



UNIVERSITY of VIRGINIA HEALTH SYSTEM



eConsults at UVA


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UNIVERSITY of VIRGINIA HEALTH SYSTEM





University of Virginia Health System

- 600 bed hospital
- Approximately 195,000 clinic visits per year (2016)
- Average 2500 referrals/month
- Suburban and Rural patient population
- Large Catchment area



Washington-Baltimore, DC-MD-VA-WV
Charlottesville
RICHMOND-PETERSBURG
Lynchburg
Blacksburg
Roanoke/Salem/Daleville
Danville
Norfolk-Virginia Beach-Newport News, VA-NC

VIRGINIA

- AAMC Grant Stipulations
 - Adult patients
 - Primary Care MD/NP initiated
 - Ambulatory Referrals only
 - Not already established at the specialty clinic

eConsults

Jan-15	Endocrinology
	Gastroenterology
Mar-15	Rheumatology
Apr-15	Sleep
	Hepatology
Jun-15	Nephrology
Aug-15	Allergy
	Cardiology
	Infectious Disease
	Orthopedics
Nov-15	Pulmonary
Dec-15	Hematology
	ENT
	Neurology
Mar-16	Pain
Oct-16	Derm***

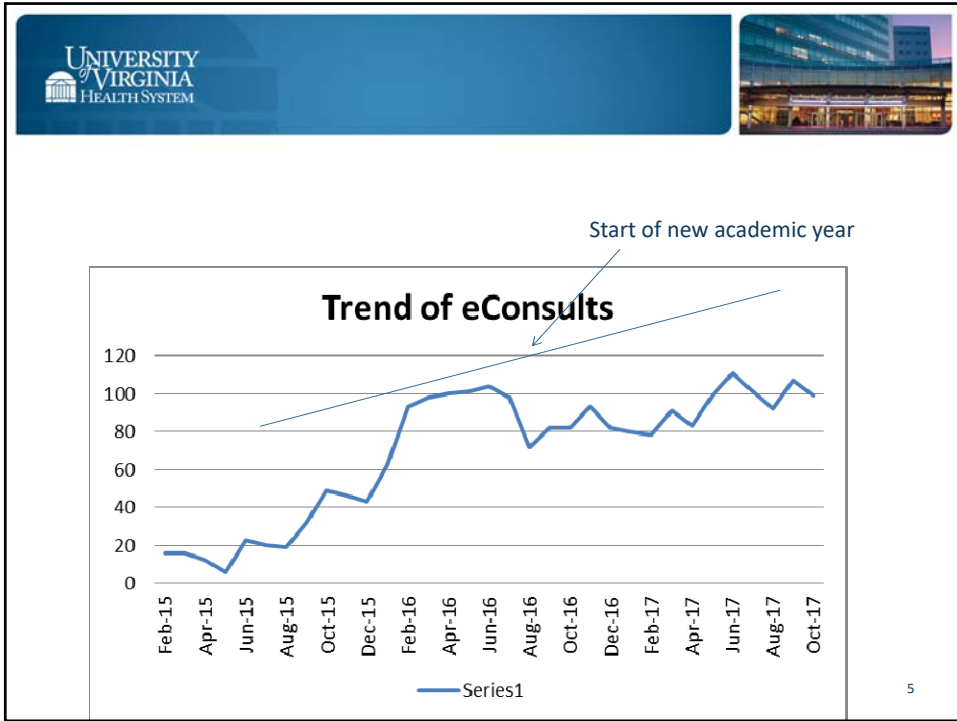



2995 eConsults

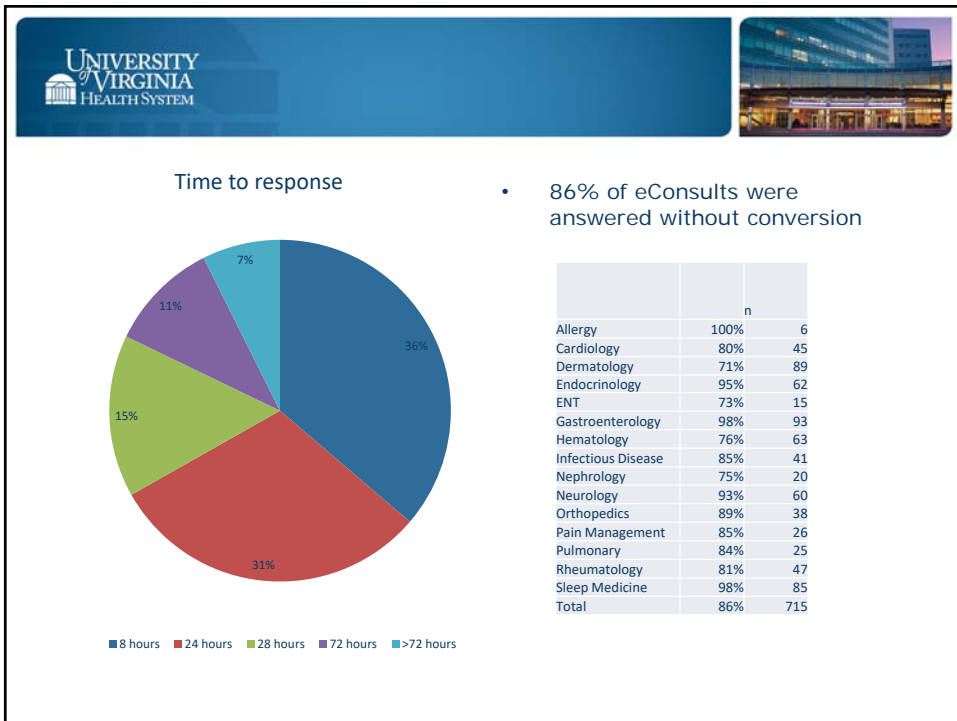


Specialty	Number of eConsults (Approximate)
Gastroenterology/Hepatology	480
Endocrinology	370
Sleep Medicine	320
Hematology	280
Neurology	230
Cardiology	210
Rheumatology	210
Dermatology	200
Infectious Diseases	180
Orthopaedics	150
Nephrology	100
Pulmonology	100
Otolaryngology	70
Pain Management	70
Allergy/Immunology	40

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Barriers to implementation

- Grant initially helpful but
- Fee for Service model, no quality incentives
- Creating Buy-In for Specialists and PCPs
- Academic and Regional Sites (with established referral patterns)
- Determining a payment model post-grant

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Creating Buy-in

Specialist

- Increase access
 - Keep lower acuity patients out of clinic
 - Allow for better triage of sicker patients
 - Increasing referrals from regional PCPs
- Allows them to try to triage patients
 - Templates developed for common conditions that often don't need a face to face referral
- Proper work-up initiated in patients who ultimately need referral
- *Formalization of the curbside*

PCPS

- Specialist input faster
 - Average clinic wait times are several months for most specialists
- Keeping the patient in their medical home
- *Formalization of the curbside*



Academic vs. Regional

- On average the regional clinics only submit 20% of eConsults; while academic clinics submit 80%
- Overall UVA had 65% of all providers submit an eConsult in the final project year



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Ongoing Institutional Support Post Grant

- Finding a champion in the C-suite
- Strategically moved to the Office of Telemedicine
- Defining Infrastructure
 - Program Manager
 - PC Lead
 - Maintained PCP RVU credit
 - Moved towards time-based RVU credit for specialists
 - 5-10 minutes 0.25 RVU
 - 11-21 minutes 0.5 RVU
 - 21-30 minutes 0.75 RVU
 - 31+ minutes 1.0 RVU



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Lessons Learned

- Early and Frequent re-engagement by PCPs is key
- Alignment of specialist goals with program
- Co-management conferences really do drive use of the program and PCP/specialist interaction
- Constant Marketing and Remarketing

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Future directions

- Continuing to explore specialties to add:
 - Ophtho (further building on use of IT)
 - Gyn
- Expansion to Pediatrics
- Expansion to Partner/Outside networks
- Consideration of specialist to specialist
- Development of condition specific referral pathways that start with eConsult and progress as needed; possibly involving telemedicine visits
 - Sleep
 - Back pain

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