CPCPracticeSpotlight85

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Expanding Access to Care Through E-visit Technology

St. Elizabeth Physicians, greater Cincinnati region; hospital affiliation; 14 CPC sites; 444 providers, 300,000+ patients

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CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.1: Access and Continuity

CPC Change Driver 4: Optimal Use of Health IT

- 4.1: Develop practice capacity for optimal use of EHR

Situation: In 2014, when **St. Elizabeth Physicians** (St. Elizabeth's) decided to offer patients the option to seek virtual treatment for non-urgent medical issues, some physicians were hesitant. However, St. Elizabeth's early adopters, **Karl Schmitt, MD**, and **Bradley Gray, DO**, embraced the innovation and were determined to convince their colleagues to do so as well.

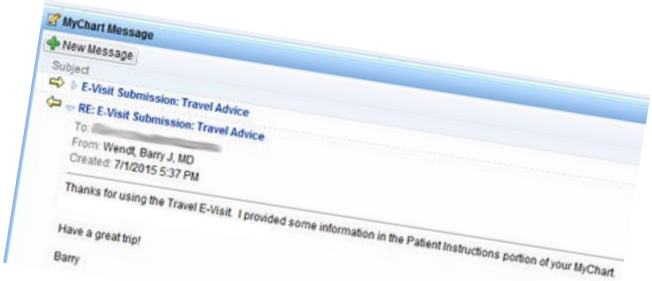
Strategy: The first step toward gaining widespread provider approval of the approach involved convening as many physicians as possible to "define which health conditions could be appropriately diagnosed through the e-visit framework," said Dr. Gray. "We made sure to ask, 'Given this set of symptoms, would it be reasonable to treat them via the patient web portal?'"

*Patients **must be established patients** to take advantage of the e-visit service. In addition, patients **must** be over 18 years old, enrolled in MyChart and have been seen by their PCP in the in the previous 12 months, if over 40, or in the past 24 months, if under 40.*

No substitute for a face-to-face. While roughly 21 common ailments have been cleared for the service, including sinus problems, pink eye and the flu, some symptoms, such as shortness of breath, lightheadedness and chest pain will immediately disqualify an e-visit. "The patient receives a message, stating that their symptoms indicate that an office visit is in order," Dr. Schmitt explained. Quality of care is never compromised.

Tackling technological misgivings. "We noticed that some of the discomfort stemmed from the asynchronous nature of e-visits," added Dr. Schmitt. It was important, then, to draw parallels to other uses of technology in primary care. "Many physicians had been providing diagnoses over the telephone for decades because it was a technology they were comfortable with," explained Dr. Schmitt. He often reminds providers that they can query their e-visit patients at any time via email. While not a "live" conversation, it is a two-way information exchange.

According to Drs. Schmitt and Gray, another advantage e-visit technology has over the telephone is that the visit is automatically documented. Patients are required to use the web portal offered by the EHR to request an e-visit, and the robust technology provides a treatment summary along with educational materials and follow-up instructions. For instance, a patient who was set to travel to Belize requested an e-visit to secure the appropriate vaccinations. Her doctor sent an order for the shots and a prescription for anti-diarrheal medicine to her pharmacy, where she could get the vaccinations and pick up her meds in one visit.



Providing incentives. St. Elizabeth's primary care providers are "strongly encouraged" to participate in the e-visit program, said Dr. Schmitt, who explained that for every e-visit, providers receive $25 of the $35 patient copay. What's more, he added, because the e-visits align with CPC milestones, and because striving to meet those goals is tied to the physician payment structure, providers have a strong incentive to embrace the technology.

Specialists are not currently asked to accept e-visits, although Dr. Gray believes more will explore the option in the near future. "We have an access issue in our region," he stated. There aren't enough dermatologists, for example. Patients often wait weeks to get an appointment. "But if a patient has a rash, he could take a picture of it and upload it to the portal." Treatment could begin right away.

Patient approved. When St. Elizabeth's debuted its e-visit program in 2014, service hours mirrored those of the practices that participated; evenings and weekends weren't included. That was a small misstep, Dr. Gray stated. If they were to do it again, he said, they would immediately provide such coverage "because that's where you see the real growth." If the numbers are any indication, patients agree: in 2014, 82 patients made e-visits. They are on track for 4,800 e-visits in 2016.

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

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