Enhanced Referral
&
eConsult

Project Support

- **Care Transformation Collaborative Rhode Island (CTC-RI)**
  - Leads the transformation of primary care in Rhode Island in the context of an integrated health care system. CTC-RI networks critical stakeholders to implement, evaluate and spread innovation in primary care.

- **American Association of Medical Colleges (AAMC)**
  - Provides a structured, evidence-base implementation support program titled, Coordinating Optimal Referral Experiences (CORE). Funded through United Health Care, this program facilitates program implementation and the onboarding of specialists and primary care physicians within a shared electronic medical record (EMR)

Problems in need of a Solution

Poor communication & coordination

Poor access

Wide variations in care

Communication, Access, Quality, & Cost

What is Missing?

A clear clinical question

...**referrals have become an administrative task**

Alignment of primary care evaluation with specialist needs
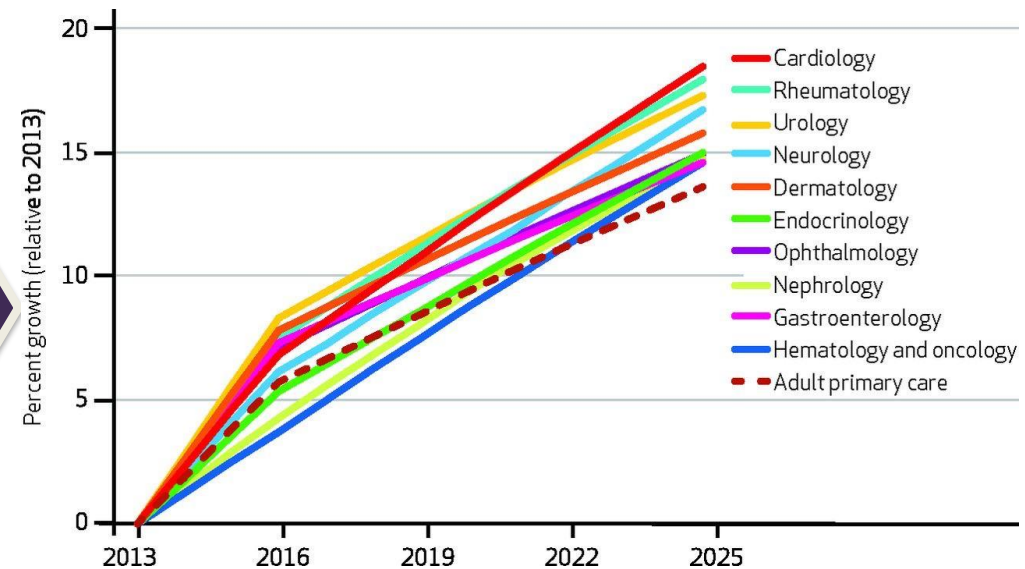...**leading to risk of wasted initial visit with specialist**

Longitudinal co-management agreement
...**who does what over time?**

Current Status at the Primary Care & Specialty Care Interface

Growth in referral volumes

- Doubling of volumes over 10 years*
- Each year, 1 in 3 patients referred

*Barnett et al, Arch Int Med 2012

Timothy M. Dall et al. Health Aff 2013;32:2013-2020

Project Goals

Improve **communication, coordination and culture between primary care providers and specialists**:

- Timely **access to specialty care**

- Improve **quality** and **experience** for patients and providers

- Enhance **primary care comprehensiveness**

- Control **costs of care**

The AAMC CORE Model

Implementation Strategy: Engage providers and establish culture of PCP-Consultant *collaboration* increasing standardization of care.

Enhancing Referrals with Point-of-Care Decision Support

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

ENHANCED REFERRAL

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

PCP

I appreciate seeing the right specialist at the right time and having needed tests/labs completed before my visit.

Specialist
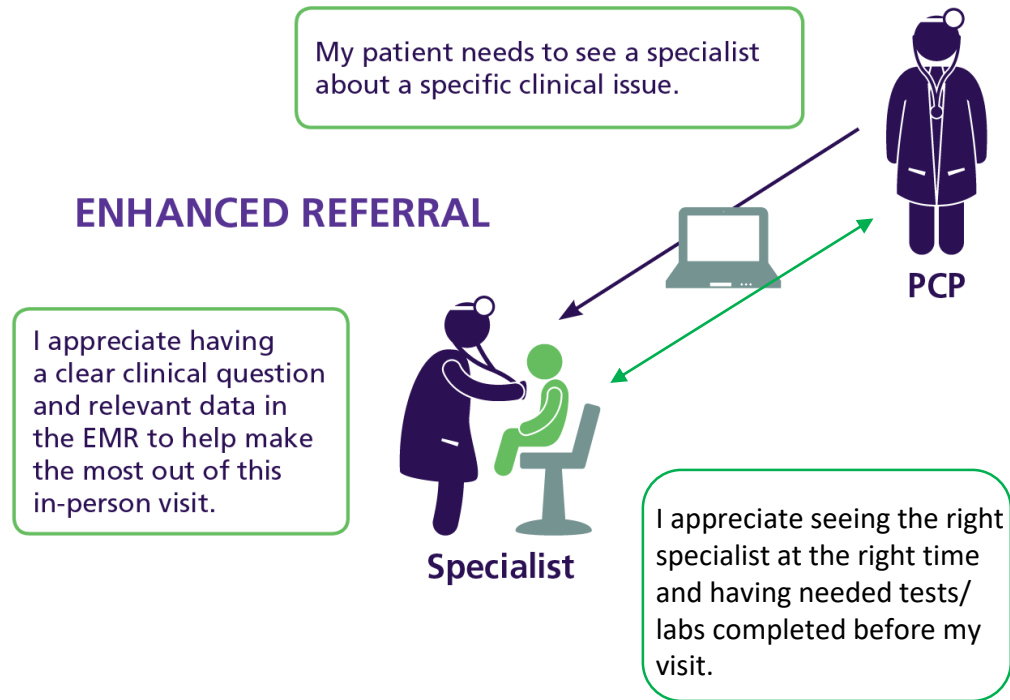
Problem-Specific Decision Support Through Templates that Include:

- Pre-referral evaluation
- Pre-referral conservative management
- Clear clinical question
- Relevant data (tests, labs)
- Co-management preference

LIFESPAN 2025: *Work to* **CREATE** *a healthier future*

What is the Promise of eConsults?

- More **efficient care, reduced costs of care**
  - Fewer low value referrals

- Better **access**

- Better than curbside consults

- Expand **comprehensiveness** of PCPs

- Improve **relationships** between PCP & Specialist

Implementing CORE eConsults

eConsult Overview:

- Implemented in the EMR alongside the referral workflow

- Condition specific templates

- Initiated by a PCP to a designated specialist colleague

- Typically, straight forward, low-acuity issues (answerable with data available in the EMR)

- < 3 business day response

- If too complex, specialist can recommend in-person visit

- RVU credit to PCP & specialist for completed eConsults

PCP

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

eCONSULT

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

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What makes a high quality eConsult?

PCP Guidelines	
eConsults are: • Focused questions that a specialist can reasonably answer without assuming knowledge of the patient's entire history • Answerable solely with the information available in the EMR • Answerable within 3 business days, without an in-person visit	**eConsults are not:** • Logistical questions to a specialty practice • For patients that are established within the specialty practice • Easily answered by consulting a textbook or clinical guidelines

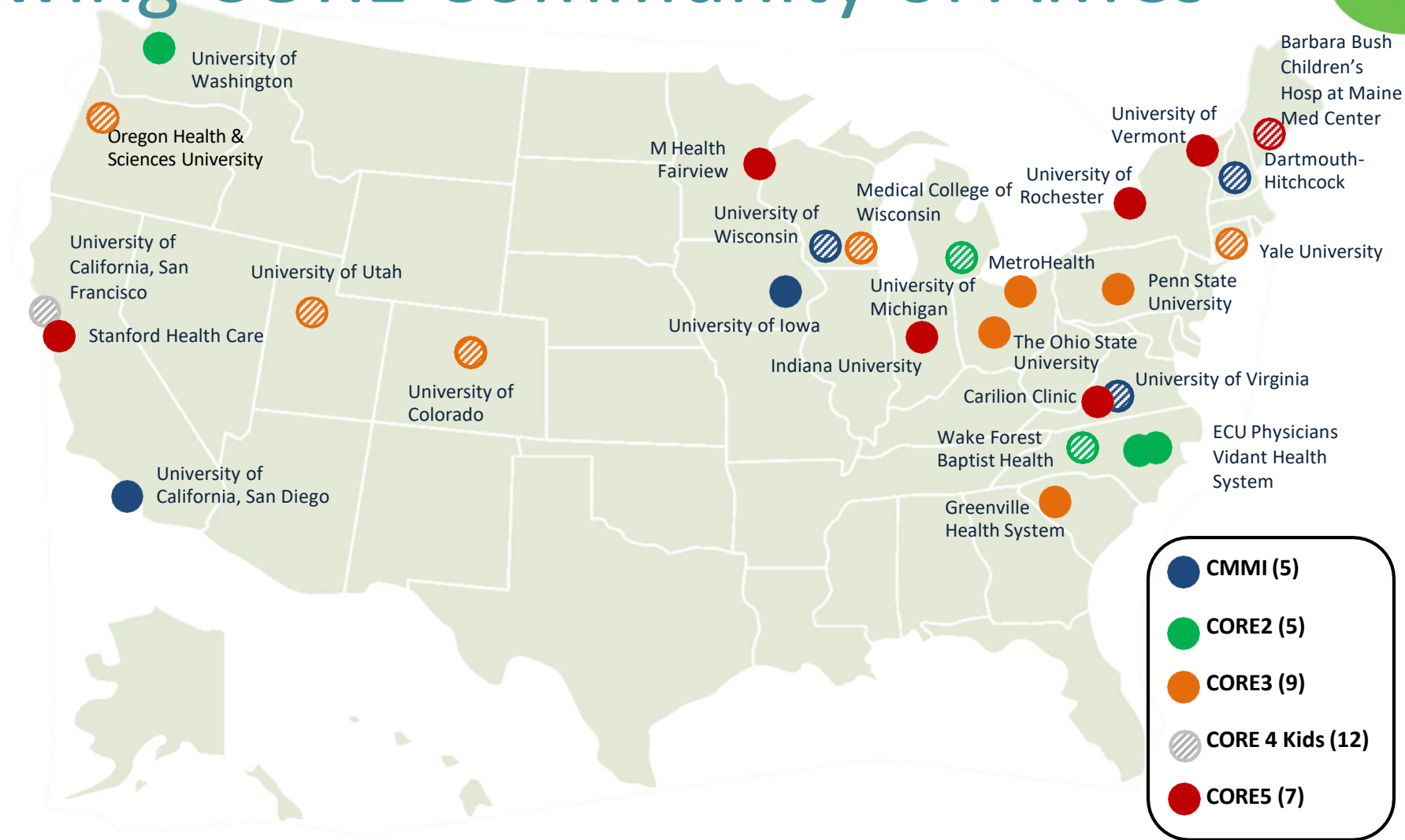| Specialist Guidelines |
|---|
| **eConsult responses should:**
• Clarify the scope and specific question to be addressed
• Provide rationale for recommendation (i.e., the approach to the problem, existing evidence, or current approach in the absence of evidence)
• Include provider recommendations
• Conclude with contingencies that warrant re-consult or referral |

Specialties Active in Project CORE

CORE®

- Allergy/Immunology
- Bariatrics
- Burn & Wound
- Cardiology
- Colorectal Surgery
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- General Surgery
- Geriatrics
- Hand/Plastic Surgery
- Hematology
- Hepatology
- HIV Medicine
- Infectious Disease
- Maternal Fetal Medicine
- Medical Genetics
- Nephrology
- Neurology

- Neurosurgery
- Ob-Gyn
- Occupational & Enviro
- Oncology
- Ophthalmology
- Orthopedics
- Palliative Care
- Pain Management
- Pediatric – Adolescent Gynecology
- Pediatric – Adolescent Medicine
- Pediatric – Allergy
- Pediatric – Cardiology
- Pediatric – Dermatology
- Pediatric – Develop Med
- Pediatric – Endocrinology
- Pediatric – ENT
- Pediatric – Genetics
- Pediatric – GI/Hep
- Pediatric – Hem/Onc
- Pediatric – ID

- Pediatric – Lipid & Weight Management
- Pediatric – Nephrology
- Pediatric – Neurology
- Pediatric – Ortho/Sports Med
- Pediatric – Psych
- Pediatric – Pulm
- Pediatric – Psychiatry
- Pediatric - Rheum
- Pharmacy (Ambulatory)
- Psychiatry
- Pulmonary
- Radiology (Diagnostic & Interventional)
- Rheumatology
- Sleep Medicine
- Toxicology
- Urology
- Vascular Surgery

…and growing!

AAMC

A Growing CORE Community of AMCs

University of Washington

Oregon Health & Sciences University

University of California, San Francisco

University of Utah

Stanford Health Care

University of Colorado

University of California, San Diego

M Health Fairview

University of Wisconsin

Medical College of Wisconsin

University of Iowa

University of Michigan

Indiana University

MetroHealth

The Ohio State University

Carilion Clinic

Wake Forest Baptist Health

Greenville Health System

University of Rochester

University of Vermont

Barbara Bush Children's Hosp at Maine Med Center

Dartmouth-Hitchcock

Yale University

Penn State University

University of Virginia

ECU Physicians Vidant Health System

CMMI (5)

CORE2 (5)

CORE3 (9)

CORE 4 Kids (12)

CORE5 (7)

AAMC
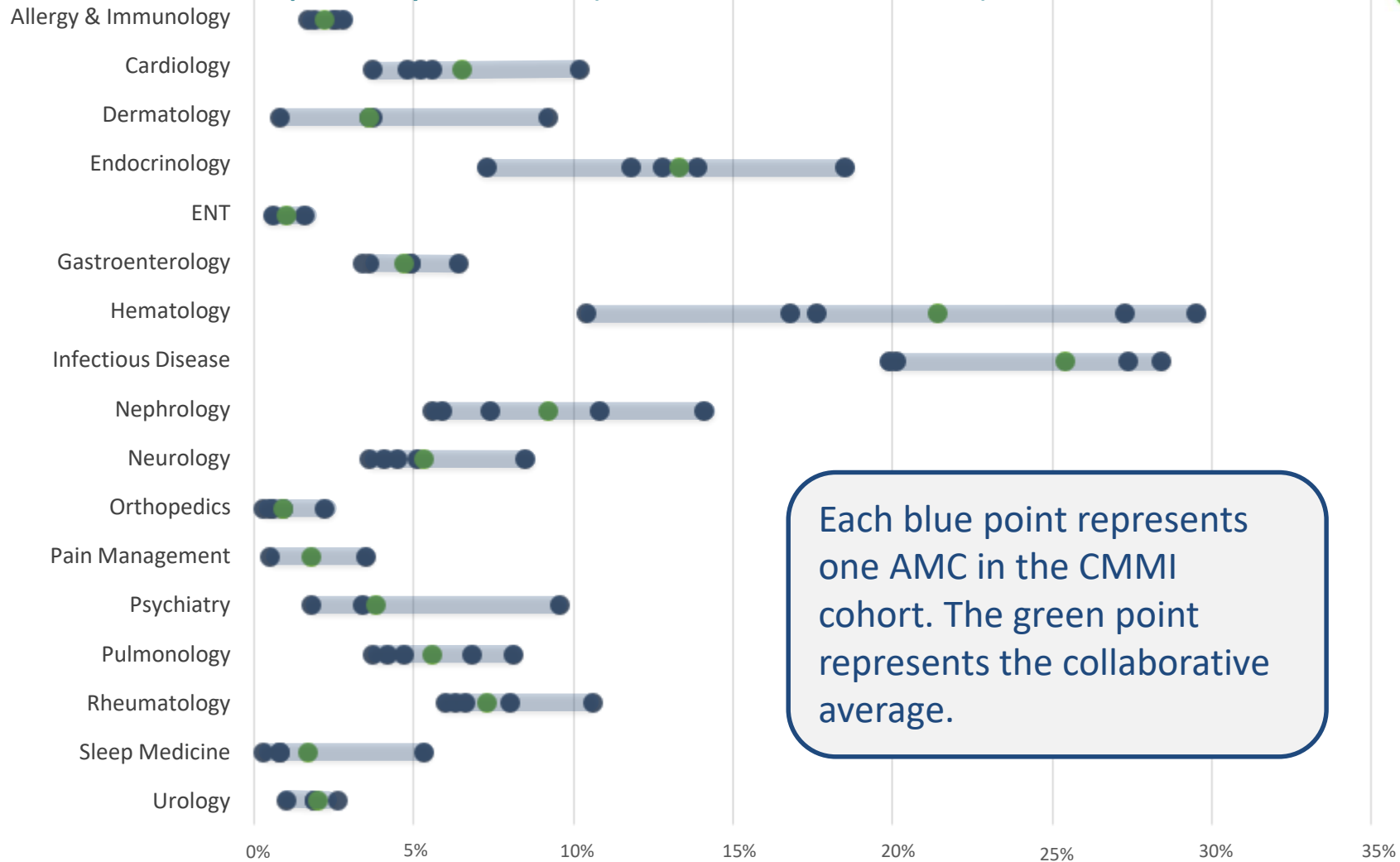
Percent Specialty Contact

eConsults as a % of Specialty Contact (eConsults + Referrals)

Each blue point represents one AMC in the CMMI cohort. The green point represents the collaborative average.
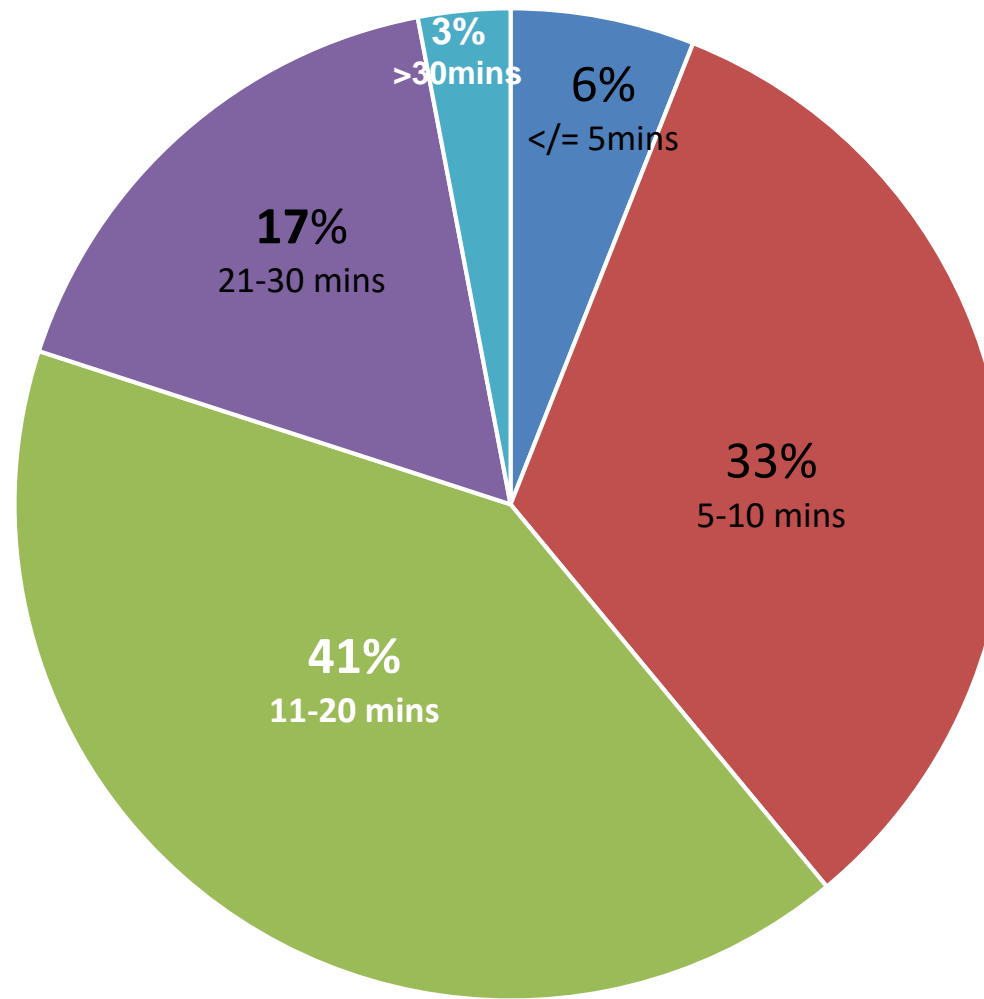
Time to Complete an eConsult

CORE®

Specialist Survey: How much time did you spend on your response?

6%: </= 5 mins
33%: 5-10 mins
41%: 11-20 mins
17%: 21-30 mins
3%: >30 mins

Results based on 2,476 responses from specialist eConsultants at 5 AMCs.

AAMC

High Specialist Satisfaction

CORE®

"I think the program has added value in at least three ways. 1) The consults can often settle questions that allow the workup to be completed by the PCP and 2) In some cases, I think the specialist adds to the knowledge of the PCP and, 3) finally, a well-executed E-consult will often make it unnecessary for the patient to the be seen in the specialty clinic and, for benign hematology, that's a huge 'plus' because of our long wait times."

- Specialist

Was this eConsult appropriate?

89% Yes

"The eConsult program has helped facilitate earlier access to care for our patients with sleep disorders and pulmonary diseases. It has also foster some friendships and improved coordination of care between me and many of the referring providers."

- Specialist

"Doing eConsults has been a great way to be in touch with primary care clinicians about interesting cases that nonetheless don't require a full in-depth consultations. I think we've really helped patients, and it's led to some good back-and-forth contacts between us."

- Specialist

Specialist Survey:Was this eConsult appropriate?
89% of specialist eConsultants said Yes. Results based on 693 responses from specialist eConsultants at 5 AMCs.

AAMC

Phase 1 at Lifespan

Referring PCPs:

- LPG Primary Care & TMH/Chapman IM Clinics
- Expanding to LifeChart PCPs

Consultant Specialties:

- Pediatric GI
- Adult GI
- Psychiatry

Go LIVE: May 2022

Summary of EPIC Integration Plan

- The eConsult order is built as a modified referral order that uses a rule to route to a single specialty pool, not a scheduling work queue

- Enhanced referrals and eConsults utilize specialty and condition-specific templates built into the order

- As a modified referral order, synonyms can be created as a point of care reminder for PCPs of the availability of eConsults when placing a traditional referral

- eConsults follow the referral order pathway, which enables the ability to convert eConsults (where the specialist has recommended a visit) to referrals without additional PCP effort or a new order

- eConsult question and response are documented in the EMR

Billing & Payer Engagement

- In 2019, Medicare approved two new CPT codes (99451 (Consultant) & 99452 (PCP >16 min front-end)(0.7 wRVU)) that align closely with the CORE eConsults model.
  - Medicare FFS currently reimburses on the specialist side, 99451.
- RI commercial payers and Medicaid plans are NOT YET reimbursing for this service.
- Lifespan & CTC-RI are engaging with payers for reimbursement of eConsults.

Problem specific decision support

- Pre-referral evaluation
- Pre-referral conservative management
- Clear clinical question
- Relevant Data (Lab, Imaging, other tests)
- Co-management preference

Enhanced Referral Generic Template

I am requesting a referral from *[specialty]* for this @age@ y/o @sex@ with *[condition]*.

My clinical question is:***

Questions/Prompts/Instructions:

[condition specific decision support here]

===

Required Tests:

===

@BRIEFLAB:CBC@ (Results of lab and imaging go here)

===

{FOLLOW-UP PLAN:20160}

    A. I would like to resume responsibility *(I would like to resume management responsibility once this clinical question has been addressed and the plan is in place.)*

    B. Specialist will determine *(Please let me know what aspects of this patient's ongoing care that I can co-manage with you.)*

    C. Referral for procedure *(I am referring primarily for a procedure. Please let me know if you determine that longer term specialty followup is needed.)*

The most current assessment of this problem can be found in the progress note dated ***.
REQUESTING MD, date, time stamp

LIFE

eConsult Generic Template

I am requesting an eConsult from *[specialty]* for this @age@ y/o @sex@ with *[condition]*.

My clinical question is:***

Questions/Prompts/Instructions:

[condition specific decision support here]

===

Required Tests:

===

@BRIEFLAB:CBC@ (Results of lab and imaging go here)

===

The patient is aware of this eConsult being sent [if billing, include: and is aware that a co-insurance may be associated with this eConsult.]

If this clinical question is deemed too complex for eConsult, please (select)
- Route the request back to me and I will follow-up with the patient prior to scheduling for a specialty visit.
- Schedule the patient for a visit.

The most current assessment of this problem can be found in the progress note dated ***.
REQUESTING MD, date, time stamp

LIFE

Implementation Metrics & ROI

Area of Impact	Metric	Data Source
eConsult Utilization	# of eConsults to participating specialties (completed / converted / declined)	SOC eConsult Report
	% Specialty contact by CORE specialty (comp eConsults / completed eConsults + referrals)	SOC eConsult Report + Referral Counts
	% of eConsults completed <3 business days	SOC eConsult Report
	% of PCPs using eConsults	SOC eConsult Report
Specialty Utilization	PCP referral rates to participating CORE specialties	SOC Referral Data
	% of completed eConsults without a follow up visit to specialty care	Health Plan Claims Data
Provider Experience	PCP and specialist satisfaction with eConsults	SOC surveys, prov feedback
Patient/ Member Experience	Patient satisfaction with eConsults	Health Plan Surveys
CORE Principles/ Implementation	Established processes for PCP and specialist engagement and feedback	SOC Team
	Established processes for quality assurance	SOC Team
	Plan for future scale to expand specialty engagement and PCP usage of model	SOC Team
Costs of Care/Specialty Utilization	Changes in specialty utilization by the primary care population (trends in visits, costs)	Health Plan Claims Data
Access to Care	Impact on timelier access to specialty input e.g. 14 day access for completed referrals and eConsults)	SOC CORE + Scheduling Data
	Impact on no show rates to participating specialties	SOC CORE + Scheduling Data
	Impact on access for new patients, higher acuity patients	SOC CORE + Scheduling Data
Quality	Changes in ED and/or inpatient utilization by the primary care population pre/post implementation	Health Plan Claims Data

Impacting Care through CORE

Since Project CORE began in 2014, the initial five participating academic medical centers (AMCs) saw measurable impact in the first three years.

By year three, **83%** of PCPs used eConsults.

eConsults accounted for **8%** of all medical specialty contact.

$8 million in estimated savings to Medicare due to more efficient specialty use.

For every 1,000 eConsults completed, **patients saved $45,000** by avoiding out-of-pocket medical charges, transportation costs, and missed work.

Timely access to specialty care improved by **84%**.

No-show rates to CORE specialties decreased by **17%**.

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C R E A T E

High Provider & Patient Satisfaction

89% of PCPs
are highly satisfied with the specialists' eConsult response

>75% of PCPs
using eConsults across participating sites

89% of specialists
found the eConsult question appropriate

81% of patients
are satisfied with the specialists' eConsult recommendations (same as with an in-person referral)

95% of patients
feel that the specialist's eConsult advice was conveyed promptly and recommendations were clearly explained

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LIFESPAN 2025: Work to **CREATE** a healthier future

C Care Transformation & Quality
R Research & Education
E Engagement & Culture
A Access, Growth & Population Health
T Teamwork & Patient Experience
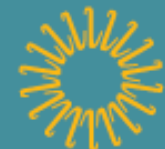**E** Excellence in Operations & Financial Health

" eConsults have lessened patient wait times, reduced unnecessary referrals, and improved collaborative efforts amongst providers. Hope to see all specialties utilizing eConsults in the future. "

- AMC PCP participating in Project CORE

Lifespan
Delivering health with care.®

Project Goals

- **Patients:** Improve <u>ACCESS</u> to specialty care with resource management matched to problem complexity. Patients incur lower out of pocket <u>COST</u> associated with physician visits, transportation, and work loss.
- **Primary Care Physicians:** <u>TIMELY</u> response to specific clinical questions that require specialty expertise. Patient care remains located within more <u>COMPREHENSIVE</u> primary care.
- **Specialists:** Target physician <u>UTILIZATION</u> to high complexity patients and scheduled procedures while improving provider <u>EXPERIENCE</u> of care.
- **Payers:** (Government, Insurance, & Employers) Reduce <u>COST</u> associated with high utilization of low value services and target limited resources to patients with the greatest needs.
- **Systems:** Financial reward from risk-sharing contracts that maintain accountability for care quality and while reducing the total <u>COST</u> of care.