

DHS eConsult Program



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The challenge

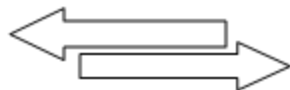


- How does a large, historically fragmented health care system address the issues of:

- 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

Disruptive Innovation - eConsult



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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

3,000+ Providers have submitted at least one eConsult

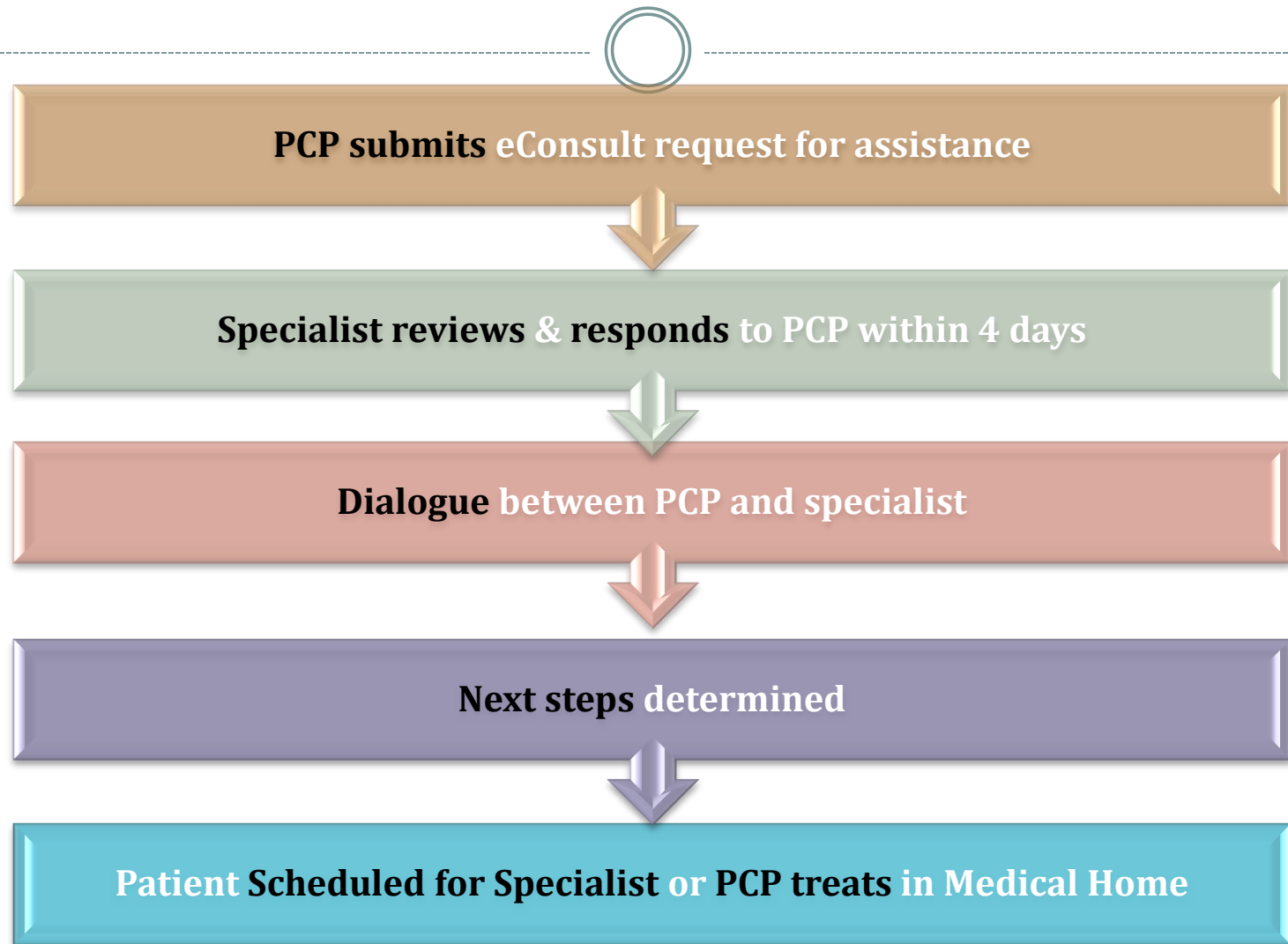


Specialty Care

- 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



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

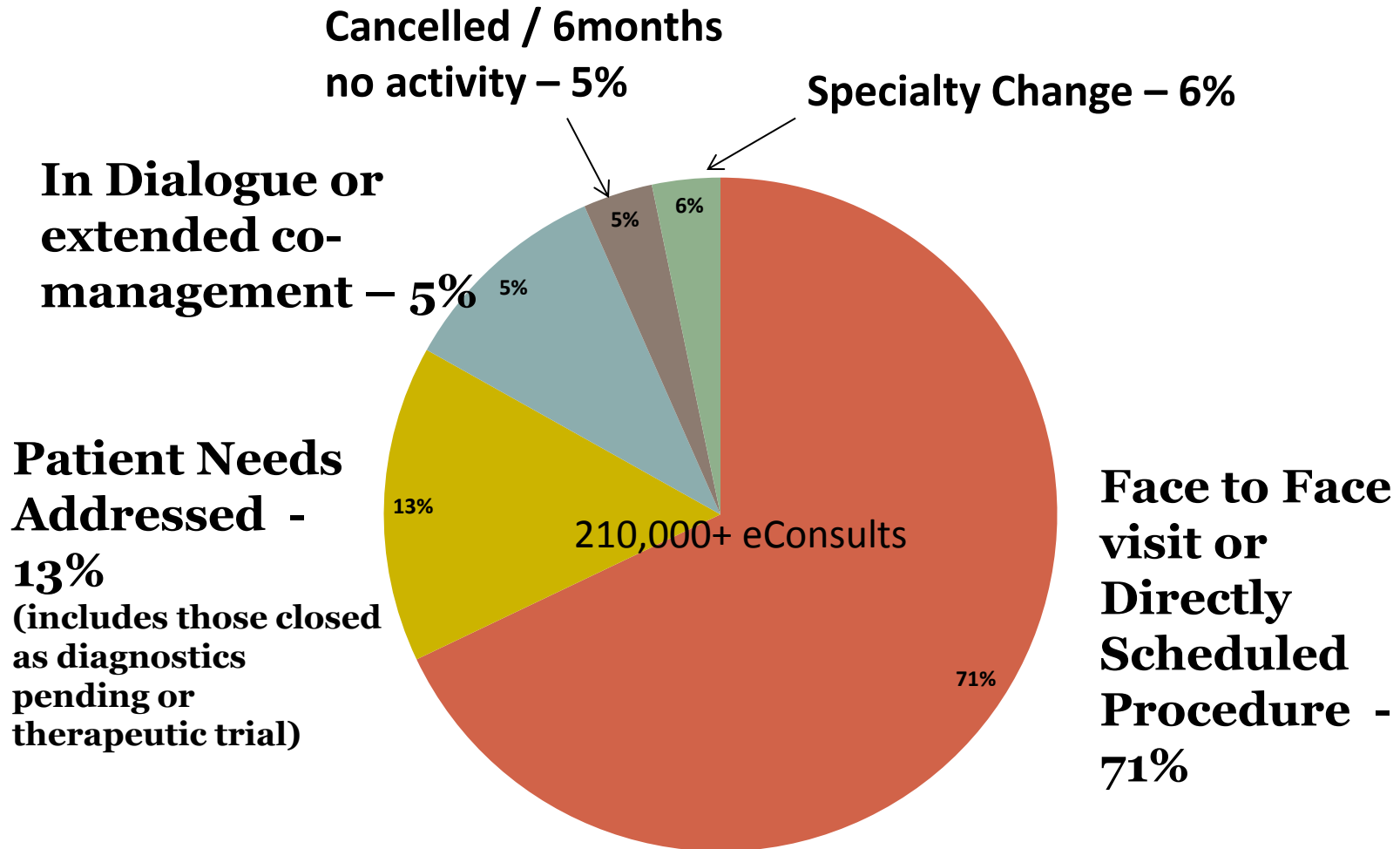
Responsiveness



- 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



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