

POPULATION HEALTH FORUMS

Positioning Physician Practices to Deliver High-Value: The Interface of Primary Care and Specialty Care

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December 14, 2016

The December Forum featured Scott Shipman, MD, MPH, director of primary care initiatives and workforce analysis at the [American Association of Medical Colleges](#) (AAMC). Dr. Shipman coordinates primary care activities across the AAMC, where he works with a wide range of primary care leaders to enhance, promote, and disseminate effective innovations in teaching and delivery of primary care. He guides AAMC activities that promote the role of primary care in emerging high-value ambulatory care models. He is a general pediatrician and health services researcher by training.

Dr. Shipman is particularly interested in referrals to specialists from primary care providers (PCPs). He opened the session by sharing hypothetical examples of referred cases. Common threads and problems include: communication gaps, repeated tests, specialist referral to another specialist, fragmentation, and "no one serving as the quarterback." Dr. Shipman explained that 1 in 3 patients is referred to a specialist each year and this number increases for patients over the age of 65. Referral volumes have doubled in the past decade and as of 2013 more office visits have occurred with specialists than with PCPs.

Dr. Shipman asked the audience, "Why have referrals become so much more prevalent?" The discussion covered a number of reasons including: increased supply of specialists and patient drivers (i.e. public information, patient demand, patient expectations,

perceptions regarding technology). Fee-for-service payment and limited time during visits to take on complex conditions also contribute to this situation. The expansion of increasingly specialized clinical care creates challenges for the PCP. The referral process itself also tends to be inefficient.

"Why should we care about this notion of communication, coordination and community between providers?" asks Shipman. "At the heart of this, it comes down to fragmentation...care that is fragmented is care that is sub-optimal," states Shipman. It is a negative on quality and it drives up costs. The emphasis on maximizing quality for costs is critical in healthcare today.

One initiative designed to address these issues is [Project CORE](#) – Coordinating Optimal Referral Experiences. With funding from the [CMS Innovation Center](#) and support from the University of California, San Francisco, AAMC convened five academic medical centers to implement this model. The elements of the CORE model include: improved communication, coordination, access, clinical alignment, and culture. The model is designed to improve specialty access, enhance primary care comprehensiveness, reduce unwarranted variation in referral, improve quality and convenience for patients and control costs.

As part of the model, an enhanced referral system with various templates (including a specific set of questions) was designed and incorporated into the EMR. Also developed was decision support for the PCP that helps with communication around testing. The CORE model helps to set and standardize guidelines for when the referral is appropriate. For example, identifying things that may need to be done before the referral is built into the decision support tool.

Another component of the enhanced referral system, eConsult is a tool that enables an asynchronous exchange between the PCP and the specialist. For example, a PCP may be able to manage a particular problem with some guidance or support from the specialist.

Dr. Shipman discussed some of the results of the CORE model. University of California, San Francisco (UCSF), which was the first institution to participate, saw some early promising results. An increase in access to specialty care was seen within the first 14 days of the intervention period. They also saw an increase in external referrals and experienced a decrease in ED visits. As for the other four institutions, eConsult results reveal an increase in provider and specialist satisfaction. For all five sites, there is increased use of eConsult.

The benefits of eConsult to the patient are timely access to personalized specialty input, continuity with a familiar provider and setting, and avoidance of having to re-explain a medical history to a new provider. It is important to mention that if a specialist visit is preferred or deemed necessary it is still possible to receive the referral.

Shipman explains that eConsult alone will not address the spectrum of gaps in quality and efficiency of the interface between the PCP and the specialist. Paying for an eConsult is an ongoing battle, and if specialists have a meager demand, they may avoid using eConsult.

The presentation was summarized by discussing the scalability and sustainability of the CORE model. Future steps will include convening a third cohort of participants, expansion at current sites, and extension to other care settings. AAMC plans to work with CMS on a reimbursement and sustainable payment model.

