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## **Policy**

### **California Legislature Considers Bill on Payment Parity and Other Changes to Telehealth Law**

California Assembly Member Aguiar-Curry introduced [AB 744](#) this February to tackle the issue of telehealth payment parity and other gaps in California's telehealth law. This legislation was sponsored by the California Medical Association.

AB 744 includes the following key elements:

- **Payment parity:** Requires all DMHC and DOI regulated plans to cover telehealth services provided by in-network providers at the same rates as equivalent services provided in-person.

- **Cost-sharing:** If a plan's benefit design includes cost shares, copayment and coinsurance may not exceed costs for face-to-face services. Deductibles and annual or lifetime limits must be aggregate; plans cannot have separate deductibles or limits for telehealth benefits.
- **Medi-Cal store and forward:** Amends the law to make clear that face-to-face contact is not required for any store-and-forward service, not just tele dermatology, teleophthalmology and teledentistry. Maintains language stating that store-and-forward billing and reimbursement is subject to DHCS policies.

The Senate Health Committee will hold a hearing on AB 744 on July 3. If the bill passes Senate Health, it will be sent on to the Appropriations Committee where its fiscal impact will be more fully scrutinized.

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## **E-Consult Workgroup**

### **E-Consult Workgroup Webinar and E-Consult Workshop to Focus on Anticipated Changes to E-Consult Reimbursement**

On July 15, California DHCS plans to release updates to the Medi-Cal Telehealth Provider Manual including reimbursement for e-consult. The associated All Plan Letter will include the finalized updates to the Medi-Cal Telehealth Provider Manual. Following the announcement from DHCS, the E-Consult Workgroup will hold its next webinar on July 18th and will focus on the adoption of Medi-Cal's e-consult reimbursement policy.

Save the date for the annual E-Consult Workshop taking place on November 4 at the Sierra Health Foundation in Sacramento. For more information, contact [electronic\\_consult@bluepathhealth.com](mailto:electronic_consult@bluepathhealth.com).

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## **Implementation and Education**

### **Mass General Study Reveals E-Consults' Ability to Simplify and Streamline Care**

This June, *The Journal of Allergy and Clinical Immunology: In Practice* published [a Harvard Medical School researchers' study](#) of allergy and immunology e-consults at Massachusetts General Hospital. The study's results highlight e-consults' ability to reduce wait times and make in-person specialist visits more productive, despite an overall increase in both e-consults and face-to-face visits after the program's implementation.

For the study, researchers examined data from e-consults conducted between August 2016 and July 2018 and found that wait times were reduced from 22.5 days to 21.0 days. Of the 300 e-consults completed during the study period, around 60% resulted in face-to-face specialty visits and 27% were completed through advice and education to the referring practitioner delivered within 72 business hours.

Mass General's e-consult program, which began in 2013, added allergy/immunology in 2016. As of January 2019, the e-consult program includes 47 specialty areas. Nearly 10,000 e-consults were completed during 2018.

"E-consults have become a critical tool in our efforts to innovate in outpatient care delivery," noted study co-author Jason Wasfy, a Harvard Medical School assistant professor of medicine and founder of Mass General's e-consult program.

## **E-Consults Add Value to Graduate Medical Education**

The June 2019 issue of the *Journal of Graduate Medical Education* (GME) includes an [inspiring opinion piece](#) on the value that e-consults can bring to medical residents' clinical training. Despite studies and surveys that highlight e-consults' enhancement of primary care providers' knowledge of specialties and clinical confidence, e-consult has yet to become a standard element of medical school training.

The authors, a Harvard Medical School assistant professor of dermatology and a Harvard second year medical student, contend that integrating e-consults into GME will "better engage future clinicians in the management of their patients, improve coordination of care with specialists, and ultimately improve access to specialty care using technology."

According to the authors, the integration of e-consults in GME curricula would require the following:

- Training on how to make appropriate requests
- Understanding of technical and policy barriers to use, including reimbursement and national and state policies that impact care delivery
- Education on how to optimize communication and care coordination

The inclusion of e-consult in GME curricula could also deliver additional benefits. Through using e-consults, residents have a “unique opportunity” to provide high-quality care for their patients and also to learn how to integrate telemedicine into their workflow.

The authors conclude that integrating e-consult into GME training “will benefit not only learners but also educators, patients, and ultimately the health care system.”

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## **Adoption**

### **Study of AAMC CORE Reviews Benefits and Challenges of PCP E-Consult Use in AMCs**

To better understand primary care provider (PCP) experience with e-consult in its CORE program, AAMC conducted a series of PCP interviews and focus groups from 2014 to 2017. The focus areas of [the study](#) were to learn how e-consult impacts clinical practice routines and identify "barriers and facilitators" to successful adoption as well as effective support strategies.

The evaluation of the study's 35 interviews and 6 focus groups at 7 AMCs identified the following themes:

- E-consults expand the breadth of primary care and PCP knowledge
- PCPs opt to use e-consults over traditional referrals based on “patient preference, case complexity, and need for expert guidance”
- Challenges to PCPs’ e-consult adoption include their awareness of e-consult’s availability, their concerns about workload increases, the engagement of specialists and the ability to ensure that e-consult responses are high quality.

The authors conclude that providing e-consult increases PCP knowledge and expands "the comprehensiveness of primary care." To support adoption, however, the study also concludes that e-consult programs need to ensure that PCPs are "owners" of the e-consult process and that they receive ongoing education about e-consults. In addition, e-consult programs need to include methods for providing feedback to clinicians.

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