

E-Consult Workgroup Webinar

January 31, 2019
12-1 PM



Agenda

Agenda Topic	Time
Introductions and Agenda Review	5 minutes
Presentation by Clare Liddy and Justin Joschko, Bruyere Institute, University of Ottawa	20 minutes
DHCS Q&A – E-Consult and Telehealth Provider Manual	20 minutes
E-Consult Workgroup Plans for 2019	10 minutes
Next Steps	5 minutes

Electronic Consultation Services Worldwide: Environmental Scan



uOttawa

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<https://www.jmir.org/2018/12/e11112>

Objectives

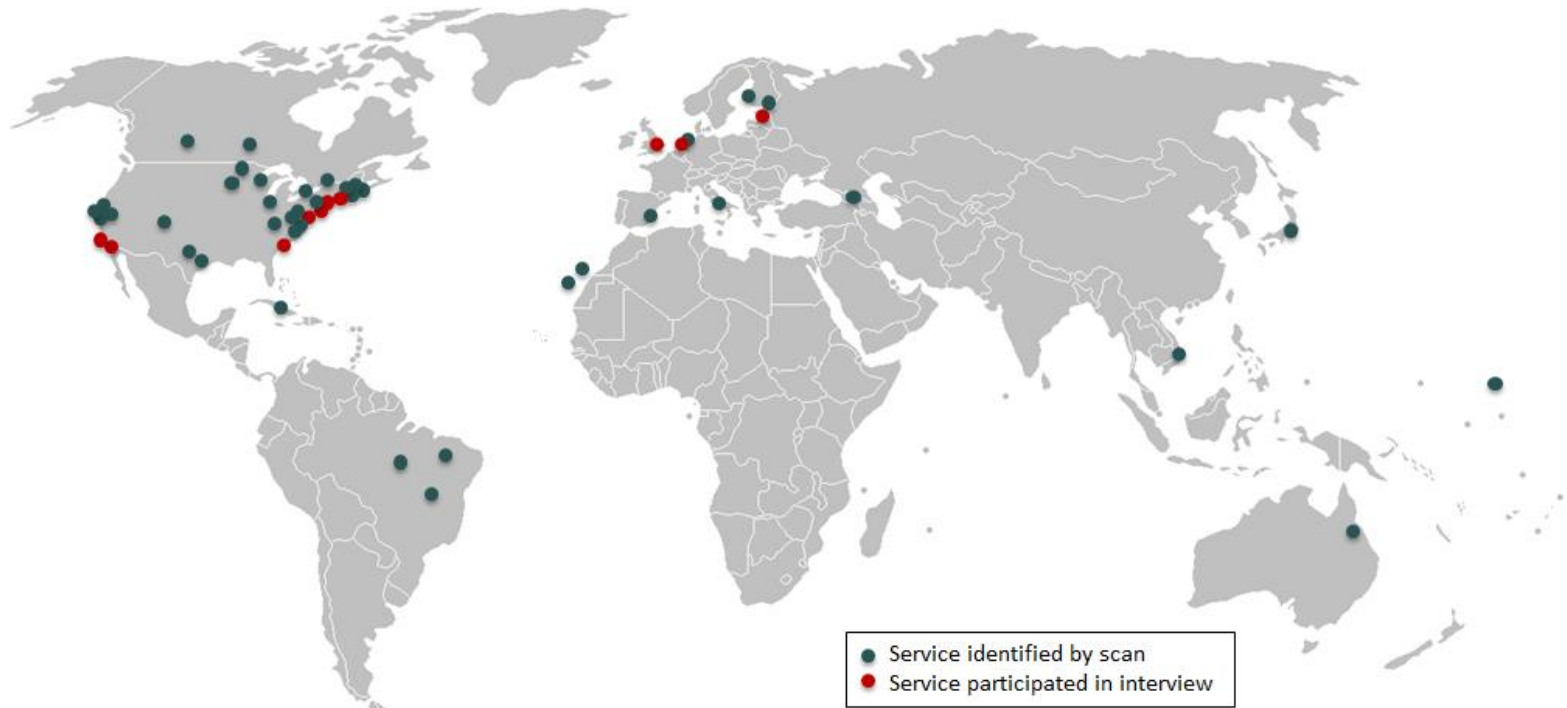
- To examine the different eConsult services available worldwide
- To compare the strategies, barriers, and successes of their implementation in different healthcare contexts

Methods

- Conducted a search of Ovid (Medline), EMBASE, and Google
- Identified all services that met our definition of eConsult:
 - Asynchronous
 - Provider to provider
 - Allow back-and-forth provider communication (i.e. not just eReferral)

Results – Environmental Scan

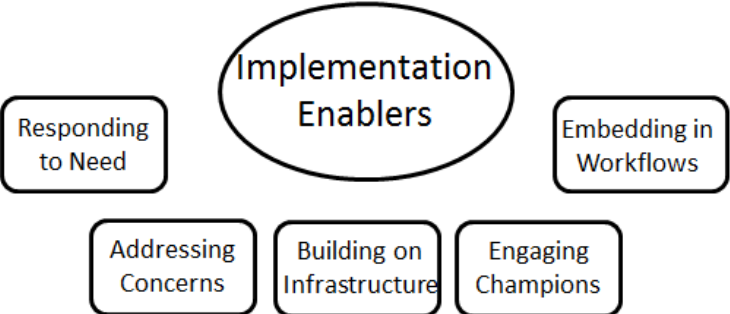
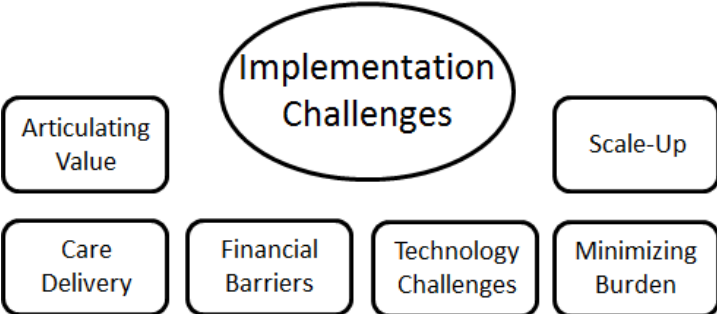
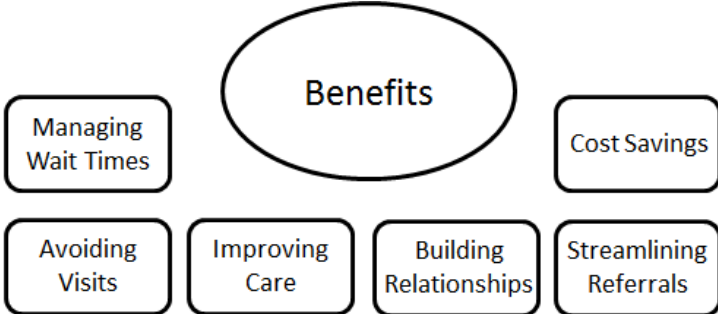
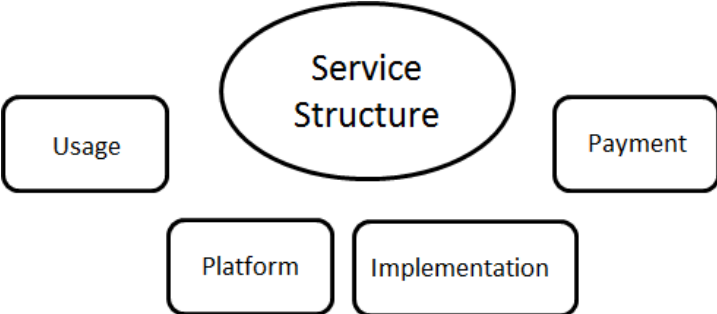
- 53 Services from 16 countries (53% from USA)



Results – Interviews

Name	Country	Active Since	Host Organization	Tech Platform	Payment Model
Estonian Health Information System	Estonia	2011	Government	EMR	Nonprofit
ZorgDomein	Netherlands	2001	Business	EMR	Profit
Bradford Teaching Hospitals	UK	2005	Hospital/Clinic	EMR	Nonprofit
AristaMD	USA		Business	EMR	Profit
LA Dept. of Health Services	USA	2012	Government	Web	Nonprofit
NYC Health + Hospitals	USA	2015	Hospital/Clinic	EMR	Nonprofit
CHC Association of Connecticut	USA	2017	Non-profit	EMR	Nonprofit
Veteran's Health Administration	USA	2011	Government	EMR	Nonprofit
Duke Institute for Health Innovation	USA		Research Institute	EMR	Nonprofit
RubiconMD	USA	2013	Business	Web	Profit

Themes and Subthemes



Service Structure

- **Usage:** Usage patterns varied considerably, with range of environments and scales—e.g. 360 cases/year (Bradford) vs 90,600 cases/year (VA)
- **Platform:** EMR and web-based most common platforms
- **Implementation:** Various stages of implementation (>10 years in service vs <1)
- **Payment:** Payment varied between for-profit orgs (billed insurers) vs non-profit (government funding, Medicaid)

Benefits of eConsult

- **Managing wait times:** “by doing an eConsult you’re getting all the patients immediate specialist impact by getting someone to weigh in on their care plan”
- **Avoiding unnecessary visits:** “in many cases [eConsult] helps to avoid a referral”
- **Improving quality of care:** “You can improve the quality of care, you can improve the speed of care, you can reduce the cost of care.”

Benefits of eConsult

- **Cost savings:** “You’re seeing a reduction in things like E.R. visits and hospital admissions, that’s where gigantic, really, savings come into play.”
- **Streamlining referral process:** “[by] clearing out these lower acuity patients from the waitlist ... you’re seeing a huge opening of access to getting face-to-face [visits]”
- **Building provider relationships/empowering PCPs:** “[PCPs] feel that they can provide more [healthcare services] than expected of them initially”

Implementation Challenges

- **Articulating service value:** “The initial challenge was actually convincing people that providers would use this, if it was made available”
- **Ensuring care is effectively delivered:** “Capacity is really an issue for us.”
- **Financial barriers:** “I think the biggest challenge for us has been the politics of some of this with the CEOs who look at this and say ‘yeah, that’s great. But how am I going to get paid?’”

Implementation Challenges

- **Technological challenges:** “you’re going to run into some things where the information isn’t processing right or there’s something screwy in the EHR or whatever.”
- **Minimizing provider burden:** “Whenever you change something there’s always new challenges.”
- **Scale-up:** at a larger scale, structures that worked for a few hundred providers (e.g. payment, service delivery) may no longer work with a user base in the thousands.

Implementation Enablers

- **Responding to an existing need:** “Many of our specialties had wait times over six months. Some more than a year. There was [...] the black hole phenomenon where a request would come into us and it would disappear”
- **Building on existing infrastructure:** “I was almost stunned at how straightforward it was”
- **Engaging clinical champions:** “having those clinical champions as true believers upfront has made all the difference in the world”

Implementation Enablers

- **Embedding into provider workflows:** “Understanding the limitations that your teams have on a day-to-day basis and the bottlenecks that they experience has been really critical for us.”
- **Addressing providers’ concerns and frustrations:** “the main selling point for the service has been the commonsense nature of it and the fact that it works well for [PCPs] and it works well for [specialists]”

Conclusions

- eConsult services emerged in a variety of countries/ health system contexts worldwide
- Structure, platform, and delivery model varied, but services consistently demonstrated improved access and high satisfaction
- Respondents overcome barriers by addressing an existing need and working with engaged clinician leaders
- Lessons learned will be helpful for those looking to implement an eConsult service in their own jurisdictions

DHCS Telehealth Provider Manual 2019 and E-Consult

DMHC and the E-Consult Workgroup met with DHCS on October 12 to discuss the draft telehealth manual and make recommendations to align Medi-Cal's processes with national project efforts. With this discussion and feedback gathered on November 7, we formally submitted comments to DHCS on November 15. We appreciate DHCS's efforts to respond to our comments.

What's New?

- **CPT code 99451** will be used to capture e-consults performed by specialists.
 - This code reflects 5 or more minutes of time spent by the consulting (not treating) provider.
- Patients' **written or verbal consent** (not informed consent) must be obtained for e-consult.
 - This can be encompassed in a general consent agreement obtained by the provider organization and does not have to be captured with each encounter.
- **E-consult providers must be licensed in California and enrolled Medi-Cal providers**, yet need not reside in California if they are affiliated with a billing organization located in California.

What questions remain?

Specialist Eligibility

What is needed for a specialist to be eligible to bill for e-consult services?

DHCS response: E-consult services provide an assessment and management service in which the patient's treating health care practitioner (i.e., attending or primary) requests the opinion and/or treatment advice of another health care practitioner (i.e., consultant) with specific specialty expertise to assist in the diagnosis and/or management of the patient's health care needs without patient face-to-face contact with the consultant. E-consults between health care providers are designed to offer a coordinated multidisciplinary case reviews, advisory opinions, and recommendations of care. E-consults are permissible only between health care providers.

In addition, the health care provider rendering Medi-Cal covered benefits or services via a telehealth modality must be licensed in California, enrolled as a Medi-Cal billing provider or Medi-Cal rendering provider or nonphysician medical practitioner (NMP), and affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider group for which the health care provider renders services via telehealth must meet all Medi-Cal program enrollment requirements and must be located in California or a border community.

What is needed with regard to the location of the specialist?

DHCS response: DHCS' updated policy does not have restrictions on the distant site where the specialist is located. The distant site for purposes of telehealth can be different from the administrative location. Specialists may be located out of state as long as they are licensed in California, enrolled as a Medi-Cal rendering provider or NMP, and are affiliated with an enrolled Medi-Cal provider group.

What questions remain?

Consent Requirement

What information do you need from organizations with regard to consent for e-consult?

DHCS response: If a health care provider – whether at the originating site or distant site – maintains a general consent agreement that specifically mentions use of telehealth as an acceptable modality for delivery of services, then this would be sufficient for documentation of patient consent and should be kept in the patient’s medical file. Consistent with state law, providers may obtain either oral or written consent. The consent shall be documented in the patient’s medical file (BPC Section 2290.5(b)) and be available to the Department upon request. State law does not exclude e-consults for consent requirements.

Impact on Network Adequacy

What data does DHCS want to see from managed care plans to show that e-consult has improved network adequacy?

DHCS response: MCPs should document the appropriate e-consult codes and telehealth modifier codes for all services offered by telehealth modality. As of now, telehealth (including e-consult) can be used for network certification as described in [APL 18-005](#). DHCS will request the MCPs enter the telehealth providers into the 274 file submission based on instructions outlined in Attachment B of the Network Certification Requirements APL and submit a narrative including the telehealth providers that includes the name of the telehealth company and the geographical area the provider will serve. DHCS uses the 274 file submission data to determine network adequacy with all components of the network certification, which include time and distance to appointments made more accessible through telehealth.

What's next with the new CPT code?

Provider Manual Update Publication and All Plan Letter

When can providers begin to bill for e-consult and what information do you need from them?

DHCS response: DHCS expects to publish the updated Medi-Cal Provider Manual section and All Plan Letter for telehealth in spring 2019. Providers should follow the existing telehealth policy until the updated Medi-Cal Provider Manual for telehealth is published. After all system edits are completed, fee-for-service (FFS) providers will be required to bill with the place of service code 02 and either modifier 95 or GQ, as applicable. Please note that Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services clinics may not bill for e-consults.

The E-Consult Workgroup appreciates DHCS's acknowledgment of our group's comments, many of which were reflected in the process of capturing e-consult in 2019 and ongoing. Additional information can be found on the DHCS web site under Telehealth:

<https://www.dhcs.ca.gov/provgovpart/pages/telehealth.aspx>

Plans for 2019: Sharing E-Consult Program Successes

In addressing the potential for including e-consult in annual network reporting, MCOs are presenting sample filings to DMHC to demonstrate the impact of their e-consult programs on timely access to specialty care and network adequacy.

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

Plans for 2019 – Expanding the E-Consult Toolkit

<http://econsulttoolkit.com/>

Comments or contributions? Please send to electronic_consult@bluepathhealth.com

The screenshot shows the E-Consult Toolkit website. At the top is a green header with the text "E-Consult Toolkit" and the tagline "Right care, right setting, right time". Below the header is a navigation menu with links for "Background", "News", "Policy", "Case Studies", "Publications", "Contact", and "Tools". A blue banner below the menu contains a quote: "E-consult provides better care and makes our providers happier. We've had great adoption throughout our system." attributed to Michael Mulligan, MD, Chapa De Indian Health. The main content area is titled "E-Consult News & Events" and features three bullet points: 1) "Next CCHP E-Consult Workgroup Webinar Scheduled for October 3rd" with details about the date and time. 2) "E-Consult Workgroup Submits Comments on CMS 2019 Physician Fee Schedule (PFS)" with a link to "Final comments". 3) "Community Health Center Network (CHCN) Adopts E-Consult to Repair Speciality Referral Process" with details about patient care statistics. Below the news section is a blue box with the text "Expanding Safety Net Access to Specialty Care With E-Consult: Best Practices, Tools and Templates for Payers, Providers, Policymakers and Patient Advocates". At the bottom of the page are four colored buttons: "Readiness" (blue), "Planning" (orange), "Implementing and Scaling" (green), and "Evaluation" (blue).

Highlights

Home Page:
News and Events

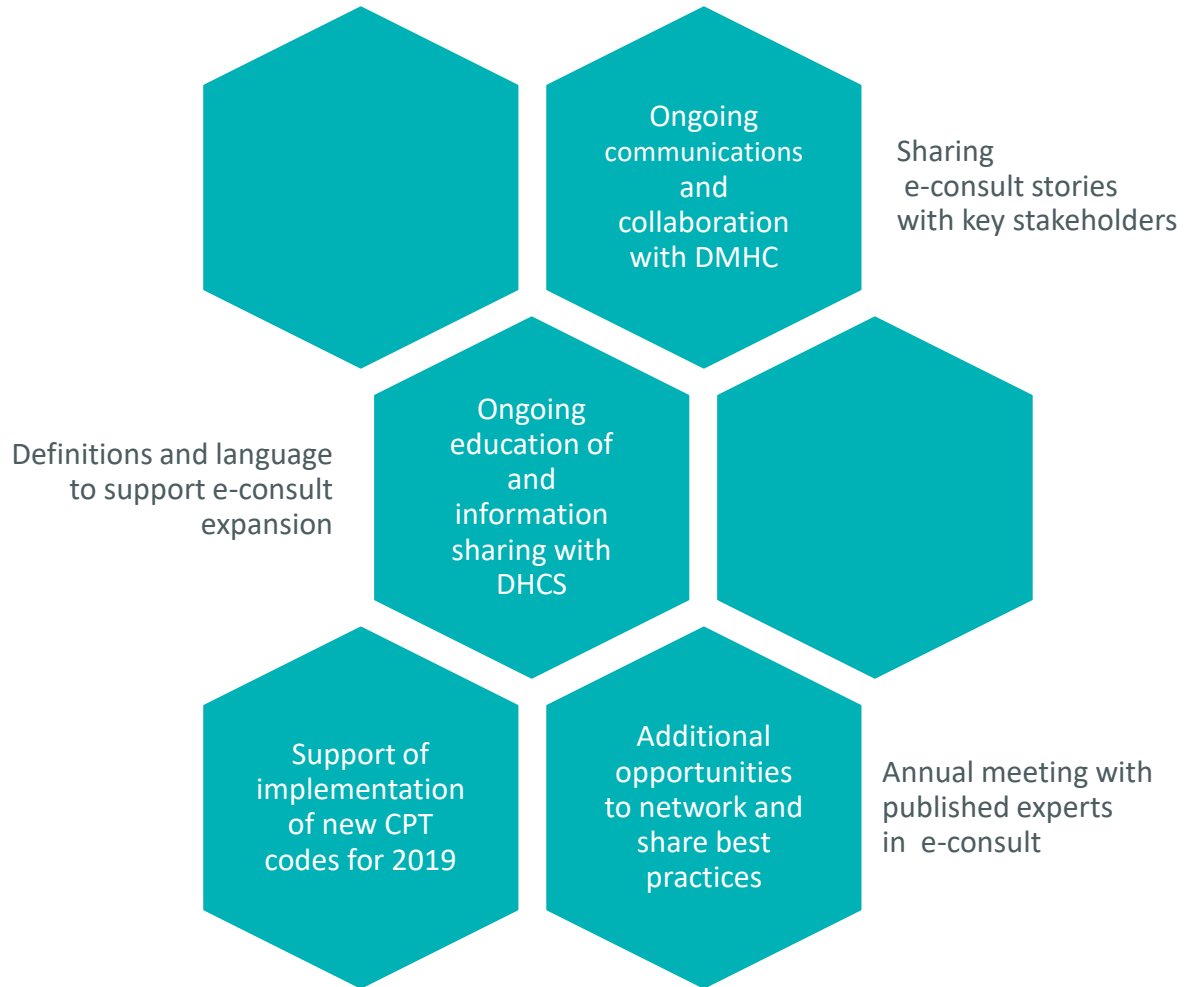
News:
Newsletter Archives

Background:
E-Consult Workgroup
Webinar Presentations
and Supporters

Publications: Updated
Articles
on E-Consult

Plans for 2019

What would you like to see from the e-consult workgroup in the coming year?



Next Steps

- Share questions needing clarification from DHCS
- Determine what information and support are needed to roll out the CPT code for e-consult across new and existing e-consult programs
- Engage managed care organizations that report to DHCS to share their e-consult program accomplishments for the purposes of improving network adequacy and timely access
- Continue sharing plan supported programs with DMHC
- Consider industry opportunities to present – and request workgroup assistance
- Share needs for tools and resources at econsulttoolkit.com