

## Poll

**1. Do you currently provide eConsults and/or eReferrals in your practice?**

- a) Yes
- b) No
- c) No but we are planning for it
- d) I'm not sure



# Improving Patient Care Access through Electronic Referrals and Consults:

Lessons Learned from Coast to Coast

This webinar is funded by grants from:



Neither Connecticut Office of Health Strategy nor Connie had undue influence on the content of this program.



# CME Series – with CPE sought as appropriate

Health Information Technology for Clinicians:  
How to Achieve Optimal Outcomes

Webinars and In-person events



Activity Director/Moderator: Thomas Agresta MD, MBI

Department of Family Medicine, Center for Quantitative Medicine

UConn Health

**UCONN**  
**HEALTH**

# Health Information Technology for Clinicians: How to Achieve Optimal Outcomes

## Sample Topics

- Medication Safety/ Reconciliation
- Precision Medicine
- Health Data Analytics
- Health Information Exchange
- eCQMs (electronic clinical quality measures)
- Patient Consent models
- Public Health Informatics
- Telehealth
- Patient-Generated Data

# Learning objectives

1

Describe the difference between standard referrals and electronic consults (eConsults) and referrals (eReferrals).

2

Discuss the additional value that an eReferral can provide through an electronic exchange.

3

Discuss the benefits of eReferrals and eConsults for patients and providers in the context of both clinical and social care.

4

Identify challenges and best practices to implement and apply eReferrals and eConsults to practice.

5

Describe how a Health Information Exchange can facilitate eReferrals and eConsults in Connecticut.

# Housekeeping



All participant lines will be muted during the panel discussion



The panelist will address your questions during the Q/A session from the Q/A chat feature



If we are not able to address your question today, we will follow up with you directly using your registered email.



This session will be recorded and available for download along with the slides used today.



Instructions on how to access will be sent after the session to your registered email along with instructions to earn CME and CPE credit.

# Presenters

Paul Giboney, MD



**Associate Chief Medical Officer  
LA County Department of Health Services**

Daren Anderson, MD



**President, ConferMED PC  
VP/Chief Quality Officer, CHC Inc.**

Marc Rabner, MD, MPH



**Director of Clinical Applications  
CRISP**

Disclosures: Dr. Anderson has a financial interest/arrangement with ConferMED that could be perceived as a real or apparent conflict of interest in the context of his/her role as a speaker. He will not speaking on this content, which has been approved by the activity director. No other speakers have a conflict of interest



# eConsults and eReferrals



Electronic consults (eConsults) are tools for healthcare providers to engage in asynchronous bi-directional communication regarding patient care using a platform such as an EHR or a web-based portal.



Electronic referrals (eReferrals) are tools to refer patients to be seen face-to-face by another provider using standardized electronic means.



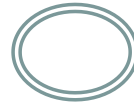
# Improving Specialty Access – eConsult

Paul Giboney, MD

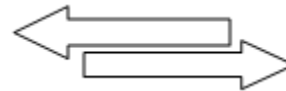
Associate Chief Medical Officer

Los Angeles County Department of Health Services

# Where We Were - 2011



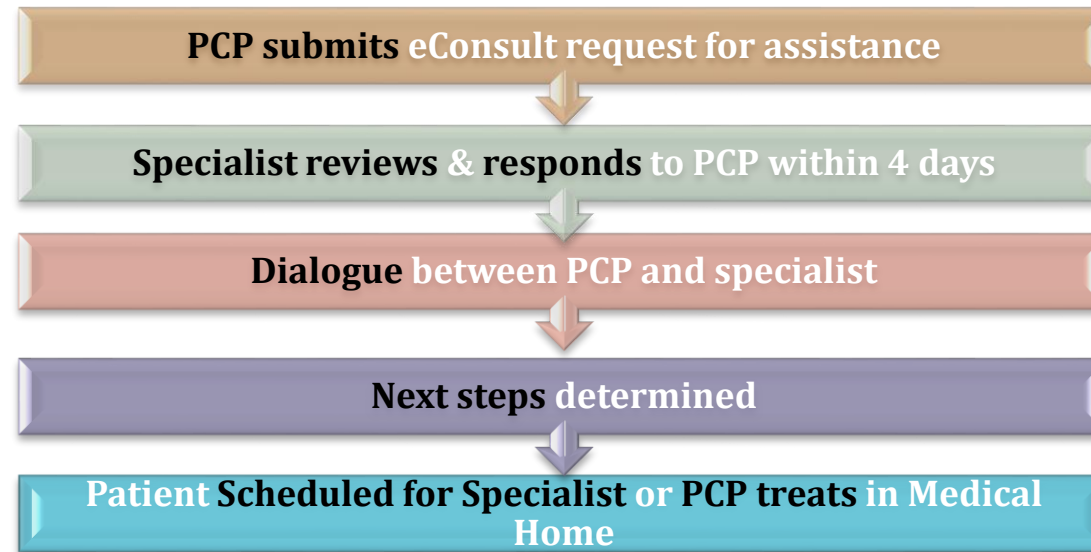
- Very large, very fragmented health care system:
  - Long wait times for specialty services
    - Many specialties 6-12 month wait times
    - Elective Gallbladder and Hernia cases > 18 months
    - Many specialty requests fell into a “black hole” and were never acted upon.
  - Lack of coordinated care among County facilities and with Community Providers
  - High no-show rates to specialty clinics
  - Large variations in practice and “referral criteria”



# Disruptive Innovation – eConsult



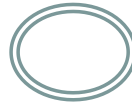
Launched in 2012 - not a “referral” but an asynchronous discussion (electronically facilitated) between primary care doctors and specialists:



## Possible outcomes of an eConsult conversation:

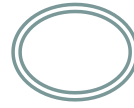
- A visit with the specialist (in-person, video or phone)
- Advice to the PCP, no visit needed
- Advice for PCP to complete workup and then have specialty visit

# Access to Specialty Care



- **eConsult provides access to specialty care in multiple ways**
  - Rapid access to specialty **expertise**
  - Ability for specialists to **expedite** cases needing more rapid specialty attention and to **designate** specific face to face visit vs. video or phone visit instructions based on clinical need.
    - We can personalize the timeliness of specialty care for each patient “one time does not fit all”.
  - Ability for **PCPs** to deliver “specialty” care in the Medical Home
    - Better for patients – convenience, less travel, fewer days away from work, school, family obligations.
  - Reduction in wait times for “**routine**” face to face specialty care visits (because we are using specialist time more efficiently)

# The DHS eConsult Network



## Submitting Sites

- 4** Medical Centers
- 2** Multi-specialty Ambulatory Care Centers
- 19** DHS Health Centers
- 190** Community Partner (My Health LA) sites
- 14** Department of Public Health Clinics
- 4** Juvenile Courts Health Services Clinics
- 9** Sheriff's Department (Medical Services Bureau) clinics
- 22** Department of Mental Health clinics.

**5,000+** Providers have submitted at least one eConsult



## Specialty Care

65 Specialty Services

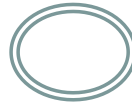
600 eConsult reviewers located at 10 different DHS facilities

Community Resources available via eConsult

- Smokers' Helpline
- Wellness Center -Food, legal assistance, nutrition, cancer prevention, and more

These locations can be envisioned together as a "Patient Centered Medical Neighborhood"

# Responsiveness

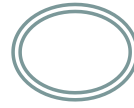


- DHS currently responds to 19,000+ eConsult requests every month.
- 1.5 Million unique eConsults to date.
- Our median response time\* to the initial eConsult request is:

**24 hours!**

\*Health Affairs, March 2017 “Los Angeles Safety-Net Program eConsult system was rapidly adopted and decreased wait times to see specialists.

# Disposition of eConsults\*



- 25% of eConsults are resolved without the need for a specialty visit.
- The more the PCP and Specialist discussed the case on eConsult (back and forth dialogue), the more likely they met the patient's needs without a face to face specialty visit.

\*Health Affairs, March 2017 “Los Angeles Safety-Net Program eConsult system was rapidly adopted and decreased wait times to see specialists.



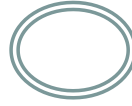
# What it looks like – Patient's Experience



## Patient

- Reduced wait times for specialty care
- Less travel
- Fewer days off work
- Medical Home usually more culturally attuned
- PCP more capable / empowered
- Care better coordinated - transitions of care better managed, process more transparent
- Specialist more informed when sees patient
- Fewer specialty visits required to develop treatment plan
- Timeliness recommendations customized to unique patient needs.

# What it looks like – Primary Care



## Primary Care

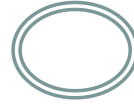
- Quick access to specialty expertise
- Connected to larger system of care (reduced isolation)
- Opportunity to enhance clinical capability (eConsult “CME”)
- Reduced wait times
- Improved scheduling process
- Ability to see status of request/scheduling - improved care coordination
- Time investment in submitting eConsult
- More conditions managed in Medical Home – more “balls” in PCP’s court.
- Challenge in ordering specialty labs or diagnostics.
- Co-Management of complex patients
- Improved ability to meet patient’s needs

# What it looks like - Specialist



## Specialty Care

- Ability to extend expertise over a larger population of care
- Ability to triage
- Reduced wait times
- Reduced “no shows”
- Can designate best modality of specialty visit – in-person, phone or video
- Face to face visits are more productive
  - Better information
  - Pre-Visit Testing Completed
- Avoidance of inappropriate referrals
- Opportunity to teach/educate
  - PCP
  - Residents/Fellows
- Improved ability to meet patient’s needs



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## Poll

**What do you think is the most significant difference between standard referrals & electronic consults and referrals?**

- a) Ability to exchange clinical healthcare data between different EHR's
- b) Transitions of care in real time
- c) Improved communication between providers
- d) Decrease in transcription errors



# eConsults

## Evidence and Experience from Connecticut

Daren Anderson, MD  
VP/Chief Quality Officer  
Community Health Center, Inc.  
Senior Research Scientist-Weitzman Institute

weitzman  institute





# Community Health Center, Inc.

## Background

- ⊙ Statewide FQHC
- ⊙ Care provided in >200 locations
- ⊙ >100,000 active patients, 75% Medicaid
- ⊙ Specialty access from all major hospital systems and a range of private groups
- ⊙ Substantial access and wait time challenges

## eConsult experience

- ⊙ Implemented eConsults in 2015
- ⊙ Centralized “cloud-based specialist” process
- ⊙ Web-based portal for specialists
- ⊙ 15,031 eConsults since inception
- ⊙ 81% avoided an unnecessary F2F visit
- ⊙ 38 adult and pediatric specialties and subspecialties



## Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medically Underserved: A Cluster-Randomized Controlled Trial

J. Navando Olayiwola, MD, MPH<sup>1,2</sup>

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Nicole Jopeal, BA<sup>4</sup>

Robert Aseltine, PhD<sup>5</sup>

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Conflicts of interest: authors report none.

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### ABSTRACT

**PURPOSE** Communication between specialists and primary care clinicians is suboptimal, and access to referrals is often limited, which can lead to lower quality, inefficiency, and errors. An electronic consultation (e-consultation) is an asynchronous, non-face-to-face consultation between a primary care clinician and a specialist using a secure electronic communication platform. The purpose of this study was to conduct a randomized controlled trial of e-consultations to test its efficacy and effectiveness in reducing wait times and improving access to specialty care.

**METHODS** Primary care clinicians were randomized into a control (9 traditional) or an intervention (17 e-consultation) arm for referrals to cardiologists. Primary care clinicians were recruited from 12 practice sites in a community health center in Connecticut with mainly medically underserved patients. Two end points were analyzed with a Cox proportional hazards model where the hazard of either a visit or an e-consultation was linked to study arm, sex, race, and age.

**RESULTS** Thirty-six primary care clinicians participated in the study, referring 590 patients. In total, 69% of e-consultations were resolved without a visit to a cardiologist. After adjusting for covariates, median days to a review for an electronic consultation vs a visit for control patients were 5 and 24, respectively. A review of 6-month follow-up data found fewer cardiac-related emergency department visits for the intervention group.

**CONCLUSION** E-consultation referrals improved access to and timeliness of care for an underserved population, reduced overall specialty utilization, and streamlined specialty referrals without any increase in adverse cardiovascular outcomes. e-consultations are a potential solution for improving access to specialty care.

*Ann Fam Med* 2016;14(2):133-140. doi: 10.1370/afm.1869.

### INTRODUCTION

The number of ambulatory care visits that result in a referral to another health care clinician has doubled during the past decade.<sup>1</sup> Timely access and good communication between clinicians are essential for quality, efficiency, and patient safety. In a national survey, however, only 34% of specialists reported routinely receiving information from referring primary care clinicians, and only 62% of the clinicians reported reliably receiving information back from the specialist.<sup>2</sup> This suboptimal exchange of information leads to an increase in medical errors, wasteful spending, and poor quality of care.<sup>3,4</sup>

In addition, access to subspecialty care is often limited, especially for medically underserved populations. At least 1 in 4 medical encounters at community health centers result in a referral to a specialist.<sup>5</sup> Obtaining appointments for these referrals is challenging because so few specialists are willing to accommodate them.<sup>5,6</sup> This imbalance in supply and demand leads to waiting times for appointments that can be as long as 1

# Weitzman-UCONN Cardiology eConsult Trial

## Target population

- Primary Care Providers: in a large, multisite FQHC in CT

## Study Design

- Prospective, cluster-randomized controlled trial
- One-year intervention
- Key implementation characteristic: “default” standing order for submission

## Key Findings

- 69% of cardiology consults addressed with eConsult
- Wait times reduced
- Lower ER utilization in eConsult arm

*Ann Fam Med* 2016; 14(2):133-140.





CLINICAL

## A Cost-Effectiveness Analysis of Cardiology eConsults for Medicaid Patients

Daren Anderson, MD; Victor Villagra, MD; Emil N. Coman, PhD; Ianisa Zlateva, MPH; Alex Hutchinson, MBA; Jose Villagra, BS; and J. Nwando Olayiwola, MD, MPH

Many initiatives aimed at transforming primary care have concentrated on the development of patient-centered medical homes, with emphasis on elements including the adoption of electronic health records (EHRs), multidisciplinary team-based care, and care coordination. Fewer efforts have been directed at improving the interface between primary care providers (PCPs) and specialists in the outpatient setting.<sup>1,2</sup> This gap is notable given the significant clinical importance and financial impact of the PCP-specialist relationship. Outpatient specialty visits represent a disproportionate source of year-over-year increases in healthcare expenditures,<sup>3,4</sup> with research suggesting that a typical PCP interacts with more than 200 specialists in a year.<sup>5</sup> Such financial considerations are increasingly important as payment reform gains momentum across the country and stimulates experimentation with novel reimbursement arrangements. Additionally, the proliferation and adoption of new technologies, including EHRs and secure health information exchanges, are creating fertile conditions for improving the interface between specialists and PCPs.

Electronic consultations (eConsults) are non-face-to-face (F2F) consultations between a PCP and a specialist that utilize secure messaging to exchange information. Unlike electronic referral systems that link primary care practices with specialty providers for F2F appointment triage, eConsults provide a virtual consultation by the specialist after clinical information sent by the PCP is reviewed and returned with recommendations, which potentially eliminates the need for the patient to be seen in person by the specialist. Health systems that implemented eConsults have improved specialty access, reduced wait times,<sup>6</sup> and decreased F2F consultations between 9% and 51% depending on setting and specialty.<sup>7,8</sup> However, few studies have evaluated the effects of PCP access to a secure eConsult platform on total healthcare expenditures. Findings using retrospective data from an eConsult program in Canada suggest the potential for cost savings,<sup>9,10</sup> but these studies were not randomized and did not evaluate the impact on total cost of care. The reduction in F2F

### ABSTRACT

**OBJECTIVES:** To evaluate the cost-effectiveness of electronic consultations (eConsults) for cardiology compared with traditional face-to-face consults.

**STUDY DESIGN:** Cost-effectiveness analysis for a subset of Medicaid-insured patients in a cluster-randomized trial of eConsults versus the traditional face-to-face consultation process in a statewide federally qualified health center.

**METHODS:** A total of 369 Medicaid patients were referred for cardiology consultations by primary care providers who were randomly assigned to use either eConsults or their usual face-to-face referral process. Primary care providers in the eConsult arm transmitted consults to cardiologists using a secure peer-to-peer communication platform in an electronic health record. Intention-to-treat analysis was used to assess the total cost of care and cost across 7 categories: inpatient, outpatient, emergency department, pharmacy, lab, cardiac procedures, and "all other." Costs are from the payer's perspective.

**RESULTS:** Six months after the cardiology consult, patients in the eConsult group had significantly lower mean unadjusted total costs by \$455 per patient, or lower mean costs by \$466 per patient when adjusted for non-normality, compared with those in the face-to-face arm. The eConsult group had a significantly lower cost by \$81 per patient in the outpatient cardiac procedures category.

**CONCLUSIONS:** These findings suggest that eConsults are associated with total cost savings to payers due principally to reductions in the cost of cardiac outpatient procedures.

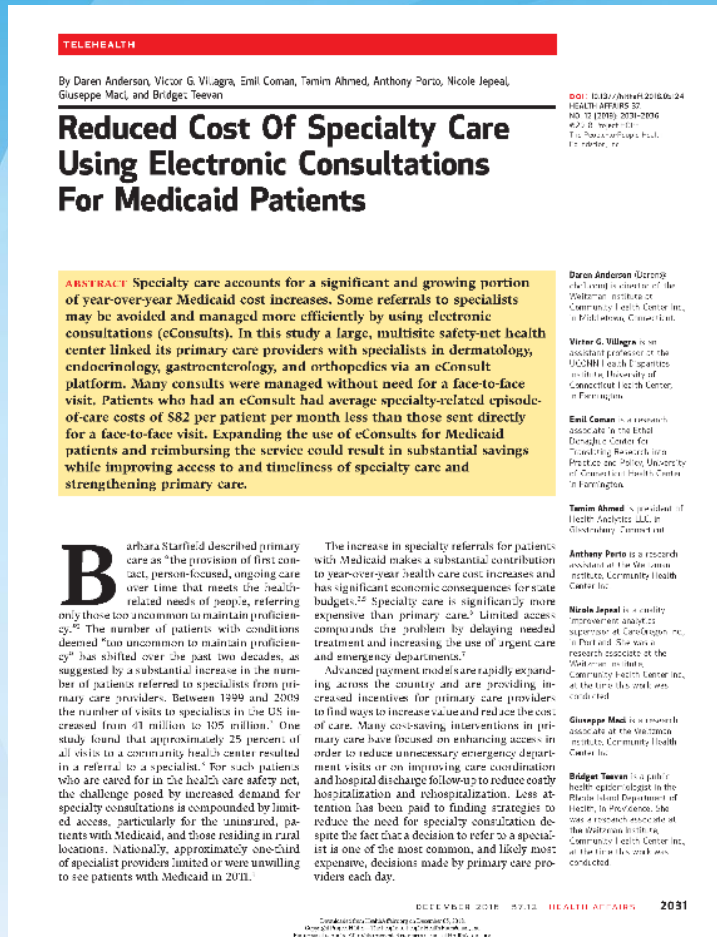
*Am J Manag Care.* 2018;24(1):e294-e301

294 JANUARY 2018 www.ajmc.com

# Weitzman/CT DSS Economic Analysis

- \$466 per patient lower total cost of care for Medicaid using eConsults
- Lower use of cardiac tests and procedures in patients receiving an eConsult





# Health Affairs Expanded Economic Analysis

- eConsults for Endocrinology, Orthopedics, Gastroenterology, Dermatology
- Patients receiving an eConsult had \$82 PMPM lower specialty-related costs compared to similar patients receiving a F2F visit
- State Medicaid saved over \$500,000 in one year using eConsults for four common specialties



## Electronic Consultations (eConsults)

A TRIPLE WIN FOR PATIENTS, CLINICIANS, AND PAYERS

MAY 2020

Aasta Thielke, MPH, and  
Valerie King, MD, MPH

Milbank  
Memorial Fund 

eConsults lead to:

- Improved access to specialty care
- More efficient use of health care resources
- High patient and clinician satisfaction
- Lower total cost of care





# Summary Points from the Literature

## – eConsults

- Improve access and reduce wait times for specialty care
- Expand scope of primary care
- Lower medical costs by:
  - Reducing unnecessary specialty visits
  - Reducing need for follow up visits
  - Lowering Emergency Room use
  - Reducing specialty tests and procedures
- Allow more care to be provided to patients in an advanced primary care medical home



## Expanding eConsults


- ◎ Additional specialties added
- ◎ Additional CT Practices have joined:
  - Griffin Hospital
  - Americares Free Clinic
  - ProHealth Physicians
- ◎ Increasing Payer reimbursement
- ◎ Medicaid (suspended in 2019)
  - Anthem
  - ConnectiCare
  - Cigna (pilot)



# eConsult Specialties in Connecticut

 **225 Specialists:**  
Adult and Pediatrics

 **Board certification**  
in specialty or subspecialty

 **NCQA level credentialing process**

## Adult

- Addiction Medicine
- Allergy
- Cardiology
- Complex Primary Care
- Dermatology
- Endocrinology
- ENT
- Gastroenterology
- Geriatric Medicine
- Hematology
- Infectious Disease
- Nephrology
- Neurology
- Nutrition
- Ophthalmology
- Orthopedics
- Pain Medicine
- PharmD
- Psychiatry
- Pulmonology
- Radiology
- Rheumatology
- Sleep Medicine
- Transgender Care
- Travel Medicine
- Urology
- Women's Health

## Pediatrics

- Allergy
- Cardiology
- Dermatology
- Endocrinology
- ENT
- Neurology
- Neuropsychology
- Nutrition
- Ophthalmology
- Orthopedics
- Psychiatry
- Pulmonology
- Radiology
- Sleep Medicine
- Travel Medicine
- Women's Health

## Methods for exchanging data across different systems



Fax



Box



STFP



DM+HL7  
Direct Messaging  
and HL7



Remote EHR  
Access

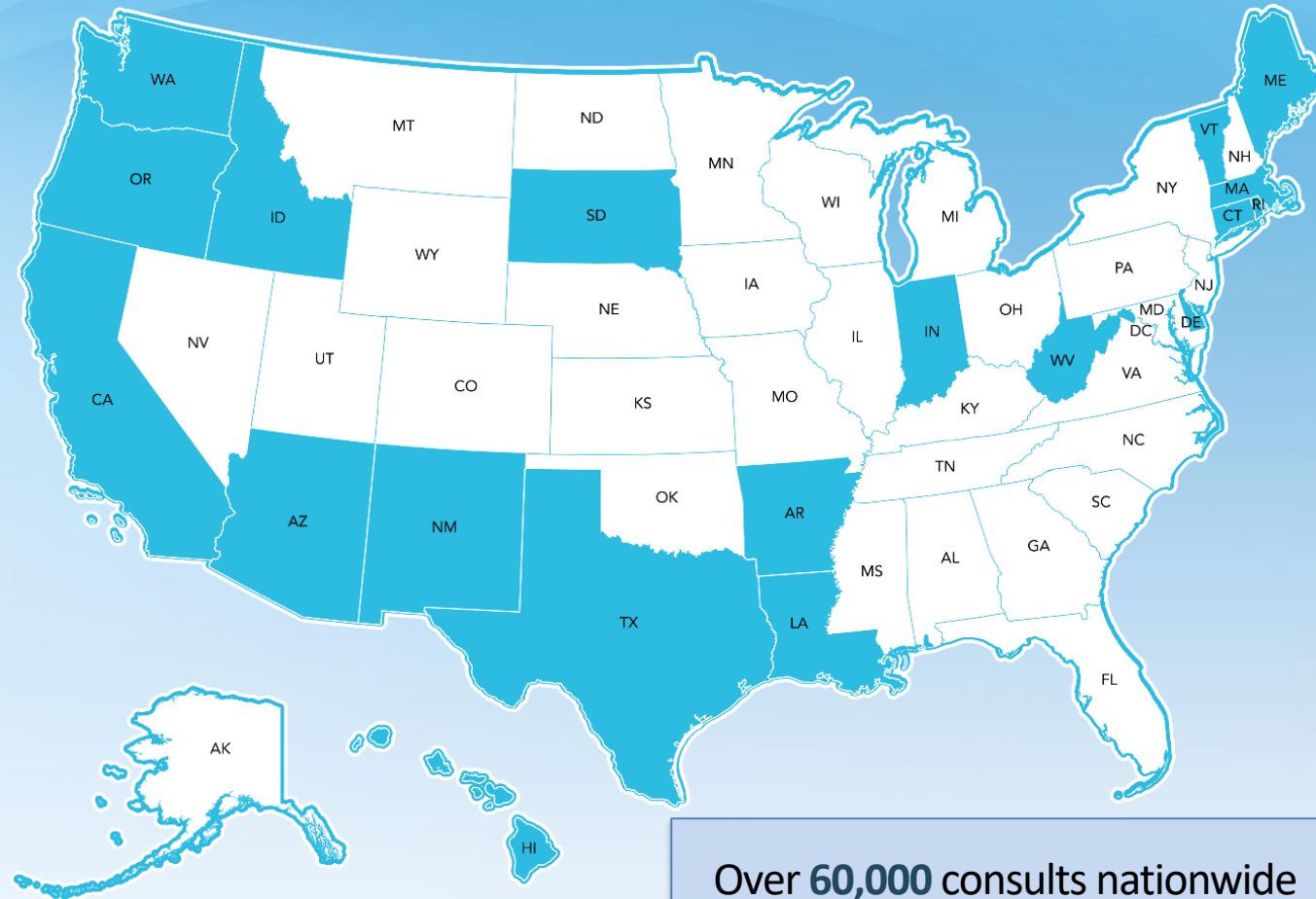


Direct Access via  
Referral Management Systems





## Expanding Nationally



Over 60,000 consults nationwide





## Challenges to Wider Adoption

- Limited uptake
  - PCP resistance
  - Clinical leadership
  - Change management
  - Misaligned incentives
- Specialist/hospital system resistance
- Limited payer participation



## Opportunities

- Advanced Primary Care
- CMS telehealth recognition of 99451 as a telehealth code
- Value based care
- Risk sharing contracts
- Increased acceptance of telehealth



**THANK YOU**



## Poll

**3. What do you perceive as the biggest benefit of eReferrals & eConsults for patients and/or providers?**

- a) Better access to specialized care
- b) Reduced wait time for specialized care
- c) Lower medical care costs
- d) Improved care coordination



# eReferrals and the Social Determinants of Health

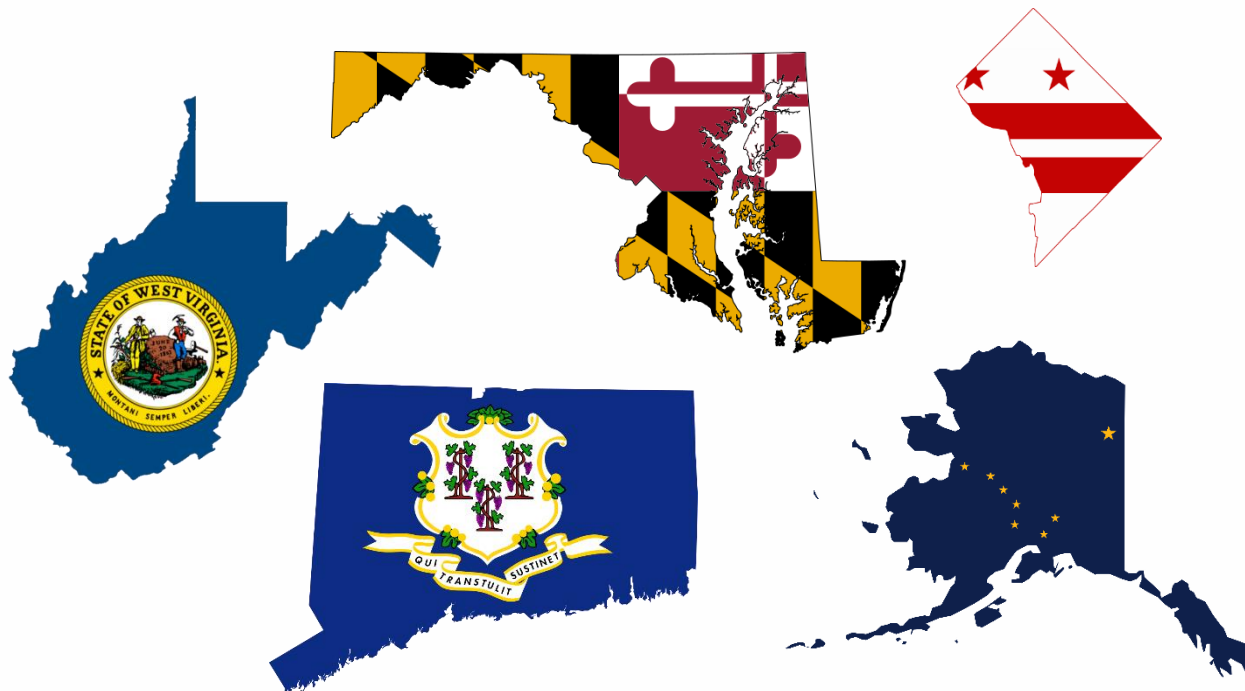
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[www.crisphealth.org](http://www.crisphealth.org)

## State Designated Health Information Exchange

(HIE) serving Maryland, and in affiliation with the HIEs in West Virginia, the District of Columbia, Connecticut, and Alaska.

**Vision:** To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration



Service	Typical Week
Data Delivered into EMRs	1,400,000
Patients Manually Searched	125,000
ENS Messages Sent	3.5 mil
Clinical Documents Processed	675,000
Portal Users	107,000
Live ENS Practices	1,580
Reports Accessed	2,750
Report Users	2,000



# Tools that Improve Care Coordination

## Point of Care

- Clinical Query Portal & In-context Information



## Clinical Notes

- Discharge summaries
- Specialty Notes
- Operative notes

## Encounters

- Outpatient, Inpatient, ED

## Care Team

## Labs

## Imaging

## Care Coordination

- Encounter Notification Service (ENS)



## Encounter Notifications

- When patients on my panel go to ER/IP

## Population Specific Encounter Notifications

- i.e. 3<sup>rd</sup> ED visit for asthma,
- i.e. discharge for hip replacement



# CRISP and Social Needs Data

## Challenges

- Stakeholders with heterogenous needs.
- Siloed clinical and social care systems and data.
- Existing investment in tools, workflows, and systems.

## Key Features

- Support interoperability and integrations first.
- Be agnostic to tool, workflow, and/or system of record.
- Create a whole-person record that includes clinical and social care data.

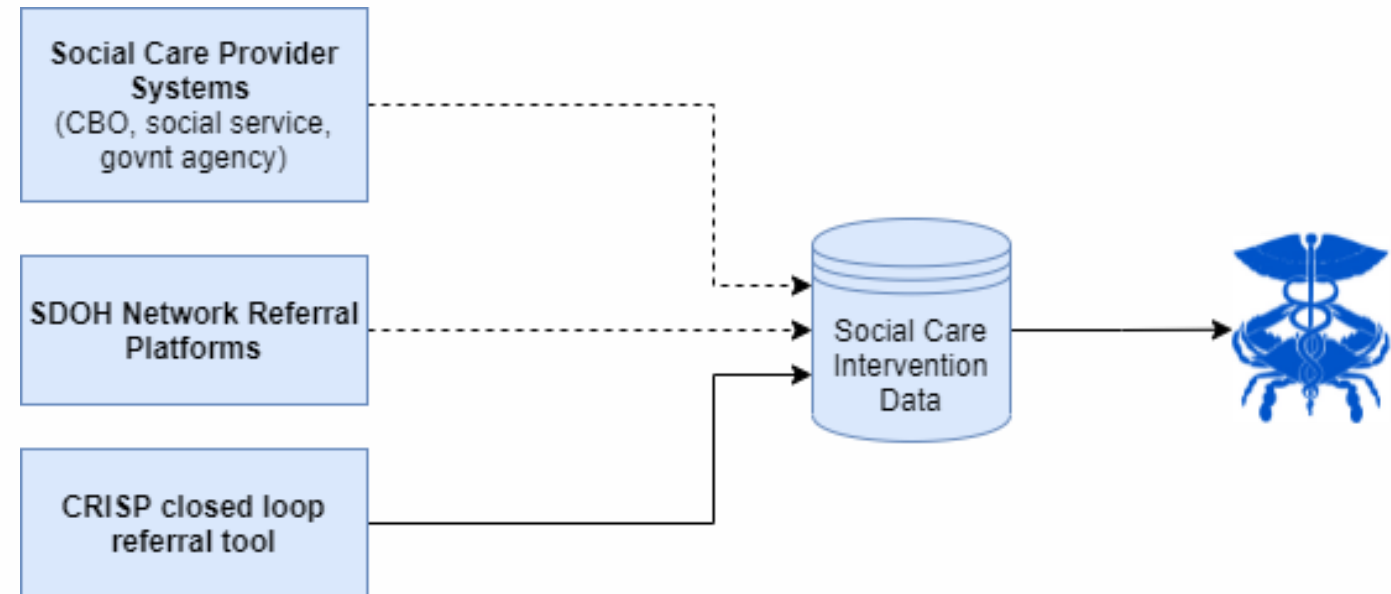






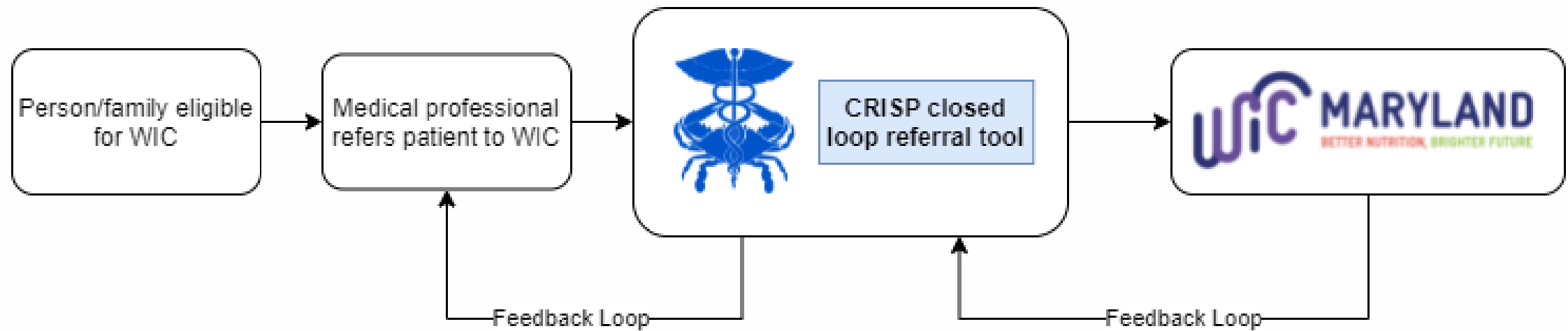
# SDOH eReferrals

Goal	Improve coordination between healthcare and social care.
Today	Healthcare stakeholders can view social needs interventions and the outcomes of those interventions.
2022	Healthcare stakeholders can access relevant patient data from social care stakeholders and visa-versa (with patient consent).





# eReferral Example





# Closed Loop Referral – Sending



HOME CENSUS VIEW PATIENT SNAPSHOT HEALTH RECORDS IMAGING-WORKLIST **REFERRALS** REFERRAL PORTAL MOM CARE PLAN SCREENING



MARC R/



## CRISP Program Referral

Patient Information

\* First Name

Gilbert

Middle Name

\* Last Name

Grape

\* Date of Birth (Format MM/DD/YYYY)

01/01/1984

Primary Language

\* Home Address 1

4145 Earl C Adkins Dr.

\* Phone Number

951-123-4567

\* Type

Home

Home Address 2

Alternate Phone Number

999-999-9999

Type

\* City

River

\* State

WV

\* Zip

26000

Email

Patient Insurance

Carrier

Group Id

Member Id



# Closed Loop Referral – Sending

Referral Program

\* Organization

Select Organization

Select Organization

Adventist Tacoma Park Infusion Center

Atlantic General Hospital Infusion Center

Bethesda NEWtrition & Wellness Solutions

Catholic Charities of Baltimore

Charles Regional Medical Infusion Center

DC Hunger Solutions

First Call Medical Infusion Center

Garrett Regional Medical Center ED Infusion Site

Giant Food Nutrition

Hungry Harvest

MAC Living Well

Maryland WIC

Meals on Wheels

Medicaid DPP

Mercy Infusion Center

Meritus Regional Infusion Center

Moveable Feast

NeighborRide

Nexus Montgomery Diabetes Program

\* Programs

Select an Organization.

How:

rollment into a DPP, Per

42. Counseled patient on

half of a physician



# Closed Loop Referral – Receiving

## Referrals Overview

Look up Referral

Name (last, first)	Gender	DOB	Doctor	Health Org.	Ref. Date	Referral Status ↓	Accepted Date	Programs
<a href="#">AutoReject7, Test7</a>		Apr 24, 2000	Dr. Minnie Mouse	Yono Hospitals	Sep 30, 2020	Change Status Pending ▼		0 / 0 / 2
<a href="#">Tester84, Someone</a>		May 2, 1963	Dr. Minnie Mouse	Meghan Hospitals	Sep 30, 2020	Change Status Pending ▼		0 / 0 / 3
<a href="#">AutoReject3, Test3</a>		Apr 24, 2000	Dr. Minnie Mouse	Yono Hospitals	Sep 30, 2020	Change Status Pending ▼		0 / 0 / 2
<a href="#">AutoReject2, Test2</a>		Apr 24, 2000	Dr. Minnie Mouse	Yono Hospitals	Sep 30, 2020	Change Status Pending ▼		0 / 0 / 2



# Closed Loop Referral – Feedback loop

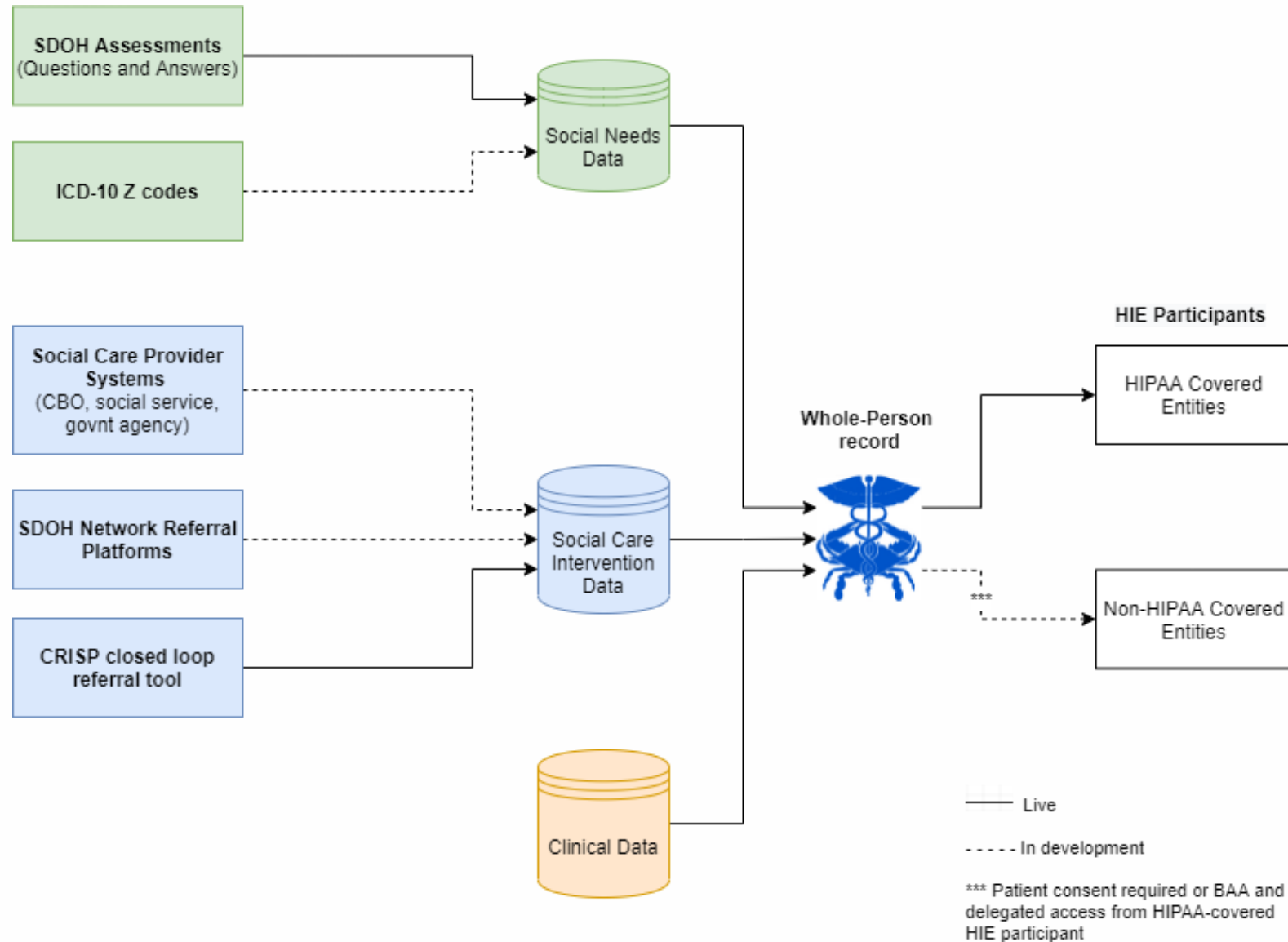
## - Referrals Overview

Look up Referral

Name (last, first)	Gender	DOB	CBO	Ref. Date	Referral Status ↓	Accepted Date	Programs
<a href="#">Fields, Minie</a>		Jun 30, 1990	Min CBO	Jul 17, 1997	Pending		0 / 0 / 2
<a href="#">Fields, Schema</a>		Jan 1, 2001	Min CBO	Aug 26, 2020	Pending		0 / 0 / 2
<a href="#">optOut_test</a>	Prefer Not to Say	Jun 30, 1990	Min CBO	Sep 15, 2020	Pending		0 / 0 / 2
<a href="#">Tester82_Someone</a>	Male	Jan 22, 1972	CBO 1	Sep 24, 2020	Pending		0 / 0 / 3
<a href="#">Tester84_Someone</a>		May 2, 1963	CBO 1	Sep 30, 2020	Pending		0 / 0 / 3
<a href="#">Tester83_Someone</a>	Female	May 2, 2000	CBO 1	Sep 24, 2020	Accepted	Sep 24, 2020	0 / 2 / 3
<a href="#">Export to Excel</a>					Items per page: 25 ▾ 1 – 6 of 6  < < > >		



# Whole-Person Record





# Displaying Referral Data to the Entire Care Team

The screenshot displays the HIE InContext mobile application interface. On the left, a sidebar menu lists various data sources: MEDICATION MANAGEMENT, CLINICAL DATA, CARE COORDINATION, SOCIAL NEEDS DATA, DATA FROM CLAIMS, and HIE PORTAL. The HIE PORTAL option is highlighted with an orange arrow pointing to the 'REFERRAL HISTORY' section of the patient profile.

The patient profile for GILBERT GRAPE shows the following information:

- Gender: Male
- DOB: Jan 1, 1984
- Status: Probable
- Address: 4145 Earl C Adkins Dr, River, WV 26000
- Alerts: Infection Control Alerts (80) [VIEW]
- Next of Kin: 4 [VIEW]

The 'REFERRAL HISTORY' section is highlighted with an orange border and contains the following table:

Program	Contact Information	Date Status Changed	Status
Foodbank	Debra Frances, Case Manager 451-555-5165	5/6/2020	Sent
Neighbor Ride	Sandy Robinson, Coordinator 654-666-6666	6/1/2020	Enrolled
Utilities Assist	Roberta Masa, Contact 465-444-6325	12/1/2020	Not eligible

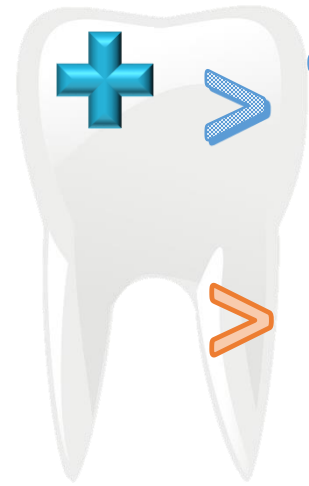


## Poll

**What challenges might you experience implementing eReferrals & eConsults to practice?**

- a) Adopting a new work flow
- b) Reimbursement
- c) Navigating new technology
- d) Integrating with different EHR's

# eConsult & eReferral Survey – Preliminary Results



> 74%

HIE Access would “probably or definitely”  
improve ability to care for patients

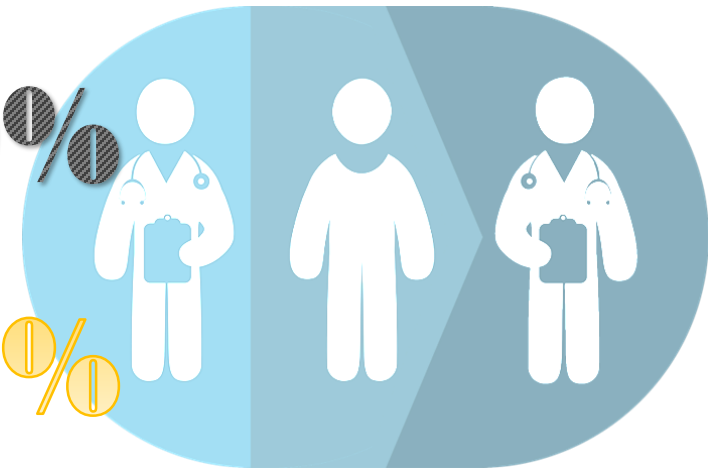
> 55%

interested in joining Connie

All providers “somewhat to extremely likely” to  
send eReferrals through Connie

>

60%



>

70%

All providers think receiving eReferrals through  
Connie is “moderately to extremely valuable”

# eConsult & eReferral Survey – Preliminary Results

All providers “somewhat to extremely likely”  
to use an eConsult system if made available **> 60%**

**> 80%** All providers think that access to HE would  
“probably or definitely” improve consults

All providers “probably or definitely” would resolve  
more cases through consultation access to HE **> 50%**

# Questions

- Contact us for further information /  
[HIELearning@uchc.edu](mailto:HIELearning@uchc.edu)  
Or
- Visit us at:  
<https://health.uconn.edu/health-interoperability-learning/>

Stay tuned for the next event!

THANK YOU

*for your participation*