

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Practice Transformation Task Force***

**Webinar Summary**  
**September 15, 2015**

**Members Present:** Susan Adams; Lesley Bennett; Mary Boudreau; Leigh Dubnicka; David Finn; Heather Gates; Shirley Girouard; Alta Lash; Nydia Rios-Benitez; Eileen Smith; Elsa Stone

**Other Participants:** Daren Anderson; Kathy Henchey; Kevin Kappel; Kevin Massey; Ron Preston; Marie Smith; Jose Villagra

**Purpose of Today's Meeting**

Kevin Kappel reviewed the purpose of the webinar, which was to review the eConsults and care transitions standards in more detail, to discuss feedback received, and make suggested changes to the standards. Dr. Daren Anderson of the Weitzman Institute and CHC, Inc., presented on eConsults within CHC's network and results attained through eConsults.

**Presentation & Summary**

The meeting was opened with a review of the agenda and purpose of the meeting. Following that, there was a quick discussion of the current eConsults standards that were posted to the CT SIM website (<http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2765&q=335782>).

Dr. Daren Anderson, then provided an overview of CHC, Inc. and their services in Connecticut. Dr. Anderson then provided an overview of how electronic consultations are currently being used within the CHC network, especially with examples from pediatric dermatology and adult cardiology, as well as the project impact of the use of these eConsults. To date, results include increased provider and patient satisfaction as well as decreased costs. Claims data for two comparison groups show that costs for patients with eConsults showed an overall decrease in costs of approximately 11%. Within the New England Network of CHC, approximately 90% of total cases were resolved through eConsults and did not need a face-to-face follow-up appointment, although this number may decrease since a significant number of cases focused on dermatology.

PTTF Members then asked Dr. Anderson several questions, which included questions of who gets paid and "owns" the results, how many suggestions via eConsults are actually incorporated into the care plan, and whether the use of telephonic consultations can be used. Dr. Anderson noted that payments are decided on a local basis, but as the system moves to more value-based, shared-savings constructs, then the payments and savings could be shared by all. For now, the PCP is the one who "owns" the patient outcomes although the specialist does get credit for the consult. As far as suggestions incorporated into the care plan, CHC and their network are still tracking those results. It is assumed that it will depend on the specialty service consulted (i.e. dermatology will have more incorporated over cardiology). Finally, Dr. Anderson noted that eConsults is still not a

perfected science and many providers are figuring out of such services while members encouraged more verbal and personal interaction between providers.

The PTTF then discussed the care transitions feedback and the care transitions standards. For many reasons, feedback on the care transitions standards compelled the CT SIM PMO and Chartis to re-evaluate how to incorporate good care transitions protocols into other core and elective standards of CCIP. Because of the hospital-centric nature of the current standards, the composition of Advanced Networks and other participating providers, and the overlapping responsibilities between providers caring for complex patients and transitions coordinators, the CT SIM PMO would advocate for getting rid of stand-alone care transitions standards and embedding processes and protocols elsewhere within the program. PTTF members generally agreed and asked for the opportunity to review what those new standards will look like. Those standards will be circulated with the report to be released soon for comment.

The full webinar recording can be found [here](#).

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