Improving eConsult Response Quality Through Best Practice Education and Peer Feedback

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Background

- Community Health Center (CHC) patients have a higher prevalence of chronic illness and overall poorer health status, often necessitating interdisciplinary and specialty care. Despite this,
  - **60% of CHCs report difficulty securing specialty care appointments**, results in treatment delays, suboptimal care, increased morbidity and mortality, and provider burnout.
- Electronic consultations (eConsults) are a form of telemedicine which enable primary care providers (PCPs) to collaborate with specialists virtually to provide enhanced, timely care to patients in their medical home.
  - **eConsults have been proven to improve the timeliness of care, reduce in-person specialty care utilization, expand PCPs' scope of practice and clinical knowledge, and reduce total healthcare costs,** however:

The Problem

Barriers to successful implementation of eConsult programs still exist, including: (1) a lack of standardization/clarity in communication between specialist & PCPs and, (2) a perceived reduction in relational engagement.
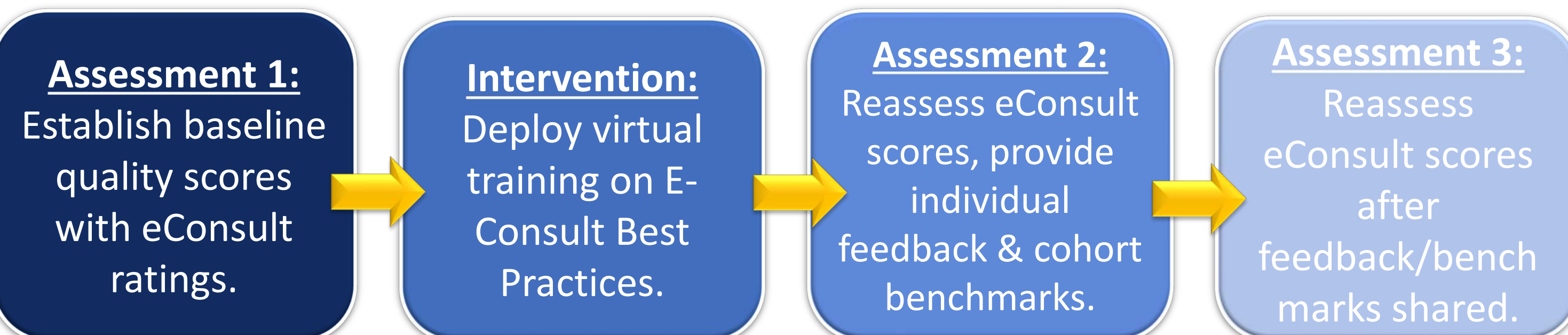
Purpose & Aims

Purpose: Address PCP eConsult concerns by implementing evidence-based initiatives aimed at enhancing specialist's eConsult response quality.

Project Aims:

1. Establish pre-intervention eConsult quality baseline and develop an evidence-based training using best practices and baseline data.
2. Assess the effectiveness and feasibility of this training.
3. Determine the impact of eConsult best practice education on the quality of eConsult responses post-intervention.
4. Determine the further impact of the provision of feedback and peer review on the quality of eConsult responses following distribution of eConsult quality scores to specialists.

Intervention & Timeline

Assessment 1: Establish baseline quality scores with eConsult ratings. → **Intervention:** Deploy virtual training on E-Consult Best Practices. → **Assessment 2:** Reassess eConsult scores, provide individual feedback & cohort benchmarks. → **Assessment 3:** Reassess eConsult scores after feedback/bench marks shared.

Methods

Design: 12-week pre/post QI project
Setting: A telehealth non-profit with over 300 CHCs nationwide employing 160+ volunteer physician specialists who completed 9,477 eConsults in 2022 with frontline PCPs
Participants: 32 physician specialists from 16 specialties, 13 PCPs served as eConsult raters
Sample: Two (2) eConsults per assessment period
Tool: 10-question, 1-5 Likert scale *eConsult Specialist Quality of Response* (eSQUARE) tool
Analysis: Paired sample t-test

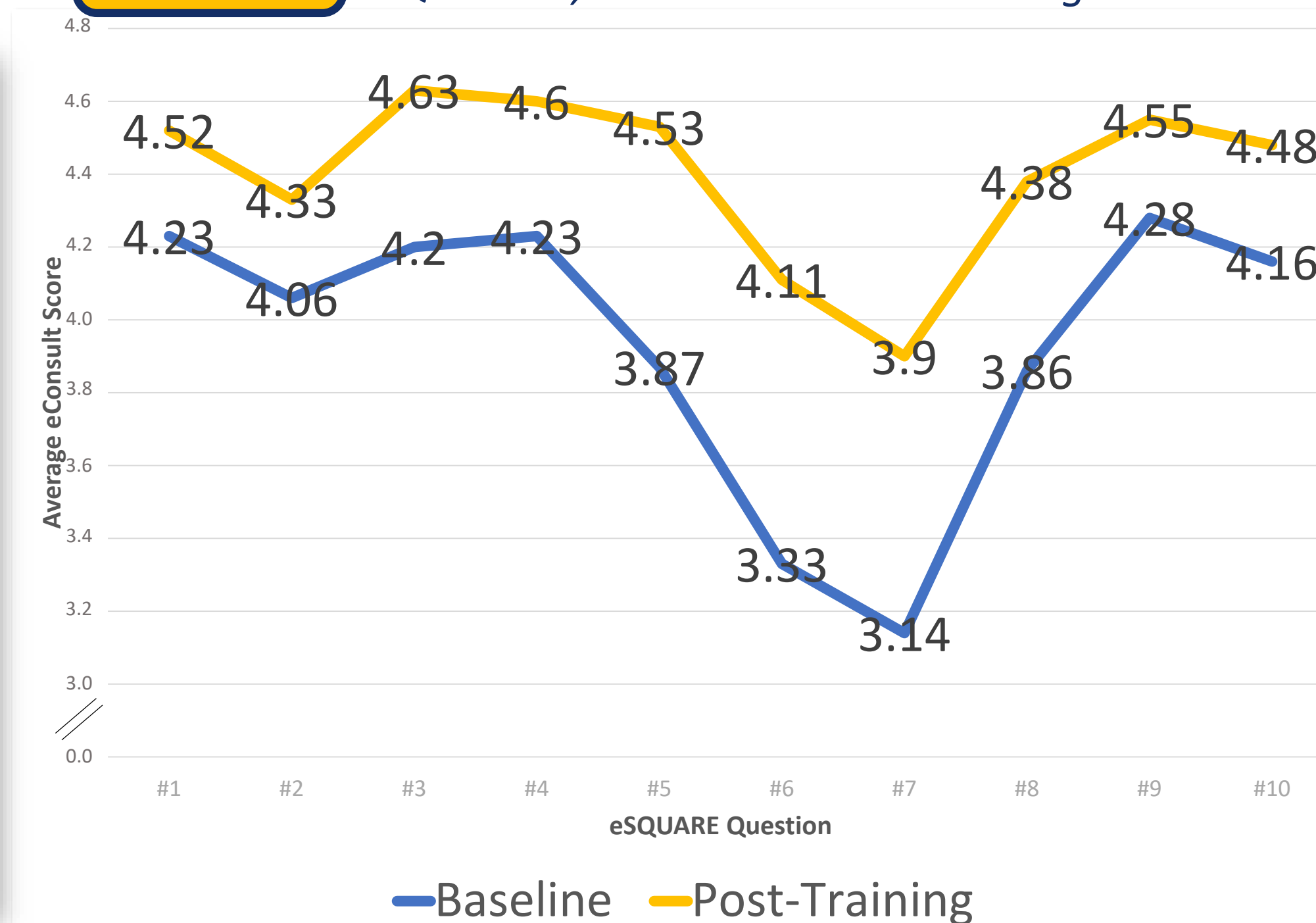### Characteristics of High-Quality eConsults

1. Current (e.g., up-to-date) and evidence-based where applicable.
2. Helpful and/or educational, including rationale or evidence for recommendations and/or additional material such as guidelines or clinical pathways.
3. Patient-specific, incorporate available patient information to the clinical question(s).
4. Address each question/concern posed by the referring provider.
5. Reference cost and availability of tests and treatments, including how to dose, titrate, and monitor response to therapy and whether recommendations are off-label.
6. Provide anticipatory guidance including red-flags and what to try next if recommendations do not result in a favorable outcome.
7. Provide specific advice as to when a face-to-face referral would be indicated.
8. Recommend action items that are doable with references to local resources where appropriate.
9. Clear and organized using logical flow where key information is easy to find.
10. Delivered in a professional, supportive tone that is open to back-and-forth communication.

Sample

Characteristic	Specialists (n = 32)	Raters (n=13)
Avg. Time Using eConsults (in mo.)	37.41 (SD = 17.91)	20.46 (SD = 17.57)
License Type		
MD/DO	32 (100%)	5 (38.5%)
NP	0 (0%)	7 (53.8%)
PA	0 (0%)	1 (7.7%)

SD = standard deviation

Results

Aim 1 — Histogram of Average Baseline eConsult Quality Score, Per Volunteer

Mean = 3.97
SD = 0.77
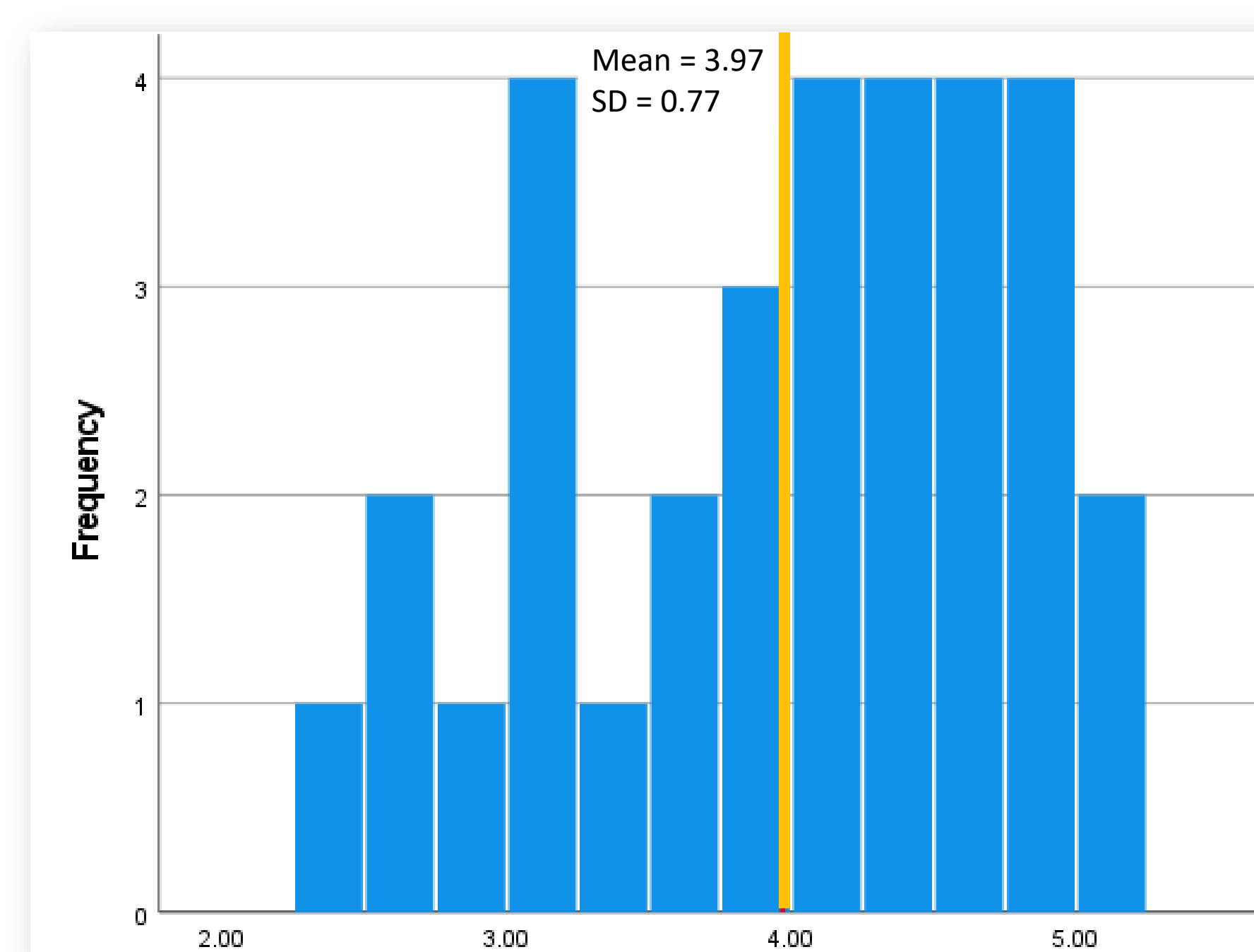
Aim 3 — Comparison of Average eConsult Scores per Question, Baseline to Post-Training

Baseline: 4.23, 4.06, 4.2, 4.23, 3.87, 3.33, 3.14, 3.36, 4.28, 4.16
Post-Training: 4.52, 4.33, 4.63, 4.6, 4.53, 4.11, 3.9, 4.38, 4.55, 4.48
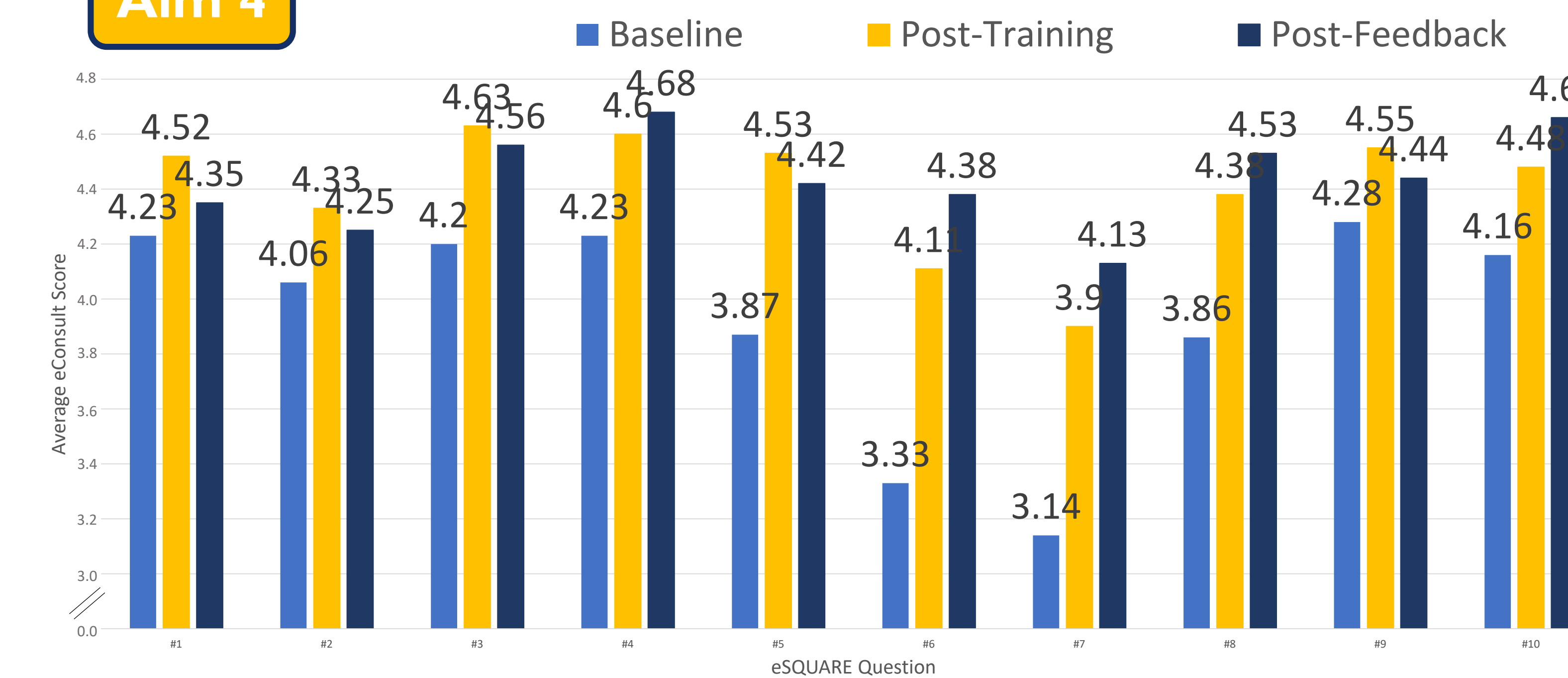
Results (Cont.)

Aim 2 — Training Effectiveness & Feasibility Survey Responses

- 27 specialists (84%) complete the optional post-training survey:
  - 78% rated the training "Superior" or "Above Average"
  - 81% indicated they were "Very Likely" or "Likely" to incorporate the training in practice.

How Successful Was this Training at the Following Objective:	Mean Score*(SD)
Learn how communication between Specialists and Providers impacts our mission and why high-quality communication is important.	4.74 (0.52)
Learn the 10 attributes which comprise a high-quality specialist eConsult response.	4.78 (0.50)
Understand expectations for eConsults and how eConsult performance will be evaluated.	4.78 (0.50)

Likert Scale Response, Min = 1 and Max = 5

Aim 4 — Comparison of Average eConsult Scores per Question, Post-Training to Post-Feedback

Legend: Baseline, Post-Training, Post-Feedback

#5: 4.23, 4.52, 4.35
#2: 4.06, 4.33, 4.25
#3: 4.2, 4.63, 4.56
#4: 4.23, 4.6, 4.68
#5: 3.87, 4.53, 4.42
#6: 3.33, 4.1, 4.38
#7: 3.14, 3.9, 4.13
#8: 3.86, 4.3, 4.53
#9: 4.28, 4.55, 4.44
#10: 4.16, 4.44, 4.66

Findings

Assessment Period	Average Score (SD)	Change from Previous (% Δ)	P-value
Baseline	3.97 (0.77)	N/A	N/A
Post-Training	4.40 (0.55)	+0.43 (+10.8%)	0.005
Post-Feedback	4.47 (0.40)	+0.07 (+1.5%)	0.548

Discussion

Limitations: Small sample size, baseline scores relatively high, eConsult submission quality effects response quality

Implications: Organizations providing eConsults should consider best practice education as a low-resource opportunity to improve eConsult satisfaction and utilization. Further research is need to determine if improved quality increases adoption and utilization.

Conclusion

*One-hour virtual best practice education resulted in **statistically significant** improvement in eConsult quality scores by **10.8%**. The additional provision of feedback and cohort benchmarking produced clinically significant, but not statistically significant improvements.*