

ELECTRONIC CONSULTS (E-consults) STANDARDS

Developed under guidance from the Practice Transformation Taskforce (PTTF) as part of the Connecticut State Innovation Model Initiative

Program Description and Objective:

Description: E-consults is a telehealth system in which Primary Care Providers (PCPs) consult with a specialist reviewer electronically via e-consult prior to referring an individual to a specialist for a face to face non-urgent care visit. This service can be made available to all individuals 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 and other barriers (e.g., transportation) to specialist consultation.

Objective: Improve timely access to specialists, improve PCP and specialist communication, and reduce downstream costs through avoiding unnecessary in-person specialist consultations.

High-Level Program Design:

1. Identify individuals eligible for e-consult
1. Primary care provider places e-consult to specialist provider
2. Specialist determines if in person consult is needed or if additional information is needed to determine the need for in person consult
3. Specialist communicates outcome back to primary care provider

Detailed Program Design:

Standards

1. Identify individuals eligible for e-consult

- The network defines for which specialty they will do e-consults¹
- The network involves the individual in the decision to utilize an e-consult and will send e-consults for all individuals who require the service of the designated specialty and who assent to e-consult, with the exception of individuals with urgent conditions and those who have a pre-existing relationship with a specialist

2. Primary care provider places e-consult to specialist provider

- The network designates with which specialty practice or specialty providers it will coordinate e-consults².

¹ Policy reports done in Connecticut by UCONN and Medicaid explored the use of e-consults for Cardiology, Dermatology, Gastroenterology, Neurology, Orthopedics and Urology (http://www.publichealth.uconn.edu/assets/econsults_ii_specialties.pdf; http://www.publichealth.uconn.edu/assets/econsults_cardiology.pdf)

² If the network does not have specialists in their network, they may want to consider establishing an e-consult relationship with a set of designated specialist providers who are distinct from the specialty providers who would do the face to face consult. This will promote neutral decision making on the part of the specialist by eliminating the financial incentive to suggest a face to face visit. If the specialists are within the same network, this will not be necessary.

- In partnership with the specialty practice and/or providers, the network develops a standardized referral form that includes:
 - Standard form text options to ensure important details are shared
 - Free text options to the opportunity for the primary care provider to share additional details of importance (Kim-Hwang JE, 2010)
 - The ability to attach images or other information that cannot be shared via form or free text
- The network in partnership with the specialty practice develops a technology solution to push e-consults to the specialty practice and/or providers designated to do e-consults³
- The network develops a process and protocol to send e-consults to the designated specialty practice and/or providers that includes:
 - Identifying an individual in the primary care practice responsible for sending the e-consult to the specialty practice and/or providers
 - Setting a timeframe within which the e-consult should be sent post-primary care visit
 - Establishing a payment method for the e-consult service⁴
- The specialty practice and/or provider develops a process and protocol to receive and review the e-consult that includes:
 - Identifying a coordinator whose responsibility it is to receive and prepare the consult for review
 - Setting a timeframe within which the e-consult has to be reviewed once received by specialty practice

3. Specialist determines if in-person consult is needed or if additional information is needed to determine the need for in-person consult

- The specialist triages the referral into one of three categories:
 - The individual does not need a referral
 - The individual may need a referral but additional information is needed from the primary care provider (i.e.; additional history, additional tests run, etc.)
 - The individual needs an in-person visit

4. Specialist communicates outcome back to primary care provider

- The network in collaboration with the specialty practice develops processes and protocols for primary care and individual notification of e-consult outcomes that include:
 - Setting a timeframe within which the specialist notifies the primary care practice of e-consult result regardless of the outcome

³ Solutions will vary based on available technology to both primary care providers and specialists. Range of solutions include: faxing, secure messaging, direct messaging, EMR based solution

⁴ Currently Medicaid has limited reimbursement for e-consults. Additional exploration around expanded reimbursements is being investigated

- Providing communication back to the primary care provider in the form of a consult note with information on how to handle the issue in the primary care setting when a consult is not needed
- Identifying how the primary care provider will notify the individual that follow-up is needed and process for scheduling additional testing, if necessary
- Identifying how the primary care practice will connect the individual to referral coordination services to schedule the visit, to confirm that a visit was scheduled and to ensure the necessary information from the specialist is shared with the primary care provider from the in-person consultation