

PROJECT CORE OVERVIEW

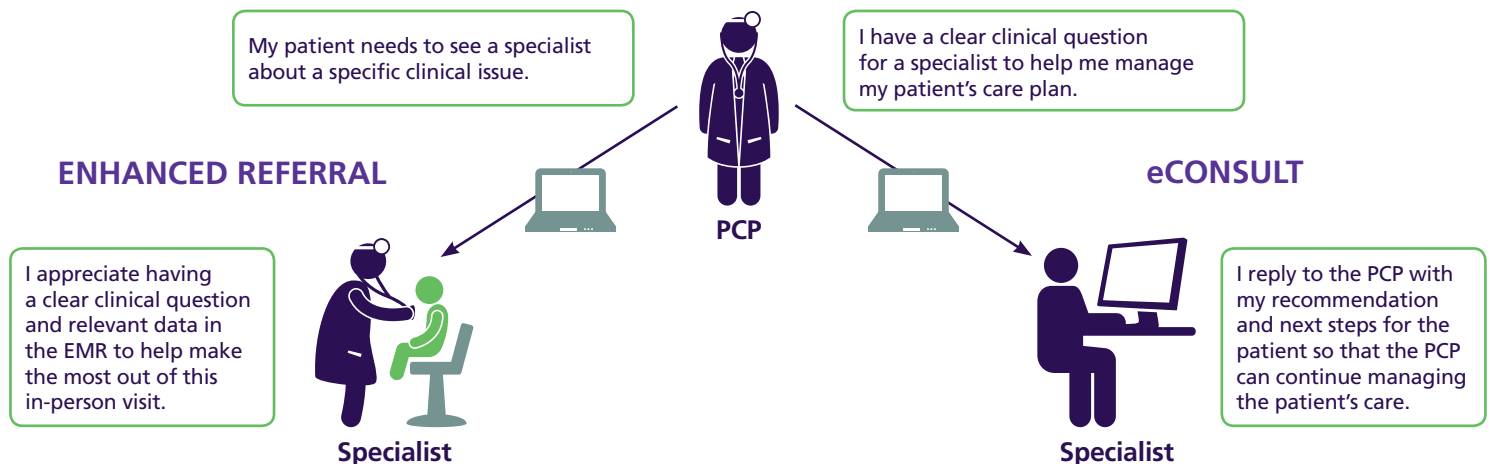
Over the past decade, the use of subspecialty medical services has risen rapidly in the United States, with referrals to specialists more than doubling.¹ Along with increasing referral rates, the quality of communication and coordination between primary care providers (PCPs) and specialists has decreased over time. Patients are faced with poor access to specialists, high costs, and fragmented care. At the same time, academic medical centers (AMCs) are shifting their care-delivery models from volume-based care to value-based care. New, innovative models of care delivery and payment are needed to meet these changes and ensure high-quality, high-value care to patients.

Project CORE aims to improve the quality of care and the patient experience while reducing the overall cost by enhancing communication and coordination between PCPs and specialty physicians. Through the Project CORE model, initially developed and piloted at the University of California, San Francisco:

- Patients have improved access to specialty care and fewer unnecessary tests and visits.
- Primary care physicians receive timely input and expertise from specialists, enabling more comprehensive care.
- Primary care physicians and specialists work from the same set of expectations before and after a referral has been made.
- Specialists receive clear clinical questions and related documentation that provides more-efficient referrals.

THE INTERVENTION

The CORE model uses tools embedded in the electronic medical record (EMR) system, known as Enhanced Referrals and eConsults, that provide point-of-care decision support. These decision-support tools enhance clinical workflows, improve communication and coordination of care at the interface of primary care and specialty care, and enhance quality and efficiency of care.



ENHANCED REFERRALS

The first part of the intervention is the enhancement of the traditional referral process. An enhanced referral provides point-of-care decision support for the referring health care provider through the use of condition- and specialty-specific templates within the EMR. These templates convey preconsultation guidance from specialists at the point of referral, which streamlines the transmission of the

1. Barnett ML, Song Z, Landon BE. [Trends in physician referrals in the United States, 1999–2009](#). *Arch Intern Med*. 2012;172(2):163-170.

clinical question and key diagnostic data. The templates prompt referring providers to clearly list their expectations about duration of care and delegation of responsibility. Furthermore, enhanced referrals help the PCP decide whether a referral is necessary (ultimately preventing some referrals) and initiate the appropriate specialty evaluation plan. This process maximizes the effectiveness of the first specialty visit, thus preventing unnecessary follow-up visits for reviewing diagnostic tests.

eCONSULTS

eConsults are asynchronous exchanges initiated by a PCP between that provider and a specialist colleague. In lieu of an in-person visit, a specialist responds through the EMR to a PCP's inquiry within 72 hours. These exchanges use structured templates within the EMR to create a seamless, point-of-care pathway that facilitates high-quality coordination and communication between providers. For appropriate questions (typically about straightforward, low-acuity issues), eConsults allow for significantly more-efficient specialist input and more cost-effective care delivery. At any time, a specialist can convert an eConsult to a referral, and patients have the option to request an in-person visit rather than an eConsult. In recognition of the effort involved, the PCP who initiates the eConsult and maintains responsibility for care and the specialist who addresses the question each receive a 0.5 RVU credit upon its completion.

STAKEHOLDER BENEFITS

Evidence demonstrates that this model can optimize the use of specialty care for primary care providers and their patients. This provider-and-patient-centered intervention creates advantages for the following stakeholders:

- **Patients:** Improved access to care, greater convenience, and fewer unnecessary visits, tests, and out-of-pocket costs
- **Primary care physicians:** Timely access to specialty input, clearer roles in patient co-management, and improved continuity and comprehensiveness of care for patients
- **Specialist physicians:** Structured approach to consults and referrals, improved access for higher-acuity patients and new patients, and more-efficient referrals
- **Leadership:** Improved quality, reduced costs, improved access in high-demand specialties, opportunity to extend referral network, increased provider alignment, better position for negotiations with payers, and improved patient and provider satisfaction
- **Payers:** Reduced referrals and associated costs and improved access for beneficiaries

PROGRAM REACH

The AAMC received a Center for Medicare and Medicaid Innovation (CMMI) Health Care Innovation Award in 2014 to work with five of the nation's AMCs to implement this new model of care delivery. In less than three years, these initial sites completed more than 16,000 eConsults, thereby avoiding an estimated 7,360 unnecessary specialty referrals and an additional 6,400 "curbside" consults (those informal interactions between providers that typically go undocumented).

Because of its initial success, Project CORE has expanded beyond this grant to a growing number of AMCs. To date, nearly 2 million primary care patients across 20 participating AMCs in 14 states have access to this model and can benefit from better coordination among their providers, more timely access to specialist input, greater convenience, and lower costs of care.

With a commitment to further scale this innovation and improve the quality of ambulatory care, the AAMC is working with academic medical centers to implement the CORE model. For more information, or to inquire about participation, please contact projectcore@aamc.org.

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