

# E-Consult Workgroup and DMHC

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# The E-Consult Workgroup and DMHC formed a subgroup to address key questions in sharing e-consult program data

## DMHC Needs

- How e-consult results in improved access and network adequacy;
- Long term impact on quality of care and outcomes;
- Process of credentialing out of state specialists;
- Evidence that focus remains on getting face-to-face visits with specialists when needed; and
- Evidence of patient experience and level of satisfaction.

## Plan Needs

- How e-consult should be captured in telehealth templates;
- How credit would be given in annual network review;
- How to present e-consult as a means of alternative access in meeting network adequacy requirements; and
- Reassurance that e-consult will not result in penalties (e.g. narrow networks).

# Information needed to report programs and implement CPT Codes for e-consult



The workgroup and DMHC discussed how MCOs (DMHC) and COHS (DHCS) can include e-consult in provider network reporting to demonstrate how e-consult expands networks and improves access

MCOs have shared how e-consult saves patient and provider time and resources spent on unnecessary specialty care visits; improves system capacity by optimizing specialist time for high-value visits



We seek Medi-Cal adoption of nationally accepted CPT codes for interprofessional consultation (e-consult)

Request is in line with CMS proposed 2019 PFS noting e-consult increases members' specialty care touches without increasing the number of FTF visits and should be acknowledged in rate setting

# Which California MCOs have been involved in e-consult planning to-date?



## Local Initiatives (LCHP)



## County Organized Health Systems (COHS)



*\*The e-consult program in the plan's coverage area is supported by a hospital or clinic network*

# The Subgroup agreed on the definition and Key Tenets of E-Consult

*E-consult or “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.\**

## Access

- E-consult results in improved timely access rates of compliance for the patients who receive FTF visits

## Network

- E-consult does not result in a narrower network – it expands the list of specialists available for specialty access

## Quality

- E-consult for routine and non-urgent cases improves the quality of care delivered - FTF visits that occur are those of high value

## Effectiveness

- Rates of satisfaction and resolution without the need for a FTF visit are tracked at the specialty level

\*State of California Business and Professions Code Section 2290.5, 1.

# Workgroup collaboration with MCOs and DMHC resulted in draft tools to report program accomplishments

Work products include:

- Draft Annual Network Reporting form for MCOs to share e-consult and telehealth
- Sample filings by volunteer plans to present e-consult program successes

*See attached draft format of Annual Network Reporting Form to reflect telehealth (including e-consult)*

DMHC team members revised the draft Annual Network Report to reflect workgroup input and have released the draft to MCOs for additional input on format and usability.

## ***Work in progress:***

- Revising network reporting form to reflect payers' telehealth efforts
- Determining how template can be implemented in 2018-2019
- Addressing questions regarding fields/format of form

# Workgroup members IEHP and LA Care Health Plan agreed to submit sample e-consult filings to DMHC for feedback

In addressing the potential for including e-consult in annual network reporting, MCOs are presenting sample filings to demonstrate the impact of their e-consult programs on timely access to specialty care and network adequacy. DMHC and BluePath Health are working with plans on the best format for the sample filing, in alignment with an amendment to the plan's application.

## ***Criteria included (but not limited to) MCO E-Consult Program Detail***

- Description of the Telehealth Services
- List of Contracting Providers
- Calculation of Provider-to-Enrollee Ratios
- Standards of Accessibility
- Referral Process
- Internal Quality of Care Review System
- Language Assistance
- Provider Contracts
- Administrative Service Agreements
- Contracts with Government Agencies/MOU with Government Agencies
- Subscriber Contracts
- EOCs and Disclosure Documents
- Grievance Policy and Procedure