

CLINICAL TRACK

Pediatric e-Consults: The How and Why



Introduction by:
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3:30PM-4:15PM

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Pediatric eConsults: The How and Why

Building Sustainable Access to Pediatric Subspecialty Care.



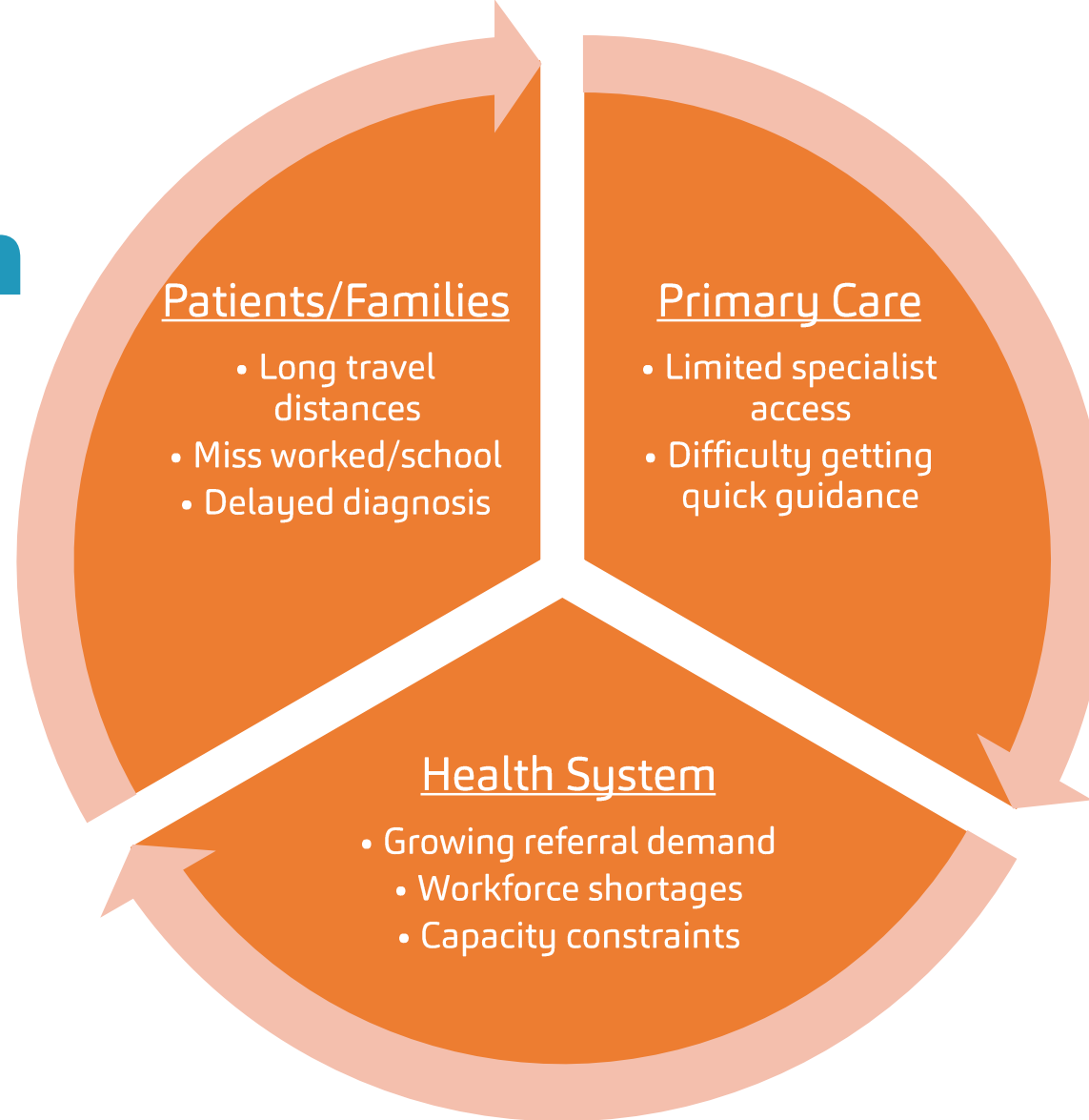
Objectives

- Understand the benefits of eConsults in pediatrics
- Identify institutional barriers to implementation
- Develop strategies to address barriers

Agenda

- Access Problem
- Why eConsults Work
- Evidence
- Building Programs (MUSC & Prisma)
- Lessons Learned
- Interactive Discussion

The Problem



88% report long pediatric subspecialty appointment waits as a significant access barrier

3,200+ physicians projected SC physician shortage by 2030, contributing to an increasingly constrained specialty workforce

1.2 million+ miles of travel seeking pediatric care in SC

<u>Specialty</u>	<u># Applicants ERAS 2024</u>	<u>Positions in NRMP 2024</u>	<u>Applicants Per Position - 2024</u>	<u>2023 Applicants Per Position</u>	
Hospital Medicine	133	124	1.07	1.17	More than 1 applicant per position
Cardiology	184	179	1.03	1.08	
Critical Care	211	224	0.94	1.09	Approximately 0.9 applicants per position
Neonatal	278	302	0.92	1.04	
Emergency	207	227	0.91	1.12	
Adolescent Medicine	28	34	0.82	0.74	Less than 0.9 applicant per position
Gastroenterology	93	125	0.74	1.12	
Hematology/Oncology	129	184	0.70	0.89	
Rheumatology	32	52	0.62	0.72	
Endocrinology	62	100	0.62	0.65	
Pulmonology	51	86	0.59	0.72	
Nephrology	41	73	0.56	0.62	
Child Abuse	12	21	0.57	0.65	
Developmental Peds	28	49	0.57	0.69	
Infectious Disease	36	77	0.47	0.62	

The Solution: eConsults

eConsults replace the informal phone curbside with a documented, asynchronous specialist exchange built into the EHR

Commonly described as a "**structured electronic curbside**"

Enables timely specialist guidance within existing EHR workflows

Distinct from traditional referrals: **no scheduling required**; response typically within hours to days



Provider
needs
specialty care
recs

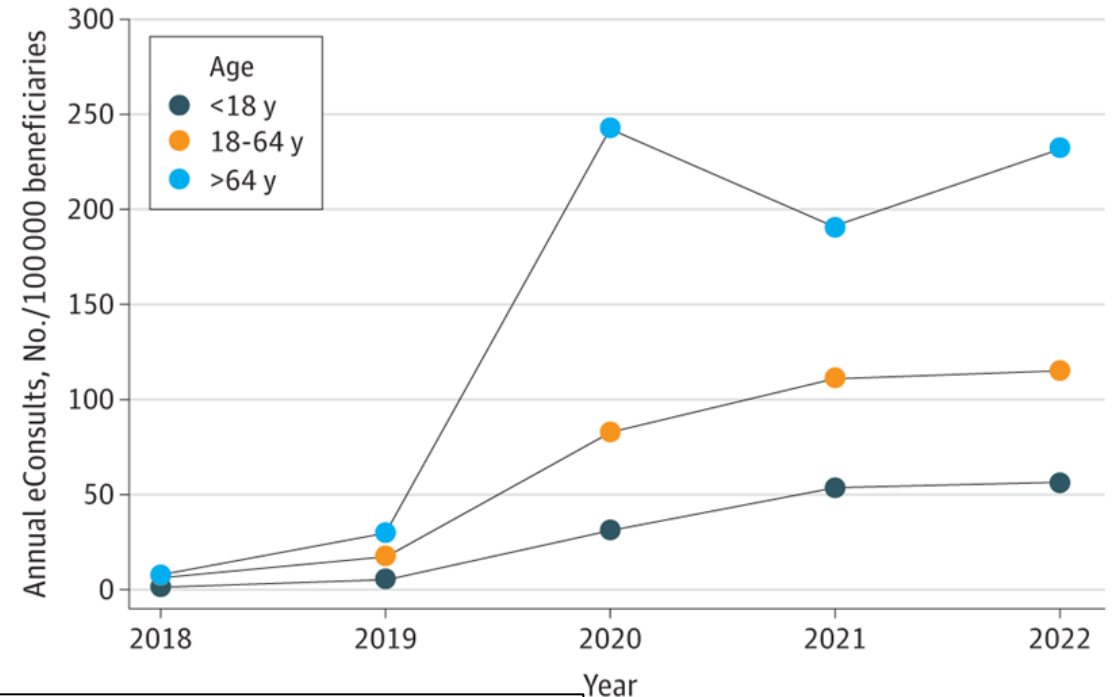
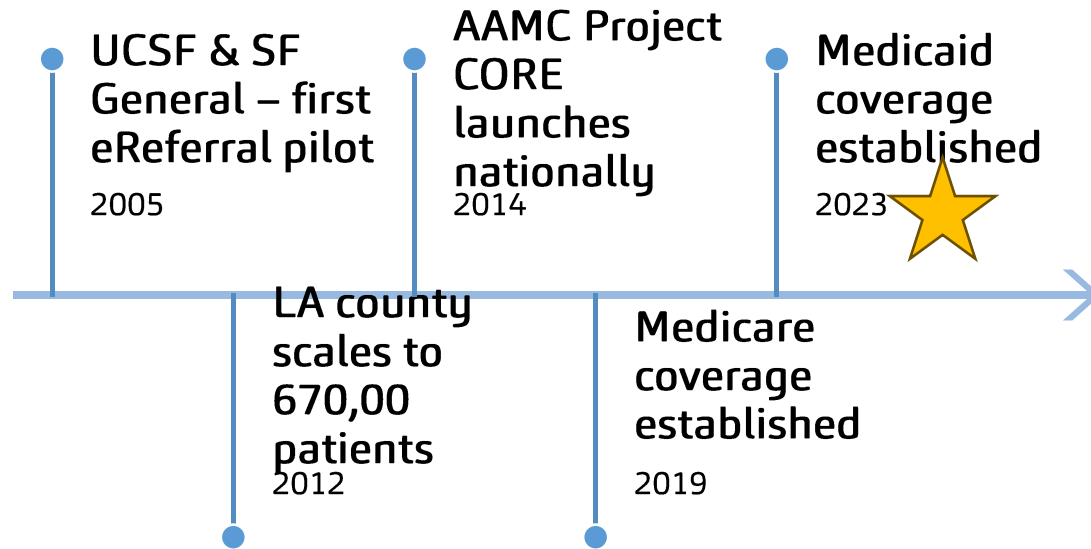


eConsult
submitted



Specialist
reviews &
writes note in
EHR

Evolution of eConsult Systems



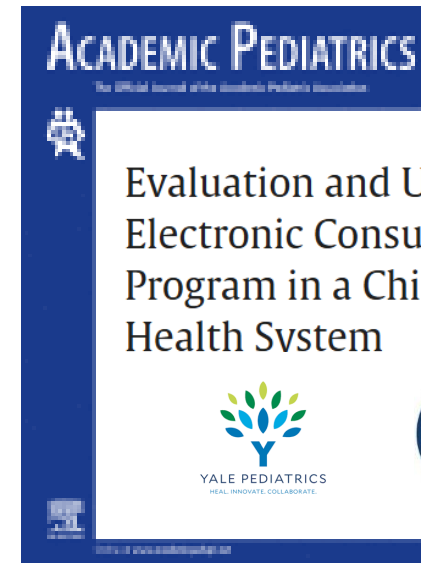
Rapid adoption but why the trail in pediatrics?

Published Data in Pediatrics

Outcome	Overall Findings (+)
Response time	Faster
Face to face visits	Reduced
Satisfaction	High
Safety	Strong
Costs	Lower
Access	Improved

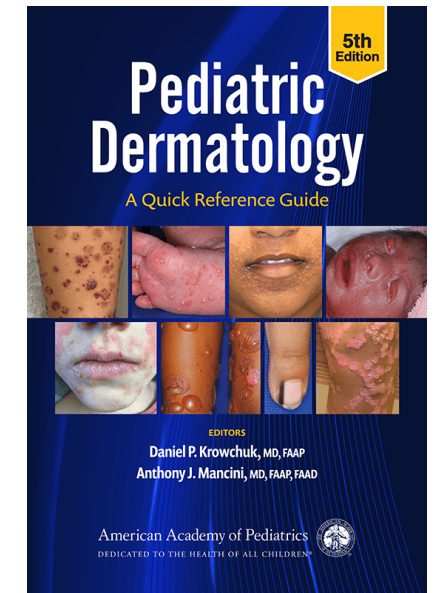


Experience with Pediatric Neurology e-Consults
from a Specialist Perspective at an Academic
Center



HARVARD
MEDICAL SCHOOL

**Electronic consultations (e-consults) to
improve access to specialty care: A
systematic review and narrative synthesis**



Benefits of eConsults

Patients

- Fast specialist input
- Less travel
- Less missed school and work

Referring Providers

- Increase in knowledge
- Quick specialist input
- Capture RVUs for follow-up care

Specialists

- Empower PCPs to provide better care
- Better utilization of face-to-face visits

Health System

- Increased access – especially for rural communities
- Better resource utilization
- Strategic growth

Common Barriers & Facilitators

	PCP/Requestor	Specialist
 BARRIERS	• Increased workload • Workflow disruption • Technical challenges	• Increased workload • Variable quality/content • Insufficient reimbursement
 FACILITATORS	• Timely response to clinical questions • Building capacity & knowledge	• Improved referral efficiency • Enhanced PCP communication • Opportunity for provider education

Implementation Journey

Building Pediatric eConsults



MUSC Health

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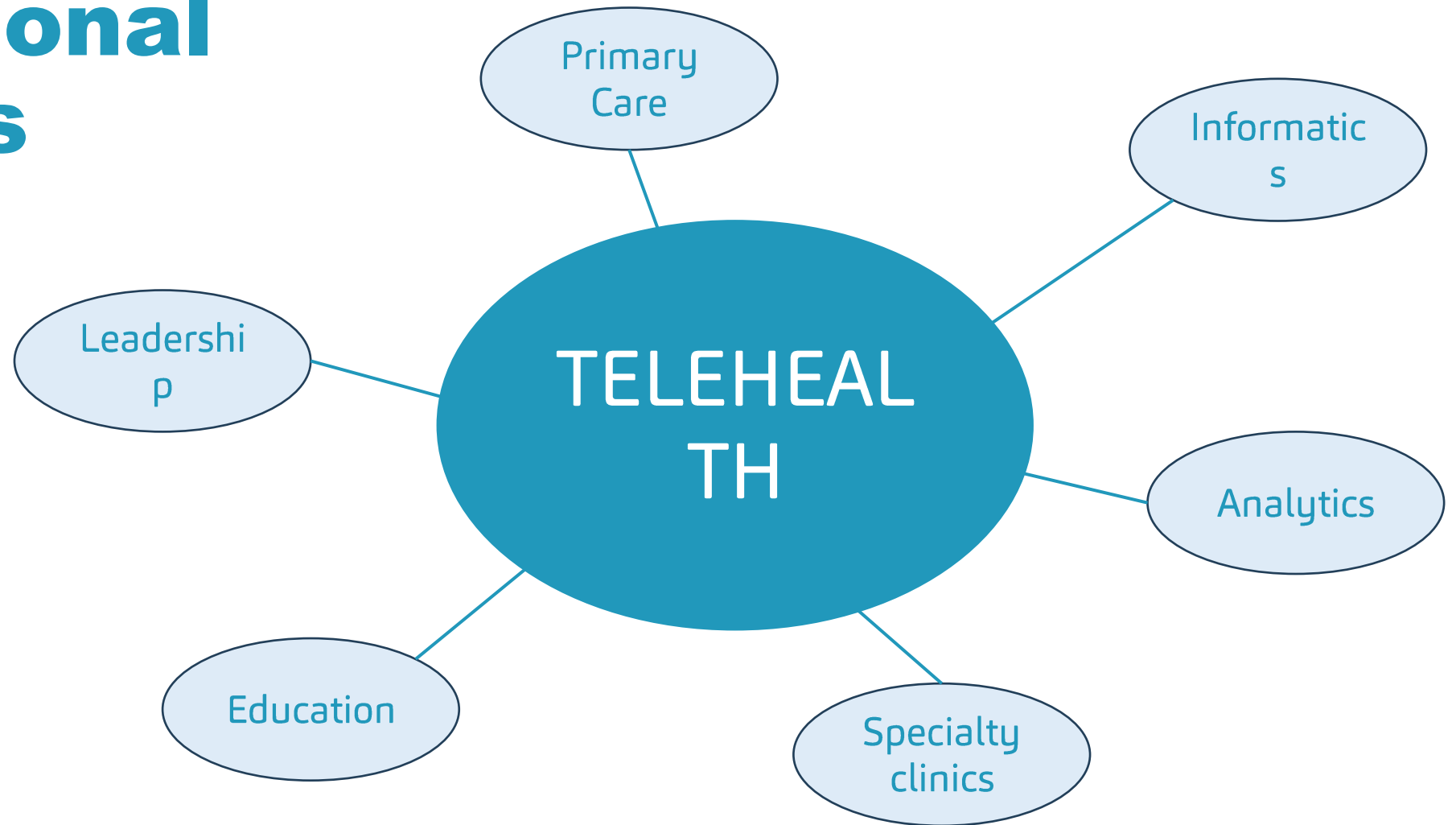


Prisma Health

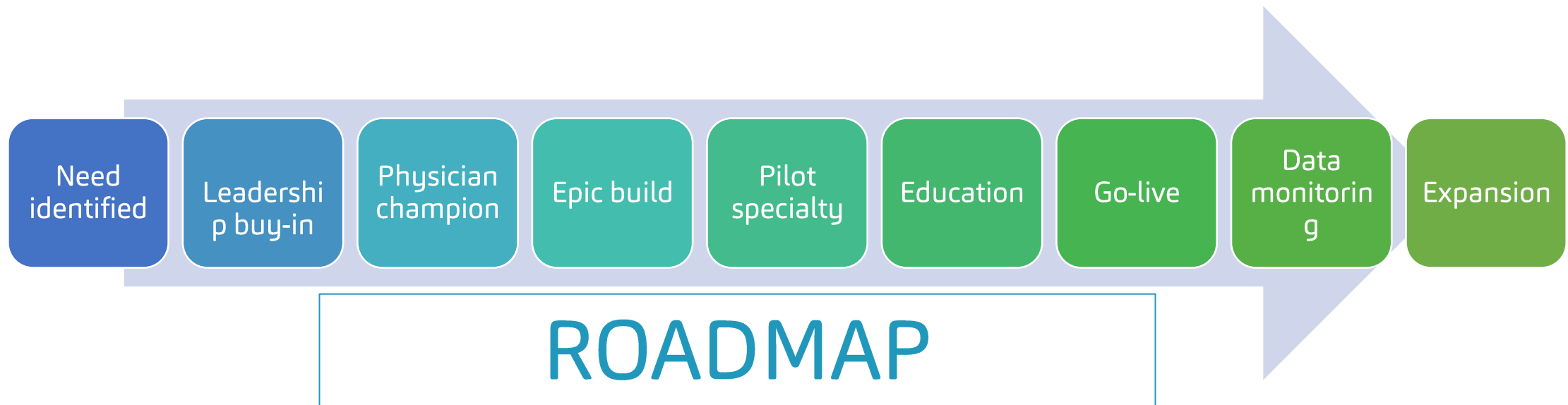
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Operational Engines



- Why pediatric eConsults?
- How were specialties selected?
- Who led implementation?
- What is telehealth's operational role?
- How were workflows built?
- How were departments engaged?
- What are the compliance requirements to consider?



What's Hard

- Addressing PCP & Specialist Concerns
 - Staffing – who does the work?
 - Liability – who owns the recommendation?
 - Workload – inbox burden for both requesting & responding providers
- Assuring Quality
 - Ensuring eConsult responses meet clinical standards
- Assessing Value
 - Demonstrating ROI to leadership and payers

What we would do differently...

Trackable Metrics

- Total eConsults
- Participating specialties
- Average response time
- Percentage avoiding face-to-face referral (if available)
- Provider satisfaction survey
- Geographic reach
- Growth over time

Leadership Scorecard Example

Metric	Green	Yellow	Red
Response time	≤1 business day	2–3 days	>3 days
Volume growth	≥10% per quarter	Flat	Declining
Specialties live	≥8	4–7	<4
Face-to-face visits avoided	≥50%	30–49%	<30%
Provider satisfaction	≥4.5 / 5	3.5–4.4	<3.5

Pediatric eConsult Program

Data



MUSC Health



Prisma Health

eConsult Volume Year 2025-2026



#

162 total eConsults
Program launched February 2025

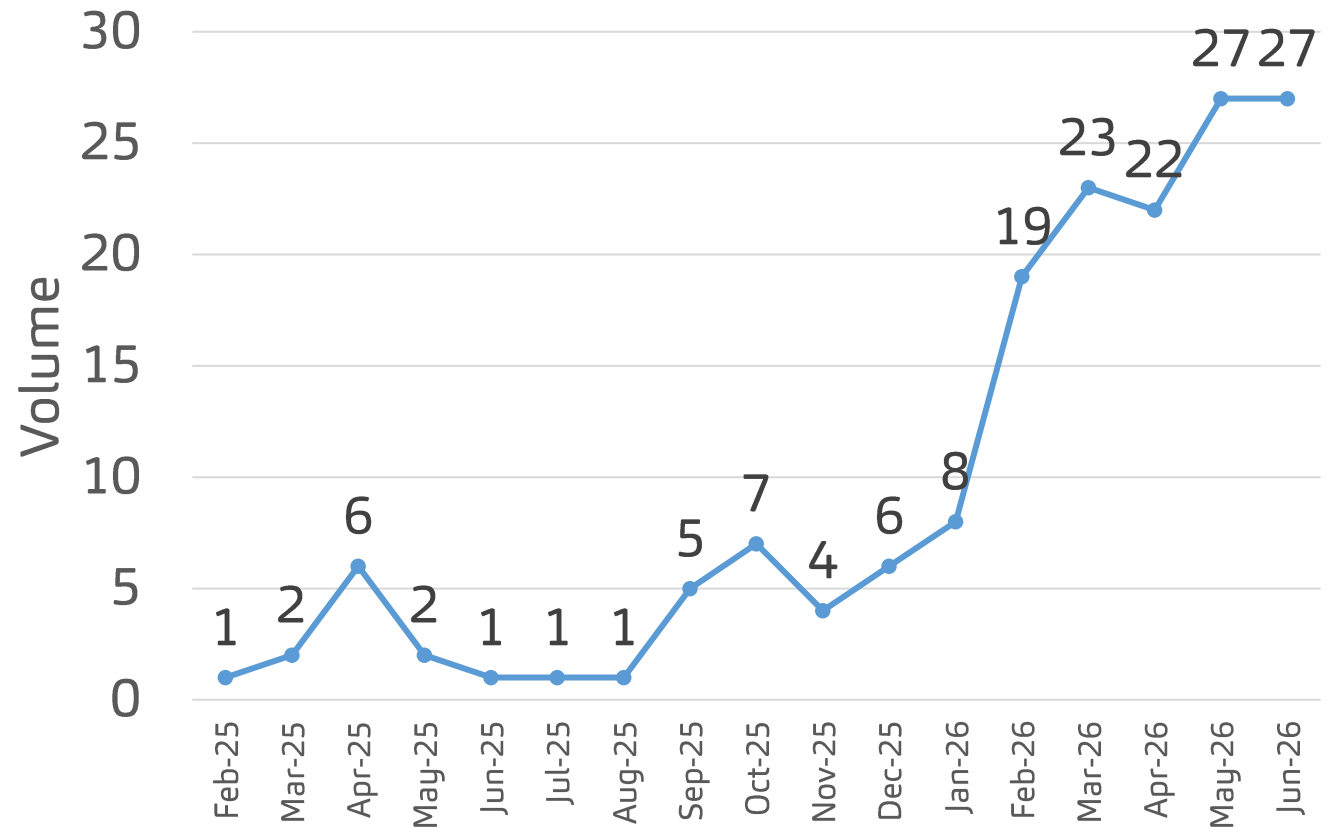


24x increase
From launch month (2/1) to peak month (10/1)



10 pediatric specialties
Trajectory is positive & accelerating

Pediatric eConsults



MUSC Specialty Breakdown



Specialty	Volume	% Total Volume
Pediatric Dermatology	61	33%
Pediatric Endocrine	45	24%
Pediatric Hematology	29	15%
Pediatric Developmental	17	9%
Pediatric ID	12	6%

61%
of volume from Early adopters (Peds Derm & Endocrine)

1.4
response time (in days) with 79% completed 0-1 days

Live Specialties	
Pediatric Dermatology	Pediatric Cardiology
Pediatric Endocrinology	Pediatric Pulmonary
Pediatric Hematology	Pediatric Rheumatology
Pediatric Developmental	Peds Adolescents
Peds Infectious Disease	Genetics

eConsult Volume Year 2025-2026



#

54 total eConsults
Program launched February 2025

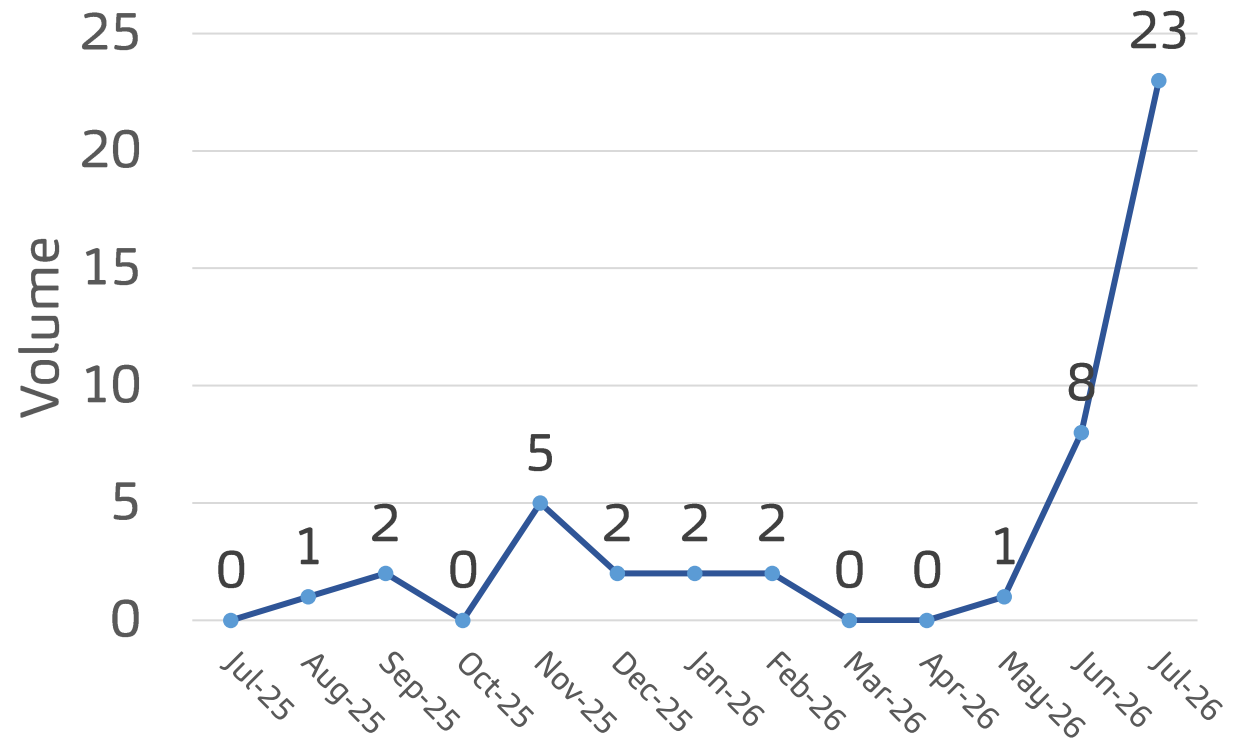


188% increase
From July YoY growth



7 pediatric specialties*
Trajectory is positive & accelerating

Pediatric eConsults



Prisma Specialty Breakdown



78%
of volume from Early
adopters (Peds ID & GI)

Specialty	Volume	% Total Volume
Pediatric ID	25	46%
Pediatric GI	17	32%
Pediatric Endocrine	4	7%
Pediatric Neurology	3	6%
Pediatric Cardiology	2	4%

Live Specialties	
Peds Infectious Disease	Pediatric Cardiology
Pediatric Gastroenterology	Pediatric Nephrology
Pediatric Endocrine	Peds Adolescents
Pediatric Neurology	

Key Takeaway

The Right Tool for the Right Question

“Core Principle

*eConsults are not a replacement for specialist care — they are the **right tool for the right clinical question**, preserving face-to-face visits for patients who truly need them.*

“Ideal System Vision

*In an ideal system, **PCPs manage most of their patients' needs**, seeking management guidance as needed through robust exchanges with specialists, which in turn allows for **improved access to in-person visits** with the specialist when needed.*

Next Steps



Expand Specialist Groups

Onboard Peds Neurology, GI, Sleep Medicine, Rehab, Nephrology, Urology



Develop new Use Cases

Discovery requests/implementation on ED & inpatient consults



Expand to the Community Providers

Extend access to external, non-MUSC community providers to broaden the program's reach



Launch Quality Improvement

Initiate formal QI initiatives to monitor outcomes, ensure response quality, & demonstrate program value

Workshop

You are seeing children in a clinic in a community that is a few hours away from a major medical center. You want to improve access for your patients



Questions

How do you currently access opinions from specialists?
What are common questions that you refer for?



Thoughts

Where & how do you document the feedback you get?
How do think eConsults could integrate into your workflow?



Feelings

Any specialties that would be useful for you?
What do you see as major barriers to eConsults?

References

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- [2] UCSF / San Francisco General Hospital eReferral Pilot, 2005
- [3] LA County Department of Health Services eConsult Program, 2012
- [4] AAMC Project CORE — Coordinating Optimal Referral Experiences, 2014
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- [8] Harvard/UCSF Pediatric Dermatology eConsult Studies, 2025
- [9] Harvard Infectious Disease eConsult Study, 2025
- [10] Yale Project CORE — "Evaluation and Utility of an Electronic Consultation Program in a Children's Health System," 2025