



Pilot of Video and Demand for Primary Care – Neurology Collaboration

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Background

In 2014 Mayo Clinic started the Integrated Community Specialist (ICS) collaborative care model in which specialists were co-located with primary care providers.

A pilot study of this model confirmed safety and demonstrated improved access and reduced utilization of neurology consultations and expensive diagnosis testing¹. Primary care provider satisfaction improved. A follow up study confirmed safety and improved utilization when compared to the tradition tertiary referral practice².

We anecdotally observed that synchronous collaboration between specialist-PCP and patient at the same time vs. asynchronous collaboration was efficient and associated with improved care value and by definition faster time to diagnosis and treatment for patients.

Aims

- To assess the demand for real time specialist –primary care collaboration
- Assess feasibility, patient satisfaction and provider satisfaction with video collaboration from hub to satellite clinics

Intervention

- We blocked the neurologists schedule two afternoons per week
- Installed iPad in 3 satellite clinics with video collaboration hardware and software to connect with hub

Stakeholders and Preparation

Neurology Department

-Pilot proposal drafted and time to block schedule approved by department chair and ICS chair

Connected care Team

-vetted with legal, compliance teams and provider IT

Nursing

-educated, minimal involvement expected

Clinical Assistants

-trained to locate iPad and direct overflow pages to neurologist

Administrators

-scheduled meetings, helped with education of staff and managed local logistics

Primary Care Providers

Neurologist attended staff meetings and encourage to call or try video

Neurologists

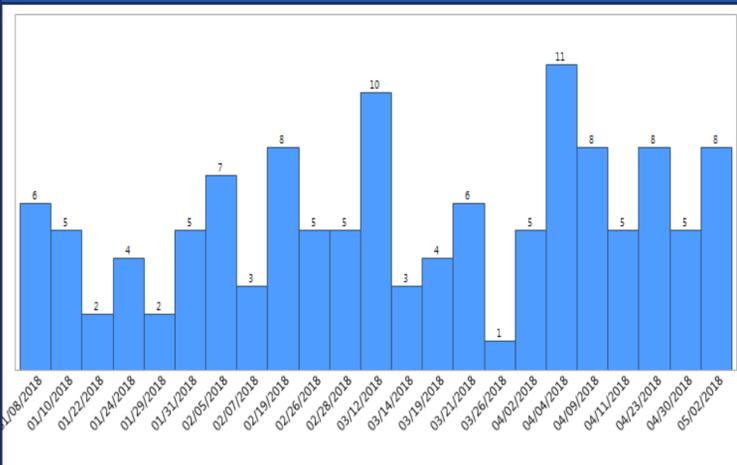
Trained to use video software developed Survey and RedCap database of cases for study

Intervention Adaptation

- After two weeks, the neurologists began sending e-mail reminders to PCP teams at beginning of the afternoon



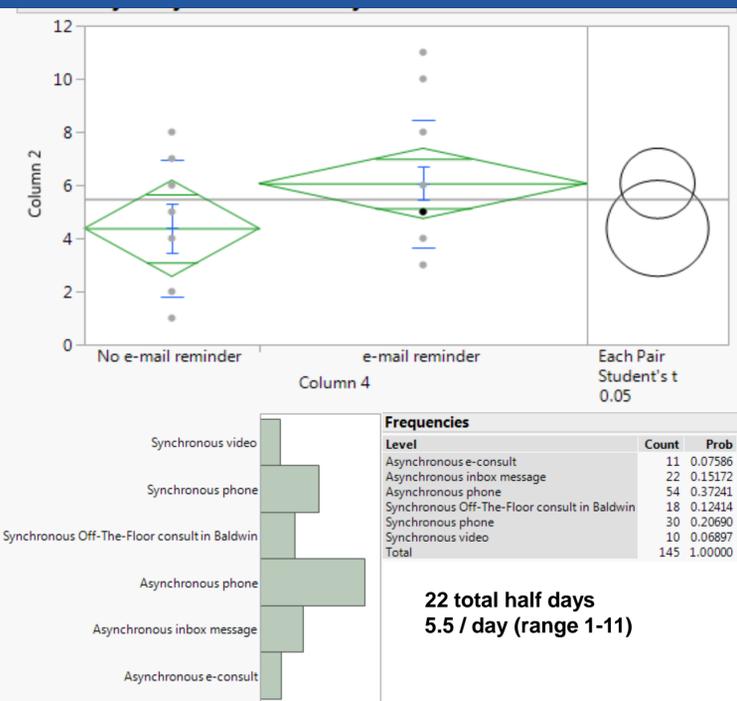
Total Consults / Half Day



Provider Satisfaction - Video Collaboration

Survey Question	Responses (n=7)
Ease of Connecting	71% Excellent; 29% Very good
Time spent vs traditional curbside	57% Faster; 29% Same; 14% Slower
Time spent vs e-consult	72% Faster; 14% Same; 14% Slower
Time spent vs follow up after Face-to-face consult	57% Faster; 29% Same; 14% Slower
Altered which tests were ordered	86% Yes
Altered treatment plan	100% Yes
PCP learned something	100% Yes
Likelihood using again	86% Definitely 14% Probably
Video vs traditional collaboration	100% Better

E-mail Reminders and Utilization



Problem Type

Survey question	n=6
First Video Consult	100%
Able to see?	100%
Able to hear?	100%
Compare to tradition consultation?	33% Better 33% Same 33% I don't know
Overall quality of care	83% Excellent 17% Very good

Conclusions

- Intermittent blocking of specialist time to provide synchronous collaboration was usually well utilized
- Simple e-mail reminders of availability were associated with more consultations
- Video assisted collaboration to satellite clinics is feasible and in less demand than telephone or face-to-face collaboration
- Patients and primary care providers were generally satisfied with video assisted collaboration

References

- Young NP, Elrashidi MY, Crane SJ, Ebbert JO. Pilot of integrated, colocated neurology in a primary care medical home. J Eval Clin Pract. 2017 Jun;23(3):548-553.
- Elrashidi MY, Philpot LM, Young NP, Ramar P, Swanson KM, McKie PM, Crane SJ, Ebbert JO. Effect of integrated community neurology on utilization, diagnostic testing, and access. Neurol Clin Pract. 2017 Aug;7(4):306-315.