

**Expanding capacity for pediatric  
subspecialty care with eConsults  
*-or-*  
Better leveraging the capacity of  
the generalist workforce**

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NASEM Committee on Peds  
Subspecialty Access

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# A partial solution to better specialty access for children is already in place: general pediatricians

- Far greater numbers (per capita supply of general pediatricians has been increasing for decades<sup>1</sup>)
- While imperfect, gen peds geographic distribution<sup>2</sup> is far more extensive than peds subspecialists
- Potential pathways: (a) Reduce low value referrals (expand comprehensiveness); (b) Increase return to primary care after SS consultation; (c) Gen peds as referral destination

<sup>1</sup>Shipman SA, et al, The general pediatrician, projecting future supply and requirements, *Pediatrics*, 2004 Mar;113(3 Pt 1):435-42.

<sup>2</sup>Shipman SA, Chang CH, Goodman DC, Geographic maldistribution of primary care for children, *Pediatrics*, 2011 Jan;127(1):19-27.

# How to support **general pediatricians** to expand their scope of practice and manage more 'secondary' care?

**CORE®**

- **Establish adaptive capacity: untether from preponderance of well child care and minor acute illness care**
- **Provide strategies to support competence & confidence in managing higher level medical needs**

# How to support **general pediatricians** to expand their scope of practice and manage more 'secondary' care?

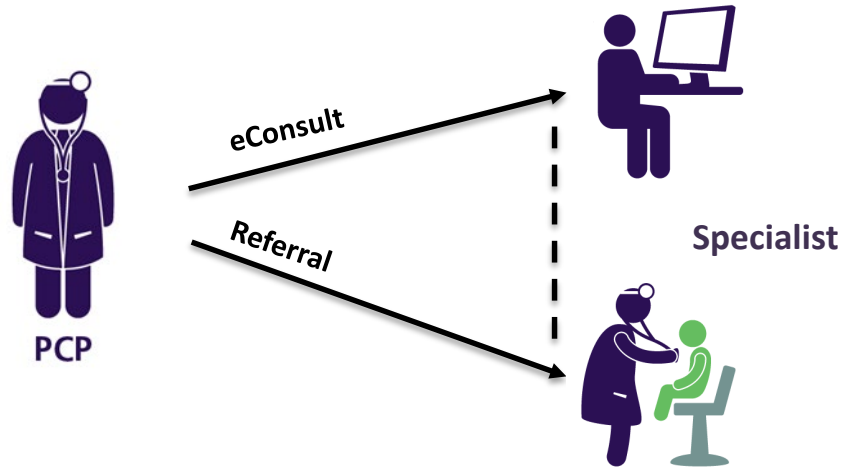
- **Establish adaptive capacity: untether from preponderance of well child care and minor acute illness care**
- **Provide strategies to support competence & confidence in managing higher level medical needs**

**eConsults**

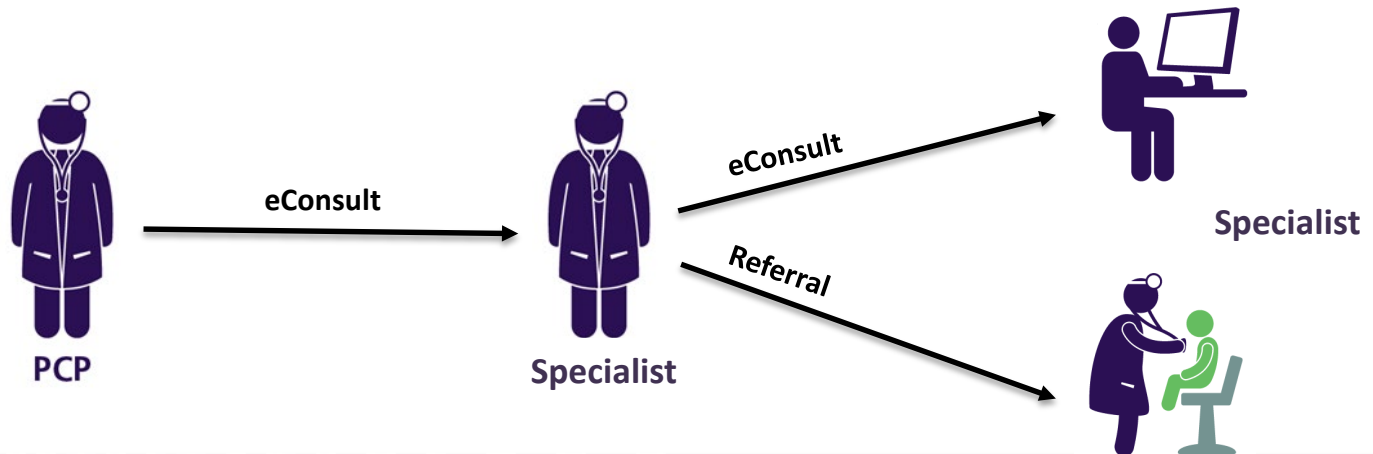
# Models for eConsult

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CORE Model

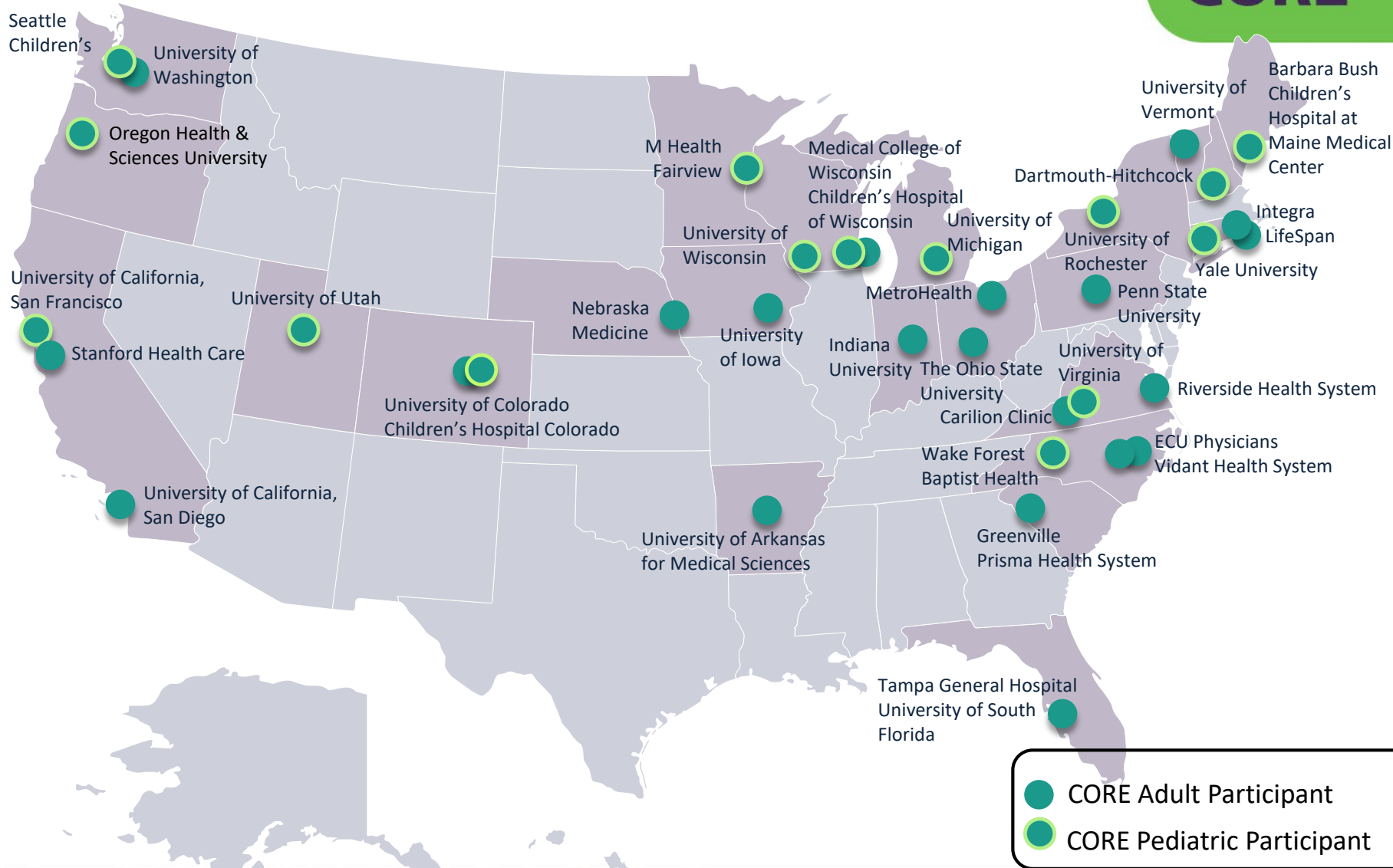


eConsult-First Model



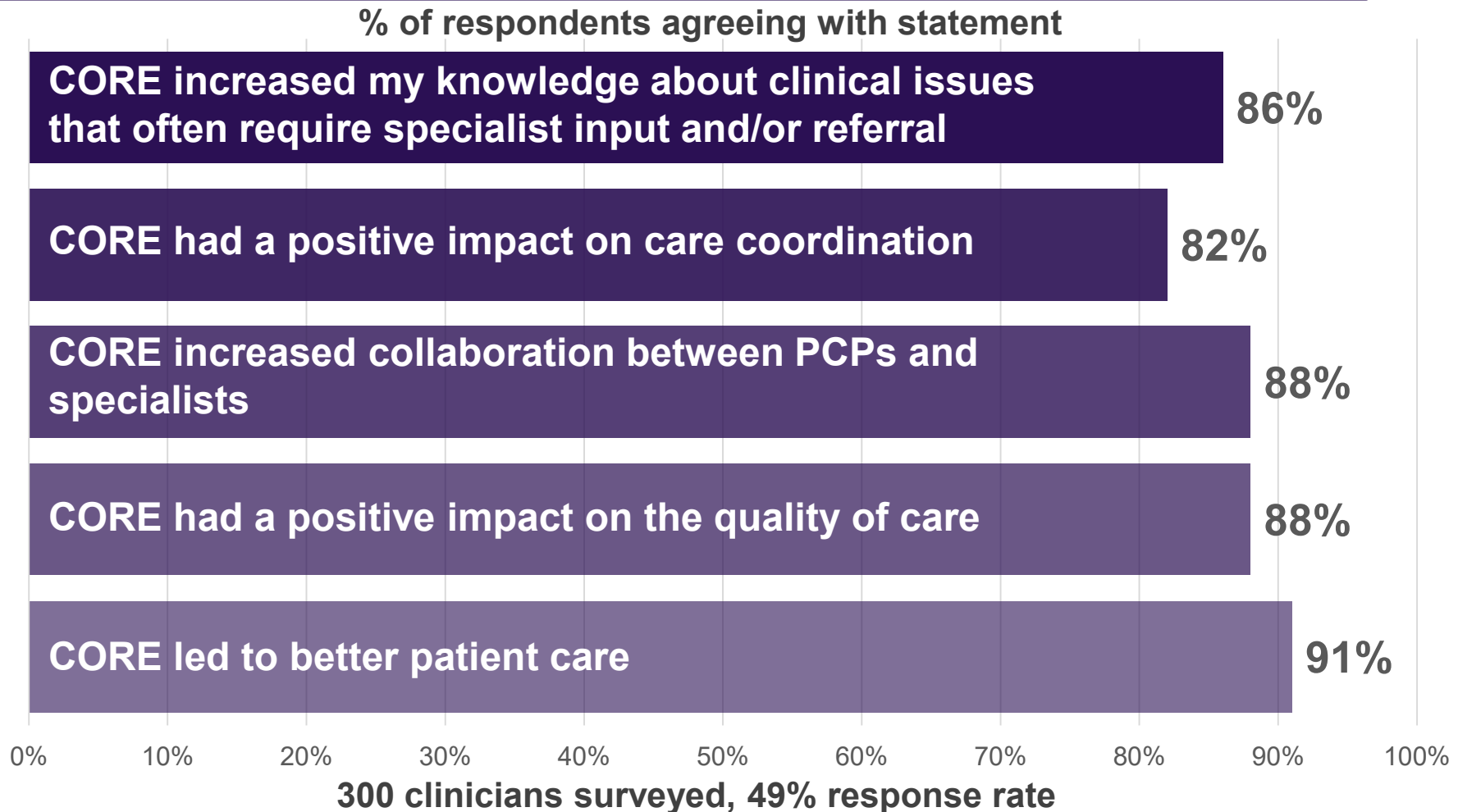
# Project CORE Network, 2015 - 2022

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# Provider feedback on eConsults and CORE model

*“Clinician surveys demonstrate that providers overwhelmingly believe the program positively affects the delivery of patient care.”*



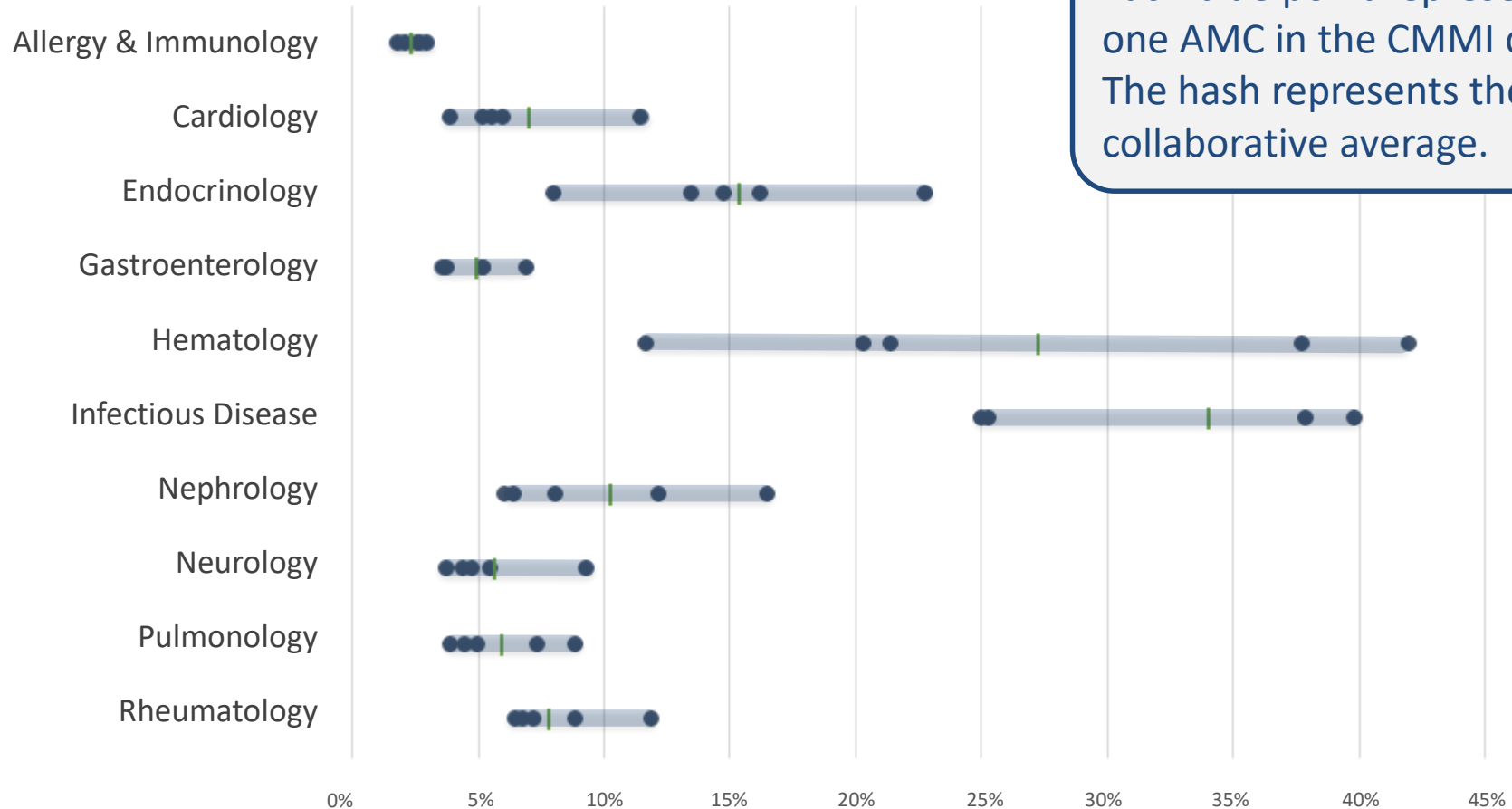
Source: Report of CMMI HCIA-2 independent evaluator, Mathematica

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# Role of eConsults Varies by Specialty

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% specialty contact taking place via eConsult  
=  $\text{eConsults} / (\text{eConsults} + \text{Referrals})$



PY1-PY3 data for all CMMI AMCs live within that specialty.

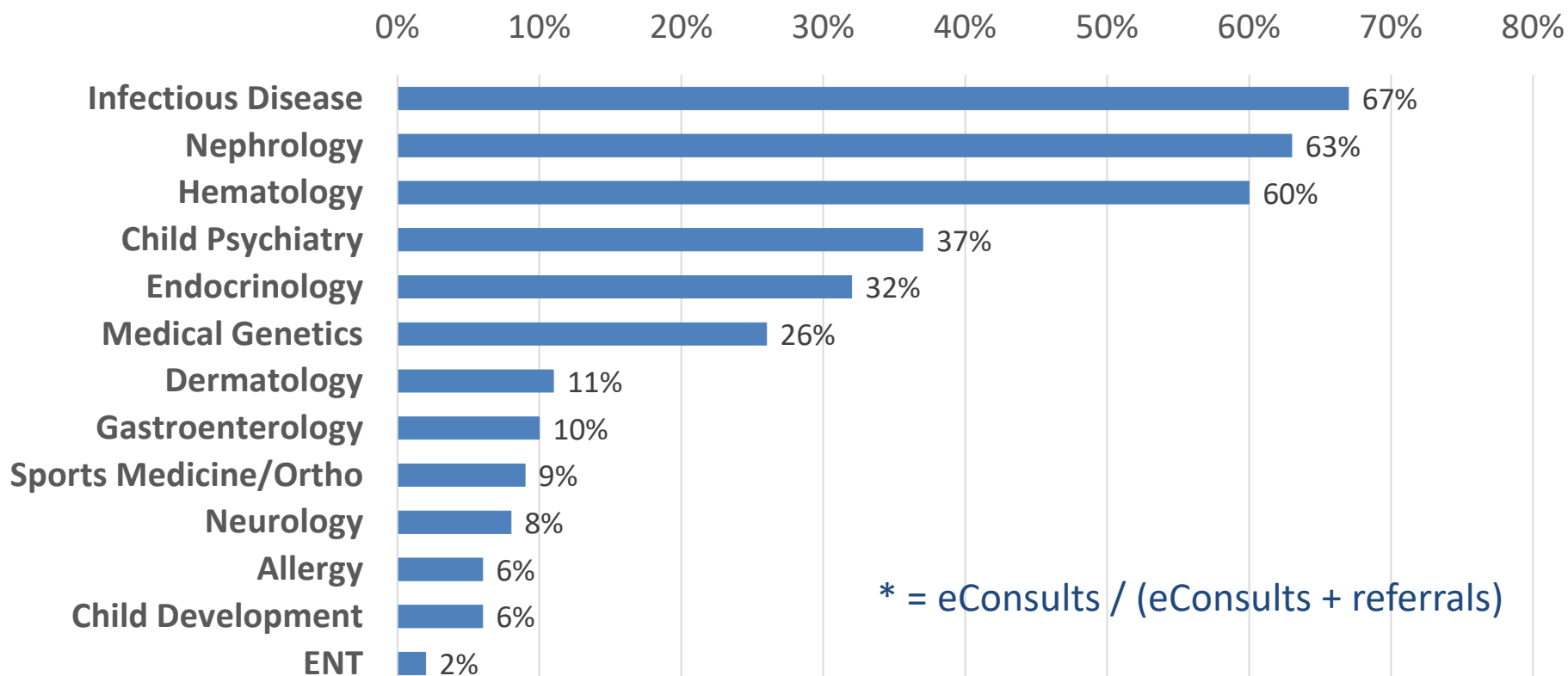


# Pediatric data from a single children's hospital, 2016-2018

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% specialty contact taking place via eConsult  
=  $\text{eConsults} / (\text{eConsults} + \text{Referrals})$

N=1,088 eConsults



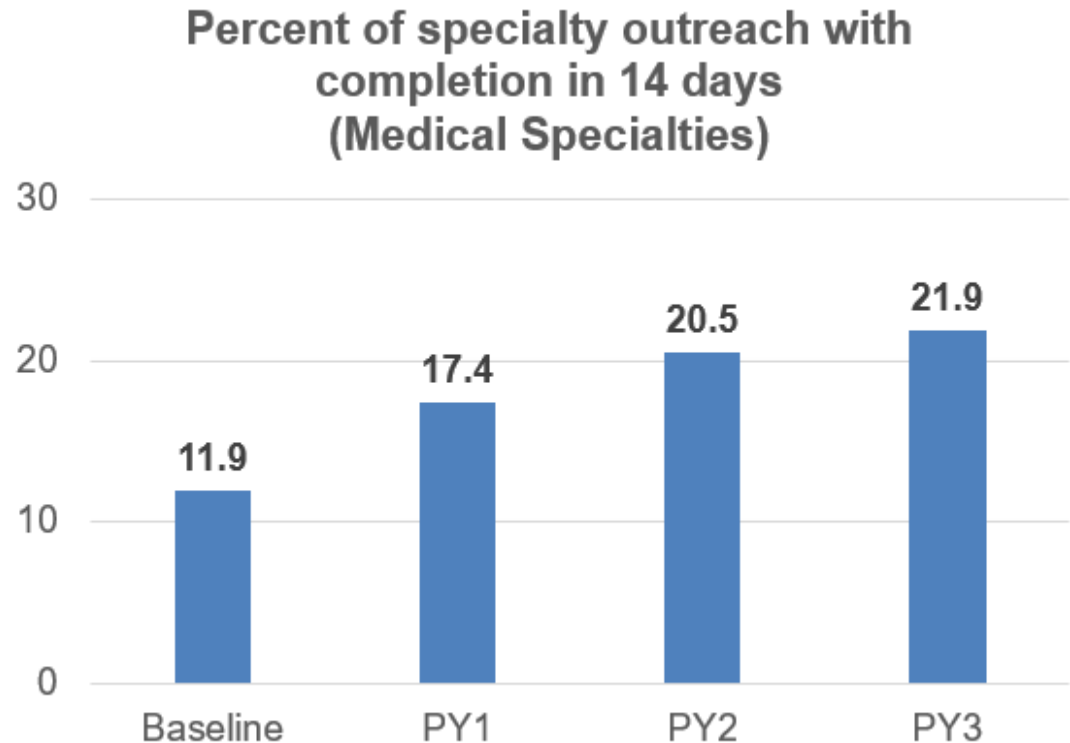
\* =  $\text{eConsults} / (\text{eConsults} + \text{referrals})$

Overall eConsult rate 6 per 1000 PCP visits

# Timely Access to Specialty Care Input

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**84% relative improvement in 14-day access to specialist**

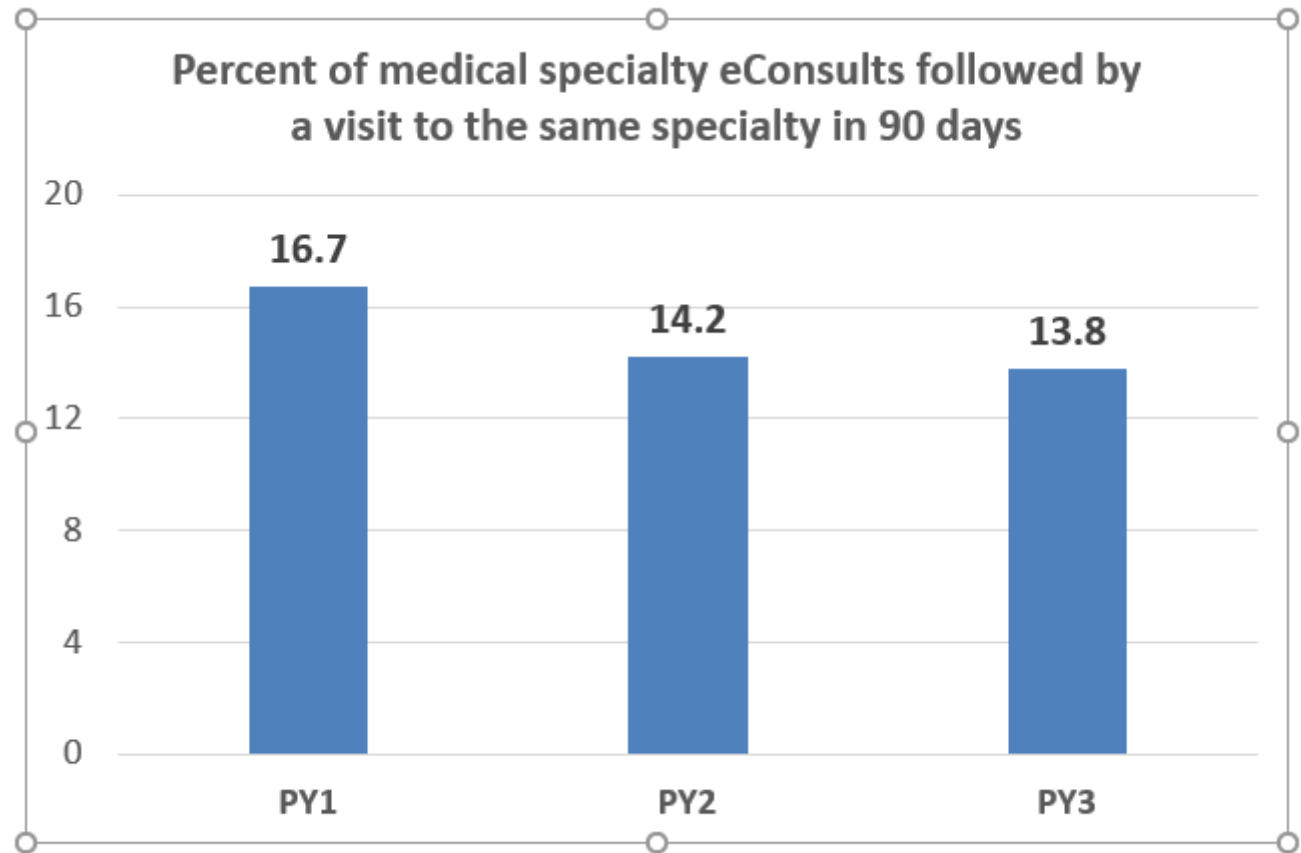


*\*Source: Vizient, Inc. all-payer analyses (2018)*

# % of eConsults Followed by a Specialty Visit

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**86% of eConsults resolved without a subsequent specialist visit**



*\*Source: Vizient, Inc. all-payer analyses (2018)*

# Specialty Utilization: Controlling Costs of Care

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- In a diff-in-diff regression analysis, an estimated **66,428 visits were avoided to participating CORE specialties** when visit trends for the primary care population to these specialties were compared to trends in use across all other non-CORE specialties at these AMCs
- **This resulted in ~\$8.4M in estimated savings over 3 years** across the Medicare primary care population (approx. 131,000 unique Medicare beneficiaries in analysis, across 5 health systems)

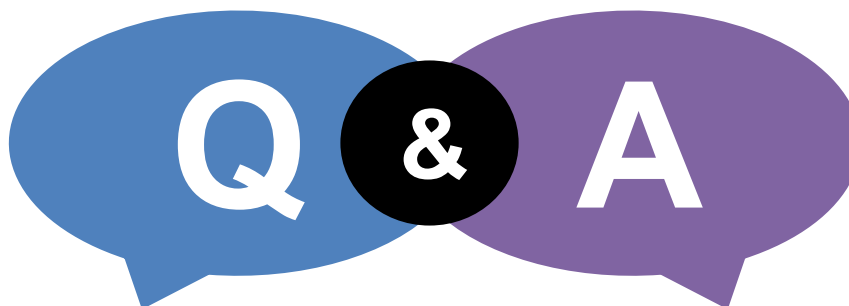
CORE Specialty Visits Saved	66,428
Average Medicare Cost per Visit	\$126
Estimated Savings	\$8,381,631

*\*Source: Dobson/DaVanzo, Inc., Medicare Claims Analyses (2018)*

# Important questions for pediatric eConsults

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- Given lower referral volumes for children vs. adults, do eConsults achieve the same results as we've measured for adults?
- How do curbside consultations differ in pediatrics vs. adult medicine? How could such differences impact ROI for eConsults?
- Do patients & families feel differently than adult patients about the value of pediatric eConsults?
- Reimbursement policy, esp Medicaid



**THANK YOU!**

To learn more or to request additional information, visit

[www.aamc.org/projectcore](http://www.aamc.org/projectcore) or email

[projectcore@aamc.org](mailto:projectcore@aamc.org)

# Communicating ROI of the CORE model for health systems

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## “A Bridge to Value”

### Fee-for-Service

- Improved specialty access
- Reduced wait times, fewer no shows, higher referral completion
- Reduced leakage of referrals
- Enables more new patients, more high acuity patients to be seen in the specialty setting
- Enables higher surgical/procedural yield
- Improves patient experience, loyalty

### Value-Based Payments

- Supports better care coordination
- Supports greater comprehensiveness in primary care
- Reduces unnecessary utilization
- Ensures care is delivered more efficiently and promotes “right care, in the right place, at the right time”
- Aligns with requirements of APMs

# The CORE Model

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My patient needs to see a specialist about a specific clinical issue.

I have a clear clinical question for a specialist to help me manage my patient's care plan.

## ENHANCED REFERRAL

I appreciate having a clear clinical question and relevant data in the EMR to help make the most out of this in-person visit.



Specialist

PCP

## eCONSULT

I reply to the PCP with my recommendation and next steps for the patient so that the PCP can continue managing the patient's care.



Specialist

**IMPLEMENTATION STRATEGY** to engage providers and establish a culture of collaboration between PCPs and specialists leading to increased standardization in care delivery



# Goals of Project CORE (Coordinating Optimal Referral Experiences)

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By improving **communication, coordination and culture between primary care providers and specialists**, the CORE model aims to:

- **Improve timely access to specialty care**
- **Improve quality and experience for patients and providers**
- **Enhance primary care comprehensiveness**
- **Control costs of care**

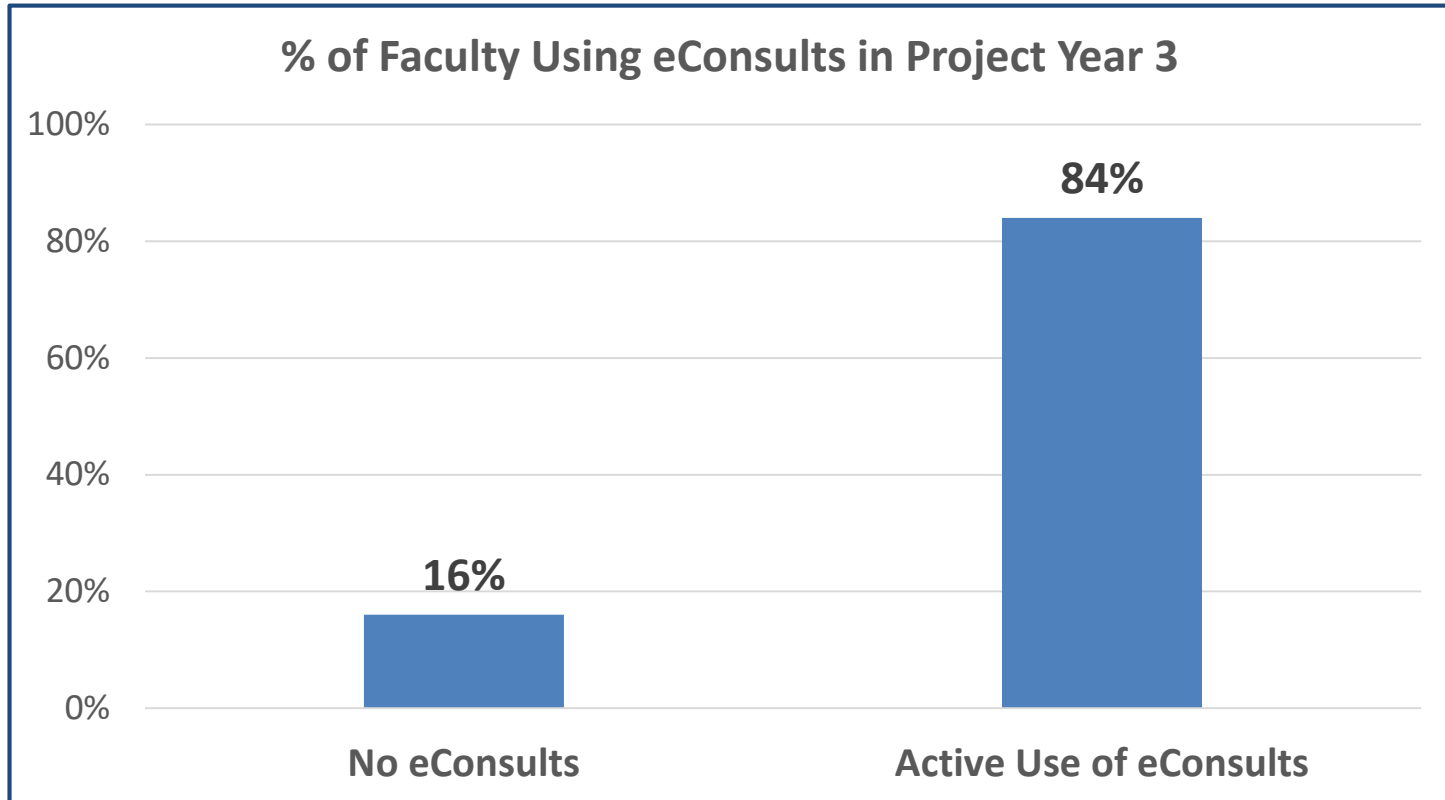
# Positive Patient Experience

- **81%** of patients **satisfied with the specialists' recommendations via eConsult** (the same as those with an in-person referral)
- **95%** of patients felt that the **specialist's eConsult advice was conveyed promptly** and recommendations were **clearly explained**
- For every specialty visit averted, **eConsults saved patients ~\$100 in avoided copays, transportation costs, and missed work**

*Sources: Comparing Patients' Experiences with Electronic and Traditional Consultation: Results from a Multisite Survey (J GEN INTERN MED 35, 1135–1142 (2020). <https://doi.org/10.1007/s11606-020-05703-7>); Project CORE analysis of eConsult opportunity costs*

# Sustained Use of eConsults by Primary Care Faculty

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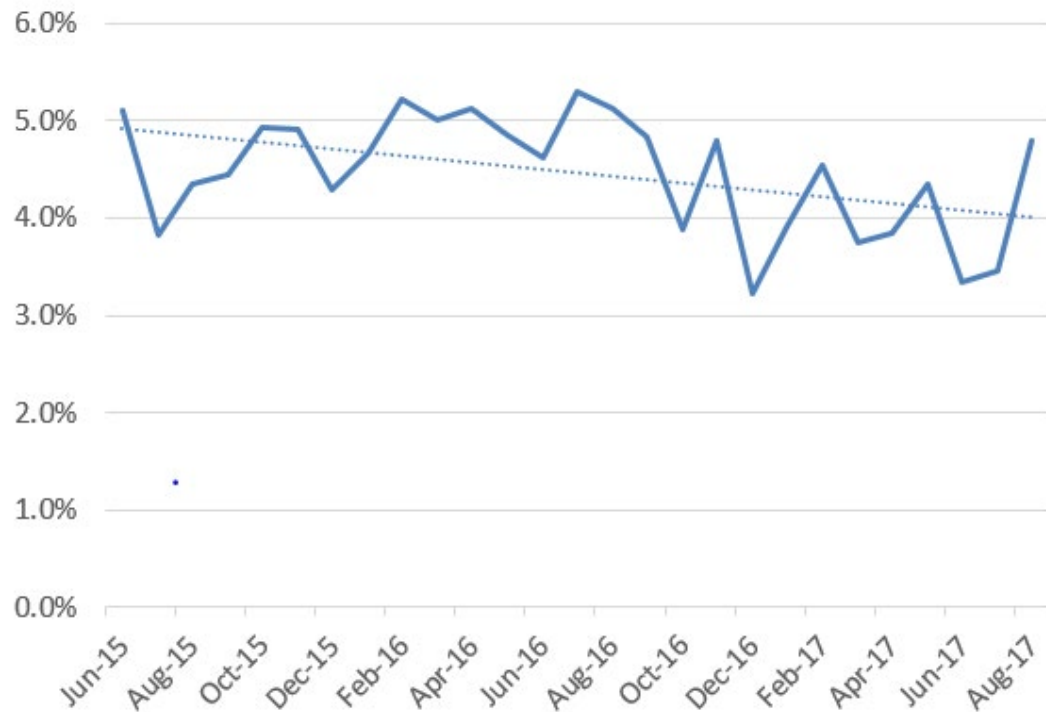
*\*Source: Vizient, Inc. all-payer analyses (2018)*



# “No Show” Rate to Medical Specialties

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**17% relative reduction in no show rates between the first 6 months and the final 6 months of the project period**

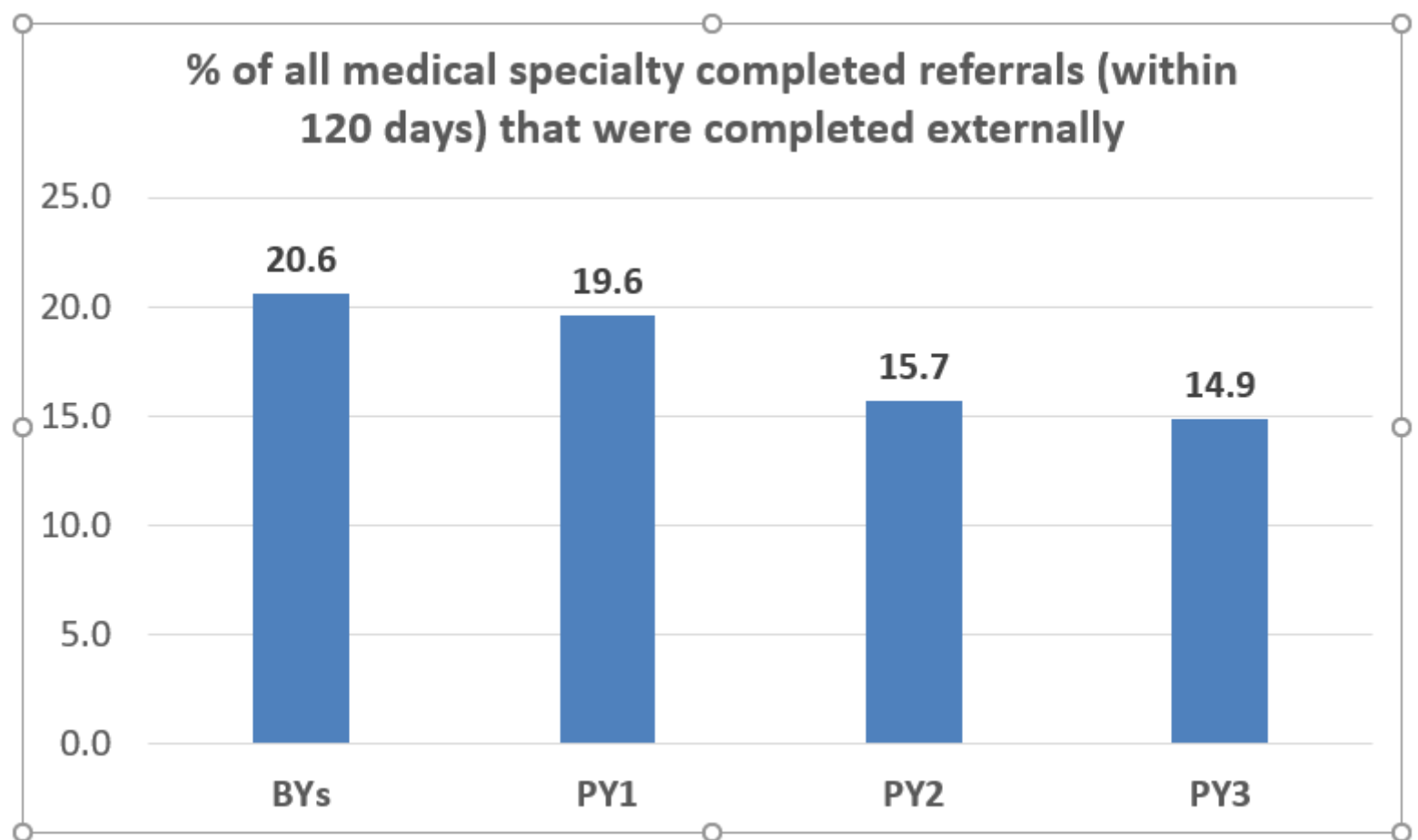


*Note: Rate is likely lower than sites' overall no-show rate because of the small denominator (limited to patients with referral in previous 6 month window)*

*\*Source: Vizient, Inc. all-payer analyses (2018)*

# Reduced “Leakage” of Referrals to External Providers/Practices

CORE®



\*Source: Dobson/DaVanzo, Inc. Medicare claims analyses (2018)