Population Health NEWS

Catching Up With ....

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***Population Health News**: Why did AristaMD see a need to improve the referral process? How do inappropriate referrals arise?*

Kathleen McCartan Myers: Patient referrals from primary care physicians (PCPs) to specialists have increased from only 4.8% of all physician visits a decade ago to 9.3% today,[1] and they are set to double again in the next five years.[2] Research suggests that more than 50% of specialist referrals in the United States may be inappropriate or unnecessary, and more than 40% of referrals—20 million patients a year—are sent to the wrong specialty.[3] Unnecessary specialist referrals have significant consequences, including billions of dollars wasted on unnecessary care, clogged physician schedules with long wait times, worse health outcomes and decreased patient satisfaction.

In addition to addressing unnecessary referrals, AristaMD set out to address the challenge of specialty access, which is an especially critical issue for underserved populations. There are a limited number of specialists accepting new Medicaid or underinsured patients and by 2025, Medicaid total enrollment is projected to reach 85 million.[4] A disproportionate number of Medicaid and underinsured patients tend to be located in rural or underserved areas with limited specialty access.

Additional challenges include these patients' complex medical needs with multiple comorbidities, their difficulties establishing continuity of care and lack of information sharing among their primary doctors, emergency departments and specialists. These problems will only worsen because by 2020, the United States is expected to be short 46,000 specialists, with acute shortages in specific specialty areas and geographic regions.[5]

***Population Health News**: What makes your eConsult Platform different from others?*

Kathleen McCartan Myers: The AristaMD eConsult Platform enables a new, innovative model of care that can both reduce unnecessary referrals and improve access to specialist care. It is the only comprehensive solution in the market that offers primary care provider-validated, clinical checklists developed at the University of California at San Francisco; a HIPAA-compliant, easy-to-use eConsult platform that is interoperable with core electronic medical records (EMRs); and a robust set of data analytics tools. And it was designed by practicing physicians so it fits seamlessly within their current workflow.

The clinical workup checklists are one of the most valuable components of our eConsult platform. Covering approximately 200 conditions, the checklists help PCPs validate their diagnoses, or prompt them with diagnoses or treatment paths to consider if they're uncertain about a diagnosis. Once they've completed the checklist, the eConsult platform gives a provider the ability to communicate with specialists via a secure portal. This approach has proved to eliminate more than 50% of in-person specialist visits that are today referred from primary care. This improves quality of care by expediting answers and care planning while reducing costs. In addition, higher acuity and more urgent issues are identified early and speed up the process of seeing a specialist in person.

***Population Health News**: If the Affordable Care Act is repealed, do you have any ideas about ensuring that newly insured Americans continue their healthcare coverage—especially in California where the exchange has been so successful?*

Kathleen McCartan Myers: What we've heard thus far is that it is unlikely that the Affordable Care Act would be repealed without some sort of replacement, and that is not likely to happen for at least a year. What that replacement plan looks like is anyone's guess but as an emergency physician, I have seen many complications resulting from untreated chronic illness. I'm not a policymaker, but we need to ensure ongoing access to healthcare remains to prevent unnecessary costs and illness from delays in care.

***Population Health News**: As a physician, what prompted your entrepreneurial spirit?*

Kathleen McCartan Myers: Emergency physicians tend to be adrenaline junkies who migrate toward extracurricular activities and interests that are exciting and challenging. While many of my colleagues enjoy skydiving, mountain climbing and whitewater rafting, many others—like I—have started their own businesses as extracurricular activities.

I started my first company to assist physicians with the adoption of electronic health records (EHRs). I was concerned that this new technology would limit physicians' face-to-face time with patients given the interference of a computer so I started a technology-enabled, service company that assisted physicians with their completion of medical records in real time. When that company was acquired, I set out to find my next adventure and was introduced to AristaMD. I was drawn to AristaMD because it also uses technology to assist providers, solving a real need and thus, driving satisfaction for both providers and patients.

***Population Health News:** In an era of population health and value-based healthcare, how does an emergency department (ED) reflect these trends?*

Kathleen McCartan Myers: Historically, many patients have come to an ED not with an acute illness or injury, but for treatment of their chronic medical conditions, including diabetes, hypertension and mental health. Although our training in emergency medicine focuses on stabilizing serious and critical conditions, the American College of Emergency Physicians reports that ED physicians and mid-level providers provide 33% of all primary care even though we make up less than 5% of the primary care workforce.

Some hospitals are now part of accountable care organizations (ACOs) and as a result, their EDs are required to participate in population health measures addressing chronic care and excessive ED utilization by "frequent flyer" patients (super utilizers). Without continuity of care, it can be a challenge to have a long-term impact on a patient's lifestyle, diet and medical regimen from an ED setting. Yet, some measures have proven to be effective, such as scheduling appointments for patients before they leave an ED to establish care with a PCP.

The ED will always be the safety net for a community, where anyone can come to be evaluated and stabilized. Depending on the changing healthcare environment, ED staffing and training programs might need to be broadened to include all the care an individual may need.

[1] Gamble M. "What's Driving Physician Referral Patterns Today." *Becker's Hospital Review.* Feb. 14, 2012.
[2] "AristaMD Secures $11 Million Series A Financing." BusinessWire. July 21, 2016.
[3] Pennic J. "19.7 M 'Clinically Inappropriate' Physician Referrals Occur Each Year." *HIT Consultant*. Nov. 10, 2014.
[4] Moore R. "Updated Enrollment Estimates Raise New Doubts About Obamacare." *The Northwoods River News*. Jan. 27, 2016.
[5] Ollove M. "Are There Enough Doctors for the Newly Insured?" *USA Today.* Dec. 30, 2013.