

Project CORE – Coordinating an Optimal Referral Experience Through eConsults and Enhanced Referrals

CORE Goals

- Right sizing referral rates
- Reducing variation in pre-referral evaluation
- Improving communication and coordination between PCP's and specialists
- Establishing a culture that breeds collegiality and mutual respect
- Improving patient access to specialty care

eConsults



- Structured consult for defined questions in participating specialties
- 72 hour turn around time
- Facilitated and documented in the EHR
- RVU incentive for PCP's requesting and specialists providing an eConsult

Enhanced Referrals



- Condition / problem specific structured guides to referral
- Built in decision support to improve information capture and transfer
- Setting expectation around co-management

BIG NEWS: CMS Agrees to Reimburse for eConsults

What you should know:

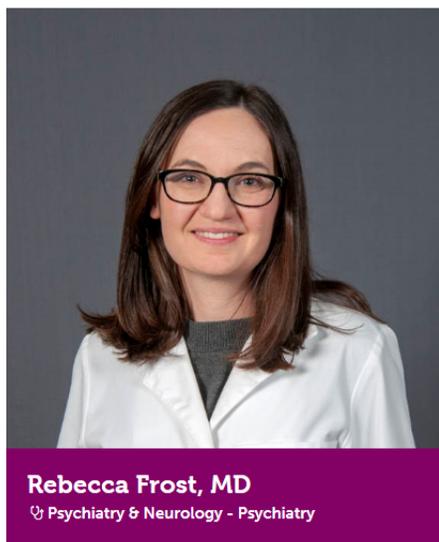
- On January 1st, 2019 CMS began to reimburse for two eConsult billing codes
 - Specialist code - 99451 / PCP code 99452
- Both codes allow for 0.7 of an RVU credit for completing
- Both codes require a time threshold before they can be filed
 - Specialist code 99451 (5+ minutes) / PCP code 99452 (16+ minutes)
 - The time is based on time spent preparing the eConsult request
- Patients now need to grant permission before an eConsult can be submitted because they may be responsible for out of pocket expenses /co-pays
- Both the time limits and the patient permission are still under discussion with CMS

□ Specialties Live

There are five specialties currently live on eConsults and enhanced referrals:

- Cardiology
- Endocrinology
- Infectious Disease
- Psychiatry
- Rheumatology
- Hematology (planned)
- Allergy (planned)
- GI (planned)
- Pulmonary (planned)

□ Psychiatry - Meet Our Specialist



▲ Referral is Required to See This Provider.

Phone Appointments

🏛️ Education & Certifications

Specialties	Psychiatry & Neurology - Psychiatry
Department	Psychiatry & Behavioral Medicine
Areas of Focus	Adult Psychiatry
Medical School	Harvard University Medical School
Residency	Categorical Psychiatry at University of Texas Southwestern - Dallas
Board Certifications	Psychiatry - American Board of Psychiatry & Neurology

🏠 Office Locations

Center for Psychiatry
109 Physicians Drive, Suite C, Greer, SC 29650

□ E-Consult Center for Psychiatry

I am requesting an eConsult from Psychiatry for my patient with dementia.

My clinical question is: This 71-year-old male was only recently diagnosed with dementia, but the dementia is rather advanced. He has lost most executive function but maintains his ADLs. His wife says that although he is usually very peaceful, he has been subject to fits of severe anger and rage lately. These fits are precipitated by simple misunderstandings. She is fearful for him and for her and would like pharmacotherapy to manage his fits. He has new onset headaches and is being evaluated with MRI scan. In an attempt to limit the use of second-generation antipsychotics in patients with dementia, I am requesting your conditions regarding appropriate pharmacotherapy to manage this patient's anger in the setting of dementia. Thank you.

If my clinical question is deemed too complex for eConsult please: Route back to me, and I will discuss with the patient.

Recommendation and Contingency Plan: For behavioral symptoms of dementia, it would be reasonable to try an SSRI, such as Lexapro 10mg daily. If he is having any difficulty sleeping, I would recommend mirtazapine instead (start at 7.5mg nightly and then increase to 15mg nightly after 1-2 weeks). If he is sleeping poorly, this could exacerbate behavioral symptoms, and the mirtazapine could help regulate his sleep cycle. For an as-needed medication, trazodone 25mg BID PRN agitation can be used. I would avoid benzodiazepines and anything with anticholinergic effects, such as hydroxyzine. I agree with avoiding antipsychotics if possible given increased mortality risk.

If you have not already addressed them, other non-pharmacological options to consider would be ensuring that his pain is controlled, especially if the behavioral episodes seem to coincide with episodes of pain. If hearing difficulty precipitates frustration, would encourage them to look into hearing aids if he does not have them. If she has not already tried these, suggestions to help the wife include: speaking with him slowly and calmly, validate that he seems to be upset about something, don't disagree with him (respect his ideas even if incorrect), redirect him to another activity, leave the room if she seems to be the problem.

If the onset of the change in behavior happened suddenly rather than insidiously, I would also keep a delirium superimposed upon the dementia on the differential and ensure there is no change in his chronic medical problems or new onset issue, such as a UTI.

It took approximately 25 minutes of my time to review and complete this eConsult
Rebecca Anne Frost, MD

eConsult Construction

Please note that every good eConsult contains three parts:

- A clear clinical question
- Co-management expectations
- Specialist recommendation and a contingency plan

eConsult How To Video

With the CMS billing changes, there have been a few changes in how to complete an eConsult. There is now a 10 minute video posted on Plexus to help.

The link to the page is here:

<https://plexus.ghs.org/Groups/UMG/Pages/default.aspx>

Questions or Suggestions

Please reach out to Mitch McClure, MD or Bill Childers, MD with any questions or suggestions on Project CORE.