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Coordinating Optimal Referral Experiences

Implementing eConsults and Enhanced Referrals

Advancing Health Care Equity Through eConsults Resource Module

Acknowledgments

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Introduction: eConsults and Health Care Equity

Why the Need for eConsults?

Patients today are faced with poor access to specialty care, high costs, and fragmented communication and coordination between their providers.¹ The quality of care for all patients is impacted, putting patients who already face health care inequities (i.e., measurable, systemic, avoidable, and unjust differences in health between groups, stemming from differences in levels of social advantage and disadvantage) at a greater risk for lower quality care. For example, a 2021 article concluded that specialist referral patterns differ by race of Medicare beneficiaries, with specialist networks for White patients being much larger than those networks for Black patients alone.²

A National Academies of Sciences, Engineering, and Medicine report posits two main types of root causes of health inequity³:

1. “The intrapersonal, interpersonal, institutional, and systemic mechanisms that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity.”
2. “The unequal allocation of power and resources — including goods, services, and societal attention — which manifest in unequal social, economic, and environmental conditions, also called the social determinants of health.”

eConsults are a key clinical innovation that can assist in addressing inequities in access to specialty care. eConsults are electronic consultations between a primary care provider (PCP) and a specialist that have been increasingly used across health care systems to improve patient access to specialty care. eConsults are designed for use in place of a referral or a curbside consult and in lieu of an in-person evaluation by the specialist. For referral questions primarily assessed using clinical data, an eConsult has several potential advantages over a standard referral. In appropriate cases, the patient receives timely access to specialist expertise, avoids the costs associated with an office visit (e.g., travel to the health center, an insurance co-pay, a missed half-day of work, etc.), and maintains relationship continuity with the PCP. The PCP has dynamic access to specialist expertise and maintains management responsibility. By addressing lower complexity questions via eConsult, the specialist can make optimal use of office visit appointments for patients who require in-person evaluation. eConsults have the potential to address all three aspects of the [Institute for Healthcare Improvement’s Triple Aim](#): better health, better patient experience, and lower costs.

When faced with uncertainty in their clinical knowledge or an anxious patient or family, PCPs have a choice — to refer or not to refer. Each referral has implications on care coordination, patient experience, and cost to the system. eConsults introduce a third option. The care coordination burden faced by PCPs is formidable. There is evidence that, where possible, PCPs prefer to maintain management responsibility for a problem.⁴ eConsults facilitate this continuity of care with the patient.

eConsults are associated with improved specialty care access in integrated delivery systems and safety-net health systems. Electronic, asynchronous specialty consultation was pioneered at San Francisco General Hospital in 2007, where marked improvements in access to care, clarity of the consult question, and PCP satisfaction with the referral system were demonstrated.⁵ Implementation of eConsults at academic medical centers (AMCs) can be challenging. The University of California, San Francisco (UCSF) implemented an eConsult program in 2012 with features tailored to the AMC, including a modest relative value unit (RVU) reimbursement to both the specialist and the PCP for each eConsult. In this system, the expected turnaround time for an eConsult is 72 hours. Specialists can decline to respond to an eConsult if the question is too complex or an in-person evaluation is deemed more appropriate.

Based on the model initially developed and piloted at UCSF, the AAMC launched Project CORE: Coordinating Optimal Referral Experiences in 2014 through a Center for Medicare & Medicaid Innovation (CMMI) Health Care Innovation Award to help AMCs improve the referral experience for both clinicians and patients. Since the initial pilot, the AAMC has partnered with more than 40 AMCs, children's hospitals, and health care organizations through Project CORE to successfully implement eConsults and enhanced referrals, tools built into the electronic health record. Through this innovative model, CORE AMCs are improving efficiency and effectiveness at the interface of primary care and specialty care, thereby improving quality of care and access in a patient-centered way.

How Do eConsults Enable Health Care Equity?

Growing evidence shows the beneficial effect of eConsults on health care access.⁶⁻¹⁰ eConsults reduce appointment wait times, minimize the distance needed for travel for specialty care, offer greater patient convenience, and reduce personal costs without the need for digital equipment or literacy. eConsults directly mitigate inequities in access and expand access to various populations underresourced and marginalized by traditional health care delivery.

Recent literature around eConsults and health care equity includes numerous studies describing improvement in specialty care access for populations known to experience inequities, specifically populations receiving public insurance,¹¹ patients receiving care at community health centers,^{12,13} populations living in rural communities,^{14,15} and incarcerated populations.¹⁶ Liddy et al., using a multiple case study of eConsults, described how eConsults were used to improve access for patients in complex circumstances in seven patient groups: people with substance use disorders, frail older adults, people experiencing homelessness, people in long-term care settings, people living in rural areas, people with disabilities, and transgender individuals.¹⁷ Another review article described how tele dermatology (including asynchronous store-and-forward eConsults) increased dermatology access for different patient populations, including patients on Medicaid, nonrural and rural communities, and older adults.¹⁸

As these examples show, eConsults can reduce geographical and societal barriers to care by connecting providers and alleviating patients' burdens in navigating the health care system. However, a clear opportunity exists for additional research to capture the actual impact of eConsults on health outcomes, health inequities, and overall costs. It is important to remain vigilant in identifying and countering any unintentional negative consequences of eConsult programs that may maintain or worsen an existing inequity.

Assessing the Relationship Between eConsults and Health Care Equity

Quality Improvement Impact on Disparities

Quality improvement (QI) is an important method to address inequities in health care and health care outcomes. QI approaches offer concrete and accessible tools to analyze and address aspects of care that may contribute to health care inequities.

There are two approaches in which QI can intersect with health care equity¹⁹:

1. Directing a QI intervention toward a general patient population with explicit consideration for the impact on health equity. Because all QI interventions have the potential to improve, maintain, or worsen an underlying inequity, health equity considerations should be fully integrated into every QI intervention in advance by first understanding existing inequities and engaging impacted communities.
2. Directing a QI intervention toward improving care or outcomes for a specific population known to experience inequities with the goal of improving the quality of care or outcomes for the group marginalized by usual care.

Many sites may have developed their eConsult program — a clinically innovative quality improvement effort — with a broad focus on their general patient population. Although it is more advantageous to incorporate a health care equity evaluation component when building an eConsult program, there is still opportunity to continuously reevaluate the program with explicit attention focused on the impact on health and health care equity later on.

In its paper for health care organizations on achieving health equity, the Institute for Health Care Improvement (IHI) provides a conceptual framework and practical advice for reducing health inequities related to racial or ethnic groups; religion; socioeconomic status; gender; age; mental health status; cognitive, sensory, or physical disability; sexual orientation or gender identify; geographic location; or other characteristics historically linked to discrimination or exclusion.²⁰ The IHI provides the following guidance:

1. **Collect and analyze data to understand where inequities exist.** This requires the collection and analysis of race, ethnicity, and language (REAL) data along with other markers of social advantage and disadvantage (e.g., patients' health-related social needs and their communities' social conditions) and deep understanding of the root cause of the existing disparities.
2. **Tailor QI efforts to meet the needs of populations marginalized by usual care and populations experiencing worse health outcomes.** When devising improvement strategies, it is important to engage patients and communities in care redesign and consider the social context in which these populations live and the barriers and facilitators to the success of the program.

Equity Impact Assessments (EIAs) are tools that allow health care organizations, in collaboration with key community stakeholders, to systematically examine how groups that have been and continue to be disenfranchised and discriminated against will likely be affected by a proposed initiative, decision, or program. EIAs are used to identify, reduce, eliminate, and prevent discrimination and inequities in access and care. Below is an example of an EIA with questions to guide the development, implementation, and evaluation of policies, initiatives, programs, and resource allocation to address the impacts on health and health care equity.²¹ This is a helpful tool to assist teams that are assessing existing programs with an aim toward quality improvement or those planning a new program. Most of the below EIA was developed by the Center for Diversity and Health Equity at Northwestern University and Ann & Robert H. Lurie Children's Hospital of Chicago. Race Forward also has developed related racial equity impact assessments (REIAs), which also leverage some of these key steps and questions.²²

Table 1. Equity Impact Assessment for eConsult Programs

Equity Impact Assessment (EIA) Steps	Questions to Consider
<p>Identify and engage diverse multidisciplinary stakeholders.</p>	<ul style="list-style-type: none"> • How will you identify the groups that will be impacted by this program? • How will you engage these groups? <p>Consider health system leadership, primary care providers, specialist eConsultants, specialty leadership, patients, and other key health system administrators.</p>
<p>Identify and document inequities.</p>	<ul style="list-style-type: none"> • Which groups are currently most advantaged and most disadvantaged by the issues this program seeks to address? • How are the groups affected differently? • What quantitative and qualitative evidence of inequity exists? • What evidence is missing or needed? <p>Consider the primary care population that your health system serves. Are there known groups, clinics, or regions that disproportionately face issues to specialty access and/or health outcomes?</p>
<p>Examine the causes.</p>	<ul style="list-style-type: none"> • What factors may be producing and perpetuating inequities associated with the issue the program seeks to address? • Are they expanding or narrowing? • Does the program address root causes? If not, how could it? • Has your health system already conducted any analyses to understand any inequities in care delivery and/or access for your patient population that should be considered for your Project CORE/eConsults program?
<p>Clarify the purpose.</p>	<ul style="list-style-type: none"> • What does your Project CORE program seek to accomplish? • Do you anticipate that eConsults will reduce, maintain, or increase inequities or discrimination?
<p>Consider the adverse impacts.</p>	<ul style="list-style-type: none"> • What adverse impacts or unintended consequences could result from implementation of an eConsults program? • Which groups could be negatively affected? How could they be affected? • How will adverse impacts be anticipated, prevented, or minimized?
<p>Advance equitable impacts.</p>	<ul style="list-style-type: none"> • What positive impacts on equity and inclusion, if any, could result from this program?

Table 1. Equity Impact Assessment for eConsult Programs, continued

Equity Impact Assessment (EIA) Steps	Questions to Consider
Examine alternatives and improvements.	<ul style="list-style-type: none"> • Are there better ways to reduce inequities and advance equity, particularly within an eConsults program? • What provisions could be changed or added within the existing program to ensure positive impacts on equity and inclusion?
Identify outcomes and benchmarks (success indicators).	<ul style="list-style-type: none"> • What are outcomes or benchmarks that indicate success or progress within an eConsults program? • How do they align with the needs and/or expectations of stakeholders? • How will impacts be documented and evaluated? • How will the level, diversity, and quality of ongoing stakeholder engagement be assessed?
Ensure viability and sustainability.	<ul style="list-style-type: none"> • Is the eConsult program realistic and adequately funded? What are the plans for sustainability beyond the implementation period?

Source: Modified from an EIA from the Center for Diversity and Health Equity at Northwestern University and Ann & Robert H. Lurie Children’s Hospital of Chicago.

Determining and Collecting Key Data Elements

Some CORE teams have expanded their standard CORE data collection and tracking to include other quantitative and qualitative data elements that help show the impact of eConsults on health care equity. These data can equip organizations to identify potential variability in eConsult use across different patient populations, as well as supplement any organization-level health care equity analyses on other forms of care delivery. Below are some suggested key quantitative institutional and patient-level data to evaluate for the presence of variability in health care delivery and to start to investigate for the presence of health care inequities across populations.

Recommended Quantitative Institution-Level Data for Monitoring eConsult Programs

Key Data Elements for Reporting and Tracking (recommend tracking at least monthly)

- eConsults ordered:
 - By specialty.
 - By condition.
 - Order date.
 - Response date.
- Referrals ordered (total from primary care to participating eConsult/CORE specialties; purpose: to understand referral rate trends and specialty contact trends over time).
- Primary care encounters (total unique encounters; purpose: for denominating rates and benchmarking).
- Remote or telehealth encounters (total unique encounters; purpose: for denominating rates and benchmarking).
- Primary care population (total unique count of patients, usually based on attribution or historical utilization of services; purpose: for denominating rates and benchmarking).

Key Implementation and Impact Metrics

- Percentage of eConsults completed.
- Percentage of eConsults converted (to a visit due to complexity).
- Percentage of eConsults declined (due to inappropriate or incomplete question).
- Turn-around time (from order date to response date).
- Referrals completed (with requested specialty visit within a designated period).
 - Include office location to determine distance to travel.
- Missed appointments.
- No-show rates.
- 14-day access (by specialty; include eConsults completed + referrals completed within 14 days).

Patient-Level Data

The following are the minimum recommended data elements to capture for assessing domains of health care equity within eConsult programs. Many of these variables are captured in the electronic health record (EHR), though completeness and accuracy of capture should be considered in analyses.

- Race.
- Ethnicity.
- Payer.
- ZIP code (community well-being, distressed, urban versus rural, etc.).
- Age.
- Sex, sexual, and gender minority status:
 - Sex assigned at birth.
 - Sexual orientation
 - Gender identity.
- Preferred language.

The following are additional data elements that may be useful in assessing domains of health care equity within eConsult programs. However, some of these are more difficult to capture and/or not reported reliably in the EHR.

- Distance to appointment (based on ZIP code analyses).
- Other:
 - Individual-level health-related social needs.
 - Community-level social needs.
 - Disability status.
 - Citizenship or residency status.
 - Problem/complexity/vulnerability index.

In addition to tracking these data for patients, teams should also actively collect and analyze both quantitative and qualitative data to elicit patient feedback through means such as Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys and provider, patient, and caregiver focus groups or other surveys.

Approaching Analyses

After collecting the key data elements above, disaggregation of the data by patient-level factors may allow for more granular analyses to identify potential variability and health care inequities in specific populations. For example, analyses may begin by reporting the rates of eConsults completed/converted/declined and referrals for in-person and/or telehealth visits stratified by different patient demographics outlined in the above section (e.g., race or ethnicity, payer, ZIP code, etc.) and seeing how these rates compare with the distribution of these demographic data among the overall primary care patient population and/or primary care encounters. Some sample questions that organizations might wish to explore include: Are there more eConsults for White patients than Black patients? Are providers more likely to use eConsults for patients with commercial insurance compared with those with state-funded insurance? Additionally, examining how these rates may change pre- and post-implementation of the eConsult program may provide insight into the impact of the program on referral patterns and specialty access. This analytic approach may uncover variability or health care inequities that deserve additional and in-depth investigation.

Understanding Inequities and Exploring Root Causes

Conducting analyses of eConsults will allow AMCs to identify variability in the utilization of eConsults. After identifying variabilities, further investigation is needed to determine if health care inequities exist and understand the root causes of these inequities. Examples include identifying whether institutional-level, provider-level, or patient-level factors such as institutional racism, bias, stereotyping, clinical uncertainty, patient perception, and/or socioeconomic barriers might be playing a role in these findings. Strategies to better understand root cause might include to apply an EIA to assess the eConsult program and collect qualitative data from health care providers, patients, and communities through surveys, interviews, and focus groups. These insights will help inform the development of concrete opportunities for intervention and improvement.

For example, one Project CORE team reviewed eConsults by clinic and conducted targeted outreach to those clinics that have lower uptake rates to better understand the relative lack of uptake compared with other clinic locations and concurrently emphasized the importance of explaining the eConsult service to patients and incorporating their preferences into decisions to seek specialty input.

Developing Interventions

Having recognized inequities in care delivery, specialty access, and health outcomes, many Project CORE teams have begun developing interventions to address and improve such inequities, informed by a better understanding of root causes.

For example, Project CORE teams have identified patient cost-sharing as a factor that causes some hesitation for PCPs to offer an eConsult for a patient where it may be appropriate. In some cases, because providers may not know the intricacies of a patient's payer coverage of eConsults, PCPs may instead curbside a specialist to avoid any initial patient cost or refer the patient for a specialty visit if perceiving this cost to be less than that of a potential eConsult. To address this barrier, some CORE teams have developed training materials that give the PCP a script to walk the patient through the eConsult service and offer fee estimates of this potential patient cost-sharing to increase transparency into the financial impact on the patient. In addition, some organizations have worked with state-funded Medicaid plans to advocate for broadening coverage to include eConsults. These efforts, along with extensive advocacy by the AAMC and its partners, helped spark a positive policy change in January 2023, when the Centers for Medicare & Medicaid Services issued a letter to state health officials allowing coverage for eConsults under Medicaid and the Children's Health Insurance Program (CHIP), reversing its previous policy.

Project CORE teams have also explored expanding their eConsult programs to offer this service toward special populations in their communities such as refugees, transgender persons, and incarcerated individuals.

Aligning With Other Organizational Health Care Equity Work

At most AMCs and health systems, health equity has been made a strategic priority for the organization. In such cases, leadership has typically pledged to improve health care equity and committed resources and support to do so. Many institutions have built departments dedicated to population health and health equity with professionals experienced in health equity, population health science, community engagement, and/or diversity, equity, and inclusion.

To ensure sustainability and long-term support of efforts to advance health care equity with eConsults, we encourage teams to collaborate with departments, leaders, and teams at their AMC or health system to align with existing activities, interventions, and strategy designed to address health inequities. This collaboration is also important to ensure sustainability and long-term support of these efforts. For example, one team connected with its institution's vice president of diversity, equity, and inclusion, resulting in several concrete next steps for collaboration within their organization, which included aligning with the organization's quality improvement infrastructure. The local CORE team worked to incorporate eConsults metrics into the existing health equity dashboards to increase the visibility of health care equity in eConsults. This team also plans to work with its vice president of diversity, equity, and inclusion to tap into patient focus groups and gather buy-in on the program from both patients and providers to better bring the community in as partners in planning optimization for the program. Another team has convened community-based organizations for a year-long human-centered design workshop to improve the design of digital health with the goal of promoting digital inclusion in health care and understanding external patient and practice needs before developing external eConsult programs.

The [AAMC Center for Health Justice](#) has developed several resources to assist members in achieving health justice and progressing on the path to health equity. Some of these tools include the [Principles of Trustworthiness](#), designed to equip organizations with the tools they need to become trustworthy partners in their communities, and [Advancing Health Equity: A Guide to Language, Narrative and Concepts](#) to provide better understanding about language and narratives and improve inclusivity and relationships with patients and communities.

Addressing Health Care Equity Across the Project CORE Network: Case Examples From Project CORE Teams

Several Project CORE teams have sought to understand the impact of their own eConsult programs on health care equity. Visit the [Project CORE website](#) for spotlights of CORE teams who have addressed their eConsult programs with a health care equity lens.

Following discussion and interest originating at the 2021 Project CORE Symposium, the AAMC has led a Health Care Equity Workgroup on a recurring basis since May 2021. This workgroup of individual primary care physician leads, specialty leads, program managers, and executive sponsors from across academic medical centers, children's hospitals, and health systems meets regularly to share updates on their work, discuss challenges and lessons learned, collaborate, and engage in peer-to-peer dialogue to inform their individual efforts to understand eConsults and health care equity.

Project CORE Network: eConsult Utilization During the COVID-19 Pandemic

The AAMC and several individuals from CORE teams (Yale University; Dartmouth-Hitchcock; University of Colorado; University of Washington; University of Virginia; University of California, San Francisco; and University of Michigan) collaborated on an investigation published in 2022 that studied trends in use of eConsults associated with patient's payer and primary language during the COVID-19 pandemic. This study found that the percentage of specialty contact conducted via eConsult (completed eConsults divided by the sum of the completed eConsultations and specialty referrals) significantly increased at the beginning of the pandemic for both English- and non-English-speaking patients as well as patients with all payers except self-pay and uninsured patients.²³ Moreover, this study also found that, when compared with the percentage of total primary care visits, there was a gap in eConsults for Medicare patients (who made up 27.5% of total primary care visits versus 26.8% of completed eConsults), Medicaid patients (9.9% of total primary care visits versus 6.4% of completed eConsults), and non-English speakers (5.8% of total primary care visits versus 5.0% of completed eConsults).²³ The opposite gap existed for patients with commercial payers (who made up 58.7% of total primary care visits versus 60.8% of completed eConsults), patients with other payers (e.g., worker's compensation, Tricare for military members) (3.0% of total primary care visits versus 5.1% of completed eConsults), and English-speaking patients (94.2% of total primary care visits versus 95.0% of completed eConsults).²³

Appendix: Project CORE Principles

Originally developed in August 2019, the AAMC Project CORE principles are foundational to the successful implementation and sustainability of the CORE model. In July 2021, the CORE Health Care Equity Workgroup reviewed and refined the AAMC Project CORE principles applying a health care equity lens.

Principles of the CORE Model

- Project CORE aims to transform care, foster a culture of collaboration, and improve equitable access to specialty care by enhancing efficiency and quality of communication at the primary care-specialty care interface, not to simply implement eConsults in the EHR. In addition to eConsults, the CORE model also emphasizes:
 - **Enhancing the referral process** through more structured communications that include prereferral guidance and expectations around co-management, as well as patient preferences for specialty care (e.g., in-person visit, telemedicine, or virtual visit).
 - **Condition-specific templates** incorporated into the eConsult and enhanced referral orders to enable higher quality communications and convey decision support. The conversations between PCPs and specialists to agree on the clinical content of these templates is an important aspect of implementation.
 - **A focus on improving the culture of collaboration between PCPs and specialists** throughout implementation, including the establishment of co-management conferences to foster discussion and shared understanding between providers around common conditions typically co-managed in practice.
- **Local adaptation of the CORE model**, particularly around template development and provider engagement, is key to ensuring alignment with local culture, practice norms, provider buy-in, and program sustainability.
- The **value of the eConsult** is the **improved efficiency, access, quality, and equity** of care achieved through its use for providers and their patients, particularly patients with barriers to specialty care. eConsults also:
 - **Enhance access to specialty care in** medically underresourced settings by enabling PCPs to use eConsults for common questions
 - **Expand the reach of specialty care to patients facing barriers to in-person specialty care** (e.g., financial, work, transportation, travel distance, etc.).

Implementation of eConsults

- **eConsults should be optimized for the highest value use-case first:** low acuity clinical questions from a PCP (physician, advanced practice provider, or resident) to a specialist consultant for clinical guidance that otherwise would have resulted in a low value referral of a new patient.
- eConsults should **align with efforts to improve equity in health care delivery** and be implemented in cases of inequitable access among populations facing barriers to care (sociodemographic, geographic, socioeconomic status, functional health, etc.). There may be opportunities to optimize the program to advance health care equity by using an equity checklist or assessment when making programmatic and strategic decisions about the program.
- **Socialization of eConsults is important for PCP uptake** and should include ongoing opportunities to promote the program through in-person meetings or presentations, co-management conferences, newsletters, and other communications that convey both education around high-quality eConsult exchanges as well as demonstration of program impact, including improvements to patient care and the culture between PCPs and specialists.

- **Ongoing quality improvement** that incorporates regular review of program data, routine provider and patient feedback, and iterative program improvements is key to uptake and sustainability. An established process for **quality assurance** that includes active review of eConsult questions and responses, as well as processes for ongoing feedback and provider training, is required to ensure high-quality adoption and to maximize and sustain its use. Data should be disaggregated by demographics (inclusive of race and ethnicity) and geography to evaluate equity and identify strategies to advance equity.
- **eConsults should be implemented and optimized internally within an AMC first**, then extended to external PCPs. Ideally, **eConsults are implemented in a shared EHR** where the PCP and specialist eConsultant have access to the patient's chart.

Provider Education and Engagement

- **Ongoing engagement of both PCPs and specialists through various forms of outreach, including requests for feedback, is critical to provider buy-in and sustained utilization.**
- Every referral should include a clear clinical question and be accompanied by a **communication between the PCP and specialist about who does what for longitudinal management.**
- **eConsultation is a skill for providers to learn.** eConsultants should be **physicians in the specialty** recognized and trusted by colleagues. Specialties should **start with a small number of dedicated eConsultants** who are trained on how to provide a high-quality response and who develop skill in responding to eConsults over time.
- PCPs and specialist eConsultants should be **credited for eConsults.** The payment needs to be structured in a way that is meaningful to both (e.g., through an RVU credit or other incentive). eConsult payment policies (of payers) should incentivize high-value use of the tool by both the PCP and specialist, and careful consideration should be given to any requirements that impose barriers to adoption for both patients and providers.
- When training PCPs, share **guidelines on what makes a good eConsult question.** eConsults are:
 - Focused questions that a specialist can reasonably answer without knowledge of the patient's entire medical history.
 - Answerable using only the information available in the EHR.
 - Answerable within three business days, without an in-person visit.
- When training specialist eConsultants, iterate the four components of a **high-quality eConsult response:**
 - Restate the question and define the parameters to address based on the clinical question.
 - Explain the rationale and indicate the clinical and/or evidence-based reasons for the recommendation.
 - Provide recommendations for next steps in management and ongoing monitoring; collaborate with the PCP regarding the care plan.
 - Conclude with contingencies that would necessitate additional follow-up.
- The PCP should engage the patient in the decision to send an enhanced referral or eConsult when appropriate and possible.
 - PCPs should **discuss the eConsult service as an option and explain any potential patient cost-sharing** (compared with typical referrals for in-person visits).
 - PCPs should get the patient's input and **determine the patient's preference for specialty care** (i.e., eConsult, referral for telemedicine, virtual visit, or in-person visit).
 - PCPs should get the patient's input on how they would like to receive follow-up on the specialist's eConsult recommendations (e.g., by phone call, patient portal message).
 - **PCPs may also consider including information in the eConsult on a patient's health-related social needs** (e.g., food insecurity, poverty, housing instability, etc.) that significantly impact the patient's care or treatment plan, as this could influence a specialist's recommendation.

- Following an eConsult, the PCP should close the loop and engage the patient in the eConsult communication and share the specialist's eConsult recommendations, including getting the patient's input on how they would like to receive follow-up on the specialist's eConsult recommendations (e.g., by phone call or patient portal message).

Clinical and EHR Workflows

- eConsult question and response should be a **part of the patient medical record**.
- **Decision support in the templates should be brief and used efficiently.**
- **Template design and EHR workflow should minimize provider burden.**

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