

ELECTRONIC CONSULTATIONS

Background, Utilization, and Other Policy Considerations

Introduction and Background

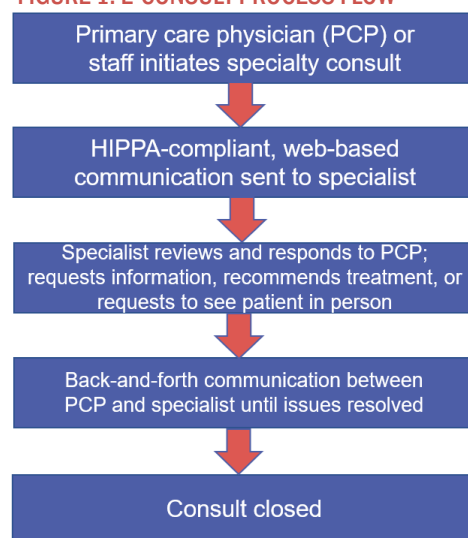
In predominately rural states like Arkansas, a variety of factors create patient barriers to specialty care access. One underlying factor is a shortage of specialty providers, with the Association of American Medical Colleges estimating a nationwide shortage of between 33,700 and 86,700 physicians in nonprimary care specialties by 2033.¹

For patients who receive referrals and successfully secure appointments with specialists, long wait times attributable to a shortage of specialty providers may adversely impact health outcomes by delaying necessary care. In addition to specialty provider shortages, other barriers that plague access to specialty care in rural areas include long travel distances to providers and transportation issues for at-risk populations, including those who are low-income or elderly.

E-Consult Overview

As telemedicine and electronic communications between patients and providers continue to gain momentum, electronic consultations (e-consults) offer another opportunity to facilitate care between primary care physicians (PCPs) and specialists. An e-consult is defined as an “asynchronous communication between healthcare providers that occurs within a shared electronic health record or secure web-based platform.”² Asynchronous communication between healthcare providers is the transmission of a patient’s recorded health history from one provider to another

FIGURE 1: E-CONSULT PROCESS FLOW



(typically a specialist), allowing the receiving provider to assess the records at a convenient time, rather than in real time. Figure 1 shows the e-consult process from initiation to close.³

Benefits of E-Consults

E-consults can reduce the need for in-person referrals, which can be time-consuming and costly for patients. E-consults can provide more timely access to specialty care, which can improve health outcomes through earlier specialist intervention. This was the case for the Los Angeles County Department of Health Services, the second-largest public healthcare system in the U.S., which began using the model in 2012. In a study evaluating patient wait times for 12 specialist types, average wait times were reduced by 17.4% after the program's implementation.

Additionally, for patients requiring appointments with specialists, the rate of appointments scheduled within 30 days increased by 6% (from 24% to 30%), and a fourth of e-consults were able to be resolved between PCPs and specialists without the need for a patient appointment with a specialist.⁴

PCPs may benefit from e-consults through improved communication and relationship-building with specialists. For PCPs leading patient-centered medical homes — a team-based care model that incentivizes cost-effective care — e-consults can improve care coordination and reduce more costly in-person specialty referrals. For specialists, e-consults can reduce the bottleneck for in-person visits and help to reduce “no-show” rates.⁵ Other benefits of e-consults include improved access to care for rural patients, integration of non-physician practitioners, and increased timeliness of responses from specialists.⁶

Challenges with E-Consults

While there are many benefits to the e-consult approach, certain barriers remain that may limit their adoption on a broader scale. A recently published literature review identified several barriers to the adoption of e-consults, including provider concerns regarding increased workload and disruptions, potential privacy issues/concerns, and the lack reimbursement for e-consult services.⁶ A separate review found only limited evidence for e-consults on key health outcomes, noting that most existing studies are observational and limited to singular health systems.

Reported PCP satisfaction with e-consults is generally high. A review of multiple studies found that 70% to 95% of PCPs reported being satisfied with e-consults.² At least one study suggests that satisfaction may not be as high among specialty providers: In a U.S. Department of Veterans Affairs (VA) study included in the same review, 56% of specialists reported satisfaction

with e-consults and 26% reported dissatisfaction, while 93% of PCPs reported in the same study that they were satisfied (21% of specialists and 7% of PCPs reported being neither satisfied nor dissatisfied). Specialists' concerns include worries about malpractice liability (because patients are not seen in person), lack of clarity on clinical questions from providers initiating the e-consults, and impact on existing workload.

Use of E-Consults in Arkansas

An analysis by the Arkansas Center for Health Improvement (ACHI) assessed e-consult utilization in the Arkansas State and Public School Life and Health Insurance Plan in 2019 and 2020. The plan is the largest self-insured health plan in the state with approximately 99,000 primary subscribers. The analysis found that very few e-consults were paid for by the plan during that timeframe, with the plan only paying for 11 of these services in 2019 and 19 services in 2020, suggesting that e-consults have not been fully optimized in the state.^a

Considerations for Future Use

The broader adoption of e-consults has the potential to improve health outcomes for patients by expanding access to specialty care, which is particularly important in a rural state like Arkansas. However, as healthcare systems seek to offer e-consults or further expand telemedicine services, it is important for in-state specialists to be utilized. By employing in-state specialists, PCPs are better positioned to establish longer-term relationships with specialty providers, which can help to strengthen an e-consult system and ensure a path for patients requiring in-person referrals. Moreover, it is important that e-consult efforts are not stymied by a lack of equitable reimbursement for such services. Telemedicine parity laws must be observed to ensure that providers who are rendering e-consult services are able to receive reimbursement for these services.

^a Current Procedural Terminology codes included in analysis: 99446-99449, 99451-99452.

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