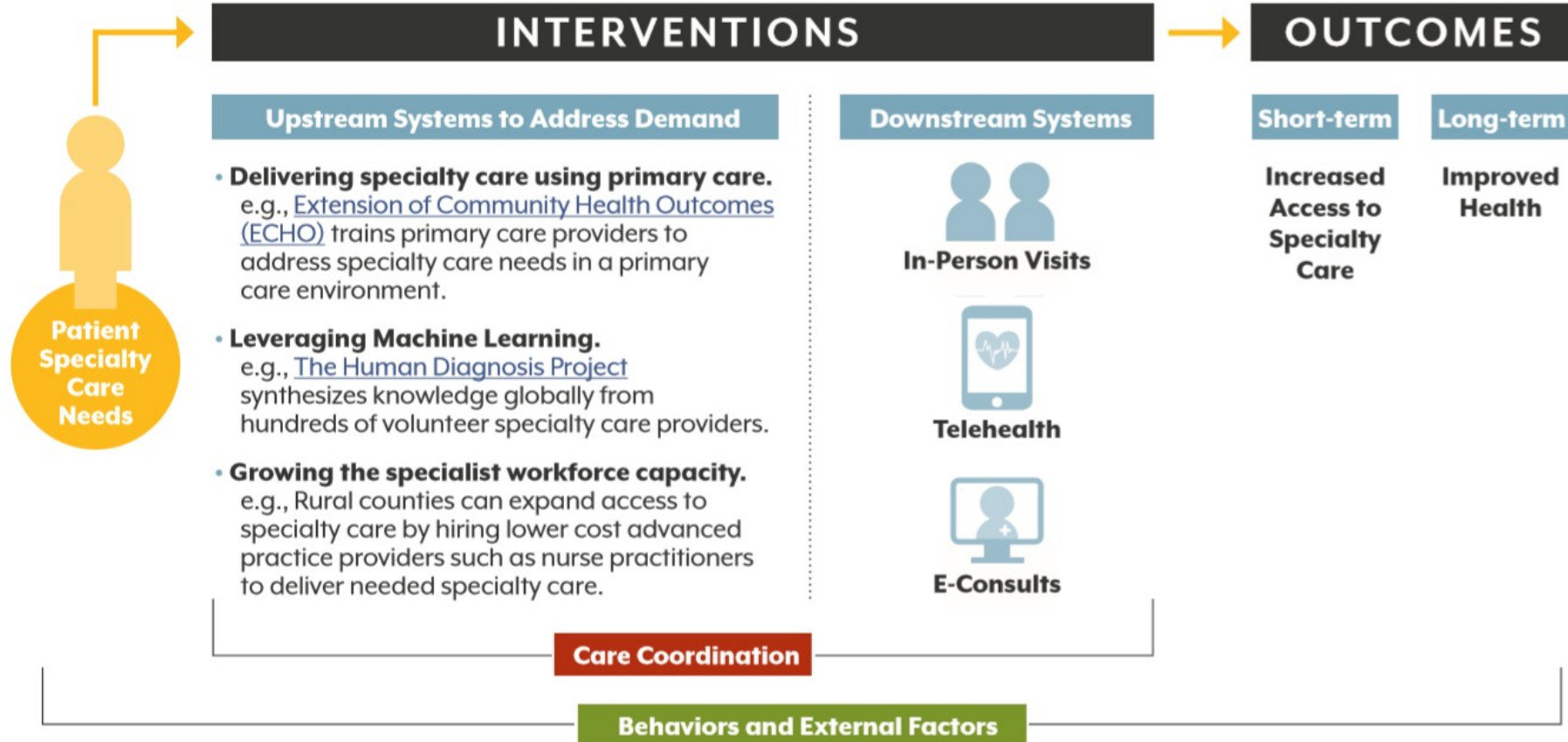
# E-Consults – What’s Their Potential?

## Top Five Specialties With Biggest Reduction in Unmet Demand Using E-consults

Specialty	Unmet Visits	Portion of Visits Potentially Avoided by E-Consults	Number of Visits Potentially Avoided by E-Consults
Dermatology	91,000	40%	37,000
Ophthalmology	156,000	18%	28,000
Gynecology / Obstetrics – Pregnancy-Related	54,000	33%	17,000
Other Specialties	62,000	28%	17,000
Geriatrics	37,000	30%	11,000



# A Statewide Model For Increasing Access to Specialty Care



This work was made  
possible by the



**coloradohealthinstitute.org**

Type "Specialty Care"  
into the search field

# Colorado's Unmet Demand for Specialty Care

And the System We Need to Meet It

JUNE 2019



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# eConsults: A National Perspective

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BETH NEUHALFEN-

DENVER HEALTH- ASSOCIATE DIRECTOR OF QUALITY/OPS

AMERICAN COLLEGE OF PHYSICIANS- FACULTY

# AAMC's Project CORE

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- 2014, Association of American Medical Colleges (AAMC) received a innovation award which enabled the launch of Project CORE: Coordinating Optimal Referral Experiences
- Originally piloted at UCSF Medical Center, the tool aims to enable more effective communication and coordination between primary care and specialists while improving quality, access, and patient and provider experience. They have now worked with over 35 academic medical centers in 20 states to implement this program.
- The model utilizes specialty and condition specific templates to enable focused clinical exchanges between providers. In most cases, the e-consult is a single exchange and there is an expectation that the specialist will respond in 72 hours, however most are closer to 24 hours. If the specialist deems the eConsult question to be too complex, the eConsult can be declined and recommend an in-person consult.

# AAMC Continued

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- Academic medical centers have committed to providing incentive RVU credit or payment. Prior to 2019, the majority of eConsult payments were being self-funded by each AMC. However, with approval of the interprofessional internet consultation codes (CPT codes 99451, 99452) in the CY2019 Medicare Physician Fee Schedule, a growing number of centers are billing Medicare for the service, as well as engaging regional commercial payers and state Medicaid plans to provide reimbursement for this service.
- Across the ten CORE medical specialties, eConsults accounted for 8.8% of all specialty contact (eConsults/eConsults + referrals)
- For every specialty visit averted, an eConsult is estimated to save patients approx. \$100 in avoided copays, transportation costs, and missed work.
- In a national survey 81% of patients were satisfied with the specialists cConsult recommendations and 95% of patients felt that the specialist's eConsult advice was conveyed promptly and clearly explained.

# Other Models

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- Several safety net hospitals in California have a model where **all** inquiries to specialists are sent as cConsults and the specialist then determines if he/she will respond by eConsult or schedule the patient to be seen in person.
- Emory and Grady in Georgia have rolled out eConsults through their EHR in dermatology and renal, and getting closer to starting endocrinology. Many other groups are using their own EHRs to develop a voluntary eConsult platform for referring providers.
- Some of the AMC's and larger institutions are developing ways to work with smaller practices to integrate eConsults within the neighborhood.

# Questions?

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## eConsult: Creating Health Equity Through Better Access



SAFETY NET  
**CONNECT**

- SNC's eConsult solution—the industry's only asynchronous, enterprise, multi-tenant eConsult platform—has completed more than 1,300,000 successful eConsults to date for 40 customers, including multi-stakeholder collaboratives.
- SNC has successfully served over 10 million Medicaid, low-income and underserved patients, engaged with thousands of primary care and specialty providers, and implemented enterprise-level platforms for the second and third largest Medicaid health systems in the country.

# converge

Next Generation eConsult

1,000+

Organizations

10,000+

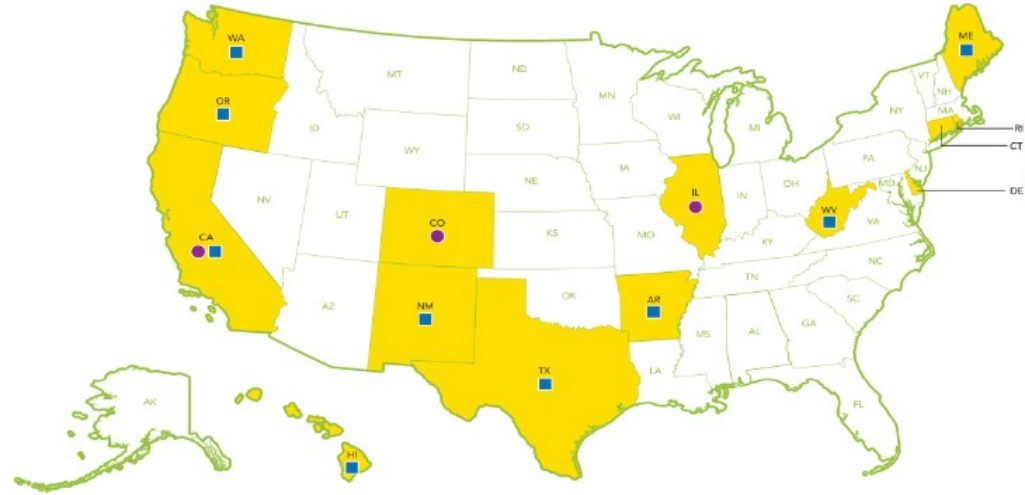
Providers

1,000,000+

eConsults

10,000,000+

Patients



## Our Markets:

- Public Health Plans
- Correctional
- Community Health
- Health Systems
- Commercial Plans

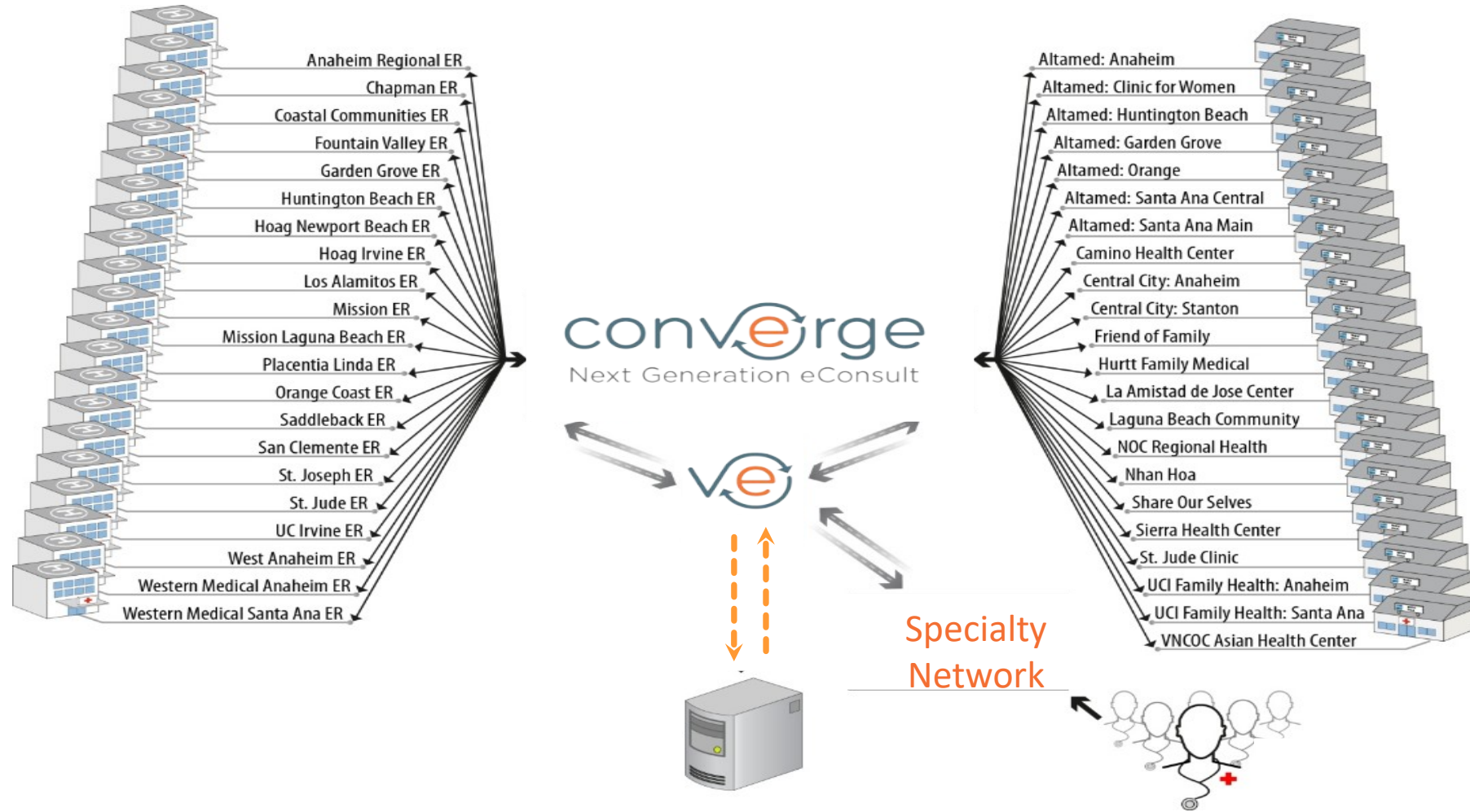
## Our Partner Clients:





SNC's eConsult solution unlocks the untapped asynchronous **capacity** of specialists across the state.

# And...Distributes that Unlocked capacity to disparate PCPs, Community Clinics, Hospitals and Post-Acute Care



# A simple-to-use integrated SaaS solution

- ✓ 834 EDI Eligibility
- ✓ ADT Patient Creation
- ✓ Mobile
- ✓ Single Sign On
- ✓ Order Results (ORU) sent back to Cerner
- ✓ Patient Demographics feed via HL7 ADT
- ✓ Integrated Specialty Authorizations
- ✓ Community Based Scheduling

carequality



okta

# How does it work

## PCP SENDS A SECURE REQUEST VIA ECONSULT IN A MATTER OF MINUTES:

1

- Pre-Consult Recommendations (Clarifying Questions)
- All patient information (including labs or attachments) is included
- Managed entirely in the medical home
- Reduces unnecessary travel for the patient



## SPECIALIST RESPONDS WITHIN A DAY:

2

- Providing clinical guidance or asking follow-up questions
- In some cases help Co-manage patient right in the medical home
- In the event there needs to be a referral all the test and recommendations have been completed

# How does it work



**54.6%** Reduction of inappropriate referrals

**68.8%** of patients were co-managed in their medical home

**89.2%** reduction in specialty care wait times

A Specialist can see 12 patients in the course of 8 hours or respond to 12 eConsults in the course of an hour  
Most eConsult dialogs are completed within a day – and over 60% are resolved without a specialist office visit.

JAMA Intern Med. 2017;177(5):642-649. doi:10.1001/jamainternmed.2017.0204  
Lauren P. Daskivich, MD, MSHS<sup>1</sup>; Carolina Vasquez, BA<sup>2,3</sup>; Carlos Martinez Jr, BA<sup>4</sup>; et al



Cardiology e-consults with Medicaid patients resulted in **lower mean costs of \$466 per patient**, compared to those who used the normal face-to-face referral process<sup>2</sup>

AJMC

E-consult for Medicaid patients in four specialties resulted in **average savings of \$84 per patient per month**<sup>1</sup>

HealthAffairs

### BMJ Open

Ottawa-based health network **estimated savings of C\$11 per e-consult**, after adjusting for costs, and **patient savings related to reduced travel costs, opportunity costs related to referral visits**<sup>3</sup>

BMJ Open, 2016

Los Angeles County DHS found that **25% of e-consults were resolved without the need for a follow-up visit**<sup>4</sup>

HealthAffairs

Medicins Sans Frontiers has been using e-consults in its global humanitarian work, finding that the **median time to answer a case decreased from 20 to 5 hours**<sup>5</sup>

journal of  
global  
health

# Patient Impact

1. Reduced wait times for specialty care
2. Less travel
3. Fewer days off work
4. More care received in culturally attuned Medical Home
5. PCP more capable / empowered / connected
6. Care better coordinated - transitions of care better managed, process more transparent
7. Specialist more informed when sees patient
8. Fewer specialty visits required to develop treatment plan

**Improved ability to meet patient's needs**



# Provider Impact

## Primary Care

- Quick access to specialty expertise
- Improved care coordination
- Better scheduling process
- Connected to larger system of care (reduced isolation)
- Opportunity to enhance clinical capability (eConsult “CME”)
- More conditions managed in Medical Home – more “balls” in PCP’s court.
- Co-Management of complex patients

## Specialist

- Ability to extend expertise over a larger population of care.
- Reduced wait times and “no shows”
- Face-to-face visits are more productive with better information
- Pre-visit testing completed
- Ability to triage; avoidance of inappropriate referrals
- Opportunity to teach/educate PCP
- Increased complexity of clinic patients.

**Improved ability to meet Clinicians needs**



# Keys to Success

## Buy-in process.

- ✓ Workflow review and redesign
- ✓ Incentive payments to PCPs first year
- ✓ Reimbursement for Specialists
- ✓ Automated 837 submission
- ✓ Single Sign On
- ✓ Ongoing process improvement and training
- ✓ Unified support
- ✓ Quality Assurance and review of eConsults
- ✓ Integrated Authorization approvals
- ✓ Make eConsults mandatory prior to physical referrals



# Opportunity for the State Health System

**Connect urban, suburban and rural medical communities to available specialty capacity while reducing costs and providing better access to care.**

- ✓ Lower mean specialty visit costs per patient.
- ✓ On average 25% of e-consults were resolved without the need for a follow-up visit.
- ✓ Decrease unnecessary specialist referrals by 50%.
- ✓ \$175 on average savings per patient specialty referrals.
- ✓ Better quality of care for the patient.
- ✓ Integrated authorizations with Plan Providers.



# Opportunity for the Hospital and Health System

**We help create connectivity and access with the surrounding medical community.**

- ✓ eConsult not only serves as an umbilical cord between community clinics hospitals and physicians but establishes a connection with the patient to enhance the quality of the specialty referrals.
- ✓ eConsult can be used to garner “complete” referrals back to the hospital.
- ✓ Prevent Leakage for Hospital Systems
- ✓ Specialists can be made accessible to support disparate community physicians outside of the hospital system.
- ✓ Enhance authorizations with Plan Providers



**Converge next-generation eConsult platform coordinates medical, behavioral & social services for rapid access to whole-person care.**

### ***Convergence of Disciplines***

Bringing medical, behavioral & social service providers together in an integrated platform for a holistic, patient-centered care.

### ***Convergence of Access***

Solving the challenges of both rural and urban settings – increase access and capacity regardless of geographic location.



### ***Convergence Across Systems***

Close gaps in communication from the hand-offs between providers, payors, and different healthcare systems or technology.

### ***Convergence of Data***

Real-time dashboard and robust reporting increase evidence-based care and documentation for quality metrics.

“ *The system is a win-win-win for DHS.*

*For our patients it means better access.*

*For PCPs - rapid, direct communication with specialists on the best way to treat difficult problems.*

*For specialists – seeing the patients for whom they can add the most value.*”

- Mitchell Katz, M.D.,

Former Director of LACDHS and current President and Chief Executive Officer of NYC Health + Hospitals



# Questions?

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Chris Crutten

Safety Net Connect

# Thanks for joining us!

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Next Event: Wednesday, August 26<sup>th</sup> 12pm – Colorado Perspective



Video will be posted soon on AHA YouTube Channel