

**Kaiser Permanente, CAPH & CPCA Specialty Care Access Initiative
Roundtable Forum #2 - Improving Specialty Care Access through E-health
November 5, 2007; Burbank, CA**

Notes from Small Group Discussions

Los Angeles County

1. *Has e-health technology been used to improve specialty care in your clinics or hospital systems? What specific applications or approaches?*
 - South Central LA has retinal clinic
 - LAC/USC has 2 specialties: cardiology and rheumatology. They also offer teleconferencing for consultants and chart reviews.
 - Specialties that would lend themselves to tele-medicine are dermatology, psychology, and dentistry. They not just for rural clinics and systems any more. Long distance radiology (e.g. night wing co) digitized can transmit images to radiologist's home PCs.

2. *What are the opportunities for implementing or expanding e-health innovations to increase access to specialty care in your community?*
 - Downtown and outlying work together to provide access
 - Providing connectivity for all of LA County needed to increase clinics bandwidth
 - Teleconferencing funding re-purposed (disaster preparedness)
 - Use existing LA transit line fiber-optic line as resource to link clinics
 - United Healthcare merger money for infra-structure T.M. funding (Department manager care website has details)
 - Linking residents into pool of available specialists by coordinating with medical schools.

3. *If the technology investments seem too large for implementing e-health solutions in your organization or community, what less technology-dependent solutions are you exploring or are you interested in exploring?*
 - Disease registries (electronic)
 - Mixed use of electronic and manual (e.g. skid row radiology using retinal cameras locally, burning images to CD and transporting them.
 - Email encrypted reports from spec. to coordinators email boxes.
 - Electronic specialty care referrals and e-reports back (web)
 - Operational improvement to referral quality
 - Standardize referral criteria making available to clinics
 - Coordinate referrals between PCP

- LAC develop interfaces for community clinics with their EHS
 - Leverage VPN hub
 - Kiosks in patient waiting areas to fill out forms and scan it
 - Use web site of clinic to have patient enter into prior to appt. (Probably many PPP pts lack access to computer)
4. *What education or technical assistance can the KP/CAPH/CPCA specialty care initiative provide to support exploration or successful implementation of these opportunities?*
- Roundtables
 - Continue discussion for LA County to build relationships learn what folks are doing
 - (Regional Roundtables) f/u SCAL KP, LAC, CCALAC
 - Training for change management
 - Sharing care manager protocols
 - Great IT department would like grant money for hardware
 - What funding sources are available or possible for TM?
 - Help to develop a process for a group to leverage resources to solve a common problem
 - Dissemination of best practices
 - Who is KP funding for what-disseminate and partners

Central Valley

1. *Has e-health technology been used to improve specialty care in your clinics or hospital systems? What specific applications or approaches?*
- Specialty care areas: ENT (Ear, Nose, Throat), Dermatology, DR
 - Future: CVHN serving as a Specialty “Hub”
 - Challenges: reimburse of services especially for the non-insured patients
2. *What are the opportunities for implementing or expanding e-health innovations to increase access to specialty care in your community?*
- Need to increase volume to get reimbursement
 - UCSF →\$ to bring telemedicine to Fresno
 - CVHN→exploring specialty “hub”
 - Live video
3. *If the technology investments seem too large for implementing e-health solutions in your organization or community, what less technology-dependent solutions are you exploring or are you interested in exploring?*
- Web-based referral: e-referral
 - Technology in place

- →HIE→streamline info from clinics/hospital
- →e-application
- Sharing of specialists between regions/counties
- Video web cams for visits
- Alt→nurse screening for peds
- Nurses/NP's
- Wi-fi "laser"→conc Beam as down money alternative to T1 line

4. *What education or technical assistance can the KP/CAPH/CPCA specialty care initiative provide to support exploration or successful implementation of these opportunities?*

- PCP-specialist relationships/formalize
- How to engage specialists in honest conversation
- Conferences and Roundtables
- Annual meetings on Specialty Care
- Reporting of successful projects from KP/CHCF projects

Southern California

1. *Has e-health technology been used to improve specialty care in your clinics or hospital systems? What specific applications or approaches?*

- MLK-LA County is using a web-based referral system
- Ventura County Medical Center is using pediatric telemedicine, but not with adults.
- CCHN-council of community clinics in San Diego received 935K from CTEC in 2005. Service is offered at 14 sites (5 agencies) with about 450 visits. Bridge- not typical

2. *What are the opportunities for implementing or expanding e-health innovations to increase access to specialty care in your community?*

- Standardize Referral Criteria
- Video technology for meetings
- Provider buy-in "face to face"
- Project expansion (not traditional)
- Collaborate hiring
- Uninsured-specialist reimbursement political advocacy
- E.H.R to transmit data back and forth between sites
- Disaster Preparedness

3. *If the technology investments seem too large for implementing e-health solutions in your organization or community, what less technology-dependent solutions are you exploring or are you interested in exploring?*

- LA County
 - Lots of \$\$ but....
 - Referrals/user groups via web
- Ventura County
 - Access, Excel (import/export)
 - Telephone
- MLK Medical Foundation
 - Use web for communication (general) i.e. email for Q and A
- Multiple Sclerosis Society
 - Question via email, doc to doc or “MD on call”
- Education
 - Train PCM to have specialty knowledge

4. *What education or technical assistance can the KP/CAPH/CPCA specialty care initiative provide to support exploration or successful implementation of these opportunities?*

- Training for specialties: Data centralized via database, Ex. CTEC’s EHealth Inventory
- Reimbursement: sustainability models and incentives for providers
- Work with Regional Medical Society to promote telemedicine to providers and need for specialty care
- Share protocol/training: don’t reinvent the wheel
- Make telemedicine the norm: share tools of the trade

Riverside and San Bernardino

1. *Has e-health technology been used to improve specialty care in your clinics or hospital systems? What specific applications or approaches?*

- Telemedicine in 4 prisons-tech exists
- Barriers- Reimbursement barrier/contract execution
- Need reimbursement paradigm for telemedicine (CTEC)
- Not limited to rural CPT codes

2. *What are the opportunities for implementing or expanding e-health innovations to increase access to specialty care in your community?*

- Use of mobile telemedicine for specialty consult
- Address reimbursement because FQHC visit global
- Grant pays specialist
- Relationships between UCI Specialists & FQHCs
- Non FQHCs-UCI gets FQHC reimbursement

- Need mix of medi-cal with sliding fee scale for this to be financially viable

3. *If the technology investments seem too large for implementing e-health solutions in your organization or community, what less technology-dependent solutions are you exploring or are you interested in exploring?*

- Use of CDEMS as step toward EMR
- Referral protocols (Standard) should be expanded. Kaiser protocols could be shared
- Use of medical volunteers for surgery. Works if you set up the infrastructure and let them set the terms
- E Referral/E Consult: electronic consult with specialists and protocols for patient management
- Web-based referral system
- Retinal telehealth – not cameras. Ex: Harbor-UCLA and Dohery
- Skid Row Collaborative/JWCH: x-rays at KFH
- Teleradiology KFH-LA: LA Free and APHCV
- East Valley: Issues and transportation, issues include dilated vs. non-dilated retinal exams
- Hawaii – post 9/11: deployment of video conferencing systems
- SPA 6: Use of Berkeley
- Early DX and Intervention clinic
- COPE/LAC-USC: Specialty care collaboration program
- VFC: Retinal, cardiology, and dermatology

Want to hear about:

- Specialty Care centers
- Case managers working with p.c. providers i.e. advanced care nursing

4. *What education or technical assistance can the KP/CAPH/CPCA specialty care initiative provide to support exploration or successful implementation of these opportunities?*

- Site visits to successful programs
- Need planning consultants: centralized place to find consultants
- Forums are helpful to hearing best practices, case studies and networking
- Possible topic: Technology forum with vendors, demos, equipment, etc.
- Need more on-site demos by vendors
- Website with resources
- List of spec care initiatives nationally
- Online webinars

Bay Area

1. *Has e-health technology been used to improve specialty care in your clinics or hospital systems? What specific applications or approaches?*

The group at this time did not answer this question specifically. Rather they talked about needs and issues they were experiencing.

- Clinics use informal email consults with specialists
- Experience difficulty in contacting physicians/specialists over the phone
- Would like training on how to create formalized email consults
- Continue to have billing questions.
- Would like to learn more about tele-psychiatry and tele-eligibility

3. *If the technology investments seem too large for implementing e-health solutions in your organization or community, what less technology-dependent solutions are you exploring or are you interested in exploring?*

San Francisco General Health reported that they are currently looking into creating an e-referral lite program to share with other entities. They recognize that they had an opportunity to have ample funding for the program that they created, however, that other entities may not.

Santa Clara reported that their system is through the internet and includes consult for care. In addition, they are trying to find a new registry that will be coupled with actual care managers. They have recognized that all high-tech needs to be coupled with managers. They are looking into what their EMR can do.

Alameda reported that they are in the process of implanting Revtrack, which is web-based. Currently though it is problematic because it doesn't allow feedback to providers to occur. They are discussing with SFGH and LA in terms of e-consult for specialty care clinics. Alameda indicated that their project is homegrown and has been in the works for approximately four years. That it works with community clinics and that community clinics have access to lifetime medical records. They are trying to design part of it to provide physician email alerts. Currently, they are talking about trashing their system because of all of its problems. Would like to look into ways of how to refer into specialty care.

Santa Clara stated that because of demand their specialty care system initially only addressed patients with a high need for care but that as time goes on they have started to address other patients as well. Santa Clara stated that they hold workgroups when needed. However, that initially they had all of the speakers for specialty care come in to speak and educate others. As new areas come up now they incorporate those in as well.

ACMC stated that they have found that there is a gap for their chronic disease management and e-referral program between managing care and not putting information into the system twice.

Comments were made that guidelines are difficult to follow because once they have been established new ones come out.

4. *What education or technical assistance can the KP/CAPH/CPCA specialty care initiative provide to support exploration or successful implementation of these opportunities?*

- List of which areas are doing what.
- Challenge grants are necessary (dollar match for dollar spent) to provide incentives to implement and help with start-up costs.
- Work books for different levels of expertise
- Online education.
- List of IT products for evaluation.
- List of different types of IT, i.e., EMR, registry, different categories of care, who is doing them, what the cost for start up and maintenance is, patient management issues.
- Open access to KP protocols
- How to negotiate better terms for larger groups of parties that are interested.
- Library of resources.
- Continuing education for PCPs and specialists to communicate
- How to make appropriate referrals
- How to use webcams in different ways to communicate that are less costly
- Scheduling methodology, open access, what is making things better on the chronic care side?

Meeting Assessment

Valuable	Δ
Liked preset questions to discuss	Have handouts during the meeting or before via email
Talking at a regional level	Signs posted giving directions to the meeting room
Opportunities to share with others	Presenter contact information
Room set-up and having the meeting close to the airport	
Experts available during the meeting even though they were speakers	
Were able to share solutions, thoughts, ideas, and visions	

Future Topics

1. Non-technological ways to increase access to specialty care
2. Scheduling methodologies i.e. Open Access and how to handle No Show rates
3. Involve policy makers. Share knowledge and solutions with them.
4. Available technology vendors