DHS eConsult Program

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The challenge

- How does a large, historically fragmented health care system address the issues of:
  - Long wait times for specialty services
  - Lack of coordinated care between County and Community Providers
  - High no-show rates to specialty clinics
  - Large variations in practice
The Old System

- 350,000+ referrals to specialty care annually.
- Sent electronically and by Fax.
- Often illegible and/or unclear whether referral was needed.
- Referrals individually reviewed by medical directors.
- Long wait times for specialty appointments.
- No way for primary care doctor to know if referral happened.
Disruptive Innovation - eConsult

Not a referral but a discussion between primary care doctors and specialists:

- A referral might result
- Advice, no visit needed
- Advice to complete workup and then have visit
- Urgent or routine appointment

- eConsult – HIPAA secure, web-based “clinical conversation” portal with ability to refer those needing appointments to a scheduling desk.
eConsult Principles

**Responsiveness**
quick answers to requests for assistance

**Collaboration**
the power of dialogue

**Equity**
Care irrespective of payor

**Customer Service**
A system that patients will choose

**Effective Practice**
Practical “real world” improvement
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The DHS eConsult Network

**Submitting Sites**

- **4** Medical Centers
- **2** Multi-specialty Ambulatory Care Centers
- **17** DHS Health Centers
- **170** Community Partner (My Health LA) sites
- **14** Department of Public Health Clinics
- **14** Juvenile Courts Health Services Clinics
- **9** Sheriff’s Department (Medical Services Bureau) clinics

**Specialty Care**

- **3,000+** Providers have submitted at least one eConsult
- **48** Specialty Services
- **330** eConsult reviewers located at 10 different DHS facilities

These locations can be envisioned together as a “Patient Centered Medical Neighborhood”
How eConsult Works

1. **PCP submits eConsult request for assistance**

2. **Specialist reviews & responds to PCP within 4 days**

3. **Dialogue between PCP and specialist**

4. **Next steps determined**

5. **Patient Scheduled for Specialist or PCP treats in Medical Home**
**eConsult Advantages**

**Advantages**
- **PCP and Specialist collaboration**
  - Improved PCP clinical capability
  - Relationship building
  - Troubleshooting of system access issues
- Improved **responsiveness** to requests for specialty assistance
- Reduction in **avoidable** specialty visits
- Improves **effectiveness** of specialty clinic visits (when they are indicated) – the patient arrives ready for a definitive specialty visit.
- Provides ability to **send consult notes** (from specialty visit) **back** to PCP
Responsiveness

- DHS currently responds to 13,000 eConsult requests every month.

- Our average response time to the initial eConsult request is:

  2.5 days!
eConsult Dispositions

- **Cancelled / 6 months no activity** – 5%
- **Specialty Change** – 6%
- **In Dialogue or extended co-management** – 5%
- **Patient Needs Addressed** - 13%
  (includes those closed as diagnostics pending or therapeutic trial)
- **Face to Face visit or Directly Scheduled Procedure** - 71%

210,000+ eConsults
Access to Specialty Care

- **eConsult provides access to specialty care in multiple ways**
  - Rapid access to specialty **expertise** – 2.5 days on average
  - Ability for specialists to **expedite** cases needing more rapid specialty attention and to **designate** specific face to face visit instructions based on clinical need.
  - Ability for **PCPs** to deliver “specialty” care in the Medical Home
  - Reduction in wait times for “**routine**” face to face specialty care visits (because we are using specialist time more efficiently)
Program Impact

Primary Care

• Quick access to specialty expertise
• Connected to larger system of care (reduced isolation)
• Opportunity to enhance clinical capability (eConsult “CME”)
• Reduced wait times
• Improved scheduling process
• Ability to see status of request/scheduling - improved care coordination
• Time investment in submitting eConsult
• More conditions managed in Medical Home – more “balls” in PCP’s court.
• Challenge in ordering specialty labs or diagnostics.
• Co-Management of complex patients
• Improved ability to meet patient’s needs
Program Impact

Specialty Care

• Ability to extend expertise over a larger population of care
• Ability to triage
• Reduced wait times
• Reduced “no shows”
• Face to face visits are more productive
  - Better information
  - Pre-Visit Testing Completed
• Avoidance of inappropriate referrals
• Opportunity to teach/educate
  - PCP
  - Residents/Fellows
• Increased complexity of clinic patients.
• Time investing in reviewing eConsult
• Improved ability to meet patient’s needs
Program Impact

Patient
- Reduced wait times for specialty care
- Less travel
- Fewer days off work
- Medical Home usually more culturally attuned
- PCP more capable / empowered
- Care better coordinated - transitions of care better managed, process more transparent
- Specialist more informed when sees patient
- Fewer specialty visits required to develop treatment plan
Why don’t most of you have access to eConsult?

Fee-for-service system:

• Specialists get paid for visits

DHS model: salaried physicians

• We can pay people for answering eConsults
• No incentive for providing unnecessary care
• eConsult is aligned with our mission of decreasing unmet need