

# Preconsultation Exchange for Ambulatory Hepatology Consultations

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## ABSTRACT

**BACKGROUND:** Preconsultation exchange is an emerging model of specialty care proposed by the American College of Physicians that seeks to answer a clinical question without a formal patient visit to the specialty clinic. This form of specialty care has been little studied. We sought to determine the appropriateness of preconsultation exchange for ambulatory hepatology consultations within our urban health care system.

**METHODS:** Retrospective study of referrals for ambulatory hepatology consultation in the safety net health care system of San Francisco, Calif from January 2007 through April 2010.

**RESULTS:** Of the 500 referrals reviewed, 87 were excluded as repeat requests. The most common reasons for referral were hepatitis B (34.9%) and hepatitis C (32.0%). Fifty-six referrals (13.6%) were appropriate for preconsultation exchange, and 190 (46.0%) were inappropriate for preconsultation exchange. One hundred sixty-seven (40.4%) referrals did not include enough information to determine appropriateness for preconsultation exchange. Most of these (83.8%) were made for hepatitis B or hepatitis C, despite the presence of explicit referral guidelines. Midlevel providers were more likely than physicians to provide enough information to determine appropriateness for preconsultation exchange.

**CONCLUSION:** In our urban health care system, preconsultation exchange appears to be an appropriate form of specialty care for some ambulatory hepatology consultations. Communication between primary care provider and specialist appears to be an important barrier to broader implementation of preconsultation exchange. Optimizing the preconsultation exchange is critical to improve the primary-specialty care interface, and to build a true Patient-Centered Medical Home Neighborhood.

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**Authorship:** All authors had access to the data and had roles in writing/editing the manuscript.

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Utilization of specialty care in the US continues to increase. The rate of ambulatory specialty referral rose by more than 150% during the past decade, and in 2009 nearly 10% of all ambulatory office visits and 20% of primary care visits resulted in referral to specialty care.<sup>1</sup> In the current setting of rising health care costs<sup>2</sup> and mandates to expand coverage to the uninsured and underinsured through health care reform,<sup>3</sup> it is imperative to use health care resources as efficiently as possible. Emerging models of health care delivery, like the Patient-Centered Medical Home (PCMH)<sup>4</sup> and Accountable Care Organizations,<sup>5,6</sup> have been proposed as mechanisms to improve quality, reduce costs, and increase access to health

care. These models are central components of health care reform, emphasizing care coordination and collaboration among health care providers, including primary care providers and specialty care providers.<sup>4,5</sup>

Despite the centrality of specialty care to the health care system, few standards exist that help primary care providers determine when to seek specialty care consultation, what information to include in consultation requests, or that describe the expected roles and responsibilities for specialists and primary care providers.<sup>7-9</sup> A recent position paper by the American College of Physicians proposes the concept of specialists as participating in the "PCMH Neighborhood" and highlights the need for effective, patient-centered communication between primary care and specialty care providers.<sup>4</sup> That document outlines a framework for primary care-specialty care interactions by defining 3 specific models of specialty consultation, including formal consultation, shared co-management, and preconsultation exchange. Preconsultation exchange is intended to provide specialty care by answering a clinical question without a formal patient visit to a specialist, or streamlining the prespecialty visit workup to maximize the efficiency of specialty care. Preconsultation exchange has the potential to improve quality and efficiency of, as well as access to, specialty care. However, this form of specialty consultation has been little studied.

Hepatology may be a valuable specialty in which to investigate preconsultation exchange. Consultations to hepatologists tend to be primarily cognitive, rather than procedural requests. In our health care system, most hepatology referrals are disease-based, rather than symptom-based, so the scope of evaluation may be less broad, and tests ordered by our hepatologists are available to primary care providers in our system. Based on these concepts, we hypothesized that some consultations to the hepatology clinic in our urban health care system could be managed using preconsultation exchange to answer a clinical question without a formal patient visit to the clinic. As an initial test of this hypothesis, we developed this retrospective study with the following specific aims: to characterize the clarity of consultation questions asked; to characterize the type of assistance requested in ambulatory hepatology consultations; to characterize the appropriateness of preconsultation exchange to answer a clinical question without a formal patient visit to the hepatology clinic; and to determine factors associated with referrals appropriate and inappropriate for preconsultation exchange.

## METHODS

### Study Setting

San Francisco General Hospital and Trauma Center provides health care services to the majority of uninsured and underinsured residents of the city and county of San Francisco. The health care system serves nearly 20% of San Francisco's population, with a total service population of more than 150,000 people. Approximately 39% of patients have Medicaid coverage, and 19% have Medicare. Most remaining patients are covered through the Healthy San Francisco program, which ensures access to primary and specialty care for uninsured San Francisco residents who do not qualify for Medicaid or Medicare, and meet income requirements.<sup>10</sup> There are 26 primary care clinics with more than 600 practicing primary care providers.<sup>11-13</sup> Hepatology services are provided at San Francisco

General Hospital by faculty and trainees of the University of California San Francisco. Our Hepatology Clinic receives more than 800 referrals per year. Patients are referred via a novel electronic referral system, linked to the medical record, which facilitates iterative communication between primary care providers and specialists.<sup>14</sup> This system is designed to facilitate preconsultation exchange.

### Study Design

We designed a retrospective study of patients referred for ambulatory hepatology consultation from January 2007 through April 2010. Of the 2049 referrals during that time, we generated a random sample of 500 referrals using Microsoft Access (Microsoft Corporation, Redmond, Wash). Repeat consultations for patients recently seen in the Hepatology Clinic were excluded. We developed algorithms and used them to code reason for consultation, clarity of consultation question, appropriateness of preconsultation exchange, and adequacy of information provided. Algorithms were developed through independent coding of a separate random sample of 100 referrals by 3 gastroenterologists.

The study sample was double-coded independently by 2 gastroenterologists. Disagreements were worked out via discussion; in cases where consensus could not be reached, a third gastroenterologist served as the tie-breaker. Data coded included: indication for referral; type of consultation requested (assistance establishing a diagnosis of liver disease, or assistance with management/treatment of a known liver condition, or request for a procedure performed by a hepatologist); clarity of the consultation request; and whether the referral was appropriate for management via

### CLINICAL SIGNIFICANCE

- Preconsultation exchange is an emerging form of specialty care in which a specialist answers a clinical question without formally seeing the patient in clinic.
- Preconsultation exchange appears to be an appropriate method of specialty care provision for some ambulatory hepatology consultations.
- Preconsultation exchange is dependent on high-quality communication between primary care and specialty care providers.

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