eConsult – considerations for implementation in California's healthcare safety net

Introduction

As part of our commitment to strengthening the healthcare safety net, Blue Shield of California Foundation is supporting efforts to advance the use and adoption of electronic health consultations (eConsult). This innovation aims to enhance communication and coordination across providers, while improving efficiency and access to care for patients. To inform and help guide our grantmaking for eConsult, the Foundation worked with the UCLA Institute for Innovation in Health to bring together representatives from healthcare systems that have already implemented eConsult programs to share their experiences and discuss readiness factors, stages of development, management, and how to evaluate eConsult for impact.

Building upon the information gathered from these representatives, as well as from in-depth follow-up discussions and ongoing dialogue with experts, the Foundation has compiled the following recommendations outlined in this issue brief. Developed as a reference guide, the brief aims to support stakeholders and providers interested in implementing or expanding the use of eConsult in their communities and healthcare systems.

A companion piece, *Measurement for Impact*, looks more closely at the process measures and evaluations that should be considered in order to track the outcomes generated from eConsult and effectively communicate about its impact. A corresponding *Checklist for eConsult Implementation* has also been created to provide additional details for project managers leading implementation efforts.

Defining Terms

As the conversation continues around the barriers to specialty care for low-income patients, numerous terms have arisen, and are often used interchangeably, to describe the innovations being used to address existing challenges. Baseline definitions for eConsult, eReferral, telehealth, and case-based learning systems are provided in Table 1 – *System Definitions and Variations*. The table not only defines each tool, but describes the unique goals and characteristics specific to each innovation.

This paper will focus primarily on considerations for eConsult systems and steps for implementation.

Table 1. – System Definitions and Variations

	eConsult	eReferral	Telehealth
Primary Goal	Improve efficiency and increase access to specialty services via greater provider dialogue and consultation	Expedite the scheduling and authorization process to get patients connected to specialist more quickly and easily	More accessible training and capacity building opportunities for primary care providers who face barriers to traditional training programs
Characteristics	- Software, email-based, communication system - Facilitates dialogue between specialists and primary care providers - Communication systems & technologies open new channels for consultation and patient care management - Information exchange includes patient history, labs, and other information needed for consultation & to determine whether or not a patient must be seen in-person	- Software, email or web-based system - Improves scheduling and ease of referral for in-person specialty care appointments - Stages referral and appointment requests through an automated process or online scheduling & authorization system - Shared information includes level of urgency for the appointment as well as patient history, labs, and other details needed for specialist to prepare for an in-person visit	- Video-conference, web-based system - Gives providers greater access to training programs, case reviews, and other relevant content - Presentations and reference materials are recorded and available electronically at any time - Removes time, geographic, logistical, and other barriers to learning and capacity building - An example can be seen in *Project Echo* (http://echo.unm.edu/)

Staging Implementation

In this brief, the implementation of an eConsult system has been separated into three stages – *Planning, Implementing,* and *Scaling Up*. These stages are provided as steps to consider in the process of eConsult implementation, but there is no fixed timeframe for each stage. Depending on a given healthcare delivery system, *Planning* may be a short task but *Implementing* may take significantly longer, or vice versa. These stages are also not necessarily exclusive – it is possible to be in the implementation stage while at the same time considering how to scale and operationalize.

Preparing for eConsult

At a high level, the elements to consider in the *Planning* stage are: scoping the system, assessing the readiness of the community, and building a team. Investing time in these considerations will pave the way for a more efficient implementation process and help to ensure that the system is built at the size and scale appropriate to the needs of the community and health delivery system.

a. Scoping the System to Match Goals and Services

Prior to implementing eConsult, define specific problems or challenges within the existing system and carefully consider the type and scope of services the system provides. Understanding the challenges that could be addressed and services that could be improved by eConsult will help narrow the design of the program and guide initial implementation efforts. Table 2 – *Scoping the System* - looks at both traditional goals and the extended potential for eConsult, eReferral, and Telehealth systems.

Table 2. – Scoping the System

■ Primary purpose for the system

■ Possible additional purpose for the system

	eConsult	eReferral	Telehealth
Timely access to specialist for provider consultation	Primary	Possible	
Expedited in-person patient appointments for specialty care	Possible	Primary	
Reduced disparity between the demand for and availability of specialists	Comprehensive integrated system (Primary)		
Additional training and capacity building opportunities for primary care providers	Possible		Primary
Fewer premature or inappropriate referrals for specialty services	Possible	Possible	Possible
New tools to support the expanding role of primary care providers within an integrated delivery system	Possible		Possible
Improved communication and relationships between primary and specialty care providers	Possible		Possible
Greater efficiencies across the healthcare delivery system	Possible	Possible	

This comparison should help systems identify which specifications and technologies are needed to achieve their goals. Examples of these specifications include image capture, video-conferencing, secure email/communication, and archiving systems.

b. Assessing Readiness

Once plans for eConsult implementation are aligned with current needs and goals for the program, it is critical to assess the readiness of the multiple delivery systems and providers that will be engaged in the effort. This assessment period will help to minimize system disruption and ensure a more efficient implementation process.

To begin, consider the value proposition for partners across the health delivery system: relationships between providers, ownership and ongoing support for the system, patient demand and corresponding provider capacity, and steps to ensure continuity of care.

- **Value-Proposition** – eConsult involves the engagement of multiple partners, including primary and specialty care physicians, frontline staff, executive leadership, and payers such as managed care plans. Engaging these partners is critical to identify key drivers, benefits, and potential barriers unique to and shared among these groups. Awareness of these drivers and clearly defined expectations at the start will optimize eConsult implementation.

- **Provider Relationships** – One of the most important and too often overlooked factors for successful implementation is the relationship between primary care providers and specialists. Carefully consider what current relationships exist between primary care and specialist providers and how these relationships can be supported, fostered and/or improved by eConsult.

- **System Ownership and Support** – eConsult implementation is an extensive redesign effort that will require clearly defined roles, strong project management, and ongoing support in order to be effective and sustainable.

- **Patient Demand and Organizational Capacity** – It is important to have an understanding of current patient demand and provider capacity before implementing eConsult systems. The tool alone may add to an already over-burdened system, and increase demand for services that the existing system cannot support.

- **Follow-up and Continuity of Care** – Once implemented, eConsult may result in the need for additional testing, procedures, and in-person support. This follow-up care will need to be clearly defined in each delivery system in an ongoing way.

These readiness factors can be assessed by the core project team, by leadership from each partnering organization, or supported by independent consultant review.

c. Building the Team

To optimize eConsult implementation, carefully build the project team to include champions, executive sponsors, primary activators, and secondary supporting advisors. While the specific configuration should be tailored to each system, at a minimum each team will need an executive lead, engaged providers, strong project managers, and frontline resources and support from key financial and community stakeholders.

- **Executive Champion** – This leader(s) will have the authority, credibility, experience, and resources to articulate the vision of the program, execute implementation, and move the work forward.

- **Provider Leaders** – These representatives – either chief medical officers or other influential champions – should represent both the primary care and specialists within the delivery system.

- **Physicians** – The primary care physicians and specialists who will be *actively* using the system should be engaged in implementation from the start – especially in the creation of structured checklists and/or protocols for case presentation, and to provide recommendations for refinements to the system after implementation.

- **Project Manager(s)** – The Project Manager(s) will lead the team, track and maintain the elements of implementation, and be empowered to see the project through to completion.

- **Frontline Resources** – These "on the ground" leads should be responsible for key subsets of the implementation process, including redesign, system selection, and training programs.

- **Supporting Entities** - Stakeholders who can provide financial, community, and other support for the project may include insurance payers, foundations, and regional policymakers. These entities should be brought into the process *as early as possible* to ensure long-term buy and gain an understanding of community needs. This early engagement will also provide insight into what motivates their investment and continued support for the work.

The specific configuration and make-up of project team(s) will be a reflection of individual health delivery systems, involved partners, as well as goals for implementation.

Launching the System

Implementation of eConsult systems is similar to that of most technology-related improvement efforts in that it is optimally managed in multiple stages. Beyond the traditional steps of any technology installation, the elements that follow (which are <u>certainly not</u> exhaustive) are action areas to pursue during the *Implementation* period. Further details and considerations can be found in the supporting document – a *Checklist for eConsult Implementation*.

Please note that depending on the project team and staffing resources, multiple action areas may be pursued concurrently.

a. Baseline Assessments and Optimizing Workflow

Deeper than the readiness assessment noted in the *Planning* stage, a baseline appraisal of patient needs and service demands will define referral volumes and specialist needs that could be addressed by eConsult. Similarly, assessing the technological capacity of the existing healthcare delivery system will illuminate the supporting technologies and software still needed to successfully implement eConsult.

Baseline workflow assessments of specialty referral processes in primary care settings will also help identify areas for improvement and establish the optimal level of referral that can be facilitated by eConsult. During the implementation phase, this "ideal" workflow will be applied and refined to best fit the primary care provider location and staff bandwidth. The focus should be on optimizing the use of eConsult while minimizing disruptions to other clinical workflows, so as not to overwhelm providers in the implementation process.

Though eConsult stands to greatly improve efficiency and reduce unnecessary specialist referrals, provider consultations may still result in the need for in-person appointments. Systems should consider establishing a process for scheduling these live encounters with notification from the eConsult system, and coordinate them alongside other appointments and priorities.

b. Provider and Care Team Engagement

Beyond building the project team and other steps in the *Planning* stage outlined above, systems and stakeholders should consider how to foster provider-to-provider interactions throughout the process of implementation and beyond. Systems should try to leverage existing provider meetings and structures or, if necessary, develop opportunities for greater interaction between primary and specialty care providers (e.g. specialty-specific workgroups or advisory councils). **Remember, eConsult is only a tool to support provider communication and collaboration. These interactions are crucial to the success of eConsult systems from the beginning and throughout implementation of the program.**

Additionally, consider how eConsult will address the current referral processes between providers, both formal and informal. Will use of the system be mandatory, eliminating all other referral and communications options? Or will it be voluntary and staged based on interested specialist champions or needs? The distinction between these implementation approaches – mandatory or voluntary – and the communication around the approach will have an impact on provider engagement with the system.

c. Training Programs

eConsult implementation includes training providers on the use of the technology, including how to navigate the system, input information, and forward requests. Programs should also focus on building a strong case to present to primary care providers and to optimize reasonable and professional responses by specialists.

Comprehensive training programs should include initial trainings during the launch phase, onboarding trainings for new providers and staff, and periodic refresher trainings.

d. Measurement and Evaluation Plan

Define at the onset what measures will be tracked, including operational, process, clinical outcomes, and costs. Build-in reporting capabilities based on these defined metrics, and automate as much of the data collection efforts as possible. Refer to the *Measurement for Impact* brief for examples of metrics that have been used by existing eConsult programs.

Operationalizing and Scaling Up

While focusing considerable attention on the *Planning* and *Implementing* stages, be mindful of the steps needed to operationalize eConsult systems in both primary and specialty care settings, and across the entire delivery system. A staged approach to implementation is almost universally recommended, with successful programs first selecting a subset of specialties to begin with, and then onboarding additional services once the systems are refined and stable.

The specialty or specialties that launch an eConsult effort should not only include those with the highest demand but also those that might have an existing, interested, and willing champion. A specialist champion can help drive a successful implementation as well as sway other colleagues to engage in the work.

When embedding an eConsult program into the overall operations of the health system, it is important to take a holistic perspective of how to sustain the program to ensure its long-term success. Consider how to manage costs but equally if not more importantly, consider how to support and sustain provider-to-provider communication and engagement in an ongoing way.

Further details and considerations for *Operationalizing and Scaling Up* can be found in the supporting document, a *Checklist for eConsult Implementation*.

Finally, a key factor for sustaining eConsult systems is access to funding and reimbursement. Payment models differ across delivery systems, health plans, and patient populations. Assessing available funding streams within a specific system and identifying opportunities to advocate for eConsult reimbursements will be essential to scaling any eConsult program.

Funders and Health Plans can also be key partners. Engage them early and throughout the process to understand how they can support the system's efforts and help ensure its financial stability.

Closing

The implementation of an eConsult system is a transformational endeavor for any healthcare system. The technology itself is merely a tool to support information exchange and dialogue; the true transformation comes from increasing and continually improving provider-to-provider engagement in the provision of care for patients.

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