

MID-ATLANTIC TELEHEALTH RESOURCE CENTER COMMUNITY RESPONSE TOOLKIT

Leveraging eConsults for Continuity of Care

Created in partnership with:



Background



The University of Virginia (UVA) Health System began doing eConsults as part of a 2014 Center for Medicare and Medicaid Innovation (CMMI) grant administered by the Association of American Medical Colleges (AAMC). eConsults are an asynchronous consult exchange between providers that is facilitated within the Electronic Health Record (EHR). The service is a digital version of the “curbside” consult and provides documentation, guidance templates, and provider education.

Background



At UVA the service has mostly been focused in ambulatory for primary care to specialty care consults, but other use cases have been implemented.

During the COVID-19 pandemic, UVA eConsults played a critical role in maintaining access and facilitating safe consults with reduced in-person contact.

In addition to the existing consult communication lines facilitated by the service, new implementations were undertaken during the 2020 COVID-19 response.

The overall mission of the service is to improve access through positively impacting and improving referral patterns and consult quality.



Approach & Infrastructure

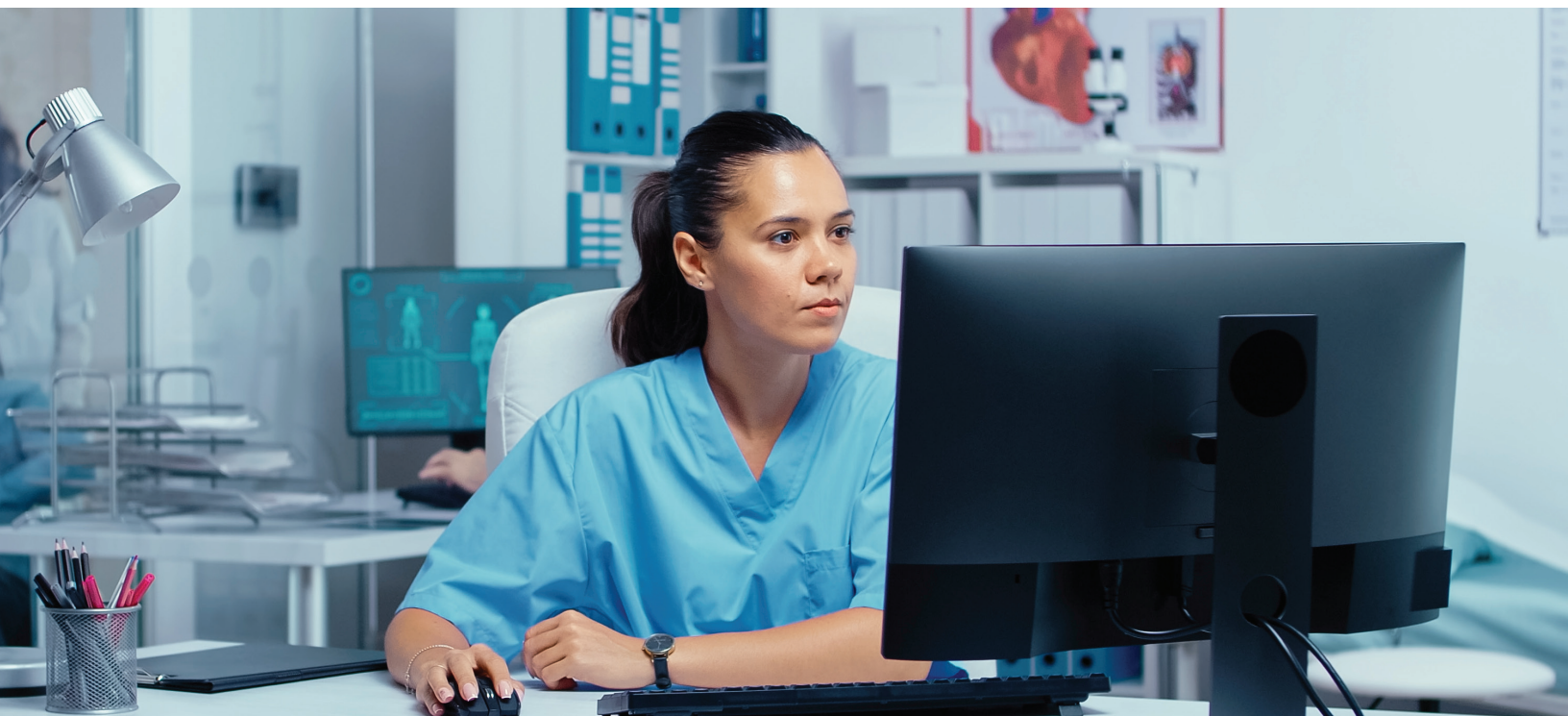


- As ambulatory visits and referrals for specialty visits were interrupted, eConsult provided a means of specialty contact when there were few other options for patients. In keeping with national trends, ambulatory eConsult volume percentage of all specialty contact increased
- An inpatient response to COVID-19 leveraging eConsult functionality was quickly mobilized over the first weeks of the COVID-19 pandemic to facilitate collaboration, ensure timely communication, conserve PPE, and mitigate spread while providing the highest quality patient care. The eConsult team worked closely with the Epic inpatient build team to create and implement the service
- COVID-19 expedited insurance payer coverage of the service. While Medicare opted to begin coverage of eConsults in early 2019, the majority of other payers in Virginia adopted coverage for the service in spring of 2020. This meant that the UVA team had to rapidly respond to new parameters like EHR modifications, patient consent, and infrastructure around billing and reporting with the billing team
- Ambulatory eConsults are facilitated via templates that are specialty condition specific. These templates are developed in conjunction with primary care and target frequent patient problems that often drive referrals and could be managed by primary care with specialty input. Inpatient eConsults were designed to leverage existing infrastructure for inpatient consults. The EMR was utilized to indicate when an eConsult might be desired by the primary team, with verbal discussion allowed to proceed. Templates were not utilized for inpatient eConsults
- Reporting to leadership was done through a meeting with all of the departmental chairs. Socializing the tool as an access means during COVID-19 was a critical step
- New ambulatory specialties were stood up during 2020. The COVID-19 pandemic expedited this process. These included Urology, Psychiatry, Addiction Medicine, Peri-Operative, and Gynecology. Many of these specialties were on the radar for the eConsult team; however increased patient willingness to access care virtually helped promote their development

Team Structure



- The eConsult team primarily consists of the Medical Director (Primary Care), Program Manager (Telemedicine), and a Pediatric Champion (General Pediatrics) with critical support from the EMR team. The central functions of the team are clinical oversight, operations, and research.
- Beyond this core team, each participating ambulatory specialty has provider champions. The service is regularly used by the majority of PCPs at UVA. The program is housed in the Office of Telemedicine and requires buy-in from Medicine leadership and all participating specialties. The Medical Director and Program Manager share responsibility for championing the service within the institution.



Critical Success Factors & Best Practices



- Close quality control of the ambulatory consults, with quality fostered by provider education and effective, concise consult templates
- Regular refinement of ambulatory templates and monitoring of usage trends
- Careful and regular dissemination of eConsult use cases to guide appropriate clinical questions containing relevant information and quality responses
- Clearly delineated roles and expectations regarding patient ownership and closing the loop with patient communications
- A critical component of success was the ability of the participating ambulatory providers to adapt to the increased complexity of consult questions during COVID-19. This complexity increase was facilitated by a lack of referral options

Lessons Learned & Questions to Consider

- Looking back, a key opportunity is greater focus on the inclusion of trainees in the education related to the workflow for inpatient eConsults. This includes fellows on the specialist side and residents in general and family medicine, surgery, and pediatrics.
- The response also likely would have benefitted from increased marketing to providers, especially those not as familiar with the service like providers in non-ambulatory settings.
- While overall communications with departmental and other leadership was attainable, more centralized communications to all providers did prove to be a barrier.
- Implementing and tracking billing is a critical consideration facing any system currently running or looking to implement an eConsult program. A centralized and vetted plan for billing is a critical component of success.

Community Impact & Results



Beyond the general improvements that are related to eConsults like inter-professional communications, time to and quality of access, and efficiency of care, there were some additional impacts and realizations made more apparent during the COVID-19 response. During a time with more limited specialty access, there was an increased need to be quick in recognizing emerging questions and to increase communication flexibility during a large transition to testing and vaccination.

Patients benefit from eConsults generally through a reduction in unnecessary additional visits, reduced travel burden, reduced logistical burdens related to time

off from work or childcare provision, and more timely access to specialty input. eConsults also has the advantage of keeping patients in their “medical home” in primary care and leveraging the often established, more personal relationship of the patient with their standing primary care provider. During the pandemic, it was critically important for patient care as it often was the only means of specialty input with the lockdown and travel limitations restricting access. eConsults and primary care facilitated specialty input worked to offset access barriers and provided a means to care that otherwise may have lapsed.

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