

**PRIMARY CARE
MODERNIZATION**

eConsults and Co-management

CORE CAPABILITY

Primary care provider electronically consults with specialists¹ for non-urgent conditions before or instead of referring a patient to a specialist for a face-to-face visit. When appropriate co-management can support continued collaboration between the PCP and the specialist.

DRAFT

HOW CARE WILL IMPROVE

CONSUMERS CAN...

- Begin treatment sooner in primary care for some health problems rather than waiting for an appointment with a specialist
- Get the benefits of a specialist's expertise without having to see a specialist
- Have a primary care team that effectively manages more of your healthcare needs
- Pay less out of pocket by having more of your needs met in primary care



**PRIMARY CARE
TEAMS CAN...**

- Access specialist consultations to support evaluation and treatment in primary care and improve quality of care
- Manage a wider range of health problems and changes in condition without referring to a specialist
- Enable patients to avoid unnecessary specialist visits, testing and procedures
- Enable patients to start treatment for some problems more quickly by avoiding the delays associated with scheduling specialty visits and barriers to accessing specialty care (e.g., transportation, time off work, childcare)
- Offer expanded capacity to treat patients with co-occurring conditions that might otherwise require different specialties



PATIENT EXPERIENCE IN PRIMARY CARE MODERNIZATION



Donna has congestive heart failure and is feeling tired. She can't drive and her cardiologist's office moved to a big medical center far from her home. Donna does not like the side effects of her diuretics. Donna likes her primary care team and keeps her appointments.



The primary care clinician examines Donna. They discuss how she's been feeling recently. Together, they review her latest EKG, a test that records the electrical activity of the heart, and her bloodwork.



With Donna's permission, the primary care provider requests an eConsult with a cardiologist. The next day, after reviewing the patient's medical information, the cardiologist suggests increasing the patient's medication and following up with blood work in four weeks.



A nurse from her primary care office calls Donna to explain the treatment plan, including how to handle medication side effects. Donna is relieved. She doesn't have to figure out how to get to the big medical center. She follows the new medication plan and feels better.

HOW



Care Team and Network Requirements

- Determine which specialties would be best suited to participate in an eConsult program based on evidence and knowledge about the Network's patients and providers
- Develop arrangements with specialists in relevant disciplines
- Create protocols that maintain clinician autonomy and support identifying appropriate patients, receiving patient consent, scheduling, receipt and review by the specialist, communication of the outcome back to the primary care team and follow up with patients
- Create protocols to guide co-management of patients following an eConsult, when appropriate.
- Train primary care team staff in using secure portals and technology
- Engage clinician champions to promote use and answer questions
- **OPTIONAL** Offer a "fast track" system for patients who have received an eConsult and need a face-to-face visit with a specialist.



Health Information Technology Requirements

- Access to common, secure technology platform such as an Electronic Health Record (EHR) to share information between primary care providers and specialists, including test results and imaging, as appropriate - **OR** -
- Network engages a vendor providing eConsult services to support deployment of the program and meeting HIT requirements
- EHR configuration and protocols to capture eConsult recommendations and treatment plan as presented by specialists
- EHR system able to supply data for measurement and accountability
- Appropriate consent and confidentiality protections

MEASURING IMPACT

✓ Patient Experience

- Improved patient experience with shorter wait times
- Reduced presenteeism and time away from work
- Increased satisfaction with provider

★ Quality

- Earlier diagnosis and treatment for some health problems
- Improved chronic illness outcomes
- Reduced avoidable ED visits and hospitalizations for ambulatory care sensitive conditions

\$ Cost

- Lower out of pocket costs for patients treated in primary care
- Reduced duplicative or unnecessary testing
- Reduced avoidable ED visits and hospitalizations

🔑 Access

- Reduced wait time for diagnosis and treatment for some health problems
- Easier access to expertise of a specialist
- Eliminates access barriers for visits avoided (e.g., transportation, childcare, time off work)

IMPROVING HEALTH EQUITY

Many patients lack adequate access to specialty care due to geography and lack of specialist availability. To reduce this disparity, primary care will change in the following ways:

- ✓ **Allow access to timely, high-quality specialty care** through primary care consultation with specialists.
- ✓ **Reduce patients' access barriers** including provider scarcity and maldistribution, transportation, time off work and childcare.

¹“Specialist” refers to subspecialty physicians who do not have a primary care specialty, such as endocrinologists, cardiologists, and gastroenterologists. As specialist is the more common term, it is used instead of subspecialist.



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