Structured Referrals and eConsults: Downstream Impact on Access, Utilization, and Cost in a Fee-for-Service Setting

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The Problem

- Demand for specialty care exceeds supply at many Academic Medical Centers (AMCs), leading to delays in access to specialty care
- Asynchronous electronic specialty consultation (eConsults) improves access in closed delivery systems (in which reimbursement not tied to office visits)
- Implementation of eConsults in fee-for-service settings is limited by current payment incentives

Next Steps:

- Conclusions:
  - Robust adoption of eConsults, which did not induce overall demand for specialist input
  - Significant impact on
    - Referral rate
    - Specialty care access
    - Utilization
  - The significant impact on ED use warrants further scrutiny and may represent a downstream benefit of improved access

- Project Goals

  Develop a structured referral process, with an eConsult option which specialist and PCP are reimbursed, to achieve the following:
  - Improve PCP referral rate
  - Improve timely access to specialty care
  - Improve the total value of care delivered

- Project Plan

  Measures:
  - PCP Referral Rate
    - Referrals per 100 primary care visits, per month
    - The proportion sent as eConsult
    - Linear spline analysis to account for variability in the referral rate
  - Compare referrals to medicine vs non-medicine (non-participating) specialties
    - (with ≥ 20 total referrals: n=83 practices)

  Access to Specialty Care
  - Proportion receiving specialty care within 14-days, via office visit or eConsult

  Utilization and Cost:
  - During the 120-days following each referral or eConsult
  - Mean monthly ambulatory, ED visit, & hospital utilization, and professional fee costs
  - Cost data were log transformed to minimize effect of outliers

- Program Setting

  Develop a structured referral process, with an eConsult option for which specialist and PCP are reimbursed, to achieve the following:
  - Multi-site Academic Medical Center
  - 8 primary care practice sites
  - 178 PCPs
    - 50% Residents & Fellows
    - 62% in clinic 1-2 half-days per week
  - 64,846 empaneled adult primary care patients
  - All 12 Medicine Subspecialty practices participated

- Results

  120 Days Following all Referrals & eConsults (n = 13,738)
  - ED visits decreased 12% (9.8%–14.6%)
    - Pro fee costs decreased 17% (p = 0.016)
  - Admissions decreased 10.8% (6.6%–15.9%)
    - Pro fee costs decreased 9.5% (NS)

- Lessons Learned & Next Steps

  - Design and implementation in Orthopaedics, Neurology, Psychiatry, and other specialties

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