



AAMC

Tomorrow's Doctors, Tomorrow's Cures®

CORE®

Coordinating Optimal Referral Experiences
Implementing eConsults and Enhanced Referrals

Advancing Health Care Equity Through eConsults Resource Module

Introduction: eConsults and Health Care Equity

Why the Need for eConsults?

Patients today are faced with poor access to specialty care, high costs, and fragmented communication and coordination between their providers.¹ The quality of care for all patients is impacted, putting patients who already face health care inequities (i.e., measurable, systemic, avoidable, and unjust differences in health between groups, stemming from differences in levels of social advantage and disadvantage) at a greater risk for lower quality care. For example, a 2021 article concluded that specialist referral patterns differ by race of Medicare beneficiaries, with specialist networks for White patients being much larger than those networks for Black patients alone.²

A National Academies of Sciences, Engineering, and Medicine report posits two main types of root causes of health inequity³:

1. “The intrapersonal, interpersonal, institutional, and systemic mechanisms that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity.”
2. “The unequal allocation of power and resources — including goods, services, and societal attention — which manifest in unequal social, economic, and environmental conditions, also called the social determinants of health.”

eConsults are a key clinical innovation that can assist in addressing inequities in access to specialty care. eConsults are electronic consultations between a primary care provider (PCP) and a specialist that have been increasingly used across health care systems to improve patient access to specialty care. eConsults are designed for use in place of a referral or a curbside consult and in lieu of an in-person evaluation by the specialist. For referral questions primarily assessed using clinical data, an eConsult has several potential advantages over a standard referral. In appropriate cases, the patient receives timely access to specialist expertise, avoids the costs associated with an office visit (e.g., travel to the health center, an insurance co-pay, a missed half-day of work, etc.), and maintains relationship continuity with the PCP. The PCP has dynamic access to specialist expertise and maintains management responsibility. By addressing lower complexity questions via eConsult, the specialist can make optimal use of office visit appointments for patients who require in-person evaluation. eConsults have the potential to address all three aspects of the [Institute for Healthcare Improvement's Triple Aim](#): better health, better patient experience, and lower costs.

When faced with uncertainty in their clinical knowledge or an anxious patient or family, PCPs have a choice — to refer or not to refer. Each referral has implications on care coordination, patient experience, and cost to the system. eConsults introduce a third option. The care coordination burden faced by PCPs is formidable. There is evidence that, where possible, PCPs prefer to maintain management responsibility for a problem.⁴ eConsults facilitate this continuity of care with the patient.

eConsults are associated with improved specialty care access in integrated delivery systems and safety-net health systems. Electronic, asynchronous specialty consultation was pioneered at San Francisco General Hospital in 2007, where marked improvements in access to care, clarity of the consult question, and PCP satisfaction with the referral system were demonstrated.⁵ Implementation of eConsults at academic medical centers (AMCs) can be challenging. The University of California, San Francisco (UCSF) implemented an eConsult program in 2012 with features tailored to the AMC, including a modest relative value unit (RVU) reimbursement to both the specialist and the PCP for each eConsult. In this system, the expected turnaround time for an eConsult is 72 hours. Specialists can decline to respond to an eConsult if the question is too complex or an in-person evaluation is deemed more appropriate.

Based on the model initially developed and piloted at UCSF, the AAMC launched Project CORE: Coordinating Optimal Referral Experiences in 2014 through a Center for Medicare & Medicaid Innovation (CMMI) Health Care Innovation Award to help AMCs improve the referral experience for both clinicians and patients. Since the initial pilot, the AAMC has partnered with more than 40 AMCs, children's hospitals, and health care organizations through Project CORE to successfully implement eConsults and enhanced referrals, tools built into the electronic health record. Through this innovative model, CORE AMCs are improving efficiency and effectiveness at the interface of primary care and specialty care, thereby improving quality of care and access in a patient-centered way.

How Do eConsults Enable Health Care Equity?

Growing evidence shows the beneficial effect of eConsults on health care access.⁶⁻¹⁰ eConsults reduce appointment wait times, minimize the distance needed for travel for specialty care, offer greater patient convenience, and reduce personal costs without the need for digital equipment or literacy. eConsults directly mitigate inequities in access and expand access to various populations underresourced and marginalized by traditional health care delivery.

Recent literature around eConsults and health care equity includes numerous studies describing improvement in specialty care access for populations known to experience inequities, specifically populations receiving public insurance,¹¹ patients receiving care at community health centers,^{12,13} populations living in rural communities,^{14,15} and incarcerated populations.¹⁶ Liddy et al., using a multiple case study of eConsults, described how eConsults were used to improve access for patients in complex circumstances in seven patient groups: people with substance use disorders, frail older adults, people experiencing homelessness, people in long-term care settings, people living in rural areas, people with disabilities, and transgender individuals.¹⁷ Another review article described how teledermatology (including asynchronous store-and-forward eConsults) increased dermatology access for different patient populations, including patients on Medicaid, nonrural and rural communities, and older adults.¹⁸

As these examples show, eConsults can reduce geographical and societal barriers to care by connecting providers and alleviating patients' burdens in navigating the health care system. However, a clear opportunity exists for additional research to capture the actual impact of eConsults on health outcomes, health inequities, and overall costs. It is important to remain vigilant in identifying and countering any unintentional negative consequences of eConsult programs that may maintain or worsen an existing inequity.



**Association of
American Medical Colleges**
655 K Street, NW, Suite 100, Washington, DC 20001-2399
T 202 828 0400
aamc.org