

New Tools for Providers

A Specialty Care Initiative Case Study on Increasing Primary Care Capacity in San Diego

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Introduction

Overview of the Specialty Care Initiative

The Specialty Care Initiative (SCI) supported community coalitions in developing and implementing strategies to address specialty care demand and access in California communities. SCI was jointly funded by the California HealthCare Foundation and the Community Benefit programs in Kaiser Permanente's Northern and Southern California Regions. In 2008, after one year of planning support, 24 coalitions were granted additional funds to implement strategies that increase access to priority specialty areas. Major activities fell within four strategy clusters:

- Embedding guidelines into the referral process,
- Building/expanding specialty care networks,
- Increasing primary care provider (PCP) capacity/scope of practice, and
- Integrating care coordination.

The Center for Community Health and Evaluation in Seattle, Washington conducted the statewide evaluation of SCI, including case studies of the four strategy clusters to highlight areas of progress and lessons learned.

Overview of the Case Study

The goal of the increasing PCP capacity/scope of practice cluster was to better manage demand for existing specialty care appointments by increasing PCP confidence and ability to manage basic specialty care needs in the primary care setting without referral to a specialist.

This case study highlights the work of one SCI coalition to increase PCP capacity/scope of practice. The San Diego Countywide Specialty Care Initiative Coalition (San Diego) focused on: 1) implementing an electronic consultation system (eConsult) to facilitate communication between specialists and PCPs; and 2) coordinating training for PCPs on various specialty topics and procedures. San Diego's work demonstrates progress and illustrates lessons learned across SCI statewide with regard to increasing PCP capacity. This case study highlights factors contributing to San Diego's success, describes challenges they encountered, and offers considerations for other efforts attempting to increasing PCP capacity.

Efforts in this strategy cluster are closely related to activities implemented as part of the other strategy cluster areas; those interested in understanding the breadth of approaches to address specialty care access for the safety net population are encouraged to review all four case studies.

Background and context

The Safety Net System in San Diego County

San Diego's target area is a decentralized and non-integrated system without a public hospital. The majority of specialty care services are provided by specialists in private practice. Safety net patients struggle to get specialty care due to insufficient public resources. Other barriers to access include:

- Discomfort and intimidation around going to a specialist's office
- Long wait times between the primary care appointment and the specialty appointment
- Financial burden of specialty services
- Lack of transportation
- Lack of language accommodation

As a result, San Diego focused on improving specialty care access in the medical home.

San Diego Countywide Specialty Care Initiative Coalition

San Diego's project team was collaboratively led by the Council of Community Clinics (CCC), a countywide clinic consortium, in partnership with the San Diego Medical Society Foundation. SCI built on a burgeoning relationship between the two organizations initiated by other activities. Staff from these two agencies were responsible for the day-to-day activities associated with SCI.

The project was informed by three groups: the San Diego Countywide SCI Coalition (see box at right), an advisory group consisting of representatives from six clinics, and a workgroup of clinic referral managers. The referral manager workgroup brought a practical perspective to identify opportunities and barriers and develop a menu of strategies to inform SCI efforts. This was a successful approach for their project: *"We got really positive feedback from participants [of the referral manager workgroup], stating that they hadn't before had a chance to get together to talk about the issues."*



History of the Coalition

The San Diego Countywide SCI Coalition formed from an existing workgroup that had been meeting for over five years prior to SCI. It included sixteen community clinics in San Diego and Imperial Counties, 90% of which were also involved in the existing workgroup. The coalition met separately to inform planning for SCI early in the initiative, but then formed an advisory group to carry out planning and implementation of specific SCI activities. Since then, the coalition has reintegrated with the original workgroup, but maintains high-level oversight of SCI activities.

"Need to make sure you have engagement from all the key players, if you are missing any one, the whole thing could fall apart."

Background & Existing Resources

In July 2009, the Medical Society Foundation, in partnership with CCC, launched Project Access San Diego (PASD). PASD provides access to certain types of specialty care consult and procedures for low-income, uninsured residents of San Diego County. Nineteen clinic systems and over 585 medical volunteers participate in PASD. PASD links eligible patients to volunteer specialists and includes intensive patient care coordination.

While PASD provides short-term access to specialty care, San Diego's SCI activities focused on long-term capacity building within primary care and promoting and formally linking community clinics to PASD. PASD provided an existing pool of volunteer specialists for San Diego to engage in their PCP training activities, particularly eConsult. Additionally, PASD strengthened the relationship between CCC and the Medical Society Foundation. San Diego effectively leveraged this relationship for SCI since the Medical Society Foundation had the ability to recruit and engage providers, while CCC had the training and technology infrastructure in place to support these efforts.

Lessons from the work to date

San Diego's efforts to increase PCP capacity fall into two categories: training activities and facilitating consultation between PCPs and specialists. The following are lessons learned from work carried out so far (see box at right) that may be useful for other communities doing similar work.

Training programs

Develop a PCP training program that fits the needs of the local health system. San Diego's trainings were open to all coalition community clinics in San Diego County. Given the range of clinics involved, San Diego offered a menu of options including live and recorded web-based training sessions. This allowed clinics to engage at a level appropriate to their interest and capacity.

Build relationships through training opportunities. Early in the initiative, CCC coordinated round table discussions about referral guidelines with PCPs and specialists. These were helpful in building relationships between PCPs and specialists and laid the foundation for communication within eConsult.

San Diego's PCP Training Activities

Round tables: Facilitated events with specialists and PCPs to discuss referral guidelines.

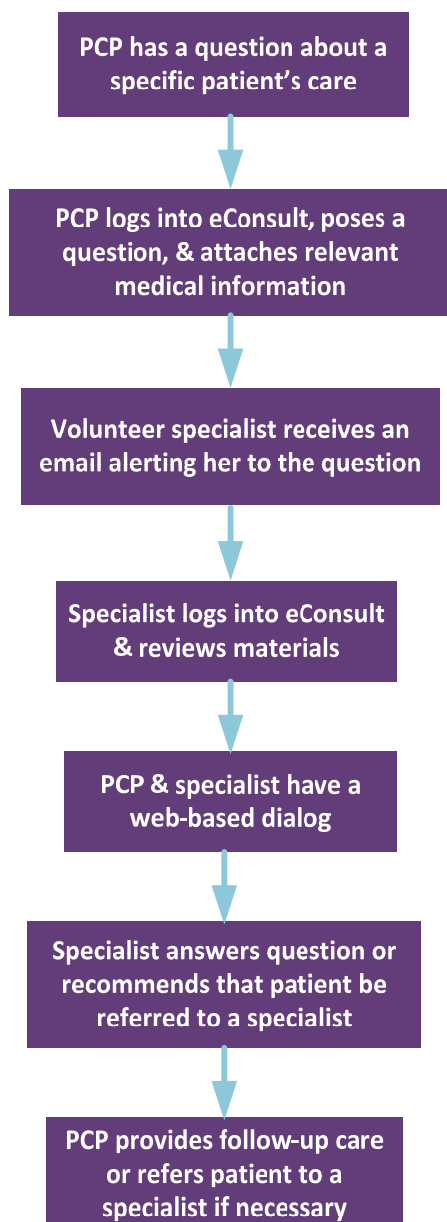
Lectures & webinar series: "Lunch & learn" sessions in response to current opportunities and needs; included an eye emergencies training and a dermatology webinar series.

Procedural trainings: Hands-on, interactive trainings on performing basic specialty procedures—one on orthopedic joint injections using human cadavers and one on punch and shave biopsies using pig's feet. Sessions included training, shadowing and practice.

eConsult: A secure, HIPAA-compliant website that allows PCPs to ask specialists clinical questions regarding patient care.



Engage clinicians in the development of training activities. The Council conducted an annual survey with participating clinics to identify training interests and needs. This helped to build buy in and increased participation of PCPs. They also enlisted the help of a passionate specialist physician champion to help coordinate and promote the trainings.



Electronic consultation system (eConsult)

San Diego's eConsult system allows community clinic PCPs to obtain answers to clinical questions regarding patient care from volunteer specialists in a timely, HIPAA-compliant manner. Asynchronous communication occurs through a secure website in the form of a virtual consult (see figure at left). In San Diego, eConsult was not designed to be a step in authorizing referrals to a specialist—a specialty referral may not go to the provider that reviewed the case. This has provided PCPs with the opportunity to appropriately refer patients to a network of other specialists, while allowing for broader participation from specialists (including many PASD specialists) because it removes the expectation of continuity of care.

Build on technology efforts in similar settings. San Diego adapted an eConsult system modeled off successful efforts in San Francisco, Los Angeles and Orange Counties. It was helpful to have a product to show stakeholders that demonstrated capabilities and options that could be tailored to meet providers' needs. This approach gave people something to modify versus building a system from scratch. San Diego customized a number of the fields in the system to be more appropriate to their local context. As a result, San Diego was able to design and implement eConsult in a few months.

Involve potential users in the eConsult implementation process. San Diego engaged various stakeholder groups, including both clinical and operations staff, throughout the development process to ensure that the system met their needs. They conducted multiple demonstrations of the system and solicited feedback, which resulted in simplifying the interface of the system. This approach helped build buy in for the effort among potential users and ensured the resulting system is user-friendly. In addition, they engaged a physician champion in piloting the system. To date, there have not been any major complaints about the technology.

Results

Physicians and staff working on both projects highlighted several areas of impact on patient care based on their observations and experiences.

- **More appropriate referrals to specialty care & improved demand management for specialty care services.** Increasing the skills and confidence of PCPs and providing access to specialists for consults has enabled more routine specialty care needs to be managed in a primary care setting.
 - As a result of the procedural trainings, approximately 116 patients received joint injections and 20 patients received minor dermatology procedures by PCPs, averting a specialty referral and allowing patients to be managed more appropriately in the primary care setting.
 - *“It’s a better use of resources in terms of making a targeted use of specialty care where needed. We’re reserving consults for appropriate cases, getting my skill level increased and improving my ability to reach out to others without a specialty visit.”* – Primary Care Provider, Imperial Beach Health Center
 - *“One of the really useful things is that I’ve been able to expand my skills in certain specialty areas. I’ve participated in Derm and Ortho trainings. For Ortho, I’ve had trainings in joint injections. I’ve done it before but was out of practice and the course was very beneficial. Same with Derm. Actually it’s improved and given me extra skills even for my patients with insurance. They can be treated in a familiar setting by their own doctor and don’t have to travel 2 hours to get to an appointment.”* - Primary Care Provider, Imperial Beach Health Center

- **Increased access to timely specialty care.** Through PCPs, patients are getting access to specialist consults without having to wait for a separate appointment. PCPs indicated that, as a result, patients were getting access to specialty care services that were not available to them prior to this initiative.
 - *“Before eConsult, we would send a referral and then the specialist would review it. [The review process] would take a week to two weeks, and then the specialist would need to decide whether to see the patient or not. Now it’s much faster! And it’s easier for the patient to know what’s going on and what the next steps are.”* - Referral Manager, Neighborhood Healthcare

- **Formalized relationships between primary care providers and specialists.** eConsult is facilitating improved communication among PCPs and specialists.
 - *“That’s what the whole thing [eConsult] is about - communication. It helps the [PCPs] know exactly what to do, from the specialist’s recommendations. A lot more things are able to be handled at the PCP level.”* - Referral Manager, Neighborhood Healthcare

- **Improved care coordination.** Increasing PCPs comfort and skill to handle basic specialty needs in a primary care setting keeps patients in the medical home, making it easier for their PCP to coordinate and manage their care.

Project Access Success Story: Patient Martha P.

Martha is a woman in her mid-30s who presented for routine care at her community health center. She described being well other than some breast discharge and the start of some visual blurring. She received her well woman exam and labs were ordered to evaluate her complaints. She was found to have an elevated prolactin level requiring a Brain MRI to evaluate. The patient had no insurance coverage and could not afford the MRI. A request was made to Project Access to arrange a donated MRI. This was successful and the MRI was done. The scan showed a very large tumor of the brain, in the pituitary gland and sitting on top of and compressing the crossing of the optic nerves. Left untreated the tumor, though non-cancerous, would inevitably lead to blindness for Martha.

A second request was made to Project Access for consultation by endocrinology and neurosurgery. After much case management, a willing volunteer endocrinologist and neurosurgeon were found and consultations obtained. A willing anesthesiologist was identified and a hospital agreed to donate the facility for surgery. A very delicate surgery was performed successfully removing the tumor. Martha's vision has returned to normal and with proper ongoing monitoring and treatment, she will not face the prospect of losing her vision.

eConsult Success Story: Patient Jack H.

Jack was a low-income, uninsured patient who presented at his community health center for what he thought was a thorn in his leg. His PCP explored the wound, found no foreign body, and sent a sample for biopsy. It was actually a skin cancer, which the PCP removed in two subsequent sessions.

Additional medical history uncovered that Jack had a history of hereditary hemochromatosis—a disorder that results in too much iron being absorbed from the gastrointestinal tract that requires therapeutic phlebotomy. He had not received treatment in some time due to the expense of the phlebotomy—\$180 per week. According to the Jack's PCP: "He realized that meant he was going to die, but he didn't have \$180 per week. I ordered lab work to confirm the diagnosis. And packaged up his information for the hematologist to review via eConsult. I asked, 'Why can't we do the phlebotomy here in the office?' The Kaiser specialist confirmed diagnosis and provided recommendations and guidelines for treatment. I procured the equipment and we are doing the phlebotomy at the clinic. We have done a few rounds, and the patient is doing well. He is able to pay our sliding scale, which is about \$35 per visit, for life saving treatment. This is an example of how eConsult may be low volume, but high impact."

Sustainability and next steps

San Diego is well-positioned to continue efforts to increase PCP capacity after their current funding ends. Much of the existing work can be integrated into existing efforts of CCC and the Medical Society Foundation.

Training activities can be integrated into CCC’s existing infrastructure. Most community clinics in the region are members of CCC, which is well respected in the area and known for supporting clinics through activities like trainings and technical assistance. SCI allowed CCC to further develop its infrastructure around PCP training, including building the capacity to record and post training events online as an ongoing resource. CCC is currently exploring becoming a CME provider, which would strengthen its current activities and could generate additional provider participation and revenue to support its training program. San Diego plans to integrate ongoing eConsult administration into the Medical Society Foundation’s current activities.

While these strategies are improving access to specialty care in San Diego, there are many challenges to replicating and sustaining this type of work.

Reimbursing PCPs for specialty care work	Reimbursing PCPs and specialists for eConsult activities	Offering training incentives for PCPs
<p>Many safety net PCPs are reimbursed per visit regardless of the time they spend with the patient. Specialty care procedures take more time and resources than a basic consultation, but reimbursement rates are the same.</p>	<p>Providers in San Diego are unable to bill for the time they spend on eConsult, so those activities occur in providers’ administrative or spare time. Reimbursing providers would help incentivize its use for both PCPs and specialists and aid in spreading this model beyond a few committed champions.</p>	<p>CCC would like to offer CMEs to incentivize PCP participation in trainings. This has been one of the biggest challenges in San Diego’s efforts. Providing CMEs is an expensive and arduous process and there are few CME providers in San Diego County. CCC is currently exploring becoming a CME provider.</p>
Adjusting clinic workflows		Ensuring PCP competency
<p>Adding new skills and resources to PCPs’ practice requires changes to providers’ and clinics’ existing workflows. Performing specialty care procedures requires adjusting the schedule and ensuring needed equipment and trained support staff is available. Integrating the use of eConsult into workflow also remains a challenge. San Diego has engaged mid-level practitioners and clinic medical staff in these efforts to facilitate and support PCPs’ use of these resources.</p>		<p>Monitoring and assessing of PCPs’ competency after training requires time and resources. San Diego is exploring changing its approach to procedural trainings; clinics would identify “proceduralists” to receive ongoing training, mentoring and shadowing and assign one clinic team to handle all procedures. This strategy would ensure ongoing competency and confidence among clinic staff and also address challenges with integrating procedures into clinic workflow.</p>

In conclusion, the work of the San Diego coalition has produced very promising early results in improving specialty care access to safety net patients. The models they have developed and lessons learned can help other communities produce similar results.