



CALIFORNIA HEALTH CARE  
**SAFETY NET INSTITUTE**

# **ECONSULT WORKGROUP RESULTS FROM PRIME & GPP**

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# PRIME Background

- P4P program under CMS 1115 Medicaid Waiver 2015-2020
- Currently:
  - 4<sup>th</sup> program year “Demonstration Year (DY) 14”
  - 3 years of data
- 2 innovative metrics: Project 1.3 *Ambulatory Care Redesign: Specialty Care*
  - Intent: drive eConsult adoption & workflows for bidirectional primary/specialty care communication. Effectively address the needs of more patients in the context of geographic and resource constraints.
  - Pay-for-reporting in DY11-DY13, P4P in DY14-DY15
  - Who is doing 1.3 project?
    - Designated Public Hospitals & Health Systems (17 of 17)
      - Most on eConsult platform or using Epic
      - Remaining in progress to adoption
    - District Municipal Public Hospitals (2 out of 37)
      - eConsult status unknown

# Description of metrics

- **Request for Specialty Care Expertise Turnaround Time**
    - % of requests for specialty care expertise, regardless of patient age, for which an individualized response was sent to the referring provider and/or the referring provider’s care coordination team within 5 calendar days.
  - **Specialty Care Touches: Specialty Expertise requests managed via Non-Face to Face modalities.**
    - % of outpatient specialty care requests that were managed via non-in-person face to face encounters.
- \*Both measures seek to improve “patient-centeredness” – either in speed of response or using innovative approaches to address patient needs without additional days off work and unnecessary travel cost and time.

# Request for Specialty Care Expertise Turnaround Time

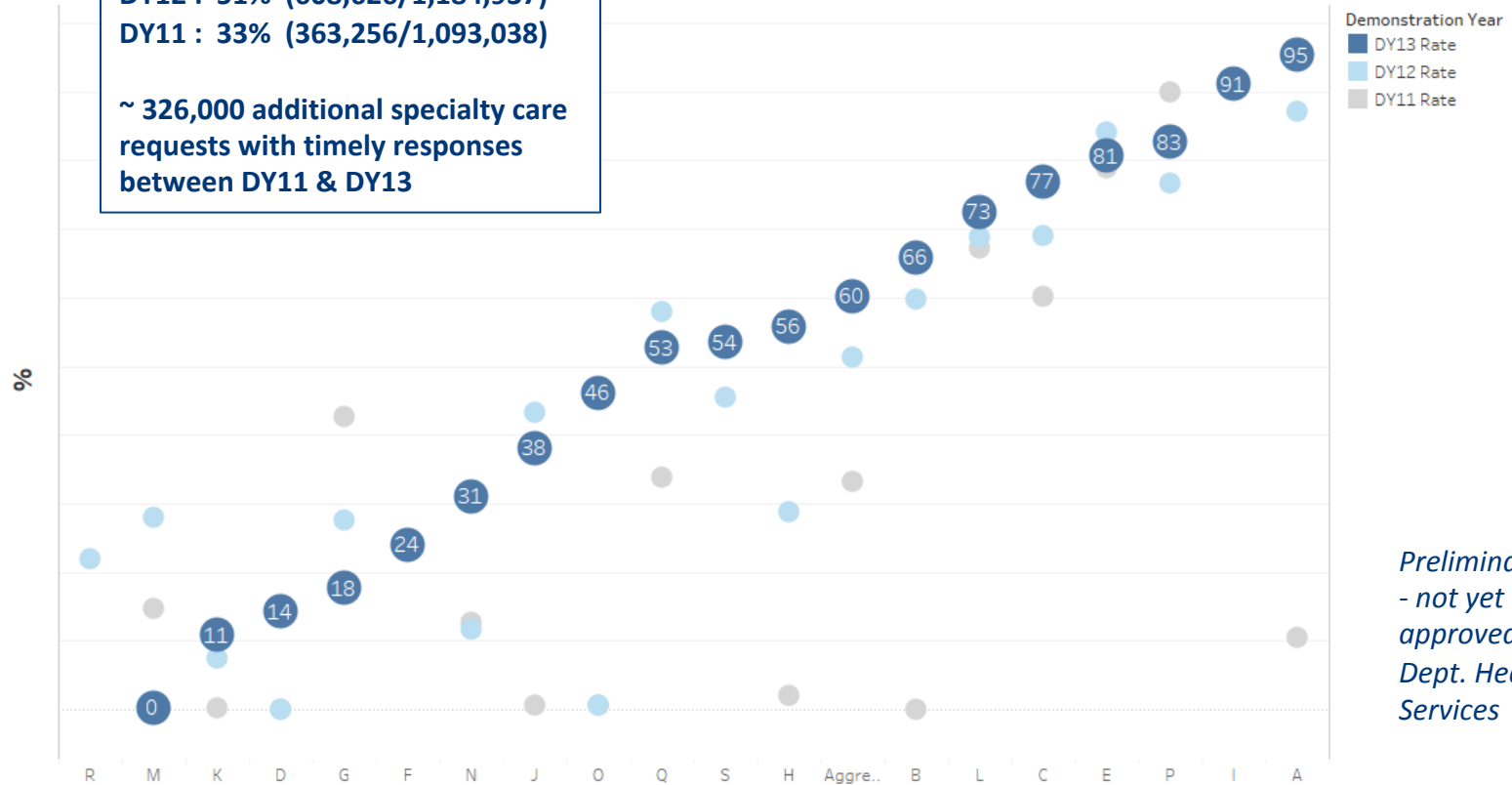
**Aggregate:**

DY13 : 60% (729,765/1,212,867)

DY12 : 51% (608,626/1,184,937)

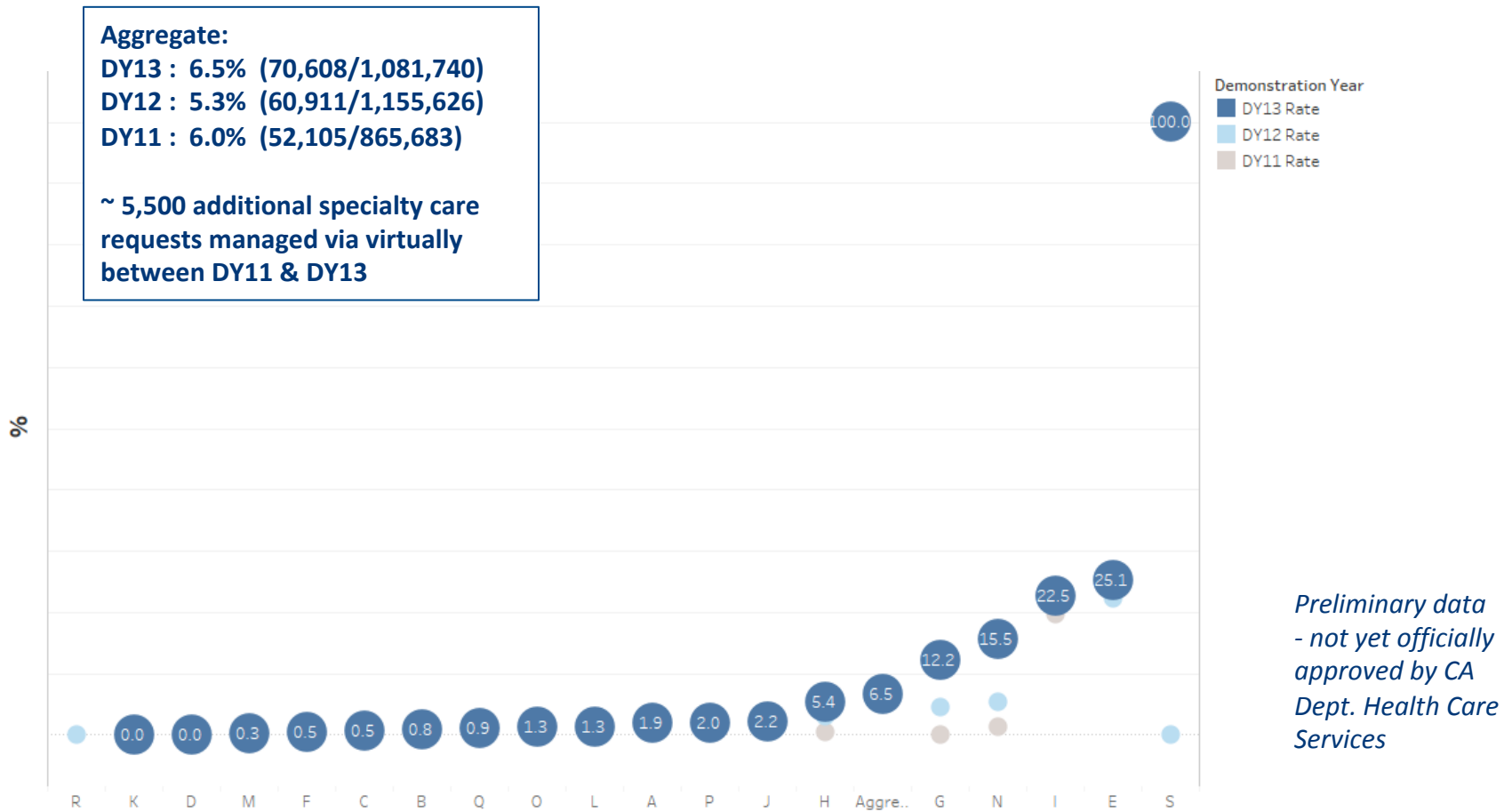
DY11 : 33% (363,256/1,093,038)

~ 326,000 additional specialty care requests with timely responses between DY11 & DY13



*Preliminary data  
- not yet officially  
approved by CA  
Dept. Health Care  
Services*

# Specialty Care Touches: Specialty Expertise requests managed via Non-Face to Face



# Issues/Challenges

- Technical adoption
- Standardization of workflows
  - Spread from pilot sites, alignment of internal & external requests, smart referral templates
- Culture change
  - Broader adoption of bi-directional co-management as first line
- Measure specification refinement/clarification
  - Turnaround Time
  - Touches:
    - Absence of in-person visits for 6 mos following request
- Impact of model of care delivery and reimbursement

# Global Payment Program (GPP) - Background

- County Public Health Care Systems (PHS) pilot (1115 Waiver)
  - Care for the remaining uninsured post ACA
  - Reorganization of existing funds:
    - DSH \$s + Safety Net Care Pool \$s = GPP \$s
- Greater flexibility to care for uninsured in more appropriate outpatient settings – focus on primary & preventive care
- Currently in year 3 of 5 year program
  - Year 3 Interim data reported August 2018
  - Year 3 Final data due March 2019

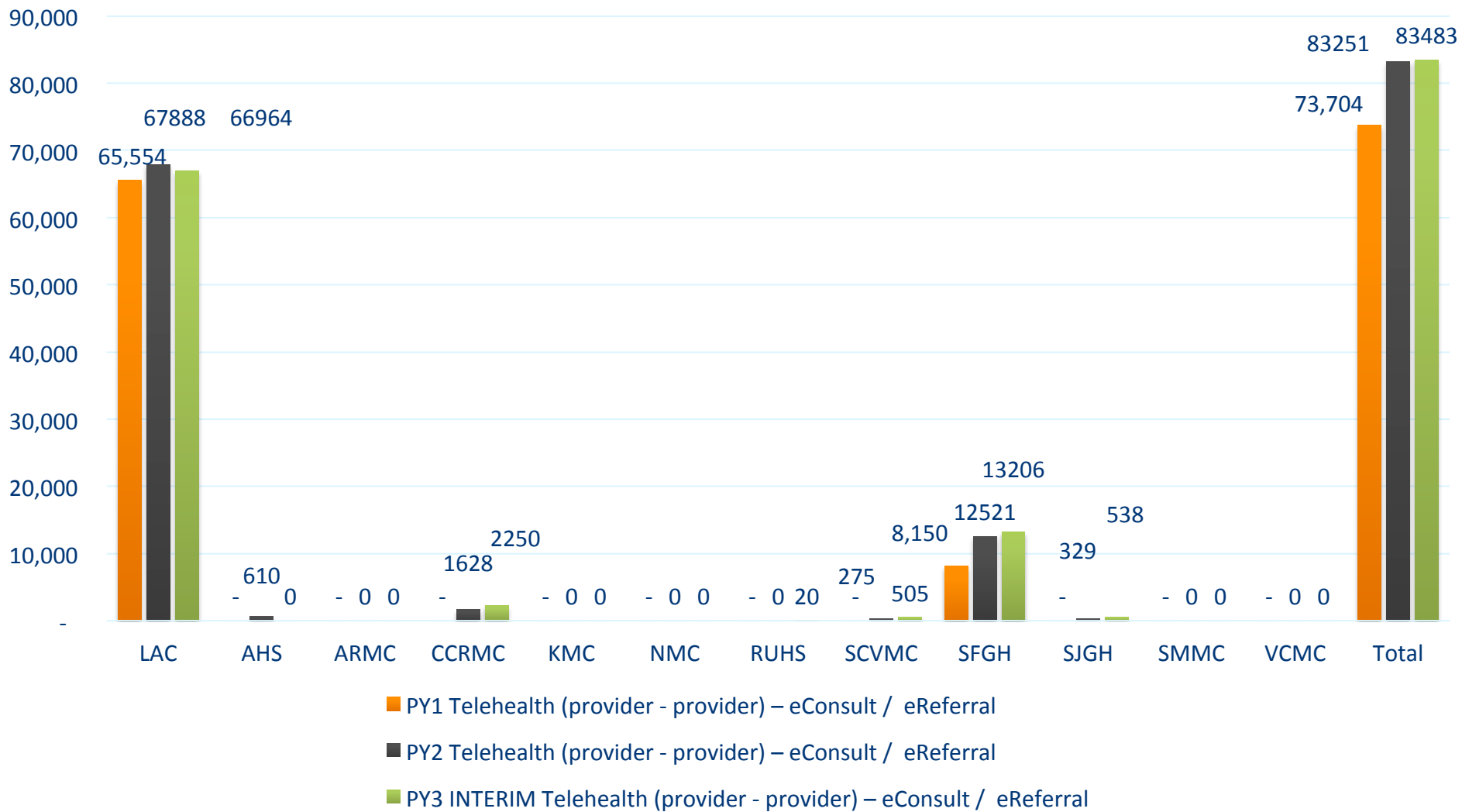
# GPP Reporting & eConsult

- Each PHS eligible to earn set funding each year, (aka - system’s “global budget”)
- Eligible GPP services assigned a point value. Points translate to funding. (eConsult encounters add “points” to GPP services)
- Balance of traditional and non-traditional services
- Program encourages PHS movement toward primary & preventive care

Four Categories of Services	Traditional/ Non-traditional Services	Examples
1. Outpatient in traditional settings	Traditional and non-traditional	Primary/specialty visit PharmD visit
2. Complementary patient support and care	All non-traditional	Group medical visit Home nurse visit Health coaching
3. Technology-based outpatient	All non-traditional	Video-observed therapy Telehealth – eConsult/ eReferral
4. Inpatient	Traditional and non-traditional	Acute inpatient Sobering center



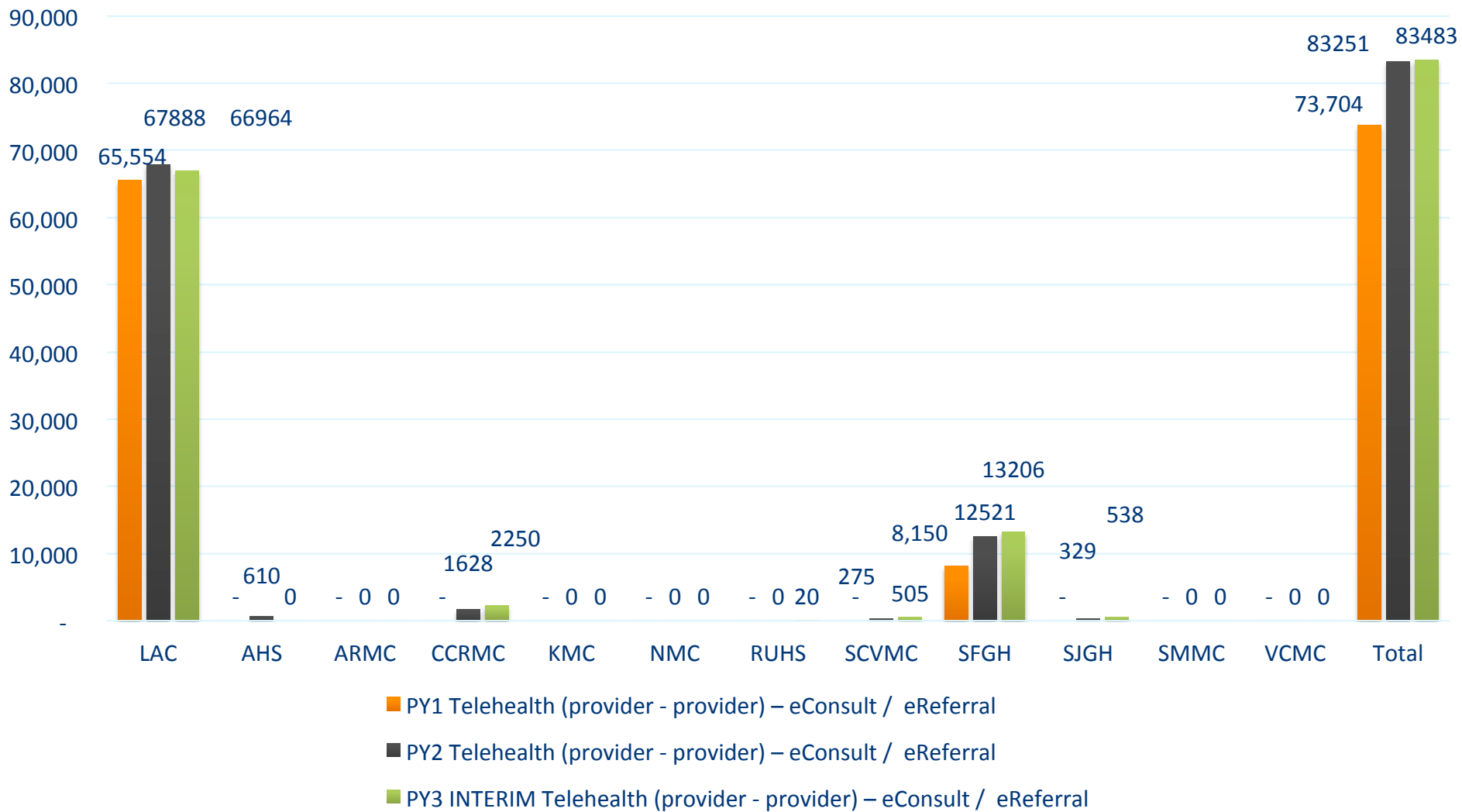
# GPP Data: Years 1 through 3



# Issues/Challenges

- Likely under-reporting: Data reporting not necessarily reflective of services provided
  - Due to GPP structure, systems may choose not to report non-traditional services such as eConsult, even if actually doing it
  - Tracking eConsult in association with diagnosis coding & patient level insurance status, can be challenging

# GPP Data: Years 1 through 3



# Questions

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