
E-Consult Toolkit

NEWS ***October 2018***

Policy

California Department of Health Care Services Updates to Medi-Cal Policy Demonstrate Increased Acceptance of E-Consult

The California Department of Health Care Services (DHCS) has released drafts of two key policy documents that allow for reimbursement of e-consult for specialty care. DHCS is requesting input from stakeholders on the content of the documents, which include the proposed [State Plan Amendment 18-0055](#) and an update to the [telehealth section of Medi-Cal's Provider Manual](#). This policy shift demonstrates increased acceptance of e-consult as a standard mode of specialty care delivery

State Plan Amendment (SPA)

The SPA notice details DHCS's proposed amendment to clarify the specific circumstances under which Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) may be reimbursed for e-consult services. The section on Store and Forward Telehealth Services notes "an FQHC or RHC may bill at its PPS rate for ophthalmology, dermatology, and dentistry Store and Forward Services provided to its Established Patient" if it meets requirements specified by DHCS in the SPA.

Medi-Cal Telehealth Provider Manual Update

The updated version of the Telehealth Provider Manual notes the following about e-consult reimbursement on pages 5 and 6:

"E-consults via asynchronous electronic consultation services are reimbursable between two health care providers for the purpose of offering a coordinated multidisciplinary case review, advisory opinion, and recommendation of care for complicated symptoms or illnesses. A health care provider at the distant site may bill for an e-consult with one or both of the CPT-4 codes...when the benefits or

services delivered meet the procedural definition and components of the national CPT-4 code as defined by the AMA, as well as any extended guidelines as described in this section of the Medi-Cal Provider Manual. When billing for e-consults, both health care providers at the originating and distant sites must clearly document all information relating to previous but related primary health care services and maintain this information in the patient's medical record."

Proposed CPT Codes include:

- 99358 - Prolonged evaluation and management service before and/or after direct patient care, first hour
- 99359 - Each additional 30 minutes

E-Consult Workgroup Commentary Submissions

The E-Consult Workgroup would like to gather workgroup member input on both documents by the following dates:

- **State Plan Amendment commentary: November 1**
- **Telehealth Updates to Provider Manual commentary: November 14**

Please submit comments for the Workgroup to electronic_consult@bluepathhealth.com.

Efficiency and Provider Satisfaction

Stanford Health Care Pilots Integration of Dermatology E-Consults with Epic EHR to Eliminate Fragmented Care

While teledermatology has proven to be delivered successfully through e-consult, there are some providers that have concerns regarding e-consult services that function separately from the EHR. To explore the benefits of integrating dermatology e-consults with an EHR, [Stanford Healthcare](#) conducted a pilot study dermatology e-consult workflow using PhotoCareMD and Epic EHR. Using this system, 36 PCPs from outpatient clinics submitted 215 e-consults which delivered the following care:

- 73% resolved electronically
- 27% scheduled in-person meetings that resulted in 50% fewer no-shows

The average time to diagnosis decreased from 23 days to 16 hours and the average time for an e-consult was 8 minutes versus 25 minutes for an in-person meeting. Among the PCPs participating in the pilot, 100% would recommend PhotoCareMD to their colleagues and 95% said PhotoCareMD was a helpful educational tool.

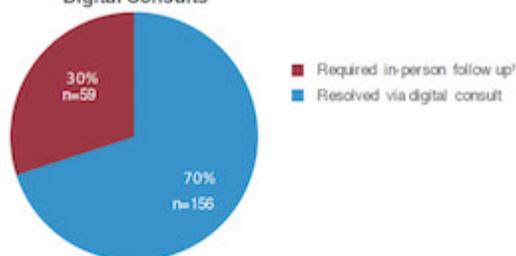
PhotoCareMD snapshot

Goal: Design and execute a six-month pilot with Primary Care and SHC Dermatology. Identify and evaluate key metrics to facilitate learnings that could define business and operational models for an MD to MD consult solution at scale.

Summary:

- Over a period of six months, 215 digital consults were completed via PhotoCareMD
- 70% of PhotoCare MD consults resolved digitally
- 8 primary care clinics from UHA and SHC Primary Care participated
- Specialist providing the MD to MD consult: Dermatologist Dr. Justin Ko, MD
- Data from these 215 consults has been compared to patient, referral, and visit data for the six months prior to PhotoCareMD

Breakdown of 215 PhotoCareMD Digital Consults



Source: PhotoCareMD Presentation, Stanford Medicine.

Quality

E-Consults Help PCPs Advance Patient-Centered Medical Homes to Deliver Quality Care

The rising incidence and prevalence of chronic disease demands that healthcare be increasingly patient-focused and primary care centered. PCPs, who play a pivotal role in enhancing the care quality and lowering costs for aging patient populations, are adopting patient-centered medical home models to provide consistent, coordinated and team-based care.

Even within this model, however, traditional approaches to specialty care continue to present challenges because supply is not keeping up with demand, as described in a [Becker's Healthcare feature](#). To address these challenges, many health systems are adopting e-consult, which is becoming an indispensable tool for communication and care coordination with specialists. E-consult supports rapid decision making by PCPs based on

specialist input and enables them to provide on-going management of patient care, two key elements of patient-centered and high quality care.

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