
E-Consult Toolkit

NEWS
July 2018

Policy

CMS Proposes Changes to Physician Fee Schedule in Support of E-Consult

On July 12, CMS released its proposed Physician Fee Schedule (PFS) for Medicare for 2019. The proposed PFS includes a new set of virtual care codes which validate the use of asynchronous communications, such as e-consult, for care delivery. [CMS provided](#) the following explanation regarding its new stance on virtual care:

“We now recognize that advances in communication technology have changed patients’ and practitioners’ expectations regarding the quantity and quality of information that can be conveyed via communication technology...Among these services are the kinds of brief check-in services furnished using communication technology that are used to evaluate whether or not an office visit or other service is warranted.”

Acceptance of CPT Codes for Interprofessional Internet Consultation

A key element of CMS's proposed changes is reimbursement for Interprofessional Internet Consultation, which includes e-consult. None of the six codes for peer-to-peer transactions between primary care providers and specialists require the use of real-time audio visual technology. The elimination of this requirement "sends a strong message, both to medical boards and commercial health plans, that asynchronous telemedicine is an important and clinically-valid tool through which providers can deliver healthcare services," said [digital health expert Nathaniel Lacktman of Foley & Lardner LLP](#).

New Code for Primary Care Providers

Another critical element of the proposed PFS is reimbursement for the referring

provider. The code, 994X0, is defined as "interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional." Including primary care providers' time as a reimbursable service supports closed loop communications as well as the establishment of patients' healthcare homes.

The following comments from CMS show both a recognition of the benefits that e-consult's interprofessional communications bring to patient-centered care and that reimbursing primary care providers will help to define the true value of primary care:

["We believe that](#) proposing payment for these interprofessional consultations performed via communications technology such as telephone or Internet is consistent with our ongoing efforts to recognize and reflect medical practice trends in primary care and patient-centered care management within the PFS."

["As part of this shift in medical practice](#), and with the proliferation of team-based approaches to care that are often facilitated by electronic medical record technology, we believe that making separate payment for interprofessional consultations undertaken for the benefit of treating a patient will contribute to payment accuracy for primary care and care management services."

CMS is accepting comments to its proposed PFS through September 10, 2018 and a final ruling is expected in November. The Center for Connected Health Policy E-Consult Workgroup is collecting commentary for submission to CMS. To contribute to this effort, please email comments to econsult@bluepathhealth.com. Instructions and forms for submitting commentary directly to CMS, either electronically, by mail or by express or overnight mail, are available on Regulations.gov.

Adoption

Cleveland Clinic Plans to Address Geneticist Shortage with E-Consult

As the cost of genetic testing technology decreases, its use has expanded beyond rare disorders to adult-onset cardiovascular and neurological conditions

and identifying genetic markers in pre-symptomatic patients. This increasing demand has tightened access to geneticists. "There's limited number of geneticists in the country, and limited number of genetic counselors in the country. And the distribution of genetic providers is not very well-distributed because most of us are in academic medical centers, and patients are scattered all over," explained Dr. David Flannery, director of telegenetics and digital genetics at Cleveland Clinic's Center for Personalized Genetic Healthcare to [Modern Healthcare](#).

To address this shortage, this past May Cleveland Clinic hired Dr. Flannery to expand the Center's telegenetics and digital genetics offerings. Included in this expansion is an implementation of e-consult to enable local physicians to contact geneticists or genetic counselors that are located all over the country. With the aid of e-consult, primary providers will be able to first determine whether a patient requires genetic testing, rather than simply referring a patient to a specialist. This new use is another illustration of how e-consult delivers quality care by pre-determining whether or not a specialist is needed before a referral.

[Provider Satisfaction](#)

Study of Gastroenterology E-Consult Use at Mass General Reveals 84% Satisfaction Rate Among Referring Providers

To provide more cost-effective care under risk-based contracts, Massachusetts General Hospital implemented an e-consult program for GI patients. To evaluate the program, researchers conducted a [review](#) of 144 e-consults from September 2015 to March 2016, most of which concerned GI symptoms or abnormal hepatology labs.

The study's results showed that only 36% of e-consults recommended an in-person GI consult or procedure. Among participating providers, referring providers strongly agreed that the GI e-consults promoted good patient care (88%) and were satisfied with the program (84%). While the majority of GI specialists felt strongly that e-consults were useful for referring providers and their patients, they also reported that current reimbursement and time allotted were inadequate.

Still, the study concludes that many clinical questions can be answered through e-consults, which in turn reduces unnecessary visits and potentially increases access for those patients who need a face-to-face visit.

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