

test

from pediatric
specialty view-
employer / affiliated
hospital support to
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is psychiatry
part of the
econsult
program?

What are the challenges or pain points you experience when it comes to getting advice from / access to / referrals for specialty care?

PCPs often state Medicaid reimbursement rates impact lack of access to specialists. Any possibility of this being increased to help patients who need in-person care?

I am from RAE4 and we are piloting eConsult with the University and two rural practices. I was very surprised when one practice stated they were not interested because they thought it would take away from their curbside consult.

Vent a little on a sticky note

from pediatric specialty view- employer / affiliated hospital support to have enough time to give advice vs. yet another thing to do after hours. Might be out of HCPF scope, but it will be a fear

Specialists often cap the number of Medicaid members that they will serve. It would be ideal if the eConsult program used caution in expanding to other payers until we assure that Medicaid member's needs are being met.

specialist view- the patient exam is sometimes key and it's tough to know the quality of information from an unknown primary care provider, which might lead to an in-person consult for the main purpose of doing a hands-on exam.

What initial benefits and/or risk would you have about a statewide eConsult system for Medicaid? This could be as it relates to workflows, quality, training, communication, or anything at all.

Add your comments on a sticky note

Curious how UC Medicine's Upper Payment Limit funding which was supposed to expand access to specialty care across the state is factored in to this work?

What sort of data will be collected to support the program and its efficacy and improved access to speciality care?

I think in past pilots it was a challenge to get providers to use the eConsult system. I am not sure what all of the reasons were but perhaps the simple sign on and the fact that the primary can be reimbursed will help overcome that...

Increased efficiency (ie time, access to tests, perhaps reduced waits for unnecessary appointments)

management seems impossible. We have specialists that change preferences frequently and develop wait lists for Medicaid in one month and then change in another. Just can't see Medicaid managing

Will be important for there to be an easy process to add consult to EMR.


concerns about advising on someone who hasn't been seen in person

used to go to rural outreach it was challenging to keep up with the often expiring passwords for the local Electronic health record, and we did not receive training on accessing the state systems so didn't make use of



Goals




Use the pen and make a mark next to the objective that is most important to you.


GOAL: Reduce duplicative and/or unnecessary specialty care expenses, improve access to timely specialized clinical guidance, and efficiently triage members to cost-effective specialists when such care is medically appropriate.

- Use health care resources efficiently and cost effectively 

- Facilitate appropriate referrals   

- Empower primary care providers to operate at the top of their scope of practice 


- Support earlier diagnosis of conditions   

- Improve member management of chronic conditions 

- Improve member and provider experience 

- Decrease costs

What is missing?

These are our stated goals:

- Reduce duplicative and/or unnecessary specialty care expenses, improve access to timely specialized clinical guidance, and efficiently triage members to cost-effective specialists when such care is medically appropriate
- Use health care resources efficiently and cost effectively
- Facilitate appropriate referrals
- Empower primary care providers to operate at the top of their scope of practice
- Support earlier diagnosis of conditions
- Improve member and provider experience
- Decrease costs

Add your comments on a sticky note.

in the category of provider experience- address early burn out of rural primary care providers by reducing, not increasing, their work burden

ECHO training for common disorders sounds like a great idea to me. However, in my experience, some primary care providers embrace the idea and some see it as a dump of work for specialty practices/ hospitals onto primary care

What supports or training or resources will PCPs need to incorporate eConsults into their practices and workflows.

commitment to training at practice level - technology is tough to learn when constantly changing and little time

Can we link to single sign on in HIE (QHN/ CORHIO) to ease platform burden

Trust and familiarity of PCPs in the specialists which participate in the program.

Add a note about support you think will be needed

it would be helpful to use doc to doc training.

specialist input- in an ideal system those practices that refer often might send a primary care provider for training in specialty-specific exam findings

Assure process is as simplified as possible and platform is easy to access and utilize.

Ongoing training to providers in several platforms and potential incentive to get trained

Training on incorporating specialist eConsult into member record.

The fear of specialists is if one comes, they all come via econsult or regular visit. How will this be controlled so they don't shut their doors?

Brief bios of specialists might be helpful.

face-to-face meetings between frequent referers and specialists, which could include 'favorite' specialists as presenters in topical ECHO

just an idea - align with APM by designing a structural measure around eConsults

Roadmap for next engagements :

- Issues identified through this engagement
- Culture change, what are providers going to need to incorporate Medicaid eConsults into practice?
- Phasing the rollout of specialties
- Current workflows for PCPs
 - Choosing the specialist for referral (physician, patient, staff)
 - Data entry
 - Billing and front end processes
- Expectations for training