

# CT Primary Care Payment Reform

## Draft Capabilities Skeleton: E-Consults

*This Draft: July 12*

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### Understanding the Need

#### **The Problem:**

Access to specialty care is limited across patients and some patients in serious need of specialty care wait a year for these appointments (Vimalananda, et al., 2015). There are many contributing factors including too few physicians practicing certain specialties, even fewer seeing patients in underserved areas and high numbers of patients in need. Approximately 35 percent of all primary care patients are referred to a specialist (Center for Connected Health Policy, 2016). Meanwhile, overuse of specialty care also occurs. Financial incentives, medicolegal concerns, primary care time constraints, and patient desires sometimes lead to overutilization of specialty care, which can begin a cascade of unnecessary, costly and inconvenient tests and procedures (Reducing Costs Through the Appropriate Use of Specialty Services, 2010). Further, when patients receive specialty care, communication between primary care physicians and specialists is often suboptimal. In a national survey, only 34% of specialists reported routinely receiving information from referring primary care providers (PCP), and only 62% of PCPs reported reliably receiving information back from specialists. These communication failures lead to increases in medical errors, wasteful spending, and poor quality of care (Olayiwola, et al., 2016).

Please go to the [survey](#) to rate this capability's impact as high, medium or low on the following criteria:

Aim
Health promotion/prevention
Improved quality and outcomes
Patient experience
Provider satisfaction
Lower Cost

### Proven Strategy:

*Name:* E-consult

*Definition:* E-consult is a telehealth system in which PCPs consult with specialists using asynchronous, electronic communications before referring an individual to a specialist for a face-to-face visit (Force, 2016). E-consults are only used for non-urgent conditions. This service can be used for any patient within the practice and for all specialty referrals, but may be more appropriate for certain types of referrals such as cardiology and dermatology. E-consult provides rapid access to expert consultation. This can improve the quality of primary care management, enhance the range of conditions that a primary care provider can effectively treat in primary care, and reduce avoidable delays. To the extent that they reduce the need for face-to-face visits, they can also reduce other barriers (e.g., transportation) to specialist consultation. Those investigating and testing e-consult solutions include state Medicaid programs, private payers, the Blue Cross Blue Shield Foundation of California, the Center for Medicare and Medicaid Innovation (CMMI) and the American Academy of Medical Colleges.

*Intended Outcomes:* E-consult provides rapid access to expert consultation. This can

- Improve the quality of primary care management
- Enhance the range of conditions that a PCP can effectively treat in primary care
- Reduce avoidable delays and other barriers to specialist consultation
- Limit overutilization of specialty care by promoting shared access to existing test results and reducing in-person specialist visits

**Consumer Needs:**

- Wait times are too long, especially in rural and underserved areas. Consumers need increased access to care
- Transportation, childcare and needing time off from work are barriers to office-based care. Consumers need alternative ways to access care.

**Health Equity Lens:**

- Poor access to timely, high-quality specialty care contributes to health disparities.
- E-consult reduces access barriers including provider scarcity and maldistribution, transportation, time off work and childcare.

**Implementing the Strategy**

**Example Scenario:** PCP sees a patient with an irregular heartbeat and suggests an e-consult with a cardiologist. The PCP sends a request to the specialist. With access to the patient's medical information, the cardiologist provides the e-consult including confirmation or restatement of the diagnosis and suggestions on treatment and medications. Cardiologist determines if in-person consult and/or additional tests are needed. Cardiologist communicates outcome back to PCP.

**HIT Requirements:**

- Requires a common electronic health record (EHR) or web-based platform.
- Health information exchange that permits EHR viewing by any authorized clinicians in the state.
- Tools to send selected data to specialists
- Create and implement synchronous and/or asynchronous platform to PCPs and specialists, along with training and support

**Implementation Concerns<sup>1</sup>:**

- Create awareness among PCPs and specialists.
- Gaps in information sharing among EHRs; provider-to-provider contact can be clumsy
- Payment model should not incent specialists from recommending face-to-face visits unless necessary.
- Need a method to process the billing and payment to specialist
- Manage malpractice liability
- Negotiate and manage service guarantees (i.e., turnaround time)
- Risk of added burden on PCP or specialist
- Frequently need for face-to-face visit remains; not appropriate for urgent matters
- Which specialties, practices and patients qualify
- Examine opportunity to provide CME to participating PCPs based on utilization
- How will the patient voice be heard by the specialist without direct contact?
- Impact on patient confidence in PCP

**Impact**

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<sup>1</sup> Payment methods to support new capabilities will be considered as part of the payment model options

Aim	Summary of Evidence
<i>Health promotion/prevention</i>	More rigorous research is needed as to whether e-consults result in improved health. (Vimalananda, et al., 2015).
<i>Improved quality and outcomes</i>	Most studies report reduced wait times before an initial specialist review, reduced wait times for a face-to-face visit if needed and improved rates of specialty care completion. However, reductions in wait times vary and a meta-analysis suggested methods used to calculate wait times lacked rigor (Vimalananda, et al., 2015).
<i>Patient experience</i>	In surveys, patients report high satisfaction with outcome and the convenience of e-consults (Vimalananda, et al., 2015).
<i>Provider satisfaction</i>	PCP satisfaction is high, with 70-95% reporting high satisfaction across several studies. However, some express concerns that e-consults add to workflow issues. Specialist satisfaction with e-consults was less uniformly high, but most still report being satisfied. (Vimalananda, et al., 2015), (Lee, et al., 2018)
<i>Lower Cost</i>	Patients referred for cardiology consultations by PCPs were randomly assigned to use either e-consults in partnership with an e-consult network or their usual face-to-face referral process. Six months after the cardiology consult, patients in the e-consult group had lower mean adjusted costs by \$466 per patient, compared with those in the face-to-face arm. (Anderson, et al., 2018).

Please complete the [survey](#) on this capability.

## APPENDIX

### Learning from Others

#### State and National Scan:

**Case Study #1** In fall 2017, the Community Health Center Association of Connecticut (CHCACT) began an e-consult pilot project with five health centers: First Choice, Optimus, Southwest, StayWell and the Wheeler Clinic. In these sites, primary care physicians send information about a patient, through a secure portal, to a specialist; the specialist then examines test results, patient demographic and clinical data, and recommends either a specific treatment (e.g., daily aspirin and follow-up) or an in-person visit with a specialist. The goals are to improve access to specialty care, control costs and make care more convenient for patients.

#### Best Practices:

- A platform that supports fast, quantifiable results in care quality and delivery. AristaMD, the e-consult solution chosen by CHCACT, found 85 percent of primary care providers using its Smart Care Platform reporting that it significantly impacts the care plan.

- Deploy e-consults in care scenarios where they are likely to replace the need for a specialist visit a significant amount of the time. AristaMD has found e-consults replace the need for a specialist visit in over 50 percent of the time.
- Work collaboratively with partners to build the financial case and obtain reimbursement for e-consults.

#### **Lessons Learned:**

- Beginning with a pilot phase and adding new sites gradually can allow time for incorporating successes and learnings along the way.

#### **Results:**

- **Reducing need for specialist visits:** Over the 440 days of the project, 3,962 referrals were triaged, resulting in 1,268 e-consults (32% of referrals). 786 of those e-consults (62%) were handled through e-consult and follow-up from the primary care physician, avoiding face-to-face specialist visits.
- **Cost Savings:** Avoiding those face-to-face specialist visits saved an estimated \$490,464 in costs to the state Medicaid program, or \$624 per visit (based on a blended average of Connecticut-based specialty care claims data).

**Case Study #2** Community e-Consult Network (CECN), a collaboration of primary care practices, payers, state government, and academia led by the Community Health Center, Inc. Partners in CECN include Community Health Center, Inc., Weitzman Institute, UConn Health Center, Penobscot Community Health Care of Maine, and select private practice groups across Connecticut.

CeCN provides high-quality, specialty e-consults, generally within two business days of the request through a single, comprehensive platform that integrates seamlessly into a primary care practice's existing specialty referral process. CeCN currently offers e-consults for 11 specialties. Since PCP providers send the e-consult request to the specialist and manage it along the way, there is no need for the PCP to buy additional equipment and its additional administrative burden is minimized.

#### **Best Practices:**

- National network delivers rapid response e-consults to primary care providers across the country.
- Minimal extra work for physicians, no new technology or equipment required. Seamless integration into existing workflows.
- Benefit patients by decreasing the cost of care, diagnosis wait time, and patient expenses from travel, time off and childcare by resolving consults virtually.

#### **Lessons Learned:**

- Too many e-consult solutions can be costly to manage and place too much financial stress on community health organizations.

- Too many solutions require clinicians to remember extra login and password information, install apps, or run special software.
- Too many solutions require the purchase and integration of extra technology systems.

### Results:

**Reduced Wait Times:** A teledermatology consultation program in partnership with CeCN focused on access to care and skin cancer screening for medically underserved populations. Before the introduction of e-consults, only 11% of referrals resulted in a confirmed appointment. The median wait time was 77 days. After e-consult, 44% were performed electronically. Of those, 16% required a face-to-face visit with a median wait time of only 28 days. (Naka et al., 2018)

**Cost Savings:** Medicaid patients were referred for cardiology consultations by primary care providers who were randomly assigned to use either e-consults in partnership with CeCN or their usual face-to-face referral process. Six months after the cardiology consult, patients in the e-consult group had significantly lower mean unadjusted total costs by \$655 per patient, or lower mean adjusted costs by \$466 per patient, compared with those in the face-to-face arm. The e-consult group had a significantly lower cost by \$81 per patient in the outpatient cardiac procedures category. (Anderson, et al., 2018)

**Case Study #3** NYC Health + Hospitals, the municipal health system for New York City, provided more than 2 million visits to specialty clinics, with wait times of several months for some routine appointments. Frustrated by the wait times, it integrated an e-consult model.

### Best Practices:

- Change focus to timely access to the *expertise* of a specialist, rather than *visits* with a specialist.
- Identify patients whose needs could be met in primary care with specialist input and guidance.
- When an in-person visit is needed, use e-consult to improve preparedness for specialty visits such as by making sure necessary labs and other tests are complete and available.
- Increase the ability to provide access to care aligned with the urgency of the patient's need.
- Learn the unique needs and limitations of your health system's referral process, so you can align a solution to your specific needs.
- Participating specialty clinics must prepare for an e-consult workflow by designating a "specialist reviewer" to review and triage each referral and by allocating resources for patient communication and scheduling.
- Successful e-consults require primary care and specialty providers to collaborate on the best plan of care for each patient and to set clear expectations on communication and co-management.

### Lessons Learned:

- Primary care providers should review e-Consult responses and follow up with patients as needed.
- Specialty clinic staff should schedule only appropriately-triaged referrals.
- E-consult is an opportunity for ongoing education and for co-managing patients.
- Patients expect to be contacted by the specialty clinic if an appointment needs to be made.
- E-consult can increase workload for specialists in the short-term and shifts scheduling responsibilities away from primary care clinics.

## Results:

**In-person visit/E-Consult split:** Out of 6,324 referrals (70%) were determined to be appropriate and ready for an in-person visit, triaged by urgency, and contacted by specialty clinic scheduling staff. The remaining 1,913 (30%, range 8%–75%) referrals were determined to be appropriate for e-consult. (Hannah Byrnes-Enoch, Chocski, & Singer, 2017)

**Wait Times:** On average, specialists reviewed and triaged each referral in approximately one week, compared to weeks or months under the previous system. At the time of publication, it remained unclear if Third Next Available Appointment (TNAA), an industry standard for measuring access, was improved. (Hannah Byrnes-Enoch, Chocski, & Singer, 2017)

## Additional Reading

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