
E-Consult Toolkit

NEWS ***December 2018***

Policy

California DHCS Approves CPT Code 99451 for Reimbursement of E-Consult

On December 17th, DHCS presented the 2019 updates to the Medi-Cal Telehealth Provider Manual, including the manner in which e-consults can be billed by specialists. E-consult highlights from the discussion included the following:

- CPT code 99451 can be used for e-consults performed by specialists. This code reflects 5 or more minutes of time spent by the provider.
- Patients' written and/or verbal consent must be obtained for e-consult. This can be within a general consent agreement obtained by the provider organization and does not have to be captured with each encounter.
- E-consult providers must be licensed in California and enrolled as Medi-Cal providers.

It is anticipated that these codes will go into effect in spring 2019 following an All Plan Letter to be published with implementation details and effective dates. The E-Consult Workgroup appreciates DHCS's acknowledgment of our group's input. We look forward to the publication of the DHCS FAQ and additional documentation on the new Medi-Cal telehealth policy to be posted on the [DHCS web site under Telehealth](#).

Cost

Retrospective Review of E-Consults' Economic

Impact Reveals Savings of \$84 Per Patient Per Month for Specialty-Care Encounters

New research published in the [December issue of Health Affairs](#) demonstrates that e-consult delivers both improved specialty care access as well as cost savings for the safety net. The setting for the research is Connecticut-based multi-site FQHC, Community Health Center Inc. (CHC), that delivers care to 100,000 patients, 70% of whom are covered by Medicaid. CHC's 200 sites, which include 16 clinics as well as sites at schools and homeless shelters, refer speciality care to the state's 17 different hospital systems.

To uncover the economic impact of CHC's use of e-consult in this setting, researchers conducted a retrospective analysis of e-consults and face-to-face referrals for dermatology, endocrinology, gastroenterology and orthopedics between July 2014 and June 2016.

A total of 8,866 e-consults were submitted by providers were eligible for the study's analysis and were comparatively analyzed using a baseline period before each specialty implemented e-consult. The analysis revealed that after e-consult's adoption, e-consults generated the following average per patient per month (PPPM) savings over face-to-face appointments:

- \$63 lower for endocrinology
- \$59 lower for gastroenterology
- \$85 lower for orthopedics
- \$14 lower for dermatology

The study attributes these lower costs to both avoided face-to-face visits as well as reduced needs for diagnostic tests and procedures, resulting in an average \$84 PPPM savings for specialty-related episode-of-care costs and delivering annualized Medicaid savings of \$578,592. The study also notes other potential savings that are not included in this final number, such as transportation cost savings and the expansion of e-consult use to high-volume specialities, such as neurology, pulmonology, rheumatology and psychiatry.

Ultimately, this economic study provides yet another validation of e-consult's critical role in practice transformation and system redesign.

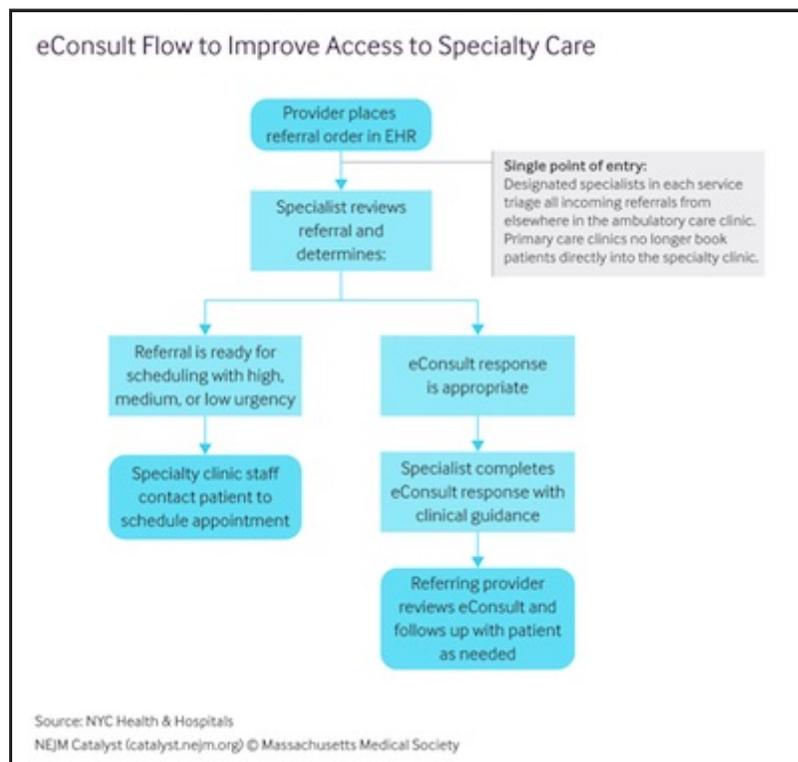
Adoption

E-Consult Used as the First Step to a Referral at New York City Health + Hospitals

New York City Health + Hospitals (NYC H+H), the largest public health system in the United States, has [announced a broad expansion](#) of its use of e-consult. Since the system began implementing e-consult in 2016, over 52,826 e-consults have been reviewed by designated specialists at 81 specialty clinics, delivering the following results:

- 7,735 received enhanced care in the primary care setting, with no specialty referral needed
- 36,589 received a low- to medium-urgency specialty care appointment
- 6,502 received a high priority specialty care appointment

At NYC H+H, all specialty care referrals are submitted through the system's electronic health record and then triaged by each clinic's designated specialist. Each referral is either determined appropriate for an e-consult or scheduled for a high, medium or low urgency appointment. The specialty clinic then handles required appointment scheduling directly with the patient.



E-Consult workflow at NYC H+H Source: [NEJM Catalyst \(April 2017\)](#).

Between January and September 2018, monthly e-consult submissions increased from 2,300 to 4,100 and participating specialty clinics increased from

29 to 81. After starting with clinics at two hospitals, e-consult is now in use by clinics at seven of the system's hospitals.

This period of significant growth has been overseen by NYC H+H's president and CEO of Dr. Mitchell Katz who joined the system in January 2018 from the Los Angeles County Department of Health Services. At the time, Katz stated plans to focus on primary care and expand the use of e-consult, reported [The New York Times](#).

A year later, in addition to eliminating many unnecessary face-to-face appointments NYC H+H has also decreased average wait times for in-person appointments from 50 days before e-consult to 28 days.

"[I]n Los Angeles, we saw how successful an [e-consult] program can be in supplementing and strengthening primary care, and implementation here in the largest public health system in the country is recording similar success. We are pleased to expand our eConsult system to continue to improve access for our patients," Katz commented to [Healthcare Finance](#) this month.

Access

E-Consult Improves Access to Hematologists for Non-Urgent Care

Benign hematology consultations make up a sizable portion of community hematology/oncology practice, write the authors of [recently published results of an e-consult pilot](#) focused on hematology. The pilot, which was included five participating medical centers, was designed to determine the feasibility of handling benign hematology consults electronically. Data from the pilot, which ran from October 2017 to April 2018, demonstrated that a large majority of e-consults could be addressed with electronic advice.

E-consults were submitted using either an "ask the specialist" code or a specific diagnostic codes developed through hematology department consensus and included in the e-consult landing page. Among the 1107 "ask the specialist" e-consults received during the pilot, 85% were handled electronically and among the 575 e-consults under a specific diagnosis, 63% were also handled electronically.

In addition to providing faster care that improves care quality, the pilot authors also point out that e-consults eliminate the need for patients with non-urgent conditions to schedule an in-person visit, thus reducing patient anxiety.

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BluePath Health · 929 Sir Francis Drake Blvd. · Suite 101C · Kentfield, California 94904 · USA

