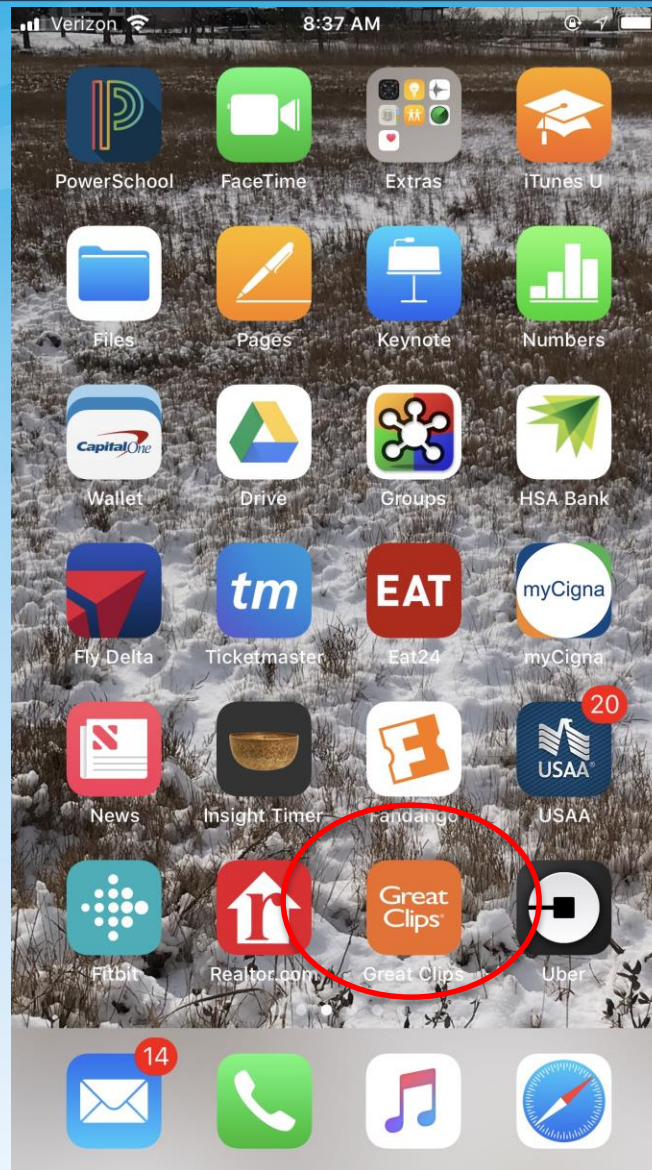


Virtual Care



Breaking the Chains of the Face to Face Visit











YaleNewHavenHealth Park Avenue Medical Center

Clearance 14'-9"

Up to 35%
of all primary care patients are
referred to specialists annually

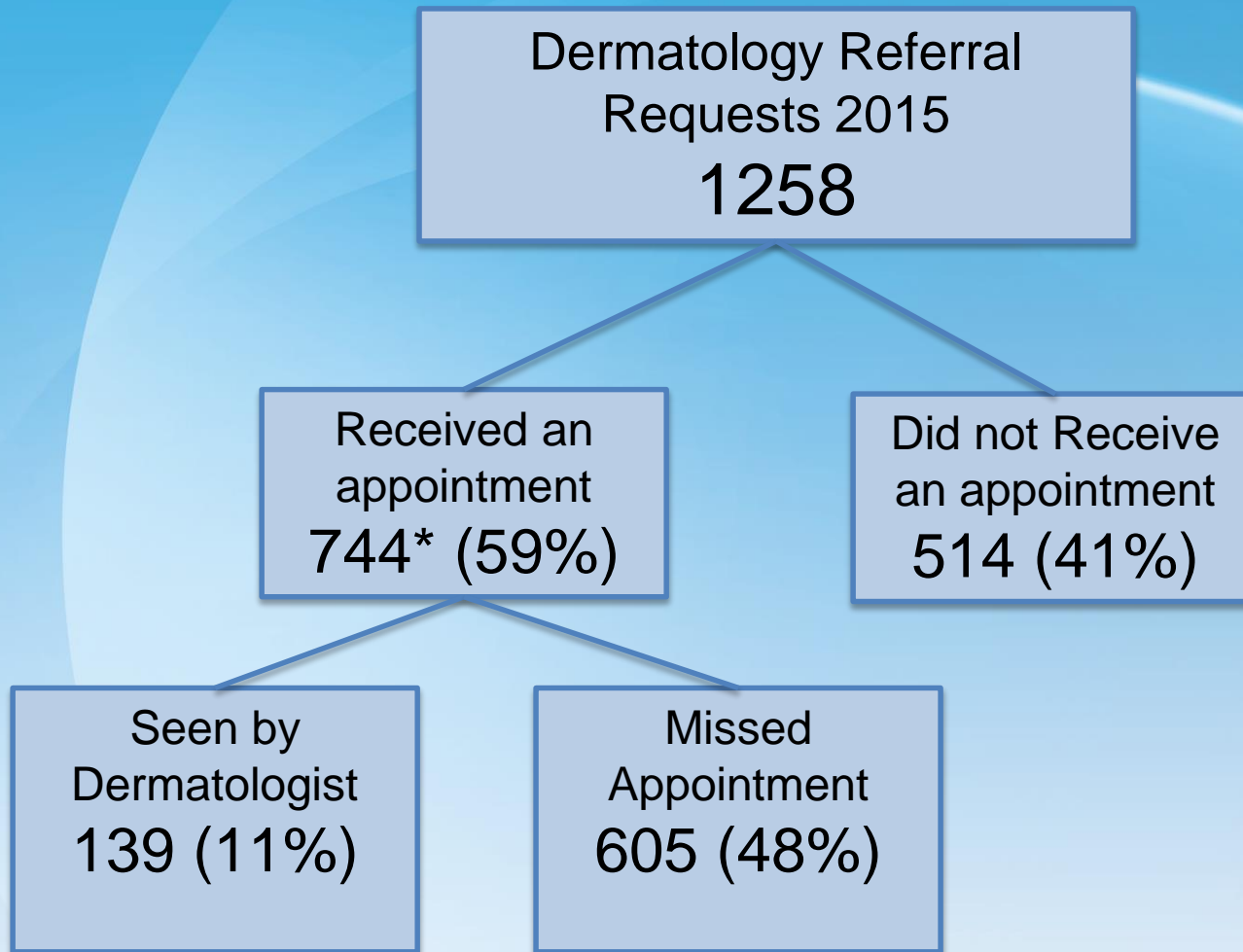


How Primary Care Providers Refer Patients...



Wait Times
Travel
Time off
No Shows
Duplication
Poor Communication
Cost



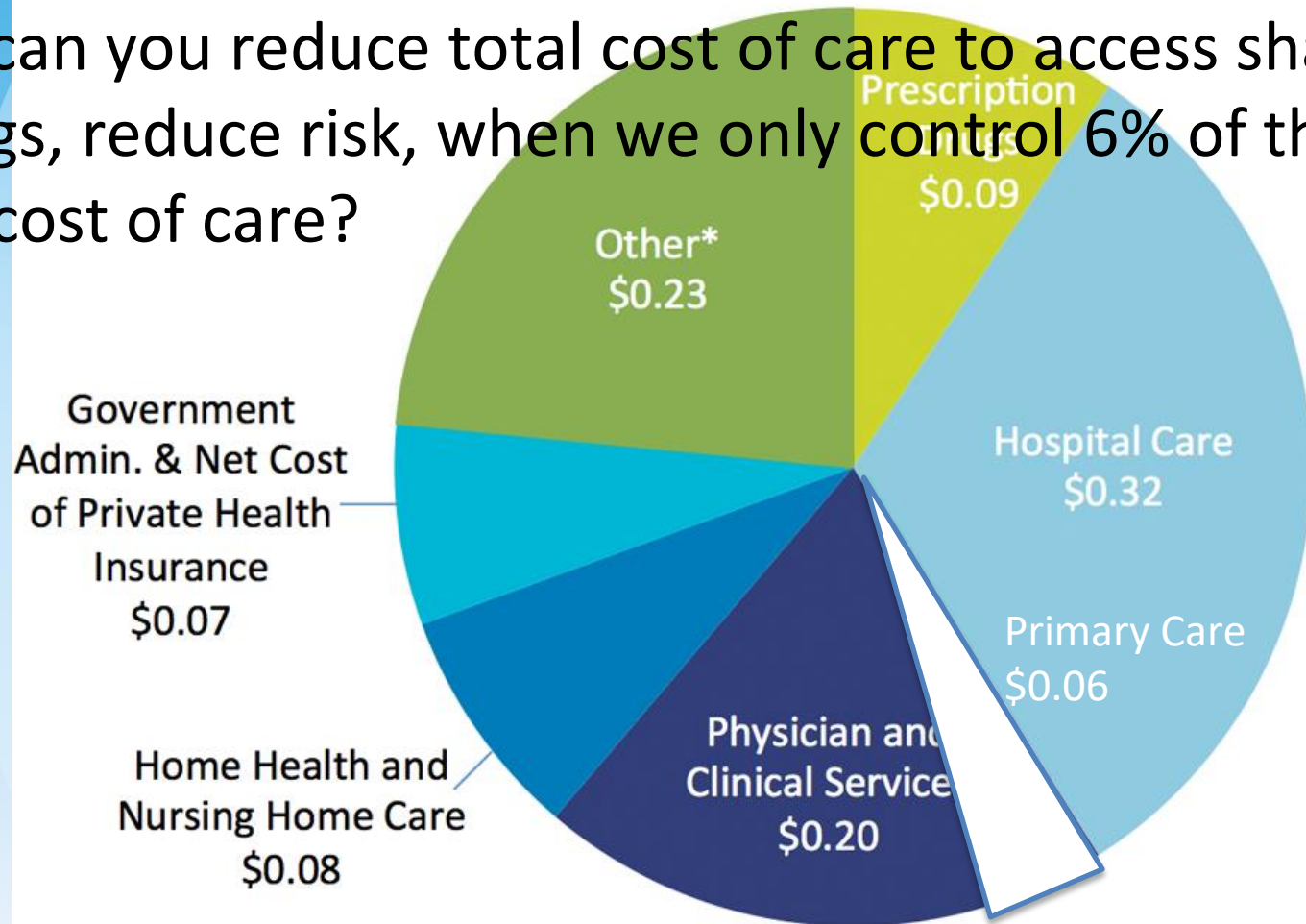


*Median wait time for F2F: 77-104 days



Health Care Dollar, 2014

How can you reduce total cost of care to access shared savings, reduce risk, when we only control 6% of the total cost of care?



What are eConsults?

An eConsult occurs when a primary care provider electronically sends a question to a specialist

- 
- 1) Improve access by reducing unnecessary specialty visits
 - 2) Reduce cost by keeping more care in primary care



10/19/2016 09:29 AM

To: Orthopedist

- 32 yo male w/ ACL tear approx 4 years ago treated w/ steroid injections, and several rounds of PT, but never fully improved. XR shows tricompartmental arthritis. Pt perseverative on getting an MRI now and deeply concerned about need for surgical consult. Reluctant to re-engage with PT until after orthopedic consult. Please review XR and consult on appropriate next steps for imaging and/or therapies. Thank you!

10/19/2016 11:13 AM

Orthopedist To: 32 year old gentleman with a left knee deficient ACL.

It is well known that with the lost of an ACL 4 years ago this candidate may not be suitable for surgical reconstruction. We know well that loosing an ACL will create rotational instability specially on the lateral aspect of the knee joint. It is now too late to have any ACL reconstruction. Arthroscopic debridement can be helpful for a while but will not remove the instability.

- Orthopedic evaluation and cortisone injections in a young gentleman will help but will need to be repeated many time until extensive DJD is experienced.
- There is not really a need to have a MRI since it is well known that there is a deficient ACL knee and it is expected that early DJD will set up but if there is any mechanical locking MRI can be useful to check further meniscal injury. Otherwise Quad and Hamstring rehabilitation remain the key for improving knee function.
- Good Luck

Run Rate 50,000 members					
	Total Adult Referrals	Total Adult eConsults	No F2F Needed	F2F Needed	% of referrals that went to eConsult that were managed by eConsult
Cardiology	1062	316	288	28	91%
Dermatology	1956	834	636	198	76%
Endocrinology	820	360	316	44	87%
Gastroenterology	2312	320	142	178	44%
Infectious Disease	106	44	30	14	68%
Nephrology	374	148	92	56	62%
Neurology	1252	392	358	34	91%
Orthopedics	2340	654	440	214	67%
Pain Medicine	952	56	56	0	100%
Total	11174	3124	2358	766	75%

CLINICAL

A Cost-Effectiveness Analysis of Cardiology eConsults for Medicaid Patients

Daren Anderson, MD; Vicor Villagra, MD; Emil N. Coman, PhD; Tanita Zlateva, MPH; Alex Hutchinson, MBA; Jose Villagra, BS; and J. Nwando Olayiwola, MD, MPH

Many initiatives aimed at transforming primary care have concentrated on the development of patient-centered medical homes, with emphasis on elements including the adoption of electronic health records (EHRs), multidisciplinary team-based care, and care coordination. Fewer efforts have been directed at improving the interface between primary care providers (PCPs) and specialists in the outpatient setting.^{1,2} This gap is notable given the significant clinical importance and financial impact of the PCP–specialist relationship. Outpatient specialty visits represent a disproportionate source of year-over-year increases in healthcare expenditures,^{3,4} with research suggesting that a typical PCP interacts with more than 200 specialists in a year.⁵ Such financial considerations are increasingly important as payment reform gains momentum across the country and stimulates experimentation with novel reimbursement arrangements. Additionally, the proliferation and adoption of new technologies, including EHRs and secure health information exchanges, are creating fertile conditions for improving the interface between specialists and PCPs.

Electronic consultations (eConsults) are non-face-to-face (F2F) consultations between a PCP and a specialist that utilize secure messaging to exchange information. Unlike electronic referral systems that link primary care practices with specialty providers for F2F appointment triage, eConsults provide a virtual consultation by the specialist after clinical information sent by the PCP is reviewed and returned with recommendations, which potentially eliminates the need for the patient to be seen in person by the specialist. Health systems that implemented eConsults have improved specialty access, reduced wait times,⁶ and decreased F2F consultations between 9% and 51% depending on setting and specialty.^{3,14} However, few studies have evaluated the effects of PCP access to a secure eConsult platform on total healthcare expenditures. Findings using retrospective data from an eConsult program in Canada suggest the potential for cost savings,^{15,16} but these studies were not randomized and did not evaluate the impact on total cost of care. The reduction in F2F

ABSTRACT

OBJECTIVES: To evaluate the cost-effectiveness of electronic consultations (eConsults) for cardiology compared with traditional face-to-face consults.

STUDY DESIGN: Cost-effectiveness analysis for a subset of Medicaid-insured patients in a cluster-randomized trial of eConsults versus the traditional face-to-face consultation process in a statewide federally qualified health center.

METHODS: A total of 369 Medicaid patients were referred for cardiology consultations by primary care providers who were randomly assigned to use either eConsults or their usual face-to-face referral process. Primary care providers in the eConsult arm transmitted consults to cardiologists using a secure peer-to-peer communication platform in an electronic health record. Intention-to-treat analysis was used to assess the total cost of care and cost across 7 categories: inpatient, outpatient, emergency department, pharmacy, labs, cardiac procedures, and “all other.” Costs are from the payer’s perspective.

RESULTS: Six months after the cardiology consult, patients in the eConsult group had significantly lower mean unadjusted total costs by \$455 per patient, or lower mean costs by \$466 per patient when adjusted for non-normality, compared with those in the face-to-face arm. The eConsult group had a significantly lower cost by \$81 per patient in the outpatient cardiac procedures category.

CONCLUSIONS: These findings suggest that eConsults are associated with total cost savings to payers due principally to reductions in the cost of cardiac outpatient procedures.

Am J Manag Care. 2018;24(1):e294–e301

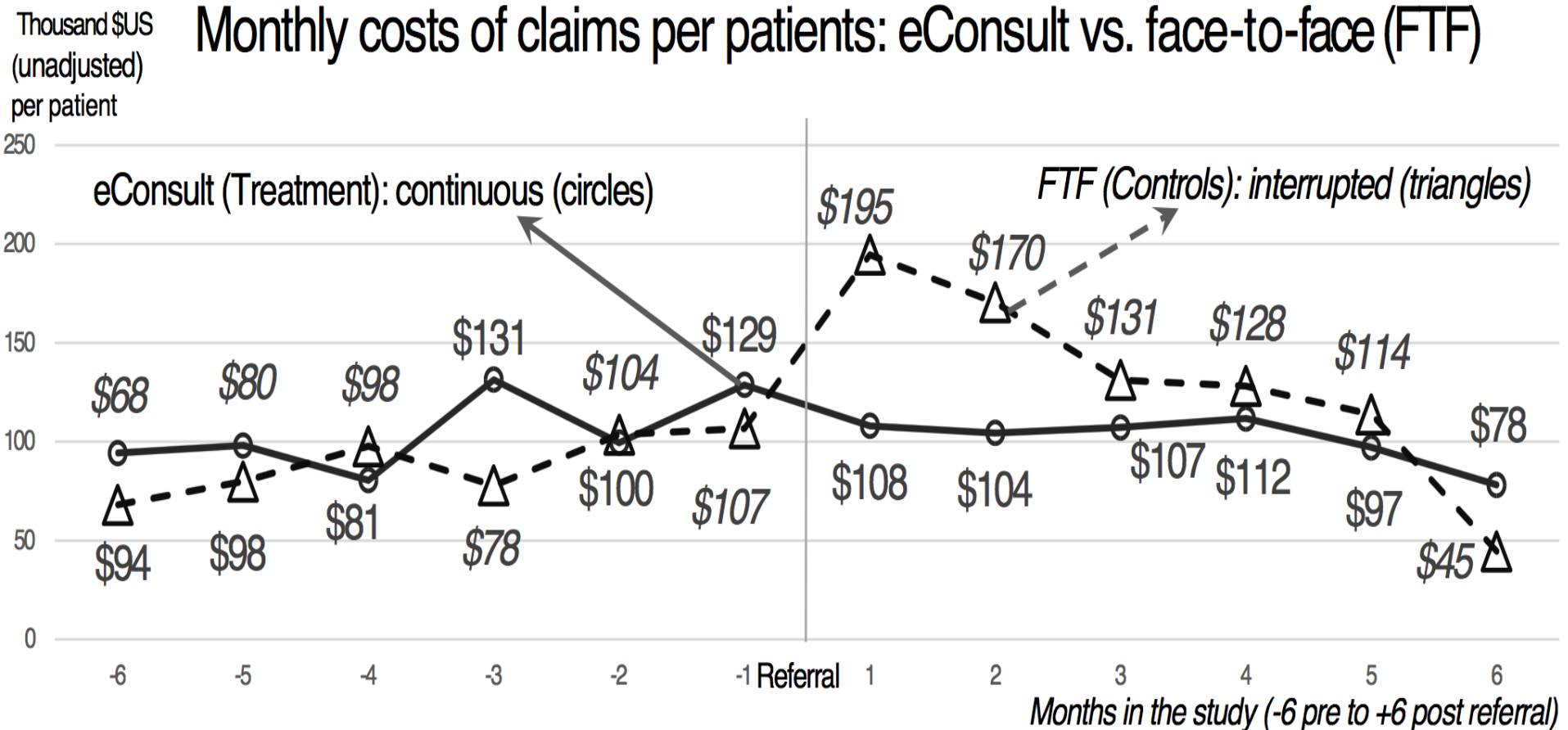
Medicaid Claims Data Analysis

Randomized Trial of Cardiology eConsults

“Default” model used by CeCN

UConn Cardiologists





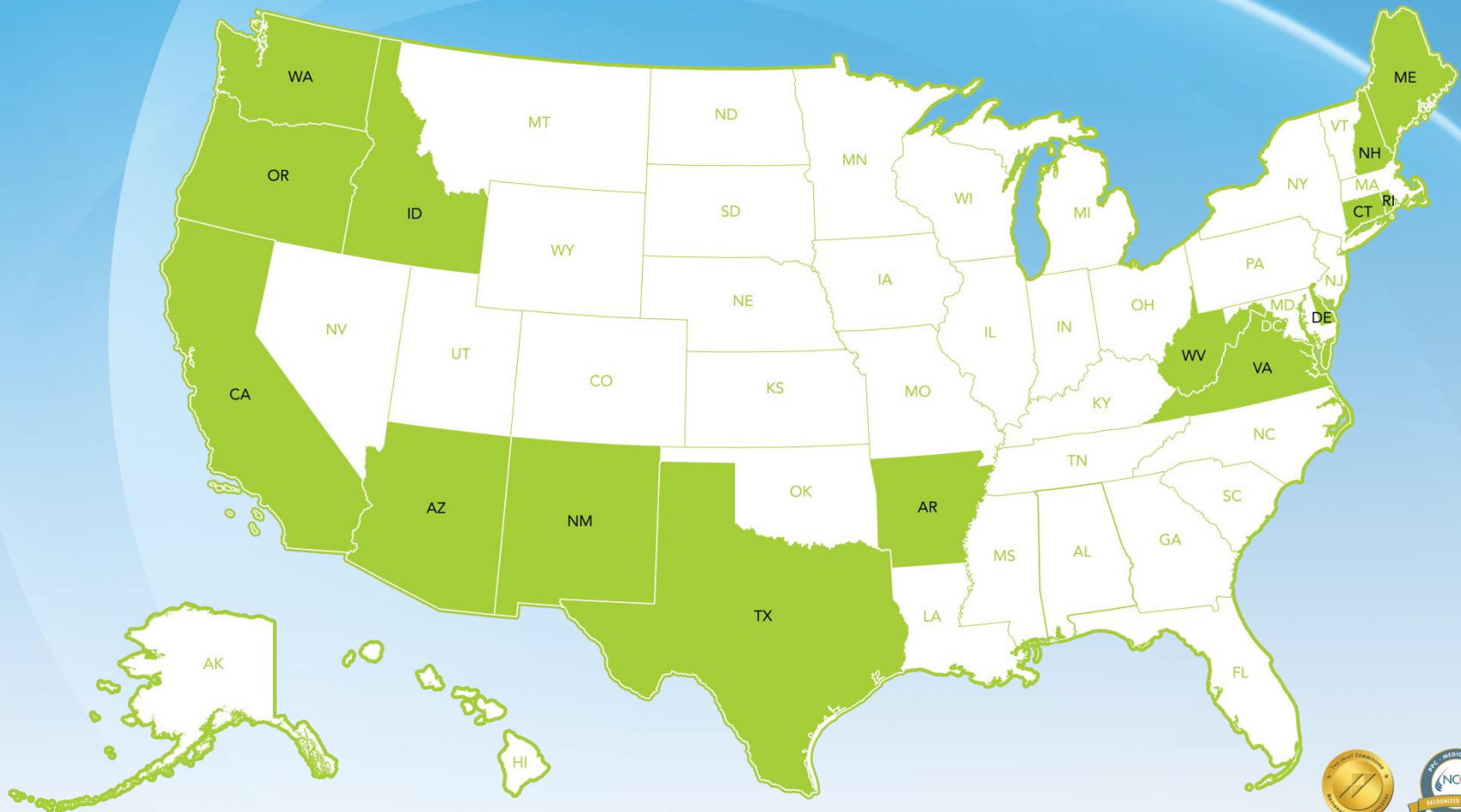


Community eConsult Network, Inc.

Building a Primary Care-Focused eConsult Network for Pain and Other Specialties



CeCN Clients by State



PROJECT ECHO[®]



weitzman  institute
inspiring primary care innovation



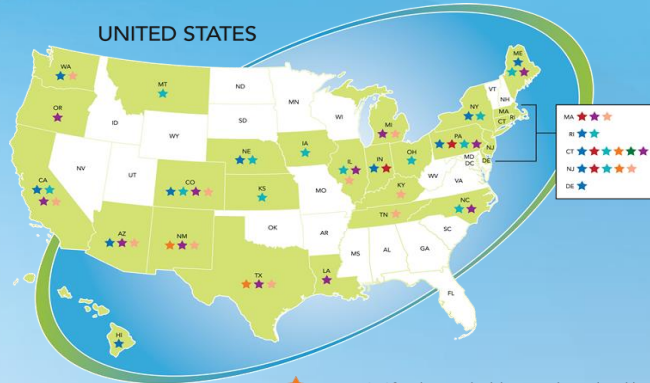
Our ECHO Clinics



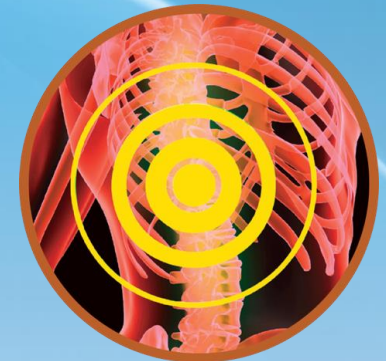
Hepatitis C



HIV



- ★ Project ECHO® Pain
- ★ Project ECHO® Pediatric and Adolescent Behavioral Health
- ★ Project ECHO® Hepatitis-C/HIV
- ★ Project ECHO® Complex Care Management
- ★ Project ECHO® Buprenorphine
- ★ Project ECHO® LGBT Health
- ★ Project ECHO® Complex Integrated Pediatrics



Pain



Buprenorphine



Complex Care Management



Complex Integrated Pediatrics



“Primary care is the provision of first contact, person-focused, ongoing care over time that meets the health-related needs of people, *referring only those too uncommon to maintain competence.*”

Dr. Barbara Starfield,
Former Director, Johns Hopkins University Primary Care Policy Centre

