



Peer Mentored Care Collaborative

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Introduction to Peer Mentored Care Collaborative

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Table of Contents

Executive Summary.....	3
Peer Mentored Care Delivery	4
Balancing Technology with Traditional Care.....	4
PMCC Outcomes	5
Summary	6
Citations	7

Executive Summary

Health systems face increasing pressure to expand access to care, while improving the efficiency and quality of care in the face of fixed resources. Instead of waiting or wavering, many of the highest performing health systems and academic medical centers, CU School of Medicine included, are embracing innovative models of care delivery that are focused on improving safety, quality, satisfaction, and eliminating disparities of care while reducing costs. CU School of Medicine has developed the Peer-Mentored Care Collaborative (PMCC) with the aim of assuring that regardless of where you live in the state, health care providers can connect and be assisted in providing world class care in partnership with the Anschutz Medical Campus.

The PMCC is the logical extension of two innovative and highly regarded programs, Project CORE (Coordinating Optimal Referral Experiences) and ECHO (Extension for Community Health Outcomes) Colorado. With the combination of these models, primary care providers (PCPs) from across the region are offered new tools to partner with their colleagues and the Anschutz Medical Campus (AMC) to build a virtual patient-centered medical neighborhood that improves bi-directional communication, reduces the potential for fragmented care, promotes enhanced cooperation and coordination and, ultimately improves access to specialty care for patients and families in their communities. Through 2019, ECHO and CORE have demonstrated a range of promising results:

Project CORE: In 2019, 563 PCPs, across 42 clinics in Colorado, partnered with specialists at the AMC on over 2,900 eConsults and 25,000 enhanced referrals. These interactions resulted in saving our adult health patient population over \$34,000 in transportation costs for traveling from the patient's primary zip code to the Anschutz campus. Based on modeling, after evaluating direct and indirect/opportunity costs, patients who were able to avoid an AMC-based specialty visit because of an eConsult, saved on average \$102.92.

ECHO Colorado: In 2019, ECHO trained nearly 1,800 providers (81% in Colorado) in over 60 separate health-related topics; with 53 of 64 counties being served (illustrated below with a mapping of participants by RAE alignment).

In 2020, the PMCC will offer an innovative model of care delivery that will further the aims to improve the quality of care and the patient experience while reducing overall costs. The PMCC model is one where:

- Patients have improved access to specialty care and fewer unnecessary visits
- Primary care partners receive timely input and expertise to help them practice top of scope and provide more comprehensive care locally
- Specialists receive clear, template-driven clinical questions and related documentation that provides more efficient referrals
- Through data we can begin to anticipate and identify health trends in local communities, share and exchange vital resources and best practices, shape patterns of care to assure high quality care that costs less and keeps the patient and the local provider at the core of care delivery

This document provides an overview of the concept of the PMCC as a model for offering a community-based patient-focused level of care that is defined by its aims to deliver on the quadruple aim, while preserving the world-class care expected from the CU School of Medicine.

Peer Mentored Care Delivery

Telehealth has traditionally been defined as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status.”¹ However, telehealth includes many different technologies that are not necessarily treatments or interventions, rather the technologies are structured to facilitate communication and the exchange of data resulting in expanded access, the exchange of best-practice knowledge, and/or to deliver care in alternative formats that address known barriers to health care. In traditional telemedicine, technology is used to provide direct provider to patient care including specialty care to seriously ill patients in intensive care units or emergency units in a critical access hospital or remote monitoring in the acute setting or at home. The PMCC model is focused on helping rural providers and staff work at top of scope, thus expanding the health workforce and access to specialty care through collaboration and the synchronous or asynchronous exchange of data.

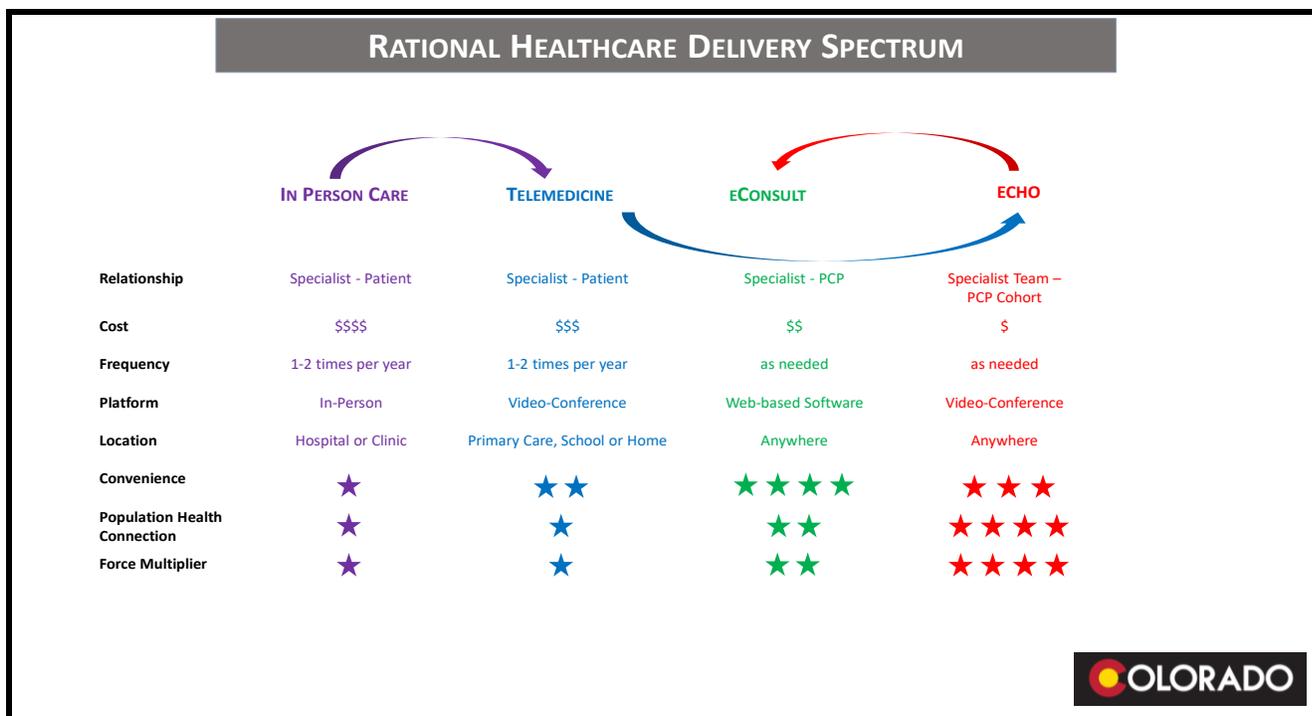
PMCC is a breakthrough for our organization as a new model of care. For patients, providers, and employers alike, individual components of the PMCC approach have been shown to be effective at reducing hospitalizations, reducing incurred costs related to travel and time away from work and many other costly scenarios complicating the healthcare industry, while preserving the quality of care expected to be provided by the CU School of Medicine.

The PMCC is an iterative process where analysis of the questions posed through eConsults can better inform the gaps in knowledge and needs in participating communities which can then be addressed via ECHO learning modules, in turn allowing participants to further refine eConsult templates and the eConsult process.

Balancing Technology with Traditional Care

Traditional telehealth programs have been the prevailing approach to providing specialty care to primary care patient centered medical homes that face amenable barriers to care such as distance and time.² In the absence of traditional telehealth, many patients who have chronic health issues that require the intervention of a specialist are faced with the decision to either travel to a larger medical center where the majority of specialist providers reside, or forego that level of care. And, while traditional telemedicine models allow the reduction of travel for providers and/or patients, they fail to address many other barriers to care that continue to exist, such as work force/specialty provider shortages, fragmented and antiquated platforms for data exchange, redundancy of testing and patient no shows.

The PMCC will serve as a continuous and coordinated ecosystem connecting various medical homes as communities of practice with a broader range of tools that, if used concurrently and interchangeably, offer a range of options to meet the needs of patients and their primary care providers where they are. The PMCC aims to build a new model of deeper partnership between primary care practices and specialty providers that communicates “we are in this together”, allows both specialists and PCPs to practice efficiently and at top of scope and expands the healthcare workforce in rural and underserved areas.



This approach encourages patient centered medical homes to manage more care locally and to actively engage with their patients to devise disease management plans that fill current gaps in care. It requires our health system’s willingness to reconsider who actually needs to be seen in person based on data, community-based provider partnerships and patient and caregiver preferences. The idea presents a major cultural, operational and financial shift in priorities and collaborations across a number of groups – patients, specialists, local PCPs and government being willing to change the way healthcare is delivered. This is especially relevant in this time of upheaval related to health insurance. Some aspects of care, such as invasive procedures and complicated care scenarios and diagnoses are best provided at a medical center. However, many care scenarios, once stabilized, can be easily converted to “touches” that don’t involve travel and inconvenience of care of an in-person visit.

PMCC Outcomes

Developmental Pediatrics: The impact of a PMCC-like approach was recently highlighted in an UPL-funded project designed to improve timely diagnosis and care for children with Autism Spectrum Disorders (ASD). Limited access to specialty care services often compounds problems by delaying needed treatment, this challenge is particularly relevant in underserved rural and frontier communities. Through the combined approach of ECHO training, communities of practice and primary care provider’s access to CORE eConsults, primary care providers demonstrated a 70% increase in use of the Screening Tool for Autism in Toddlers and Young Children (STAT). Participants from trained practices had a mean wait time reduction from 18 to 2 months (88% wait reduction) with PCP’s and community providers expressing satisfaction and higher confidence in identifying children who require further assessment.

Type I Diabetes: Type I diabetes (T1D) affects over 1.5 million people in the United States. The American Diabetes Association (ADA) recommends individuals with T1D be seen every 3 months by a board-certified endocrinologist and a multidisciplinary team, with evaluation of glycemic control at each visit using hemoglobin A1c levels. In Colorado, access to a board certified endocrinologist for rural patients is

limited due to a small number of specialists, mostly working at the AMC. For those with disadvantages, economic and other health complications, this often results in delaying needed treatment and potential, costly and unnecessary complications. AMC-based endocrinologists completed over 780 eConsults with primary care providers across the state during 2019, dramatically reducing wait time for care and increasing PCP's capacity to manage care locally and more consistently.

Pediatric Asthma: Inhaled corticosteroids are the most effective long-term therapy for patients with asthma and guidelines recommend that preventive medications be used daily for all patients with persistent symptoms. However, many children with persistent asthma do not receive preventive medications and minority children and those living in poverty are at highest risk of inadequate therapy. In 2017, we began an innovative partnership between AMC-based pulmonologists and the school-based health clinics in the Denver Health School District, with the goals of improving access to care, improving local school-nurse capacity to increase medication adherence and manage care locally within the school setting and overall reducing exacerbations that result in emergent care.

Rheumatology Pre-Appointment Consultation Triage: In a setting where there are specialty care access shortages, the standard of care is currently focused on a first in first seen care pathway which frequently result in prolonged wait times for all patients. Many regions in this country have Rheumatology new patient care delays that can reach beyond three months. The Rheumatology division at the University of Colorado School of Medicine was able to demonstrate that by using a triage system predicated on eConsults, that they were able to identify the patients with autoimmune and inflammatory rheumatic disease (AIRD) with high degree of certainty (sensitivity of 98%) thus focusing care on patients that were in highest need, cutting wait times for those patients and provide appropriate feedback/guidance to primary care providers who patients did not demonstrate need for specialty care. This program was shown to be revenue positive for the system based on accounting for downstream revenue generation for patients with AIRD when compared to patients that where seen but did not have AIRD in 44 to 1 ratio.³

Summary

The PMCC aims to leverage partnerships with stakeholders across the state of Colorado to meet rural providers where they are both in preference and technologic sophistication with the goal of improving each domain of the quadruple aim: increasing access to care, reducing costs and unnecessary care, improving patient outcomes and improving patient and provider satisfaction with care. And through success of this model, we not only have the unique opportunity to expand the use of our PMCC model to better provide specialty care access to PCP and patients in Colorado; we have the opportunity to become national leaders in this space and disseminate the model nationally.

Citations

- 1 Daniel, H., Sulmasy, L.S. Policy recommendations to guide the use of telemedicine in primary care settings: an American College of Physicians position paper. *Annals of Internal Medicine*. 2015; 163(10): 787:789.
- 2 American Hospital Association. Telehealth: helping hospitals deliver cost-effective care [Internet]. Washington, DC: AHA: c 2016 [cited: Nov, 2018]. (Issue brief). Retrieved from: <https://www.aha.org/system/files/content/16/16telehealthbrief.pdf>
- 3 West, SG., Pearson, DW., The Effect of Pre-Appointment Consultation Triage on Patient Selection and Revenue Generation in a University Rheumatology Practice. *Arthritis Care Res*. 2019 May; 71(5):689-693.