# What are the costs of improving access to specialists through eConsultation? The Champlain BASE experience

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#### The eConsultation Team

#### A collaboration between:

The Ottawa Hospital (TOH)
The Bruyère Research Institute (BRI)
Winchester District Memorial Hospital (WDMH)
Champlain Local Health Integration Network (LHIN)









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# The problem: poor access

"I have been waiting a long time to get my appointment with the specialist"

"I refer and then wait and do not even know if the fax was received..." "Takes a long time to have an non-urgent patient seen in Endocrinology"

"I am frustrated by my wait list.
I can't ever seem to catch
up..."

# **Background**

 Excessive wait times and inequitable access to care lead to patient anxiety, delays in diagnosis, and potentially further deterioration of the patient's condition

 There is an opportunity to improve access to care through innovative eHealth solutions including eConsultation



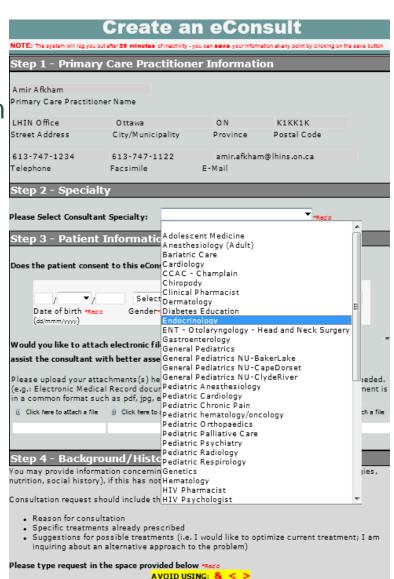
#### What is an eConsultation?

- Asynchronous, electronic communication between providers
- Patient-specific question directed to a specialist
- May result in patient not needing a face-to-face visit with a specialist



## Champlain BASE eConsult service

- Developed in 2010
- Secure, easy-to-use, web-based platform
- Simple template for PCP to complete & submit to a "specialty"
- Assigned to appropriate specialist
- Answer expected within 7 days
- Allows back and forth exchange for clarification and add'l. information
- PCP closes eConsult and completes mandatory survey
- Specialists are remunerated \$200 per hour prorated to their self reported time to complete the eConsult



# **Study Objective**

1. To explore the costs of improving access to specialist care through eConsult



## **Methods**

Design: cost analysis from the perspective of the payer

- Data sources: We used data collected from the Champlain BASE eConsult system over three consecutive one year periods:
  - Year 1: April 1<sup>st</sup>, 2011 to March 31<sup>st</sup>, 2012
  - Year 2: April 1<sup>st</sup>, 2012 to March 31<sup>st</sup>, 2013
  - Year 3: April 1<sup>st</sup>, 2013 to March 31<sup>st</sup>, 2014

#### **Methods**

- Operational Costs: we calculated both direct and variable costs associated with the service
  - Direct costs: start up costs
  - Variable costs:
    - Delivery costs: user set up/registration, support costs, administration costs
    - Consultation-specific costs: all payments made to specialists and assignment costs for staff to direct each eConsult to the appropriate specialist

 Referral Costs: we used responses from a PCP closeout survey completed at conclusion of each eConsult to tally the number of avoided and added referrals

## **Methods**

 Overall cost savings were calculated as the total costs avoided minus the total operational and added referral costs:

(Referral Avoidance Costs) – (Operational Costs + Added Referrals) = Costs Saved

## Results

 2606 eConsults to 27 different specialty services were completed over the three year period

In 40.3% (n=1051) of cases a face-to-face specialist visit
was originally planned but avoided as a result of eConsult (in
fact only 29% of all eConsult cases led to a referral)

 In 3.6% (n=93) of cases a referral was initiated where one was not originally planned

#### Results

- Estimated costs per eConsult decreased over each annual period:
  - Year 1: \$131.05
  - Year 2: \$10.34
  - Year 3: \$6.45

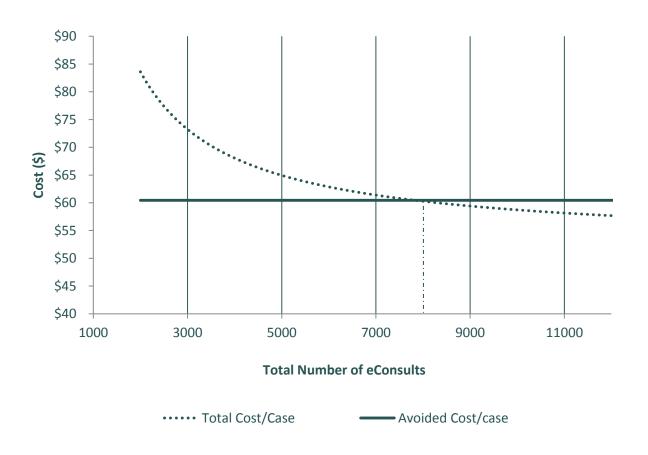


#### What costs accounted for the majority of spending?

- Year 1: start-up and service delivery (76%)
- Year 2: specialist remuneration (63%)
- Year 3: specialist remuneration (72%)

## Results

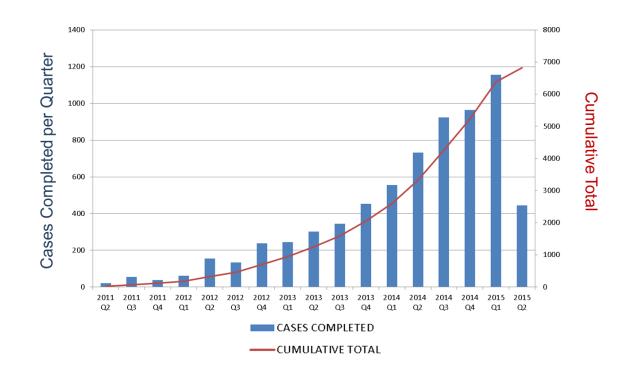
We predict eConsult will break-even at 7818 eConsults



## Where are we now?

#### As of April 30th, 2015:

- 6824 cases completed
- 682 PCPs registered (567 MDs and 115 NPs)



## Current specialty services (n=67)

- Addictions Assessment/ Treatment Services
- Adolescent Medicine
- Anesthesiology (Adult) \*
- Back and Neck (spine) Care \*
- Bariatric Care Medical
- Bariatric Care Surgical
- Bariatric Care Dietitian
- Cancer Screening
- Cardiology \*
- > Champlain CCAC
- Chiropody
- Clinical Pharmacy \*
- Dermatology
- Diabetes Education
- Endocrinology \*
- ENT & Head/Neck Surgery
- Gastroenterology
- Genetics
- General Surgery
  - **→** Geriatrics

- Hematology
- Infectious Diseases
- > ID-Viral Hepatitis
- Internal Medicine
- Musculoskeletal Rehabilitation \*
- Nephrology \*
- Neurology
- OB/GYN
- Ophthalmology
- Orthopaedics \*
- Pain Medicine
- Pain and Opioid Addictions/Addictions Opioids
- Palliative Care
- Psychiatry
- > Psychiatry-Perinatal
- Public Health Ottawa
- Respirology
- Rheumatology
- Sexual Assault/DomesticViolence
- > Sports Medicine
- **Thrombosis**
- Urology

- > HIV
  - Specialists
  - Pharmacist
  - Psychologist
  - Social Worker

#### Pediatrics

- ADHD
- Anesthesiology
- Cardiology
- Chronic Pain
- General \*
- Hematology/Oncology
- HIV
- · Infectious Disease
- Neurology
- Ophthalmology
- Orthopedics
- Palliative Care
- Psychiatry
- Radiology
- Respirology

#### Radiology:

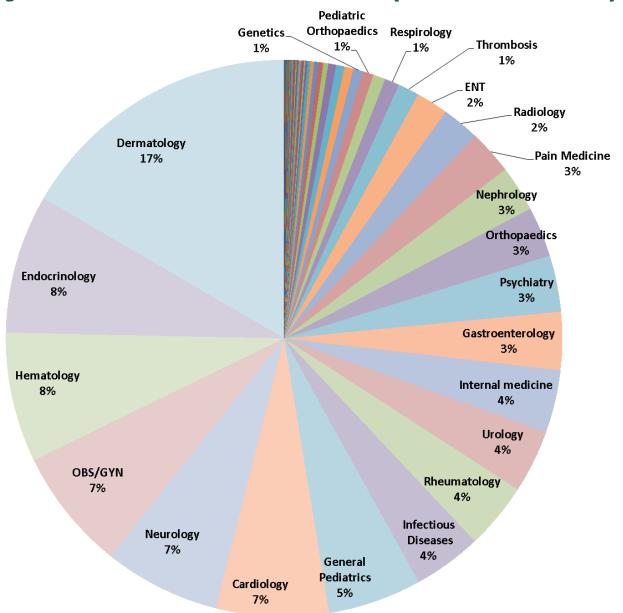
- Abdominal
- Musculoskeletal
- NeuroRadiology
- Thoracic

#### **≻Wound Care**

**≻** Vascular Surgery

<sup>\*</sup> Includes community-specific specialties

# Specialty Distribution – ALL (6824 cases)



# Ongoing research activities include:

- Impact on specialist referral rates
- Role and impact of eConsult on medically complex patients
- Specialist to specialist eConsults
- Development of an eReferral system
- Development of Case Conferencing
- Patient Perspectives
- Analysis of eConsult questions to inform CPD