

Increasing Specialty Care Access for Medicaid Patients Through eConsult

VCHA Annual Conference





Introductions



Tonya Adkins, MD, CEO
HealthWorks for Northern VA



Joel Gray, CEO
Aetna Better Health Virginia



Kim Grifasi, Sr Director
Aetna Better Health Virginia



Stephanie Puloka, MD, CMO
HealthWorks for Northern VA



Agenda

- eConsult Overview
- Advancing statewide adoption of eConsult
- Data demonstrating eConsult program success
- Support for a Virginia eConsult Consortium
- Getting your clinics involved





What is an eConsult?

If your primary care provider refers you to a specialist, you may get advice through an eConsult. An eConsult is completed in just a few days and may prevent you from traveling to another appointment.



You have a visit at the clinic and decide you need a specialist's advice.



Your doctor sends the specialist a question using a secure email message.



The specialist emails advice back to your doctor who decides on next steps.



The clinic calls you to talk about the next steps your doctor advises.



If you need another visit, the clinic schedules an appointment for you.

eConsults are asynchronous, provider-to-provider communications allowing primary care providers to consult with specialists, improving access and reducing patient wait times.



Statewide eConsult Program Snapshots

Anthem, HealthNet and CalViva California eConsult Coalition

Managed care plans provide no-cost access to electronic consult (e-consult) to improve Medi-Cal patients' access to specialty care and enhance care coordination among primary providers.

econsultworkgroup.com/resources/coalitions/



Project Arkansas eConsultation

eConsult pilot among a commercially-insured in Arkansas, in partnership with Blue Cross, Blue Shield (ARBCBS), funded by the Peterson Center on Healthcare and [evaluated by Mathematica](#).



Colorado Medicaid eConsult Program

Collaboration with Safety Net Connect to launch eConsult across the state of Colorado with support from the State Health Care Policy and Finance division (HCPF), to improve healthcare equity, access and outcomes. ColoradoMedicaideConsult.com



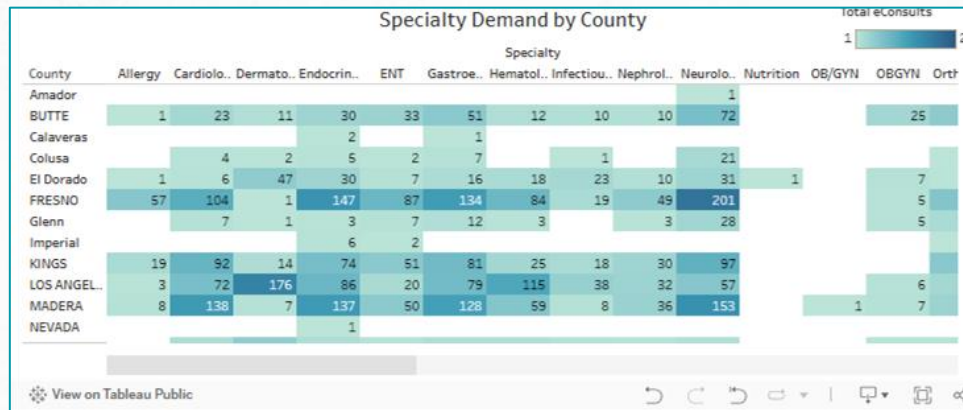
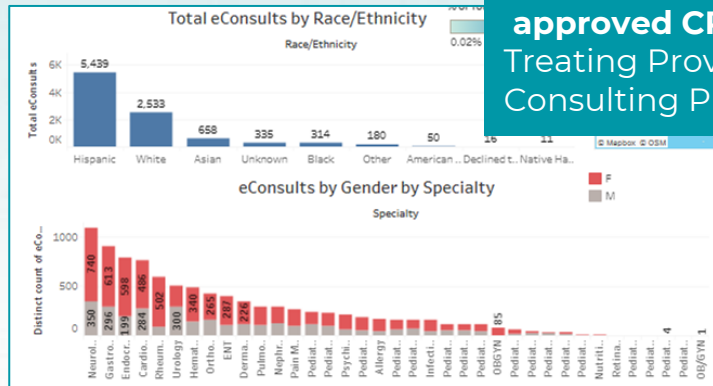
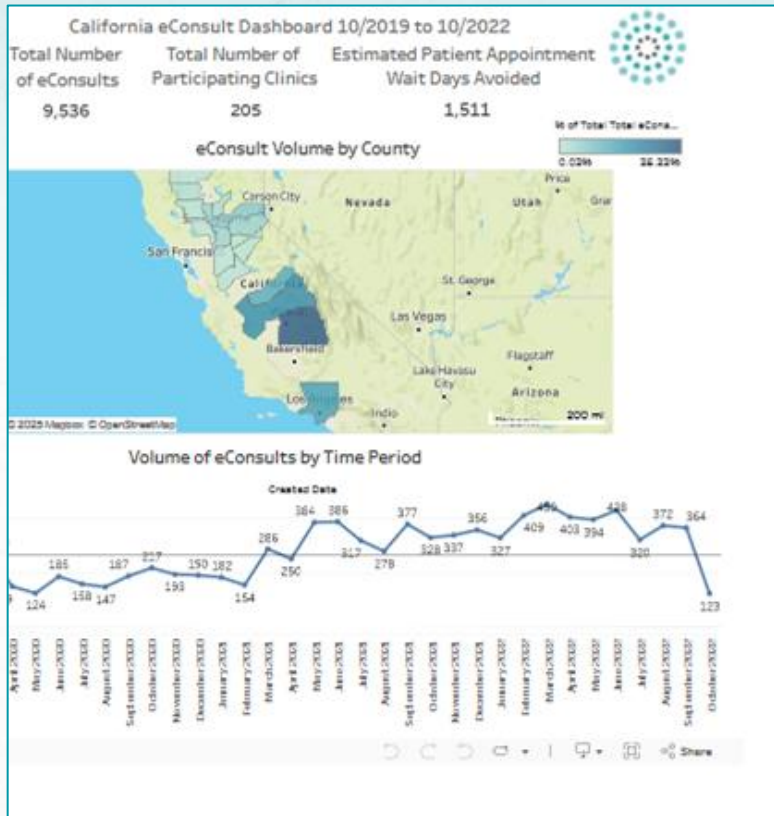
Aetna Better Health of Virginia eConsult Consortium

Aetna is currently working with the Virginia Community Healthcare Association and managed care plans across the Commonwealth to launch a consortium to support provider eConsult adoption. econsultworkgroup.com/va-consortium/





eConsult Data Demonstrate Impact



**State Medicaid
approved CPT codes**
Treating Provider - 99452
Consulting Provider - 99451



Evidence Shows Significant Benefits from eConsult



Cost Savings

- Research shows potential savings ranging from [\\$195](#) (Berk et al., 2024) to [\\$655](#) (Anderson et al., 2018) per patient
- Secondary cost savings from a potential reduction in [no-shows](#) at specialty appointments (Anderson et al., 2018)



PCP Education

- PCP satisfaction with eConsult ranges from [70-95%](#) (Vimalananda et al., 2015)
- A [majority](#) of PCPs implement at least one recommendation from an e-Consult (Bifulco et al., 2023)



Reduced Specialty Utilization

- In up to 82% of cases, PCPs do not recommend an in-person visit (Tuot et al., 2018)
- FQHCs have found that eConsult [reduces](#) in-person specialty care visits by as much as 80%.

"It's a very good option, because you don't have to go somewhere else to have all those types of tests in another office"
(Patient) (Bifulco et al., 2023)

"It really has increased communication, and it's also been really good for my learning as well. I'm getting direct recommendations from the specialists." (PCP) (Lee et al., 2018)

Reduction in Unnecessary Specialty Referrals

After sending an eConsult and receiving specialist's reply, PCPs were asked "What would you have done in the absence of an eConsult?"

46%

would have sent a referral



~400 low value referrals avoided per month*



Improves access, reduces referral leakage, allows for higher acuity referrals

40%

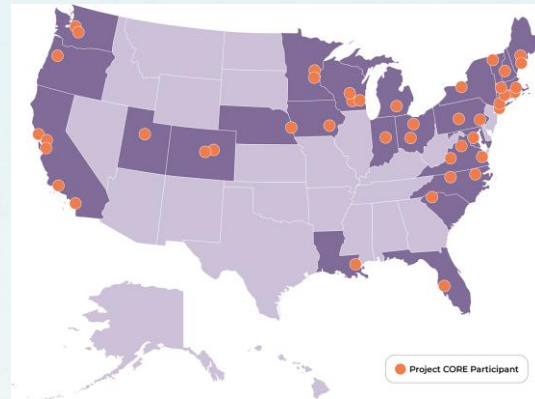
would have curbsided the specialist



~350 curbsides avoided per month*



Specialists receive RVU credit for consultation, communication is documented in the EHR



*Across CMMI and CORE2 participating AMCs at present eConsult volumes

Positive Patient and Provider Experience

96% of UVA clinics have used eConsults; with 78% of clinics sending 10 or more eConsults

85% of patients who had an eConsult avoided a referral

75% of patients who received an eConsult prefer the same for future management of a similar problem

5% of all medical specialty contact has been attributed to eConsults





eConsult Pilot Launch at HealthWorks for Northern Virginia

- HealthWorks for Northern Virginia launched in **August 2025**
- **7 primary care providers** have completed eConsults, **22 trained**
- **24 eConsults** have been completed with a **4.8/5** satisfaction rating
- **Top 3 specialties** include Hem/Onc, Dermatology and GI
- Average **turnaround time** for eConsults is **under 5 hours**





Top Specialties Requested by eConsult Volume

Specialty Consulted	# of eConsults
Hematology & Oncology	5
Dermatology	4
GI	3
Endocrinology	3
Rheumatology	3
OBGYN	1
Psychiatry	1
Pediatric Nephrology	1
Pediatric Hematology & Oncology	1
Pediatric GI	1
General Pediatrics	1



Sample Dermatology eConsult Request and Response

Dermatology eConsult transcript



Primary Care Clinician

Question:

Please let me know your thoughts about diagnosis and treatment.
Thank you very much!

Background:

59 year old female with h/o morbid obesity, well controlled DM, and h/o intraductal papilloma of breast s/p excision on Tamoxifen with severe itchiness and burning and rash of labia x 4 weeks. Trialing a course of nystatin, clobetasol.

Of note patient had erythematous rash under abdomen, did not realize having irritation of the labia at the time and given course of Keflex and nystatin with improvement of the rash.

*Image included
in submission*

Virginia

HealthWorks



RubiconMD Dermatologist Response

Hi there, thank you for the econsult. The image and history are suggestive of intertrigo, which is more common in obese individuals. Agree with nystatin cream or ointment. I think the clobetasol would be too strong in this area, and at risk for flaring the condition upon discontinuing it. Instead, would recommend hydrocortisone 2.5% cream or ointment along with the nystatin to help reduce inflammation (can apply one topical after the other, doesn't matter which is first). Both can be used BID for two weeks, and then resumed as needed in case of future flare.





Sample Rheumatology Request and Response

Rheumatology eConsult transcript



Primary Care Clinician

Question:

Should additional bloodwork be ordered to assess this or should pt be referred to Rheumatology for further workup?

Background:

41-year-old female presents with acute onset, severe, bilateral knee pain (right > left) for one week, described as sharp and stabbing, limiting ambulation, and rated 10/10 with walking. The pain is absent at rest and has not responded to NSAIDs. There is no history of trauma, swelling, erythema, fever, chills, recent infection, or urinary symptoms. She denies a history of gout. Review of systems is otherwise negative. Exam showed tenderness to palpation over lateral and medial joint lines, otherwise unremarkable. no edema, no erythema. stable gait.

Laboratory findings reveal microcytic anemia, thrombocytosis (Plt 459), and elevated CRP (17). Rheumatoid factor, ANA, ESR, and uric acid are negative. Xray imaging pending.

Virginia

HealthWorks



RubiconMD Dermatologist Response

Hello,

The thrombocytosis & microcytic anemia are in line with iron deficiency of course, although thrombocytosis may also be seen in RA or other inflammatory states. It is odd that exam is negative for any signs/symptoms of inflammation. It is also odd that the presentation is bilateral--you could consider insufficiency fracture, but to have it on both sides would be weird. No infection or vaccines to cause acute inflammatory response? You could add CCP antibody for the rest of the RA work up. If Xrays are negative, then you may have to order timely MRI of at least the right knee, if she is still having 10/10 pain, to see if there is a subclinical synovitis or tenosynovitis process. For acute relief, you could try a medrol pack if NSAIDs are not working. I would check for any signs of psoriasis (skin, hair, nails). You could check acute & convalescent serology for Lyme. You could consider AM urinary test or swabs for GC/Chlamydia. Rarely ANCA vasculitis may present as arthralgia, so you could check an ANCA. Check for any other systemic signs/symptoms (rash, scleritis/uveitis, mucositis, serositis).

I would hold off on rheumatology referral until you can confirm that there is an inflammatory process going on in the knees with MRI, and symptoms are present for at least 6 weeks or so, because it could still be related to acute viral syndrome. I suppose you could get her scheduled, but then cancel if other etiology is found or symptoms resolve.

Please reach out with further questions or need for clarification.





Ability to Review eConsult Status by Patient and Status

The My eConsults Tab shows all eConsults the account holder has submitted



My eConsults

Search Patients

Create eConsult

Dashboard

My eConsults

Org eConsults

All New Responses 2 Drafts Bookmarks

Patient	DOB	Status	Type	Submitted	
Brown, Jane	02/04/2023	Reviewed	Pediatrics : Dermatology	09/18/2025	
Walker, Sally	03/02/2023	Reviewed	Pediatrics : Dermatology	09/18/2025	
Doe, Jane	04/10/2023	Sent to specialist	Pediatrics : Dermatology	08/27/2025	
Smith, Sarah	04/01/2023	Reviewed	Pediatrics : Dermatology	08/27/2025	
Walker, Sally	01/19/2023	Reviewed	Pediatrics : Dermatology	08/25/2025	
Doe, Jane	01/20/1989	Sent to specialist	Dermatology : General	08/06/2025	
Doe, Jane	01/20/1990	Reviewed	Dermatology : General	08/06/2025	

Account

Logout





Ability to Review eConsults across the Organization

The Org eConsults Tab shows all of the eConsults across the entire organization



Org eConsults

All eConsults across all clinics at your organization

Search Patients

Create eConsult

Dashboard

My eConsults

Org eConsults

Clinics

Treating Clinicians

Collaborators

Submitted Date

Status

Type

Patient	DOB	Status	Type	Treating Clinician	Submitted
Brown, Jane	02/04/2023	New response	Pediatrics > Dermatology	Kupetz, Rachel	09/18/2025
Brown, Jane	02/04/2023	Reviewed	Pediatrics > Dermatology	Varah, Victoria	09/18/2025
Walker, Sally	03/02/2023	Reviewed	Pediatrics > Dermatology	Varah, Victoria	09/18/2025
Test, Test	01/01/1986	Sent to specialist	Cardiology > Arrhythmia	Bloch, Alexandra	09/05/2025
Brown, Jane	02/04/2023	Sent to specialist	Pediatrics > Psychiatry	Kupetz, Rachel	09/04/2025
Story, Dan	02/02/1952	New response	Addiction Medicine > General	L PCP 2, Jen PCP 2	09/04/2025
Brown, Jane	02/04/2023	Reviewed	Pediatrics > Dermatology	Kupetz, Rachel	09/04/2025

Account

Logout

Please note this is a demo environment





Discussion



Health Works interest in eConsult pilot program



Health Works patient/provider eConsult success story



Importance of the role of clinical champion



eConsult translation to time and cost savings



Support needed by clinics to sustain eConsult efforts

Recommendations for clinics considering eConsult



What's Next? Approach for Widespread eConsult Adoption

Goal	Activity	Detail
 Learning Collaboratives and Support	Engage primary care practices (PCPs) in Statewide eConsult Collaborative	Hold eConsult Collaborative Planning session with State leaders and associations
 Payer Engagement	Multi-payer alignment to financially support eConsult, making it available to all PCPs	Incentives offered on top of sustained reimbursement, TA to both payers and providers , unified reporting
 Care Transformation and Program Launch	Launch platform for all routine, non-urgent referral requests to be sent as eConsults	Offer practices change management support for referral process improvement TA
 Quality and Efficiency Metrics	State supports eConsult Collaborative and monthly educational sessions to advance eConsult utilization	Use eConsult metrics as means of achieving practices' Rural Health Transformation targets

Building an eConsult Consortium to Support Providers



Participants from clinics join **monthly best practices webinars**
Referral team leads, primary care **provider champions**



Providers and referral teams participate in **educational sessions**
CME and CEU opportunities
eConsult updates at regular clinic/team meetings



Clinics can address backlog in **high demand specialties**
eConsult is an option for **non-urgent, routine** questions



Emphasizing patients get **closed loop communications** on next steps
eConsult can prevent unnecessary travel and time off work



Tools and resources are available at **no cost** to providers
Monthly communications, web site and tools



Next Steps in Virginia eConsult Consortium

- Providers participate in statewide eConsult Consortium to optimize use
- Payers asked to support eConsult to address access to care
- State to consider eConsult in CMS Rural Health Transformation approach
- Launch and sustain eConsult in new primary care sites and expand current user volume



Getting Your Clinic Involved

Interested in collaborating on eConsult with stakeholders across Virginia?

grifasik@aetna.com

econsultworkgroup.com





References

- Anderson, D., Villagra, V., Coman, E. N., Zlateva, I., Hutchinson, A., Villagra, J., & Olayiwola, J. N. (2018). A cost-effectiveness analysis of cardiology eConsults for Medicaid patients. *The American Journal of Managed Care*, 24(1), e9–e16. <https://pubmed.ncbi.nlm.nih.gov/29350511>
- Berk, S., Mancino, M., & Pearson, C. (2024, August 15). Can eConsults reduce commercial health spending? Learnings from an Arkansas pilot study. *Peterson-KFF Health System Tracker*. <https://www.healthsystemtracker.org/brief/can-econsults-reduce-commercial-health-spending-learnings-from-an-arkansas-pilot-study/>
- Bifulco, L., Grzejszczak, L., Velez, I., Angelocci, T., & Anderson, D. (2023). A qualitative investigation of uninsured patient and primary care provider perspectives on specialty care eConsults. *BMC Health Services Research*, 23, Article 1133. <https://doi.org/10.1186/s12913-023-10086-6>
- Bifulco, L., Guidotti, O., Velez, I., Grzejszczak, L., Angelocci, T., Okunade, L., & Anderson, D. (2023). Impact of eConsults on clinical care in primary care: A cross-sectional analysis of primary care provider behavior. *Journal of Primary Care & Community Health*, 14, Article 21501319231202201. <https://doi.org/10.1177/21501319231202201>
- Lee, M. S., Ray, K. N., Mehrotra, A., Giboney, P., Yee, H. F., Jr., & Barnett, M. L. (2018). Primary care practitioners' perceptions of electronic consult systems: A qualitative analysis. *JAMA Internal Medicine*, 178(6), 782–789. <https://doi.org/10.1001/jamainternmed.2018.073>
- Tuot, D. S., Liddy, C., Vimalananda, V. G., Pecina, J., Murphy, E. J., Keely, E., Simon, S. R., North, F., Orlander, J. D., & Chen, A. H. (2018). Evaluating diverse electronic consultation programs with a common framework. *BMC Health Services Research*, 18, Article 814. <https://doi.org/10.1186/s12913-018-3626->
- Vimalananda, V. G., Gupte, G., Seraj, S. M., Orlander, J., Berlowitz, D., Fincke, B. G., & Simon, S. R. (2015). Electronic consultations (e-consults) to improve access to specialty care: A systematic review and narrative synthesis. *Journal of Telemedicine and Telecare*, 21(6), 323–330. <https://doi.org/10.1177/1357633X15582108>