

Stanford's Experience With eConsults and Project CORE

Interview with Olivia Jee, MD, medical director for eConsults, Stanford Health Care, and Lena Giang, MPH, senior manager of digital health, Stanford Health Care

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When a primary care provider (PCP) needs guidance from a specialist to manage a patient's condition, an informal curbside consult can help provide the support they need to best care for their patients. However, there are limitations to curbsides, including that the specialist does not have access to the patient's record, the exchange is not documented, and the call or page for a non-urgent question can be inefficient for both providers. Electronic consults (eConsults) are an increasingly important tool in helping improve communication and care coordination between primary and specialty care providers, expanding access to care, and addressing many of the limitations of curbsides. These asynchronous consults are accomplished through the electronic health record (EHR) and provide PCPs with more timely access to specialty input to avoid delays in care and avert referrals for questions that can be managed by the PCP with some specialty guidance. The recent Making Care Primary program announcement from the Center for Medicare & Medicaid Innovation specifically include eConsults as a cornerstone of the program.

Based on a model initially developed and piloted at the University of California, San Francisco, the AAMC launched

Project CORE: Coordinating Optimal Referral Experiences in 2014 to assist academic health systems in improving the referral experience for both clinicians and patients. In Project CORE, eConsults are a structured exchange in the EHR with specialty- and condition-specific templates that enable a high-quality consult; consults have a three-business-day turnaround time; specialists are trained and can answer when it is convenient to them; a team leads quality oversight and feedback efforts; and the exchanges are documented in the patient's record. Through Project CORE, the AAMC has partnered with more than 50 adult and pediatric hospitals and health systems to successfully implement eConsults and enhanced referrals. Through this innovative model, CORE health systems are improving efficiency and effectiveness at the interface between primary care and specialty care, thereby improving quality of care and access and promoting patient-centered care.

Stanford Health Care joined the AAMC Project CORE eConsults program in 2018, rolled out eConsults to several specialties in 2019, and has continued to grow the program since then. Stanford's Dr. Olivia Jee, medical director for eConsults, and Lena Giang, senior manager, digital health, sat down with the AAMC to discuss their experience.

How have eConsults improved the value of care that Stanford provides?

Our philosophy for eConsults is avoiding referrals to specialty care when possible and appropriate. We have 20 specialties live and have done a total of 15,000 eConsults since our launch in 2019. We have found that approximately 55% of these eConsults would have been referrals if eConsults were not available to the PCP. There have been huge cost savings to our service lines with eConsults, and they also offer a lot of benefits to the patients and physicians involved.

"eConsults have been a win-win all around and huge satisfier for everyone involved."

– Dr. Olivia Jee

Primary care providers (PCPs) are now able to manage patients with lower-acuity issues with eConsults, which increases the capacity of specialists to see higher-acuity patients in person. This has downstream effects in overall access to care, ensuring that the right patients are getting in as quickly as possible. Specialists are providing

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eConsult responses to PCPs in one to two days, allowing for timely care for these lower-acuity patients, eliminating the need for patients to have a monthslong wait for a specialist appointment, and saving the associated costs. It streamlines care for all these patients, ensuring they have the best care in the most efficient way.

The feedback we are getting from PCPs, specialists, and patients is overwhelmingly positive, demonstrating the real-world value of eConsults.

How did Stanford decide to implement eConsults?

When we were initially deciding on how to move forward with a digital health strategy, the team did an 18-month surveillance to investigate what kinds of tools they wanted to implement. After discussing it with several stakeholders, eConsults were identified early as a key tool of strategic importance.

"The digital health team identified an easy win with eConsults." – Lena Giang

With the growth of our program, we have brought eConsults into our access metrics so they count as part of the visit count for the physicians involved, which helps show our alignment with the ambulatory team. We are using eConsults to create more capacity for our specialty teams.

What changes to patterns of care has Stanford seen since the implementation of eConsults?

Since their introduction at Stanford, eConsults have become foundational for patient management. For those of us who adopt eConsults as a part of our regular workflow, we find they augment the arsenal of resources PCPs use to manage patients. For those patients who need specialty input but do not necessarily need to see a specialist in person, eConsults have helped us work through these cases to discern appropriate next steps. It is a value add when you can message through the EHR to place an eConsult. The program has been accepted very well across the board by both primary care providers and specialty physicians.

We are also using eConsults to think more broadly about how we can change care outside the walls of Stanford to augment the in-person referral network. Project CORE has been foundational in our ability to externally pivot as an organization and provide eConsults to our community care partners, using a third-party software platform to address interoperability challenges. It's a great way to reach patients we wouldn't otherwise be able to see in person for a variety of reasons. Part of this external eConsults pivot is engaging Federally Qualified Health Centers (FQHCs) with whom we have strong relationships.

We are excited by what we've seen, even in the early stages of external eConsults, and by the feedback we're getting from the primary care teams at our partnering FQHCs. We can engage patients who have multiple reasons they are unable to access the care they need. For example, patients who seek care at FQHCs often experience barriers to care such as transportation. Thanks to eConsults, these patients can access specialty care without having multiple appointments (i.e., they don't have to take off time from work or arrange transportation or childcare). For example, we had a patient from El Salvador who suffers from a complex skin condition. He routinely travels back and forth to El Salvador and had challenges in getting the specialty dermatological care he needed as a result. We connected his PCP to a dermatologist through eConsults, giving the PCP guidance on how to manage the patient's condition. We were able to improve the care that patient received from his PCP without the patient needing to navigate the complexity of additional in-person appointments.

"It levels the playing field to get specialty care. It was nearly impossible to get that care without this service." – Dr. Olivia Jee

How are you engaging your PCPs and specialists with eConsults?

We send out monthly newsletters to PCPs and specialists to provide program updates. We also share information with leadership regularly to keep them apprised of what's

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going on with the program. The eConsults also offer the opportunity for education and community that increase the buy-in of the involved physicians.

We also have quarterly feedback sessions with the specialties to determine what is going well and what can be improved. The specialty engagement and high-touch involvement helps our physician teams feel supported in their implementation of eConsults.

Recently, Pulmonology was able to provide feedback to Dr. Jee and our team about how to make eConsult requests more successful, and we were able to turn that into an opportunity to educate PCPs. That ability to hear the feedback and implement a solution in a short period of time made our physicians feel that they were heard and increased their buy-in; ultimately, we were successful in expanding their specialty so it can be offered to our external organizations.

A lot of what we do is managing relationships and expectations. Breaking down silos and having these feedback meetings have given us an opportunity to address concerns head-on. Level-setting on both sides through these meetings has been important. We have been able to help specialists gain insight into how PCPs practice. Having that conversation directly and sitting down to hear perspectives increases understanding across the board. Those conversations would never have happened without the implementation of eConsults. It helps so much with the buy-in with the specialties, especially when they can see the overwhelmingly positive feedback from our primary care providers. We have also connected providers that otherwise wouldn't have gotten to know each other in such a large health system.

What specialties are engaged and are the most helpful for your PCPs?

We have 20 specialties available. Some of our highest volume specialties include Dermatology, Neurology, Allergy, Infectious Disease, Hematology, and Psychiatry. In addition to primary-to-specialist eConsults, we have also seen specialist-to-subspecialist use of eConsults, which has been interesting. If you can find a good clinical use

case for eConsults, the demand is there and physicians are broadly on board with it.

Three use cases of eConsults that have been most helpful are:

1. Inpatient eConsults: We added inpatient eConsult workflows, which has really influenced patterns of care with Infectious Disease. They get a lot of inpatient curbside consults and the use case for eConsults has grown organically. They have physicians serving as fellows rounding in the hospital and eConsults help with quick turnaround times and the ability to manage patients closely without seeing them every day in the hospital. We were pleased to learn about the organic growth in the program and the potential ability to provide additional external support for inpatient community hospitals.
2. Psychiatry has high demand across the board, and we now have been able to add a dedicated eConsultant for Psychiatry. They are creating an integrated behavioral health program with Psychiatry and Primary Care, and eConsults have been a critical tool to support the integration and co-management of patients. It is helping get access for patients who wouldn't otherwise be able to get a psychiatric consult in a timely way. We are also getting constant requests from external partners for psychiatry expansion, and we are looking forward to seeing the continued growth.
3. Dermatology utilization has been huge, especially with patients who are lower-acuity or who may not follow through with a specialty appointment. That finding goes across the board. Neurology has also had a huge uptake internally, which has been interesting. Surprisingly, it has been a big piece of our external eConsults program as well. We are in the process of launching two new programs with Allergy that their specialists came up with organically to fill prior care gaps and increase access. Oncologists can now send eConsults to help address chemotherapy reactions and we are creating a pathway so PCPs can refer patients directly to penicillin testing, instead of having to schedule an appointment with an Allergist.

Occasionally, there will be a specialty that has to put eConsults on pause for staffing or other reasons. Because eConsults are rolled out in waves, we can always come back to a specialty that maybe wasn't initially ready or

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needed to pause and re-launch when the timing is right for them. This flexibility and opportunity for continuous feedback and quality improvement has helped us establish a high-quality, sustainable program.

*"eConsults really take things to the next level."
– Dr. Olivia Jee*

We have been able to use eConsults to really break down silos. We are all taking care of the same patients, but there are few opportunities for collaboration. Anecdotally, specialists are getting a lot out of the ways eConsults have allowed for more relationships across the health system. Every time we put out an email blast, we are getting more and more participation requests from specialties. We have also seen some changes to the ways referrals are being made as part of the larger organizational strategy. We're better able to work in coordination with the rest of the organization because physicians are able to say in their own voice that they are getting good results from the program.

How has Project CORE supported your implementation process?

*"Honestly, I do give Project CORE credit
as one of the legs we stand on."
– Dr. Olivia Jee*

There are a lot of complexities to implementing eConsults and our participation in Project CORE has been key for us. Our program was a success from the beginning, in large part due to the AAMC's support. The process for asking PCPs to change, getting buy-in from specialists, and other foundational things are so well thought out. Every time we have come up with a problem, the team has an arsenal of ways to support our implementation. All the major issues that we have experienced had already had troubleshooting in other programs. It would have been trial and error for us, but with AAMC, our program just took off.

Peer-to-peer learning and networking with other academic health systems have been huge for our success and our

ability to avoid roadblocks. As our program grows, we're able to brainstorm and troubleshoot challenges with other programs, taking tidbits from the learning community to continually improve and build. People participate in this out of passion for it. It really is a wonderful tool with the endless ability to morph and change as technology changes. It has been amazing to see the different use cases come together and to brainstorm with people from other hospitals who feel like old friends. The one-on-one engagement with a subject matter expert has really been invaluable, especially in working through some of the early challenges of implementing such a large-scale transformation initiative.

We have advised our children's hospital, which is beginning to implement eConsults, that joining Project CORE is the best way to get the program up and running successfully. The more you engage with it, the more you benefit from the collaboration with the other programs. The engagement continues and grows because of that.

*"The best thing you can do is to join
Project CORE and use it."
– Dr. Olivia Jee*