Pilot eConsults Program with Ravenswood Family Health Network: Findings and Lessons Learned Utilizing Digital Solutions to Improve Health Equity and Access

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Background

- Equitable access to timely specialty care remains a challenge for patients served by Federally Qualified Health Centers (FQHC).
- Patients often face prolonged wait times for referrals to specialty care.
- Transportation barriers due to distance or cost can lead to missed appointments.
- These barriers can result in delays in treatment, inappropriate utilization of emergency departments, and unfavorable health outcomes.

Community Partner

- Ravenswood Family Health Network served as a FQHC community partner.
- This project aligns with their mission to improve the health of the community by providing integrated primary and preventative health care to all.

Methods

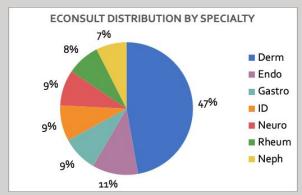
- In July 2022, Stanford Health Care (SHC)
 partnered with Ravenswood to pilot an
 extension of their asynchronous electronic
 consult program, eConsults, in an effort to
 reduce health access disparities.
- 24 Ravenswood primary care providers (PCPs) were trained to use this platform.

Results

Number of eConsults	Unique Ordering Providers	Average Turnaround Time
161	21	1.1 days

eConsult	eConsult resulted	eConsult Avoided
Influenced Care	in New Diagnosis	In-Person Referral
81%	27%	

Treatment	Specialist	Different
Available at	In Person Visit	Specialist
Primary Care	Recommended	Recommended
85%	15%	0%



- Data was collected from July 2022 to February 2023.
- Some metrics were averaged over 3 months.
- Self-reported average time spent on eConsults by specialist was
 9.2 minutes (Low 7.5, High 14.9).
- PCP (n=122) and specialist (n=87) satisfaction were 4.9 and 4.7, respectively for 161 eConsults (scale 1-5, 5 is highest)

Discussion

- eConsults were time efficient for specialists and lead to faster clinical resolution (1.1 days).
- Many cases were resolved at primary care level or converted to referrals when appropriate.
- Adoption rate by PCPs was 87.5% and satisfaction was high for both PCPs and specialists.
- Distribution of specialty requests highlighted unmet healthcare needs, emphasizing areas that require attention.

Conclusion

- The program's success has led SHC to add more specialty services and work on expanding eConsults to other FQHCs.
- Further studies are needed to assess cost-effectiveness, evaluate impact on health outcomes, and understand clinician and patient experiences.
- This pilot serves as a proof of concept that academic medical centers can be empowered to utilize existing digital health solutions to facilitate timely and equitable access to specialty care for patients.

Acknowledgement

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