



PROJECT CORE OVERVIEW

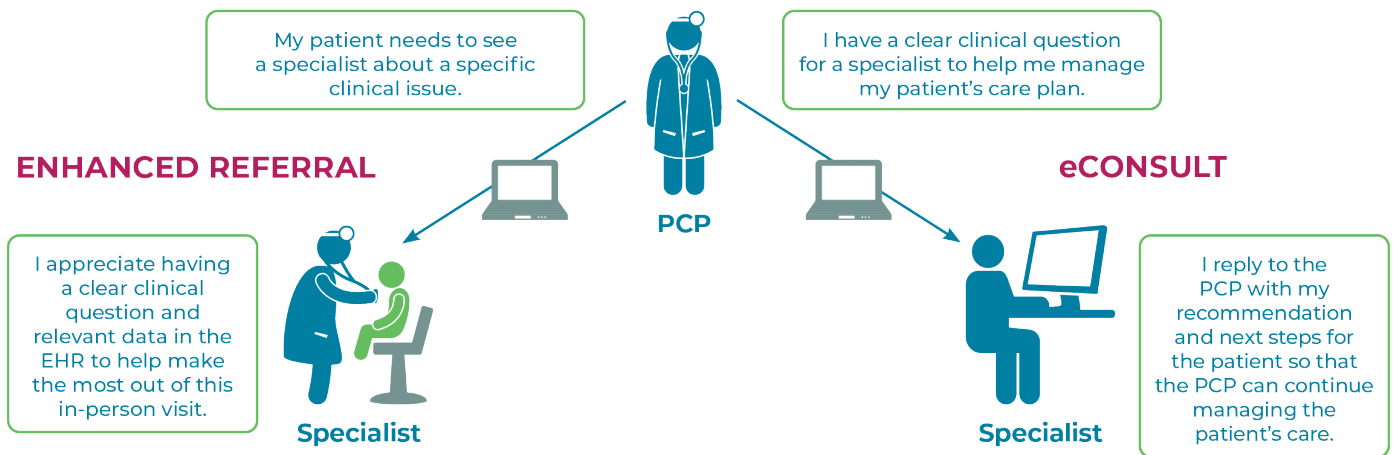
In recent years, there has been a significant increase in the utilization of subspecialty medical services in the United States, leading to a doubling of referrals to specialists. This demand for ambulatory specialty care has grown at rates that have overwhelmed health systems' capacity, resulting in impaired access and long wait times for patients. This drives down patient and provider satisfaction and leads to decreased quality of care and increased fragmentation. Concurrently, health systems are transitioning from volume-based care to value-based care models. To address these evolving needs, innovative care delivery and payment models are essential.

Project CORE[®] endeavors to improve access to care, enhance quality, improve patient experience, and reduce overall costs by bolstering communication and coordination of care between PCPs and specialty physicians. The Project CORE model, initially developed and piloted at the University of California, San Francisco, offers several benefits:

- Enhanced access to specialty care for patients, along with a reduction in unnecessary visits, tests, and out-of-pocket costs.
- Timely input and expertise from specialists for PCPs and their patients, facilitating more comprehensive patient care.
- Alignment of expectations between PCPs and specialists before and after referrals.
- Clear clinical questions and related documentation to streamline the referral process for greater efficiency.

THE CORE MODEL

The CORE model focuses on improving communication and coordination between PCPs and specialists through a three-part process: enhancing the current referral process through point of care decision support, implementing eConsults, and developing a robust implementation strategy that emphasizes standard workflows, provider engagement, and building a culture of collaboration. These new EHR tools enhance clinical workflows, improve communication and coordination at the interface of primary care and specialty care, and enhance quality and efficiency of care for patients and providers.





ENHANCED REFERRALS vs. eCONSULTS

Enhanced Referrals		eConsults
provide point-of-care decision support for the referring health care provider		an asynchronous exchange initiated by a PCP to a specialist colleague
More complex issues	← Use Case →	Straightforward, low-acuity issues
Yes, condition and specialty specific templated guidance	← Templates? →	Yes, condition and specialty specific templated guidance
Dependent on specialty's wait time	← Response Time →	< 72 business hours
Credit for specialist visit	← RVU Credit? →	PCP and specialist receive credit for completed eConsults
PCP indicates preference for co-management with specialist	← Co-Management Expectations →	PCP intends to own management

BENEFITS OF THE MODEL

Evidence demonstrates that this model can optimize the use of specialty care for PCPs and their patients. This provider-and-patient-centered program can lead to many benefits across the health system:

- **Patients:** Improved access to care, greater convenience, and fewer unnecessary visits, tests, and out-of-pocket costs.
- **Primary care physicians:** Timely access to specialty input, clearer roles in patient co-management, and improved continuity and comprehensiveness of care for patients.
- **Specialist physicians:** Structured approach to eConsults and referrals, improved access for higher-acuity patients and new patients, and more efficient referrals.
- **Leadership:** Improved access in high-demand specialties, improved quality, reduced costs, opportunity to extend referral network, alignment with new payment models, and improved patient and provider satisfaction.
- **Payers:** Reduced referrals and associated costs, improved access for beneficiaries, and positive beneficiary experience.

PROGRAM REACH

The AAMC received a Center for Medicare and Medicaid Innovation (CMMI) Health Care Innovation Award in 2014 to work with five of the nation's academic health systems to implement and test the scalability of this new model of care delivery. In less than three years, these institutions completed more than 16,000 eConsults, thereby avoiding an estimated 7,360 unnecessary specialty referrals and an additional 6,400 "curbside" consultations (those informal interactions between providers that typically go undocumented).

Because of its initial success, Project CORE has expanded to a growing number of health systems over the last decade. To date, over 4.5 million primary care patients in over 55 health systems in 26 states have access to this model and can benefit from better coordination among their providers, more timely access to specialist input, greater convenience, and lower costs of care.

With a commitment to further scale this innovation and improve the quality of ambulatory care, the AAMC continues to work with health systems and health care organizations to implement and optimize the CORE model.