CCHP E-Consult Workgroup
January 2018 Webinar

Webinar: https://zoom.us/j/134106950
Dial in: +16465588656,,134106950#
## Agenda

<table>
<thead>
<tr>
<th>Agenda Topic</th>
<th>Speaker</th>
<th>Time (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, Recent and Upcoming Activities</td>
<td>Mei Kwong, Executive Director, CCHP</td>
<td>5</td>
</tr>
<tr>
<td>A Cost-Effectiveness Analysis of Cardiology eConsults for Medicaid Patients</td>
<td>Victor Villagra, MD, FACP</td>
<td>20</td>
</tr>
<tr>
<td>DHCS Request for Comment on Proposal to Expand Telehealth Services</td>
<td>Libby Sagara, BluePath Health</td>
<td>15</td>
</tr>
<tr>
<td>E-Consult Payer Subgroup Meeting</td>
<td>Timi Leslie, BluePath Health</td>
<td>10</td>
</tr>
<tr>
<td>Release of E-Consult Toolkit</td>
<td>Libby Sagara, BluePath Health</td>
<td>5</td>
</tr>
<tr>
<td>Wrap-up and Next Steps</td>
<td>Mei Kwong, CCHP</td>
<td>5</td>
</tr>
</tbody>
</table>
**A Cost-Effectiveness Analysis of Cardiology eConsults for Medicaid Patients**

Victor Villagra, MD, FACP

- PCPs were randomly assigned to use either eConsults or their usual face-to-face referral process with cardiologists
- Assessed cost across 7 categories: inpatient, outpatient, emergency department, pharmacy, labs, cardiac procedures, and “all other.”
- Costs are from the payer’s perspective
- Six months after consult, patients with eConsult had lower mean unadjusted total costs by $655 per patient, or lower mean costs by $466 per patient when adjusted for non-normality, compared with those in face-to-face
- eConsult group had lower cost by $81 per patient in the outpatient cardiac procedures category

...Until now, the economic impact of giving practicing PCPs access to a secure, efficient eConsult platform to enhance their interactions with specialists was unknown. The results of our analysis show for the first time that when PCPs are given an option to use eConsults for Medicaid beneficiaries, the total costs and the cost of outpatient cardiac tests and procedures at 6 months are significantly lower, by $466 and $81, respectively, compared with the traditional F2F approach.

Workgroup members contributing include Daren Anderson, MD, CHC, Inc and Nwando Olayiwola, MD, UCSF. The full article can be viewed here:

DHCS Request for Comment on Proposed Telehealth Expansion

• The Department of Health Care Services (DHCS) is seeking comments and feedback from interested stakeholders to help inform DHCS’ update of Medi-Cal’s telehealth policy
• Attached is DHCS’ draft proposal to expand telehealth services - proposed services to be delivered via a telehealth modality, lists applicable Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes
• Poses an open-ended question regarding the appropriateness of the “originating site” being the home for each listed service
• Proposes to add CPT/HCPCS codes to the telehealth policy, as applicable
• E-Consult CPT codes are NOT represented on this list
• E-Consult Workgroup requests inclusion of 99446-99449 and reimbursement of all specialties delivered through store-and-forward telehealth (currently limited to teledermatology, teleophthalmology and teledentistry

Organizations’ independent responses are encouraged - DHCS will accept written comments and feedback via email to Medi-Cal_Telehealth@dhcs.ca.gov, and must be received by COB January 31, 2018

Joint E-Consult Workgroup response - please see attached draft letter:
   — Comments requested by COB Thursday 1/25
   — Endorsement requested by COB Monday 1/29
E-Consult Payer Subgroup Meeting 1/29: Sharing payer-supported e-consult programs with DMHC

- Mary Watanabe outlined current efforts within DMHC to form a list of data requested from managed care plans seeking to use e-consult to meet network adequacy requirements, e.g.
  - Where will services be provided? (e.g. emergency department, inpatient setting, outpatient setting)
  - Service areas
  - Providers and provider capacity
  - Geographic access
  - Provider contracts and payment structure
  - Cost sharing and other disclosures
  - Integration into overall plan quality assurance process
  - Grievance process

- Payer subgroup meeting 1/29, 3-4 PM at DMHC to discuss how plans can share their successes

- Agenda includes:
  - Introductions, definition and background on e-consult
  - Profile of a developed payer-supported program (volunteers requested)
  - Q and A – what does DMHC want to know? What do payers need from DMHC?
  - Development of payer subgroup charter
  - Next Steps
E-Consult Toolkit - Preparing for Release


E-Consult Toolkit  
Right care, right setting, right time

“E-consult provides better care and makes our providers happier. We’ve had great adoption throughout our system.”

-Michael Mulligan, MD, Chapa De Indian Health

Expanding Safety Net Access to Specialty Care With E-Consult: Best Practices, Tools and Templates

### Readiness
- Key stakeholder engagement and support: systems and process assessment

### Planning
- Planning for successful e-consult implementation and rollout

### Implementing & Scaling
- Guidelines for training, launching, continuously improving and scaling e-consult

### Evaluation
- Best practices for measuring quality, satisfaction and efficiency

- Workgroup submissions of stories, tools, quotes and publications encouraged
Next Steps

- January 29, 3-4 PM Managed Care Plan Network Adequacy Subgroup meeting at DMHC
- Submission of E-Consult Workgroup response to DHCS on January 31
- Launch of E-Consult Toolkit
- Next E-Consult Workgroup webinar – tentative date, February 28, 12-1 PT