

# Electronic Consult Experience: Making Health Care More Accessible and Convenient for Veterans

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This article reviews the successful Electronic Consultation experience at the John D. Dingell VAMC in Detroit, Michigan.

**T**he Office of Specialty Care Transformation developed the Electronic Consultation (E-Consult) initiative to improve access to specialty care for veterans and their primary care providers (PCPs) by allowing providers to request a review of the medical record, obtain interpretation of the information, and receive recommendations from a specialist without the need for a face-to-face visit. E-Consults are structured in a way that allows chart review workload credit for the specialists completing the E-Consults.

In addition, E-Consults were developed to increase veteran satisfaction by: (1) decreasing turnaround time for consult completion, reducing wait times for necessary face-to-face appointments, and reducing the inconvenience and the need to travel to specialty clinics; and (2) increasing awareness that care is being well coordinated between PCPs and specialty clinicians. E-Consults were also developed to

enhance provider satisfaction by: (1) improving panel management demand, capacity, and access challenges for the specialist; (2) allowing specialist flexibility as to when to respond to E-Consults; (3) softening the impact of a missed opportunity such as a specialty clinic no-show; (4) enhancing the collaborative relationship between PCPs and specialists; and (5) allowing the specialist to receive workload credit for non-face-to-face visits done by chart review, which traditionally have been done by curbside consults or comments in a

discontinued consult. It was also anticipated that the use of the E-Consult would lower beneficiary travel and fee expenses by reducing overall demand for face-to-face specialty consult visits and by the efficient use of Veterans Integrated Service Network (VISN) specialty resources.

E-Consults are referrals designed for veteran or provider questions about short-term diagnostic and therapeutic issues. They can also be used as a means to better prepare a veteran for a face-to-face visit by arranging for the completion of tests

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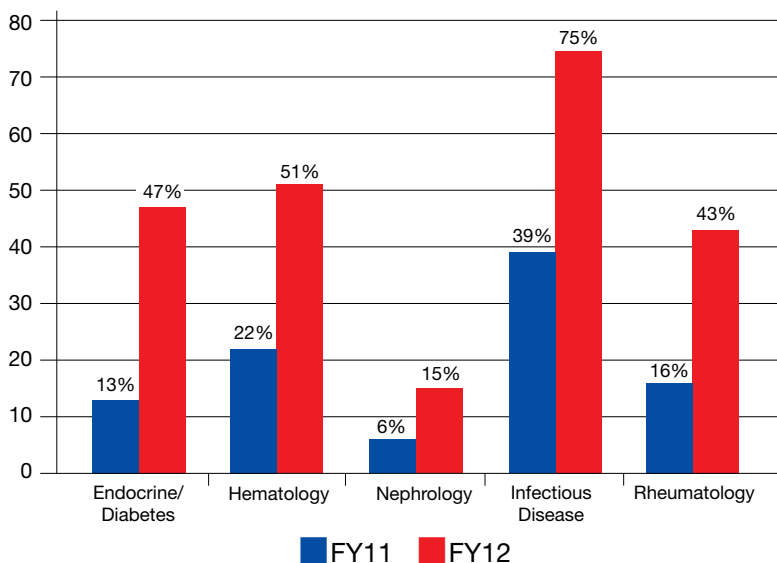
in advance of the visit or for a PCP or specialist to manage a veteran's chronic disease over time. In sync with the PATient Aligned Care Team (PACT) initiative, the E-Consult initiative is veteran-centered, can be used to coordinate care, and shifts face-to-face care to alternate venues (eg, group visits, secure messaging, telehealth, phone clinics, and case management).

### DETROIT EXPERIENCE

In March 2011, the John D. Dingell VAMC in Detroit, Michigan (Detroit VAMC), was selected as a pilot site for the Innovations in Consult Management Program. It began with the Dementia Care Team E-Consult. With time, it was found that other specialties could also benefit from the E-Consult concept, and it was expanded to 36 specialty services, all of which were made available to other VA facilities in VISN 11 (Battle Creek, Saginaw, and Northern Indiana) and their Community-Based Outpatient Clinics (CBOCs). Because E-Consults were incorporated into the already existing traditional consult process and setup, the start-up costs were essentially cost-neutral, consisting mainly of education and marketing, and did not require hiring additional personnel.

As of June 30, 2012, 1,482 E-Consults were completed at the Detroit VAMC. About 40% of the completed E-Consults were inter-facility requests from other VISN 11 facilities or CBOCs. As the E-Consult use spread, it was apparent that some specialties were better able than others to incorporate the concept into their consult management process (Table 1). Endocrine/diabetes, hematology, infectious disease, nephrology, and rheumatology specialties were consistently

**Table 1. E-consult as percentage of total Detroit consults per service, per FY<sup>a</sup>**



<sup>a</sup> FY = fiscal year.

the highest users with increasing percentages of total consults being E-Consults per fiscal year. The next tier of high users included vascular surgery, neurology, and pain management. Just as the electronic medical record improved the speed of the consult process compared with the paper record, the E-Consult made the response even timelier and appropriate to the need at hand (Table 2). In the Detroit VAMC, it reduced the response time for 3 of the 5 specialties previously noted by 92% to 95%.

The use of the E-Consult process was enthusiastically received and incorporated into some of the VISN 11 facilities due to strong support from the VISN 11 chief medical officer, Alan Pawlow, MD, as well as support of the VISN 11 facility directors and chiefs of staff. Future plans are to further expand E-Consults across all VISN 11 facilities, to evaluate veteran satisfaction with

the E-Consult process, and to determine cost effectiveness (fee and travel) and the further impact on specialty clinic access.

The specialists continue to find value in the use of E-Consults with its flexibility as a means to manage their consults and clinic schedules. Although E-Consults will never replace the need for face-to-face visits, it fills a need and is here to stay. Primary care providers are especially appreciative of the quick response times. Douglas Miller, MD, PCP, and E-Consult user at the Detroit VAMC stated, "It could take months to get a traditional consult response. Now with the E-Consult, my questions get answered quickly, sometimes in a day. My patients think I am a better doctor." ●

#### Author disclosure

The author reports no actual or potential conflicts of interest with regard to this article.

**Table 2. Comparison in turnaround time—Detroit FY12 (d)**

Service	E-consults			Traditional consults		
	Total/ E-consults (%)	Mean response time	Standard deviation	Total consults	Mean response time	Standard deviation
Endocrinology/ diabetes	138 (47)	4.69	10.2	155	63.43	23.7
Hematology	110 (51)	7.08	12.4	105	21.14	25.2
Nephrology	92 (15)	1.1	2.2	510	24.26	25.7
Infectious disease	119 (75)	1.26	4.4	40	15.5	11.7
Rheumatology	95 (43)	26.0	31.6	128	35.8	22.0

<sup>a</sup> FY = fiscal year.

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