



Sample E-Consult Readiness Assessment

Success Factors for eConsult

- **Access to Specialty Care Services:**
 - Demand for specialty care services at a population level that cannot be met through other patient-centered delivery methods;
 - Demand for specialty care services that can be effectively addressed via a primary care provider-to-specialist, technology-supported dialogue;

Success Factors for eConsult

- **Referral and Scheduling Flows:**
 - **Referral process flows**, while either manual or technology-supported, are efficient and effective; and
 - **Scheduling process flows** that can link to and/or leverage the eConsult discussion to avoid duplicating case review and to set prioritization for scheduling.

Success Factors for eConsult

- Engagement:

- **Strong project management** at the primary care and specialty care organizations – to oversee implementation and maintenance, implement training programs, facilitate guideline development, data tracking and reporting;
- **Strong stakeholder engagement** from primary care providers, specialty care providers, administrative leaders, and health plans;
- **Forums** that can be leveraged to support provider and role-based (e.g., MD to MD, MA to MA, Referral Coordinator to Referral Coordinator) dialogue and planning;
- **Referral guidelines** are established, updated, communicated and acknowledge the capacities of both primary care providers and specialists.

Access To Specialty Care

- Top Specialties by Volume (alphabetized)*:
 - Cardiology
 - Dermatology
 - Gastroenterology
 - Neurology
 - Ophthalmology
 - Orth/Pain Management
 - Pulmonology

*As reported by web-based respondents and confirmed via interviews.

Access To Specialty Care

-Wait Times – Referral to Scheduled Appointment:

- Reported as ranging from 2 to 12 plus months for eConsult applicable specialties.
- Gastroenterology, Neurology, and Ophthalmology were noted with perceived/experiential wait times outward to 12 months.
- TNAA data confirmed significant delays in Cardiology (upward to 100+ days); GI (upward to 140+ days), and Pulmonology (upward to 200+ days)
- These access challenges can be attributed to provider shortages, transportation/travel challenges and multiple “disjointed” referral and scheduling processes

Current Referral and Scheduling

-Transportation/Travel Challenges:

- Populations predominantly in the Southern and Western regions of the county.
- Limited routes to travel –
- Limited public transit options for transportation adding to access challenges.

-Provider Shortages:

- Reported shortages of specialists – especially with Pulmonology and Pediatric sub-specialties

Current Referral and Scheduling Processes

-At a minimum – 5 Referral and Scheduling Processes to County Health Care Agency and Contracted Specialists:

- Centralized Referral Center with County-Developed Software System – limited number of specialties/specialists
- Individual Specialties Manage Directly – but use County-Defined Software
- Individual Specialties Manage Directly – and do not use County-Defined Software
- Direct Messaging between Providers on Cerner System
- Manual (Fax) Processes

Current Referral and Scheduling Processes

-Challenges:

- Multiple Guidelines/Best Practices – defined by individual specialists
- Passive Updates and Communication
- Systems Described as “Challenging”, “Confusing”, and “Disjointed”
- Contributes to Access Delays

Engagement of Stakeholders

- eConsult as Technology-Enhanced Communication:
 - Requires engagement between providers, strong operational support, and supportive environment for sustainability
 - Overall Curiosity/Interest Articulated by All Stakeholders – minor exceptions from provider input with concerns about time commitment
- Stakeholder Vision and Concerns
 - Similar vision(s) for eConsult were articulated – increasing timely access to services, improving appropriateness of referrals, increasing primary care capacity
 - Similar concern(s) for eConsult were articulated – provider and specialist engagement, streamlining guidelines and processes, time and costs to implement and sustain; access across disparate systems

Engagement of Stakeholders

- eConsult as Technology-Enhanced Communication (cont'd):

- Referral Guidelines

- Guidelines are inconsistent – often developed by individual specialists and/or groups
- Access to updates, increased awareness of requirements - passive

- Forums

- Beyond internal staff meetings, there are no forums for provider-to-provider dialogue or role-to-role dialogue.
- Provides an opportunity to build trust and awareness of referral issues and create consensus

Recommendations

- Success factors were considered during the review of the interview responses and supporting materials.
- Based on this review, County appears to be ready for an eConsult pilot.
- Based on the followings:
 - Volume of referrals that are applicable to an eConsult intervention;
 - Access challenges – transportation, provider/specialist shortages, wait times;
 - Disparate, “disjointed” referral and scheduling processes;
 - Disparate guidelines – passive updates and communication; and
 - Shared vision and concerns across stakeholders.

Recommendations

- Strategic Next Steps:
 - Document and Improve/Streamline Referral Processes:
 - Review current state of the 5 different referral processes between primary care provider delivery systems and specialists. Consolidate and streamline as possible.
 - Guidelines and/or Expected Practices:
 - Create Specialist-to-Provider Forums to reviews and standardize referral guidelines and/or best practices as much as possible.
 - Establish processes for updated and communicating refinements throughout.

Recommendations

- Strategic Next Steps:
 - Provider-to-Provider Forums:
 - Establish regular forums for dialogue to build trust and communication
 - Technology Options:
 - Leverage eConsult/EHR technology scans and expertise to define options for a system that will optimize interaction across different organizations and disparate systems.