



Project CORE Spotlight: Utah Health

University of Utah Health's Dermatology eConsult Expansion Project: Increasing Access to Underserved Populations

Introduction

Office visits to dermatologists are increasing, yet pervasive gaps in dermatology access exist for underserved populations. Uneven geographic distribution of providers, limited racial and ethnic diversity of the dermatologic workforce, and the highly discrepant acceptance of publicly insured - particularly Medicaid patients - by dermatology practices, all likely contribute to significant portions of the U.S. population without access to dermatology specialty care. The University of Utah Dermatology eConsult Program, first initiated in 2019 in coordination with AAMC's Project CORE, performed a preliminary analysis in 2021 which found they were reaching a disproportionately younger, racially and ethnically underserved, and Medicaid-insured patient population. Based off this data, we undertook a strategic expansion of eConsults through 1) educational in-services at 5 community clinics serving disproportionately underserved populations; 2) the provision of free eConsult services to a University of Utah-affiliated clinic serving persons experiencing homelessness; and 3) the alteration of eConsult EMR order sets to encourage up front eConsult submission over in person referral. Pre- and post-intervention analyses were performed after expansion goals had been reached.

Methods

We developed and incorporated the eConsult option into the general dermatology enhanced referral order in the University of Utah EMR (Epic). This was included as an "opt-in" function and was launched in September 2023. From September 2023 through January 2024 we held 5 in-service trainings at community clinics recognized as underserved, during which we illustrated the process of submitting an eConsult, reviewed tips for taking high quality photos of skin conditions, and emphasized the timely and effective care for patients this service provides.

With implementation of opt-in functionality and in-person trainings we anticipated expansion in use of the dermatology eConsult service. Throughout this expansion, we tracked number of eConsults overall pre- and post- order set alteration and targeted educational intervention as well as demographic data including insurance status, race, ethnicity, gender, and age.

Results and Discussion

There has been a steady increase in the number of dermatology eConsults over time since the program's launch in March 2019, with an overall average of 4.5 eConsults per week since inception. A marked increase in eConsults was observed in fiscal year 2024, notably starting in September 2023 when the new dermatology referral order panel went live. Prior to the new order panel, there was an average of 3 eConsults per week; after the new order panel was introduced this increased to an average of 12 eConsults per week. Educational trainings in community clinics occurred from September 2023-January 2024 but clearly associated increases in dermatology eConsult requests were not observed.

Despite still serving a disproportionately underserved population after interventions were complete, data demonstrate that the demographics of patients evaluated via eConsult trended toward the demographics of our general dermatology patients seen in-person at University of Utah facilities. There are several potential reasons for this finding, such as increased ease with which providers can "opt in" to eConsults with the new order, potential higher patient buy-in or awareness of eConsults as alternatives to in-person visits, and high-utilizer providers who submit a disproportionately high number of eConsults from locations in predominantly White and/or higher income areas.



Conclusion

Our interventions clearly resulted in an increased volume of patients seen by eConsult and this population remains disproportionately underserved despite trending towards demographics more in line with our ambulatory dermatology patient population. Through our expansion efforts, we have found that eConsults can enhance access to specialty care for University of Utah Health system patients in a cost-conscious, efficient, diagnostically accurate, and patient and primary provider-satisfying manner. In addition to access expansion, we are hopeful that this service can improve the Department of Dermatology's ability to triage appropriately, serve as a teaching tool for our dermatologists of tomorrow, as well as decrease overall patient wait times for acute and subacute skin issues.

Citations and References

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