

Thinking Beyond the Patient Centered Medical Home

Microsoft Health Plan Industry Point of View

Scenario: Virtual “Curbside” Consultation

Executive Summary

Virtual consultations to accelerate care, reduce costs and educate the PCP on evidence based practices

Breakdown: A PCP has to make a full referral for a consultation, even if they have a simple question that once opined they can manage themselves. A virtual consultation could save a patient significant time and inconvenience, when their PCP can resolve the issue quickly over communications services.

Approach: When a PCP has a specific question for a specialist about a particular aspect of a patient’s care they can quickly check for the specialist online and initiates a virtual consultation wherever the specialist is at that time. They can initiate a text, audio or video communications session from any device and even open a shared, secure workspace to view images together as they talk. The patient can participate from the PCP office, family members can participate remotely and other members of the care team can be brought into the virtual consultation as appropriate.

Current Situation

A patient sees a primary care physician for a problem e.g. skin lesion. The primary care physician does a complete examination and then gives the patient a couple of recommendations for a dermatology consultation. Patient has to set up appointments with a specialist, alert the PCP to send a referral note and get approval from the health plan for the visit(s) if necessary. The patient then physically visits the specialist who reviews the brief PCP referral note. The specialist has to take a history, repeat the examination and may need to order tests. Once completed the specialist makes a recommendation and may or may not communicate this back to the PCP.

Business Imperative

Physical referral is expensive, time-consuming, error prone and totally siloed from the information perspective. Studies show that 30-40% of referrals are unnecessary and a simple conversation between primary care physician and specialist might have avoided the time and cost of a

physical referral visit. A recent study found that the use of online consultation for certain prescribed circumstances resulted in potential medical savings of \$3.36 and \$6.95 per-member-per-month (PMPM) for commercial and Medicare plans, respectively¹. The majority of savings estimated in this analysis came from the potential for substitution of non-emergent ER visits and in-person visits (both acute and follow-up) with lower-cost live interactions using an online care platform. The savings for the commercial population amounted to 9.2 percent for the services analyzed, representing an estimated 1.2 percent reduction in overall medical costs. For Medicare, the savings amounted to 12.1 percent for the services analyzed, equivalent to an estimated 1.2 percent of overall medical costs.

Virtual consultation or a digital referral from a PCP to a specialist, using a range of unified communication tools, results in the following:

- Time-saving that leads to significant reduction in specialist referral costs.
- Communications can be logged for future reference with improved documentation of consultation and/or referral.
- Less impromptu, undocumented clinical conversations.
- Real-time communications will reduce medical errors
- Complete collaboration will improve quality of care.
- Collaboration becomes a hands-on teaching tool for providers.

¹ The Milliman study was authored by Arthur L. Wilmes, FSA, MAAA, principal & actuary at Milliman, an actuarial firm with a leading presence in the healthcare market.

Step-by-Step Description of Virtual Consultation

1. PCP creates referral or consultation notes that get entered into a care plan registry. If the care plan exists already the PCP just updates it and gives the specialist access, with the patient's permission.
2. The primary care physician checks to see if the specialist is present online for a consultation. All providers can indicate their status, when they will next be available and via what mode they are available for online collaboration (voice, text, video, handheld or desk).
3. Alternatively, an online consultation is pre-arranged.
4. If the facility has a dedicated video communications room the provider could use that. Otherwise they use basic consumer software and devices e.g. camera, messaging software, etc.
5. The PCP activates an online consultation session with the specialist.
6. They exchange the necessary information over real-time communications (including images if necessary). Information and care plans are shared and updated in one place.
7. Consultation may need to involve a consultation team and not just two providers. This could include other members of the care team, the patient\family, etc. The system provides tools for physicians to build and store a referral network including directories by specialty.
8. The consultation can take several forms or channels including voice, text, image, video, whiteboarding, referencing, annotation, etc. They can go between different channels as needed.
9. There must also be different modes of communication including phone, SMS, web, chat and client software.
10. Consultation templates that show critical information.
11. Evidence based guidelines for when an eConsultation is appropriate and indicated are available at the point of care. EBMs can also be used as part of the virtual consultation. Features help improve the knowledge of the PCP.
12. The virtual consultation is logged and incorporated in the care plan registry so that the PCP can refer back to it at any time. This improves referral accuracy and reduces medical errors
13. The specialist is incented with a special eConsultation code and can bill against that. The time-savings will make that interaction extremely valuable to all.

Next Steps

To discuss this further please contact the Microsoft Health Plan Industry Group at hthplan@microsoft.com or Clifford Goldsmith, MD at clifgold@microsoft.com

For More Information

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