

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Care Transitions and eConsults Standards Webinar

PTTF Guest Presentation &
Standards Discussion

September 15, 2015

Practice Transformation Taskforce Webinar

Agenda for Today's PTTF Webinar

1. eConsults (30 minutes)

- A. Overview of eConsult standards
- B. Presentation from Daren Anderson, MD
- C. Questions & Discussion

2. Care Transitions (25 minutes)

- A. Overview of Care Transitions standards and feedback
- B. Suggested Solutions

3. Remaining PTTF Process (5 minutes)

- A. Final Schedule
- B. Questions / Discussion

Design Programs: eConsults

eConsults Intervention Objectives:

Improve timely access to specialists, improve PCP and specialist communication, and reduce downstream costs through avoiding unnecessary in-person specialist consultations. eConsults will facilitate this through providing primary care providers the means to seamlessly consult electronically with specialists prior to referring a patient for a face to face consult.

Intervention Highlights

- The networks will **elect one specialty area to do eConsults** – common areas include cardiology and dermatology
- **A specialist practice/providers will be identified** either within or outside the network, depending on the Advanced Network/FQHCs physician make up, with which to **establish eConsult protocols**
- The designated specialists reviewing eConsults will determine 1) if **a face to face is needed**; 2) if **more information on the patient is needed** before a determination about a face to face consult can be made; or, 3) A **face to face consult is not needed** and a **consult note is provided** from the specialist to the primary care provider on how to care for the patient in the primary care setting
- The networks will have to establish a **reimbursement mechanism** for eConsults

Overview of Feedback

PTTF Commentary on eConsults:

- eConsults provide an important avenue to address issues of access to and cost of specialty care
- Early results show increased satisfaction for patients as well as for primary care clinicians and specialists

Group 3: Public Sector - Summaries

- Knowledge of effective, quality eConsult models, especially with regards to payment and referral incentives, is limited
- Concerns exist around person-centeredness of the consult and the ability of specialists to truly recommend a diagnosis/treatment without all of the details of the patient's condition
- Questions around how eConsults can help educate and support PCPs and care management programs



eConsults for Primary Care

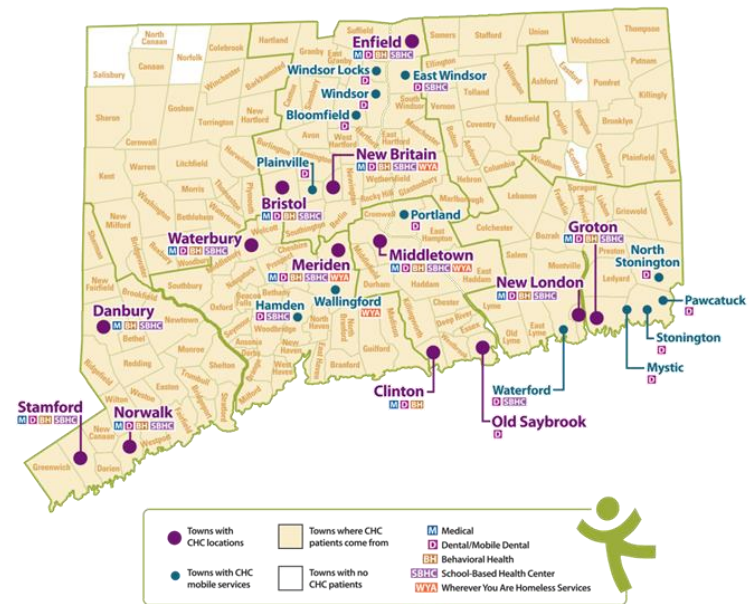


Expanding Access and Reducing Costs of Specialty Care

Our Vision: Since 1972, Community Health Center, Inc. has been building a world-class primary health care system committed to caring for underserved and uninsured populations and focused on improving health outcomes, as well as building healthy communities.



CHC Locations in Connecticut



Daren Anderson, MD
 VP/Chief Quality Officer
 Community Health Center, Inc.
 Director, Weitzman Institute

CHC's Weitzman Institute



Committed to improving primary care for underserved populations by promoting research, training, education, and innovation

Benefits of managing patients in primary care



- Patient-centered care
- Patient convenience
- Coordinated Care.
 - Avoid duplicative testing;
 - Poor information exchange;
 - Medication errors
- Lower cost

We need new ways to communicate efficiently with specialists & new ways to learn and expand the scope of primary care

Moving Knowledge, Not Patients



Tele-health

Project ECHO:
Provide ongoing case based
learning and consultation
with an expert,
multidisciplinary team

eConsults: Provide PCPs with access to quick,
useful electronic consults from specialists





Primary care visit: New London CT

3 month-old baby with rash



- Option A: refer to Dermatology (wait time 6-9 months)
- Option B: eConsult

2 Hours Later: eConsult response



Diagnosis: seborrheic dermatitis and atopic dermatitis.

Recommendation:

Scalp: Dermasmoothe FS oil at bedtime under occlusion over night, wash off in the morning, daily for 3 days then 2-3x/week as needed.

Rest of body: Hydrocortisone cream 2.5% BID to all affected area with wet dressing: warm water bath, pat skin dry gently, apply HC 2.5% to affected area, then put on wet warm cotton pajama or towel over, wrap baby with warm dry blankets over, leave it on for 30-45 minutes, then take off wet wraps, apply moisturizer cream (Aveeno, CeraVe, Vanicream, etc) all over. Start wet wraps daily for 3-5 days, when skin improving, use medicated cream BID while decrease wet wraps to 1-2 x/week as needed.

Feedback from the PCP



From: [REDACTED]

Date: May 2, 2015 at 6:49:20 AM EDT

To: CHC Medical Providers <CHCMedicalProviders@chc1.com>

Subject: Derm eConsult trialcomment

All right, I'm sold. Just got back two derm consults, one for a 13 year old with severe chronic hidradenitis, and this one for an infant with severe whole body eczema , recommending treatments that I would never have thought of or implement on my own.

Easy enough for me to do, with the sanction of the e consulting dermatologist.

Given the difficulty of finding dermatologists and the practical issues of getting the patients there, I think this is going to be real good!



For cardiology:

04/21/2015 01:29

PCP

Specialist

52 year old female with intermittent chest pain and pressure, history of GERD and anxiety ST, t wave inversions in V3 V4 V5 in ekgs from 2014 and 2013
does she need to see cardiology? stress test? event monitor? echo for persistent ST?





Specialty: Cardiology

Diagnosis: CHEST PAIN NOS (786.50)

Procedure:

eConsult Dialog

Message submitted to PCP for review

04/21/2015 04:20 PM

Specialist

To:

PCP

Hi *PCP*. I agree with your assessment of the EKGs. If anything, today's EKG looks more normal than the one from 2013.

With respect to the sinus tachycardia, I probably wouldn't do any testing beyond a TSH, if it wasn't done previously as well as a CBC to make sure she's not anemic. There are no physical findings or components to her history they're suggesting structural heart disease, so I do not think an echocardiogram is necessary at this point, given the likelihood of other explanations such as anxiety and hyperglycemia.

Regarding the chest pain, she has some risk factors for coronary artery disease and some of the symptoms sound a bit concerning (eg. feeling like drowning") so getting a stress test would be a reasonable approach for further evaluation. Because of female sex (higher incidence of false positive ECG with stress test), and some of the baseline abnormalities in her ECG, it would be best to get an exercise test with myocardial perfusion imaging.

Existing eConsult Models



| Organization | # Specialties | # Participants | Key Results |
|---|-------------------------|-----------------------|--|
| SFGH/UCSF ¹ | All medical specialties | 22 Community Clinics | Reduced wait time up to 90% Cut “inappropriate” referrals by half |
| eConsult LA ² | 19 Specialties | ~50 Community Clinics | 60% reduction in wait times 50% of eConsults did not result in a face to face visit |
| Kaiser Permanente CO ³ | All Medical Specialties | ~50 Community Clinics | 60% reduction in wait times 50% of eConsults did not result in a face to face visit |
| Champlain BASE eConsultation Service – Ontario, Canada ⁴ | 5 Specialties | 18 PCPs | <10% required face to face follow up |
| Mayo Clinic ⁵ | All specialties | Open to any patient | Reduce wait time to ~2 days |

¹ Chen AH, Kushel MB, Grumbach K, Yee HF, Jr. Practice profile. A safety-net system gains efficiencies through 'eReferrals' to specialists. *Health Aff (Millwood)*. 2010;29(5):969-971.

² <http://www.econsultla.com>

³ Palen TE, Price D, Shetterly S, Wallace KB. Comparing virtual consults to traditional consults using an electronic health record: An observational case-control study. *BMC Med Inform Decis Mak*. 2012;12:65-6947-12-65.

⁴ Keely E, Liddy C, Afkham A. Utilization, benefits, and impact of an e-consultation service across diverse specialties and primary care providers. *Telemedicine and e-Health*. 2013;19(10):733-738.

⁵ <http://www.mayoclinichealthsystem.org>



Connecticut Health Foundation: CHC-UCONN Cardiology eConsult Trial

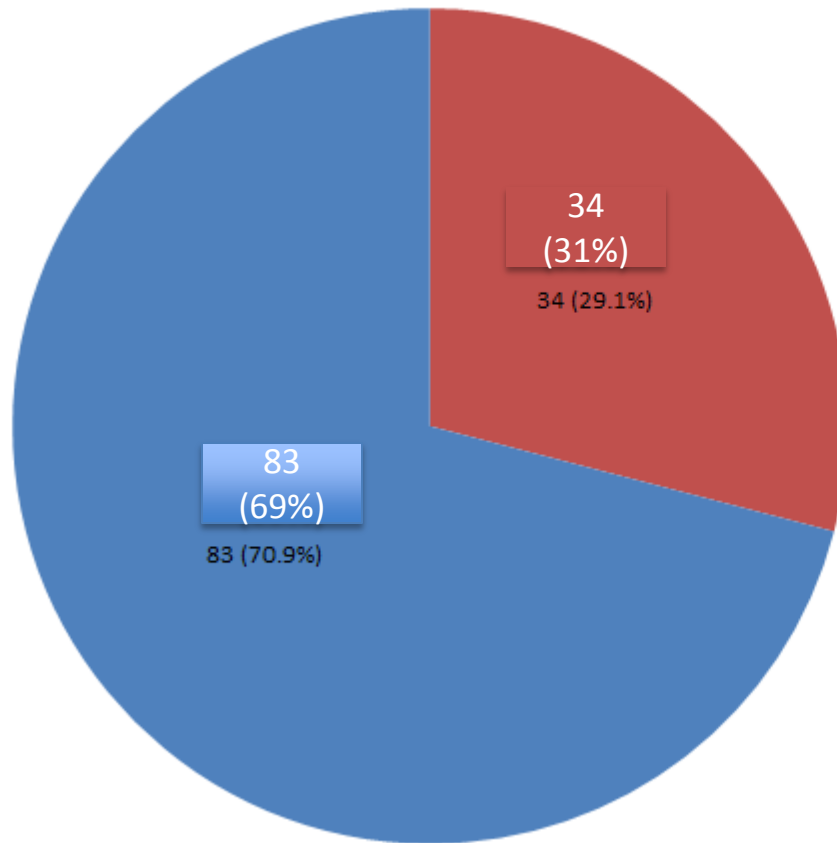


Research question: What is the impact of a cardiology eConsult system on access, efficiency, and clinical outcomes?

Reduction in F2F visits



eConsults



- Required a F2F
- Resolved without a F2F



eConsults

Cardiology Pilot Medicaid Financial Outcomes

| Per-Patient Costs | | | |
|-----------------------|-----------------|-----------------|-------------|
| Cost Categories | eConsult | F2F | Δ |
| All Inpatient | \$ 1,039 | \$ 1,702 | -39% |
| Cardiac | \$ 395 | \$ 278 | 42% |
| All Emergency Room | \$ 37 | \$ 75 | -50% |
| Cardiac | \$ 9 | \$ 17 | -46% |
| All PCP Office Visits | \$ 564 | \$ 485 | 16% |
| PCP - Cardiac | \$ 86 | \$ 46 | 85% |
| All Specialist Visits | \$ 893 | \$ 1,188 | -25% |
| Cardiologist | \$ 48 | \$ 78 | -38% |
| Labs | \$ 48 | \$ 41 | 17% |
| Cardiac OP Procedures | \$ 101 | \$ 179 | -43% |
| OP Prescriptions | \$ 2,282 | \$ 1,970 | 16% |
| Residual Claims(*) | \$ (235) | \$ (344) | -32% |
| Total | \$ 4,730 | \$ 5,295 | -11% |

*: Sum of unaccounted and double-counted claims due to coding



Per Patient Cost Pre and Post

| | eConsults | Face to Face (F2F) |
|-----------------|-----------|--------------------|
| Pre (658 days) | \$ 10,504 | 10,064 |
| Post (180 days) | \$ 4,730 | \$, 5,295 |



eConsult– Cost Savings

Per Member Per Month (PMPM) Cost Savings Estimates

| | |
|--|--------|
| Medicaid population in intervention group: | 10,665 |
|--|--------|

| | |
|--|---------|
| <u>Post Intervention Costs (per patient)</u> | |
| - Control Group: | \$5,295 |
| - Intervention Group: | \$4,730 |
| Average cost savings per patient | \$ 565 |

| | |
|---|----------|
| <u>Cost Per Member Per Month (PMPM)</u> | |
| Number of months: | 6 |
| Total cost difference between post intervention groups: | \$75,710 |

| | |
|-------------------------------|--------|
| <u>PMPM Estimated Savings</u> | \$1.18 |
|-------------------------------|--------|

New England eConsult Network



Select private practice groups

Direct messaging

Safety Net Connect
Web Based
eConsult Platform

eConsults



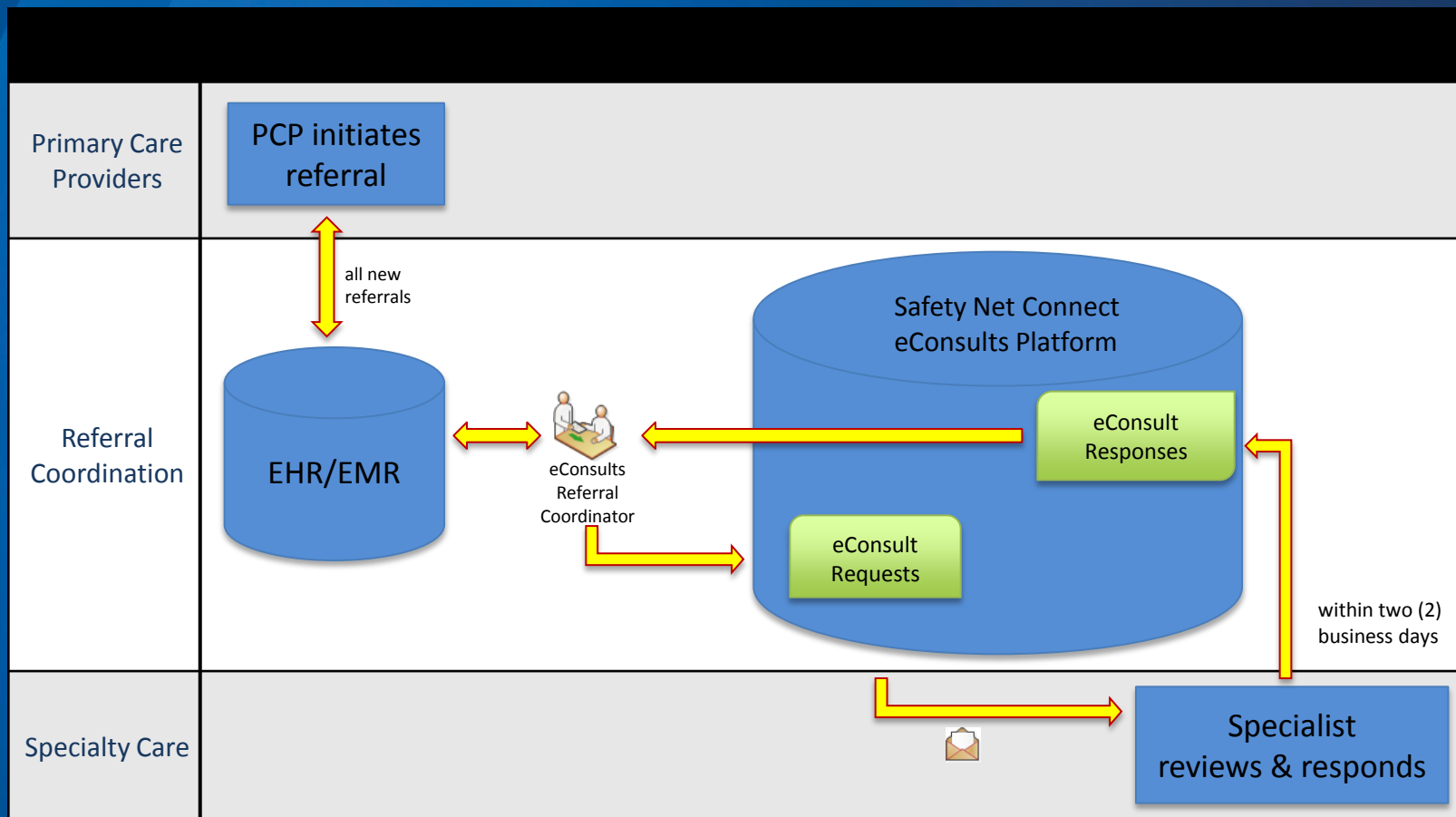
Cardiology
Dermatology

Patients' EHR

Pain Management (3Q2015)
Orthopedics (3Q2015)
Endocrinology (3Q2015)



Workflow / Central Referral Coordination



Building a Sustainable eConsult Network: Work Structure



Technology Workgroup

- Recommends updates to the web based platform;
- Guides customization of the platform for each primary/specialty care network;
- Provides guidance for implementation;
- Conducts vigorous testing with select PCPs, referral staff, IT;
- Prepares and delivers training plan for admin, PCPs and Specialists.

Specialty Workgroup

- Developed and updates recruitment strategy for specialists;
- Identifies and secures commitment from specialty departments to expand offerings;
- Developed and updates criteria for specialist participation;
- Identified and gained agreement for an appropriate per consult reimbursement rate. As required, advises on updates.

Workflow Workgroup

- Reviews process mapping of current referral workflow at each primary care network;
- Developed and recommends updates to eConsult workflows tailored to each organization;
- Develops and delivers eConsult training plan (e.g. incorporated new workflow elements for dermatology eConsults).

Finance Workgroup

- Develops model(s) for reimbursement; updates as necessary;
- Explores and calculates ROI, as required;
- Obtained multi-payer buy-in (effort continues);
- Develops billing process.

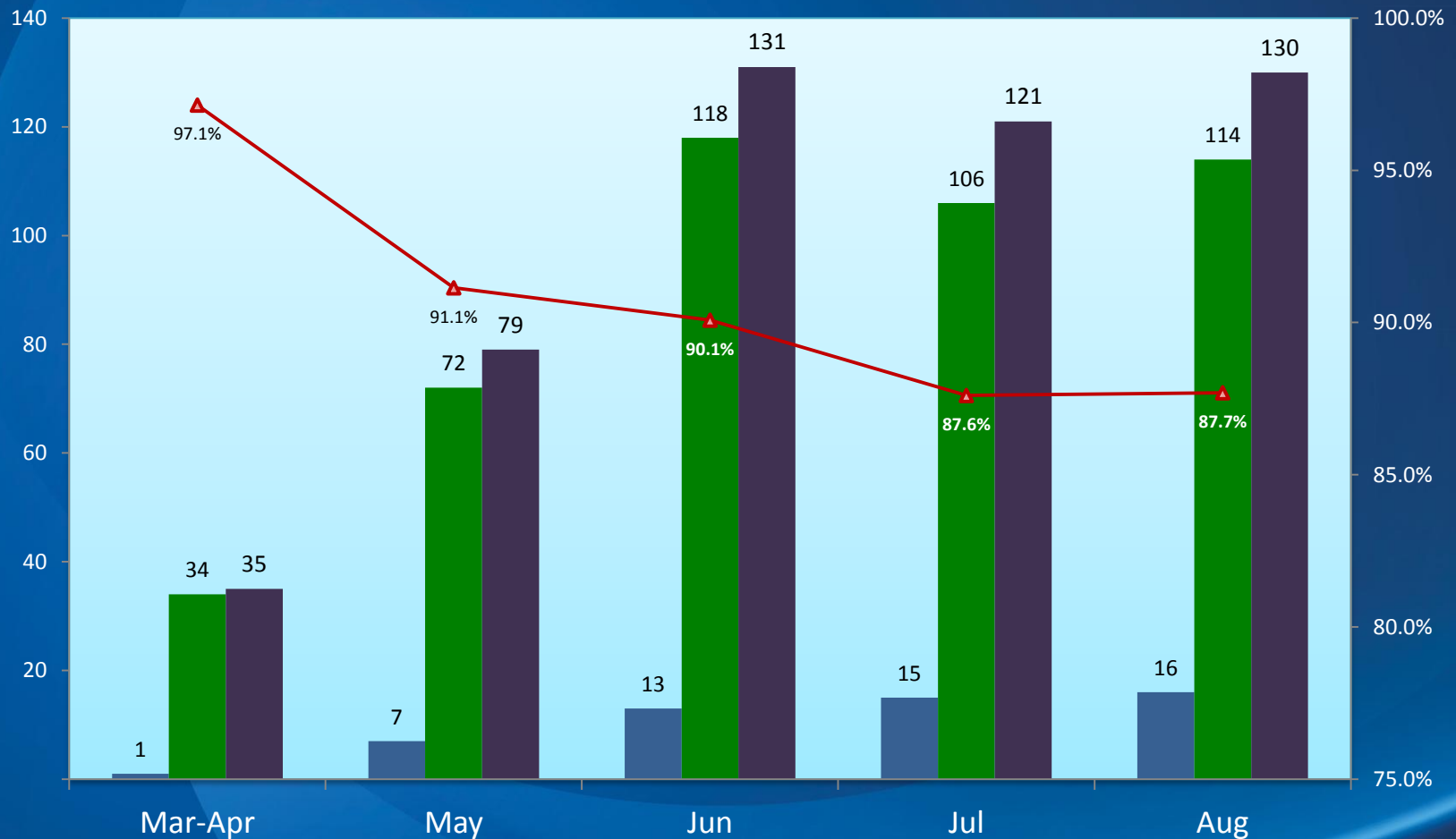
Evaluation Workgroup

- Develops quality and safety monitoring plan;
- Develops and obtains IRB approval;
- Develops evaluation plan;
- Develops data collection tools;
- Helps seek additional funding sources.

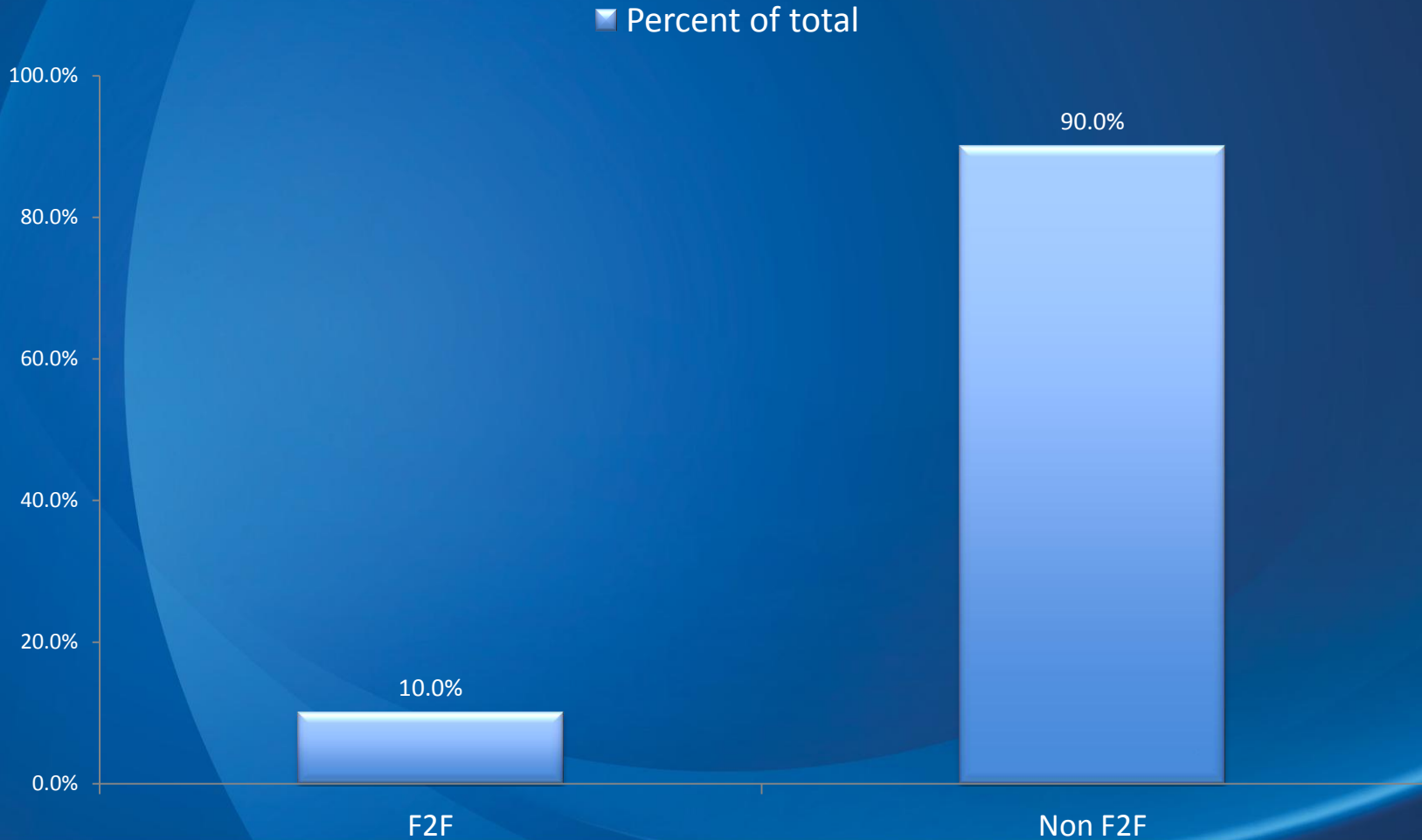
NEECN Monthly eConsults

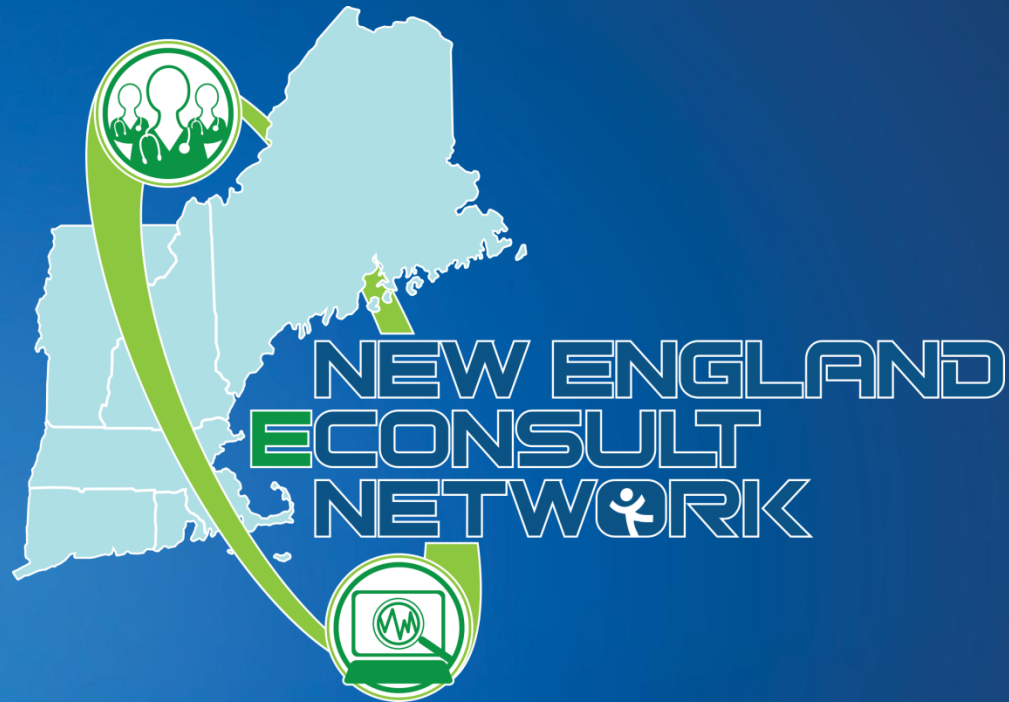


F2F Non F2F Total ▲ Percent Non-F2F



NEECN eConsults Visit Recommendations Specialty Office (F2F) Visit v. Primary Care (Non-F2F)





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Questions? Discussion?



Design Programs: Care Transitions

Care Transitions Objective

The care transitions intervention will develop methods to improve communication and the exchange of patient health information when transitioning between settings in order to improve patient outcomes by ensuring that patients are safely transitioned with self-management tools to implement their plan of care.

To Note

The feedback received to date on these guidelines questions whether our objective for this standard may be better served by embedding the components of this intervention in the shared governance and patients with complex conditions standards. Commenters have noted that many elements of the guidelines are hospital-centric and embedded in other processes. As most MQISSP members may not have member hospitals, it might be more effective to address quality transitions of care through other approaches.

Intervention Highlights

- Networks **assess a patient's appropriateness for more structured care transitions**
- Patients are designated into **tiers corresponding to acuity and socio-economic factors**
- All patients receive **a person-centered, standardized care transitions plan** that includes instructions for follow-up and appointments made pre-discharge
- Depending on the tier, **patients receive a series of follow-up interactions** including in-home visits for most complex patients and telephonic or telehealth interactions for others
- Networks can use a **variety of means to implement the person-centered care transitions plan** and **to engage the patient with tools designed to improve self-management skills**

Overview of Feedback

PTTF Commentary on Care Transitions:

- The current standards are designed to govern the transition from hospital to home, which is already being addressed through several other programs that may make our standards duplicative and burdensome
- Transitions of care is a much broader issue than hospital-home and requires coordination and sharing of information across multiple settings
- Transitions of care are such a vital part of healthcare delivery requiring attention that they should be made a core service of CCIP
- Much of the components of a comprehensive transitions of care program are embedded in the responsibilities of healthcare professionals in CCIP
- Most of the ACO / Advanced Networks in CT do not have hospitals as part of their networks

Suggested Next Steps

Embed CT Standards into Existing Guidelines:

Complex Patients

Embed into complex patients bullets related to notifications for PCP/CCT when patient is admitted or discharged from an ED, hospital, or acute care facility with the purpose to support care transitions and communications

Community Consensus

Embed into community consensus protocols the charge to work on hospital care transitions if the community board establishes this to be a need

Justification

- Hospital centric nature of current standards do not fit (i.e. network driven solutions)
- Most ACO / Advanced Networks in CT do not have hospitals:
 - This could facilitate PCPs / networks without hospitals in developing better partnerships
 - This allows for community solutions for networks coordinating with same hospital
- Complex patients protocols encompass many of the responsibilities associated with transitions coordinators

CCIP Next Steps

Next Steps

- Incorporating feedback from PTTF, MAPOC-CMC, and Public Comments
- Distributing CCIP full draft report to HISC and PTTF by EOD
- Collect final feedback on CCIP report by 9/18
- Final review of CCIP report with PTTF on 9/29
- Disseminate final CCIP report to HISC on 9/30
- Present the final CCIP report and standards to HISC on 10/8
- Provide CCIP standards to DSS to incorporate into MQISSP RFP by 10/12

Questions?

