

E-Consult Workgroup COVID-19 Town Hall

March 26, 2020

<https://zoom.us/j/364156295>
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Agenda

- Welcome and Introductions
- Michael Barnett, MD, Harvard T.H. Chan School of Public Health:
Need to see a health care provider during coronavirus? Here's what to do next
- Telehealth Triage: Including E-Consult in Messaging
- Policy Updates in Response to COVID-19
 - Medicare COVID-19 Telehealth Updates
 - Medi-Cal COVID-19 Update: Section 1135 Waiver
 - E-Consult Workgroup Letter to Governor Newsom
 - Other States' Efforts in Expanding Access
- Advocacy Activity and Outstanding Needs:
 - Bao Xiong, Assistant Director, Health Center Operations, CPCA
 - Jennifer Stoll, Executive Vice President, Government Relations and Public Affairs, OCHIN
 - Danielle Carder, Program Specialist, Access & Clinical Innovations, AAMC
- Programs Offering Primary Care Provider Services
- Sharing Program Updates on econsulttoolkit.com

HAPPENING NOW

White House coronavirus task force updates the nation. Watch live

WELLNESS

Need to see a health care provider during coronavirus? Here's what to do next

Dr. Michael L. Barnett and Dr. Asaf Bitton

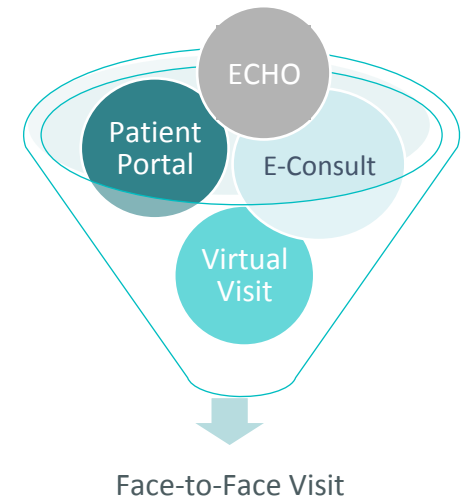
🕒 Updated 5:30 PM ET, Fri March 20, 2020

- Traditional primary care office visit as last resort - virtual care is now the default
- In-person office visit not particularly efficient or safe in a time of pandemic
- Virtual care will be the only reasonable, safe option most of the time. Options include:
 - **Patient portals.** Access to a patient online messaging system or portal. Many health systems offer "[e-Visits](#)" for common issues, mimicking an office visit by email.
 - **Visit by telephone or video.** If you don't have access or can't use a portal, then call and schedule a telephone or video visit.
 - **Try an "e-consult."** Primary care provider contacts a specialist -- remotely first -- with a focused question. Specialist answers quickly with next steps in the plan.
- With waived payment restrictions on telemedicine, more doctors' offices will offer remote visits and expand eConsults.
- Telemedicine and virtual visits may become common as Covid-19 spreads. This goes not just for primary care offices, but for specialists, too.

<https://www.cnn.com/2020/03/20/health/how-to-see-a-doctor-coronavirus-wellness/index.html>

Messaging E-Consult as Part of COVID-19 Telehealth Triage

Telehealth Triage: In order to allow patients to remain in place to seek care and avoid potential COVID-19 transmission, providers, plans, and health systems should consider e-consult as a key component of their overall approach to telehealth:



- **Provider education at scale:** Host virtual “grand-round” sessions connecting providers to specialists to educate on COVID-19 cases and best practices in telehealth triage, treatment and workforce safety
- **Triage:** Deploy online symptom checkers in addition to chat, phone or video visits to ensure patients are able to receive needed navigation and/or care at home and if a testing site or clinic visit is necessary, appointments are made in a safe manner
- **Virtual provider-to-patient visit:** Connect patients from home with their treating providers for a scheduled visit
- **E-Consult:** Enable provider-to-provider consults to remedy provider questions prior to specialty referral that may reduce the overall need for subsequent specialty visit
- **Face-to-face visit:** only when deemed necessary

Medicare COVID-19 Telehealth Updates

Fact sheet

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET

Mar 17, 2020 | Telehealth

Share    

“Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, **there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need...**

CMS Fact Sheet:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

CMS Telehealth MLN Booklet:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthServicesFactSheet.pdf>

BlueBird Health Inc. Client Proprietary and Business Confidential

CMS Medicare section 1135 (March 17):

- Geographic and location requirements waived for live video telehealth
 - Home can serve as originating site
 - All geographic locations qualify, regardless of MSA

CARES Act (stimulus package) passed Senate last night - pending passage in House and signature by the President:

- FQHC/RHC can be reimbursed as distant site
- Hospice physician or NP can conduct FTF encounters via telehealth
- HHS encourage to find ways of increasing use of telehealth for home health, including RPM
- Safe harbor for telehealth services for HSA and HDHP
- \$200M for FCC telehealth efforts to support providers
- \$125M for Dept. of Ag. Telemedicine, distance learning, broadband loan/grant programs
- \$29M from FY2021-25 for NTRC

What has not changed:

- Store-and-forward still limited to Alaska and Hawaii
- No change to e-consult reimbursement policy- PCPs and specialist can still bill for 99446-9 and 99451-2

Medi-Cal COVID-19 Update: Section 1135 Waiver

Last week, DHCS submitted two section 1135 waiver requests to CMS to waive certain requirements for the Medi-Cal program. Among other items, CMS granted DHCS flexibility in several areas:

Provider Enrollment

- Temporarily enroll providers enrolled in another State Medicaid Agency or Medicare
- Waive several criteria for and reimburse out of state providers not enrolled in Medi-Cal if they meet several criteria (note several limitations on instances of care)

Provision of Services in Alternative Settings

- Allows facilities to be fully reimbursed for services rendered to an unlicensed facility; some minimal assessment standards

Many other items in the section 1135 requests are pending, including reimbursement for FQHC/RHC reimbursement for e-consult through waiver of face-to-face requirement

CMS 1135 waiver page:

<https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html>

DHCS Website: <https://www.dhcs.ca.gov/>



DATE OF NEXT MEETING

Friday
Apr 17

MORE INFO:

LAURAS@CCHPCA.ORG

E-Consult Workgroup Letter to Governor Newsom

The March 18 letter included several asks:

- ☐ Ensure that DHCS include the entire CPT e-consult set in implementing the proposed section 1135 waiver
- ☐ Pass and fund AB 2164 (2020) to create the E-Consult Services and Telehealth Assistance program for community health centers and networks
- ☐ Waive California licensing requirements for providers to bill for services provided to Medi-Cal beneficiaries provided during this emergency
- ☐ Issue guidance through DHCS to managed care plans that all telehealth services provided during the crisis not currently encounterable will be considered in rate setting for the next coverage year

The Telehealth Policy Coalition will be monitoring and recommending other next steps in the coming weeks. Please send any ideas or requests to Robby at robby.franceschini@bluepathhealth.com for consideration.

Other California Telehealth Updates



DMHC APL 20-009 (March 19)

Effective immediately, requires health plans to

- Reimburse providers at same rate for telehealth with FTF equivalent
- No higher cost-sharing for telehealth than if service provided in-person
- Reimburse providers at the same rates for telephone visits as video visits



DHCS APL 19-009 (March 19)

Effective immediately, requires health plans to

- Reimburse providers at same rate for telehealth with FTF equivalent
- Reimburse providers at the same rates for telephone visits as video visits



COVID-19 State of Emergency Notification Filing Requirements (March 18)

Required insurers to file notification by March 20 including

- Plan to maximize the use of telehealth, including waiving or expediting any network provider credentialing, certification, or pre-authorization
- What providers are permitted to use telehealth; if not, how they will avoid unnecessary patient exposure to COVID-19
- Waiver of cost-sharing for telehealth

DMHC:

[https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-009%20\(OPL\)%20-%20Reimbursement%20for%20Telehealth%20Services%20\(3_18_20\).pdf?ver=2020-03-18-105612-547](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-009%20(OPL)%20-%20Reimbursement%20for%20Telehealth%20Services%20(3_18_20).pdf?ver=2020-03-18-105612-547)

DHCS: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009COVID-19.pdf>

DOI:

<http://www.insurance.ca.gov/0250-insurers/0300-insurers/0200-bulletins/bulletin-notices-commiss-opinion/upload/CDI-Emergency-Notification-Filing-Requirements-COVID-19-3-18-2020.pdf>

Advocacy Activity and Outstanding Needs

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Assistant Director, Health Center Operations

California Primary Care Association

Jennifer Stoll

Executive Vice President, Government Relations and Public Affairs

OCHIN

Danielle Carder

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Association of American Medical Colleges

Provider Resources and Best Practices in Response to COVID-19

UKS

WHY CONFERMED?

ConferMED
Move Knowledge, Not Patients

ABOUT CONFERMED

PARTNERS

SPEC

Free Coronavirus eConsults for Safety Net Practices

Consult with experts to get answers to your clinical questions about COVID-19. This service is exclusively for primary care providers at safety net practices at no cost through ConferMED. As we are offering this as a free service, we ask that submissions be limited to clinical questions about specific patients and that clinicians limit themselves to one consult until we secure additional funding to support this important effort.

[Submit Here](#)

<https://www.confermed.com/coronavirus/>

In response to COVID-19, Safety Net Connect is offering primary care providers [free access to a dedicated eConsult platform](#) focused on increasing access for infectious disease, pulmonology and public health.

This portal provides a secure electronic connection between frontline healthcare providers and specialty physicians, often in less than 4 hours.

[REQUEST ACCESS](#)

How the eConsult Portal Works

eConsults connect PCPs with specialist guidance, often in less than 4 hours.

1

2

PCPs can launch eConsult in a virtual training session lasting less than 30 minutes & begin submitting immediately.

PCPs receive rapid, virtual access to specialty care & patients avoid long wait times & avoidable in-person visits.

3

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 SAFETY NET CONNECT

How eConsults Should be Leveraged During the COVID-19 Pandemic and Beyond:

1. PCPs collaborate through an asynchronous communication on a secure web-based platform for non-urgent, non-procedural cases.
2. All applicable information that would be helpful for a specialist to consider is transmitted through the portal, including clinical notes, lab results and images.
3. eConsults can be used following an in-person **or** telehealth video/phone visit.
4. More than 70% of cases typically result in PCPs obtaining the information they need to immediately treat the patient, avoiding the need for a face-to-face visit.
5. Rural providers: the asynchronous nature of eConsults circumvents burdensome traditional telehealth bandwidth requirements.
6. AristaMD provides the option to use on-demand specialists to answer cases, or health systems can utilize their own providers to answer cases.

AristaMD

<https://www.aristamd.com/resources/press/use-of-econsults-covid-19-pandemic/>



[BLOG →](#)
news from RubiconMD

[USE CASES →](#)
How can PCPs best manage COVID-19?

[WEBINAR →](#)
Responding to COVID-19 in the Primary Care Office

<https://www.rubiconmd.com/covid19>

E-Consult Toolkit COVID-19 Resources

<https://econsulttoolkit.com/>

Workgroup ▾ COVID-19 Resources News ▾ Policy ▾ Research ▾ Contact Tools ▾ 🔍

E-CONSULT WORKGROUP RESOURCES IN RESPONSE TO COVID-19

March 24, 2020

In a [CNN article](#) for healthcare consumers, Michael L. Barnett, MD and Asaf Bitton, MD, of the Harvard T.H. Chan School of Public Health, discuss how "Covid-19 is forcing the entire US health care delivery system in the US to mature into the 21st century." About e-consult, they state, "the type of virtual care to think about if you need to see a new specialist is an eConsult, in which your primary care provider contacts a specialist — remotely first — with a focused question about your health issue."

On March 13, the E-Consult Workgroup held a [webinar in response to COVID-19](#) featuring innovative ways e-consult and telehealth are being used in response to this pandemic that is severely impacting patients' access to care. We will continue to update the Toolkit in response to this crisis.

Services for Primary Care Providers

- APG and Safety Net Connect are offering a program providing quick access to eConsults in response to COVID-19. The [program description](#) includes details on how to onboard primary care providers and specialists. For more information, contact info@econsultcovid.com.
- View AristaMD's [guidance on the use of eConsults during the COVID-19 pandemic](#).
- ConferMED is offering [free Coronavirus Resources](#) for Safety Net Practices.
- View RubiconMD's blog, use cases and a webinar on responding to COVID-19 in the Primary Care Setting [here](#).

COVID-19 Resources and Best Practices

[CDC Fact Sheet on Coronavirus](#)

[CDC COVID-19 Evaluation and Testing Guidance](#)

[UCSF Health COVID-19 Clinical Resources](#)

[UCSF Health COVID-19 Ambulatory Remote Triage for Patients with Respiratory Illness](#)

Policy Updates in Support of E-Consult and COVID-19

- View how changes to California policy and reimbursement support e-consult and telehealth [here](#).
- AB2164 creates the E-Consult Services and Telehealth Assistance Program within the Department of Health Care Services (DHCS) to award e-consult grants to health centers. The Workgroup has submitted a [letter of support to the Assembly](#).

Please Contribute:

Free resources for primary care providers in response to COVID-19

Examples of how payers and associations are supporting e-consult programs

Press coverage and patient communications around e-consult as part of telehealth triage in the pandemic

Examples of State, Federal and grant support for e-consult programs

Next Workgroup Call:
April 7, 12-1 PT

6th Annual E-Consult Workshop and E-Consult Workgroup Sponsorship Opportunities

E-Consult Workshop 2020: Save the Date

The E-Consult Workgroup will host its 6th annual E-Consult Workshop in Sacramento on November 16-17, 2020 in conjunction with the California Telehealth Policy Coalition. This event will engage primary and specialty care providers, public and commercial payers, academic researchers and technology innovators.

If you would like to sponsor or champion the E-Consult Workgroup, contact libby.sagara@bluepathhealth.com

Gold Sponsors \$10,000	Gold sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop evening networking reception • Posterboard/best practices sharing at Workshop • 3 registrations for the 2020 E-Consult Workshop
Silver Sponsors \$5,000	Silver sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop networking breakfast or lunch • Posterboard/best practices sharing at Workshop • 2 registrations for the Workshop
Bronze Sponsors \$2,500	Bronze sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop networking break • Posterboard/best practices sharing at Workshop • 1 registration for the Workshop
Champions \$250	E-Consult Workgroup Champions support ongoing efforts to advance State and Federal e-consult policy and reimbursement. Champions are listed on the E-Consult Toolkit and receive one registration for the 2020 E-Consult Workshop.

We thank our initial sponsors:

Gold



Silver



Bronze



Appendix: Current state of e-consult coverage in California

Medi-Cal

- 99451 billable for specialist time (5 min. or more)

Medicare

- 99441-99443 billable for PCP time (10 min. increments)
- 99446-99449, 99451, 99452 billable for specialist time (10 min. increments)

Commercial

- No coverage requirement in California