

E-Consult Workgroup – May 2019

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Agenda

- Recent e-consult publications
- Anticipated changes to DHCS Telehealth Provider Manual
- How are CHCs engaging providers to participate in e-consult?
- Considerations in CHC-led e-consult programs
- November 5 E-Consult Workshop
 - Discussion of format, content and product
- Next steps

Recent E-Consult Publications

E-Consult Toolkit

NEWS
May 2019

- [Over One Million eConsults Delivered by the Los Angeles County DHS](#)
- [UPMC Forms Telemedicine Company to Tackle Infectious Disease](#)
- [VHA E-Consult Adoption Reduces Cardiology Clinic Wait Times by 46%](#)

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E-Consult and DHCS in Review – What is expected to change?

- **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.
 - **FQHCs and RHCs cannot use this code** to bill for e-consult, yet can still participate
- 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.

How are FQHCs and RHCs engaging in sustainable e-consult programs given the anticipated new billing guidelines?

Collaborating with a managed care plan to provide platform and/or TA

- Clinics and plans collaborate to identify high-demand, low access specialties for e-consult
- Platform and integration support or stipends can encourage provider engagement, avoiding conflicts with volume-based regulations
- E-consult programs offer primary care provider CME, emphasizing the learning resulting from e-consult participation
- Lunch and learn or PCP-specialist-plan gatherings allow for sharing of best practices, goal-setting and increased provider engagement
- Plans can include their use of e-consult and telehealth in annual network reporting to DMHC



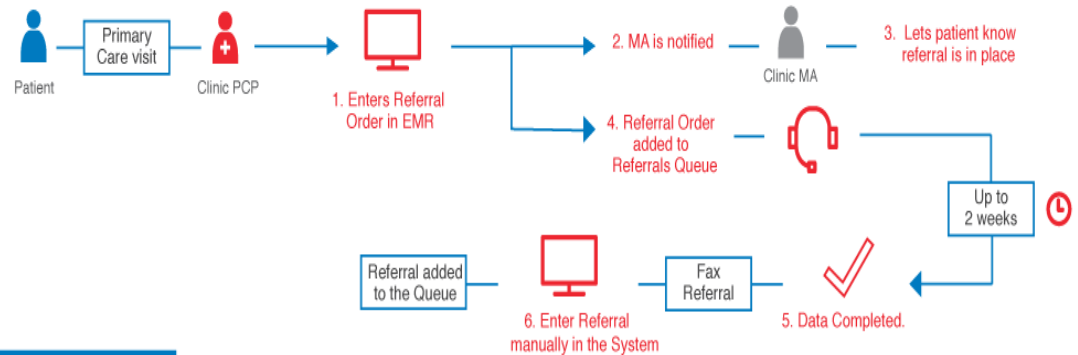
Daren Anderson, MD, Community Health Center, Inc., CTRC Summit, May 2019

Using e-consult to increase access to specialties in capitated settings

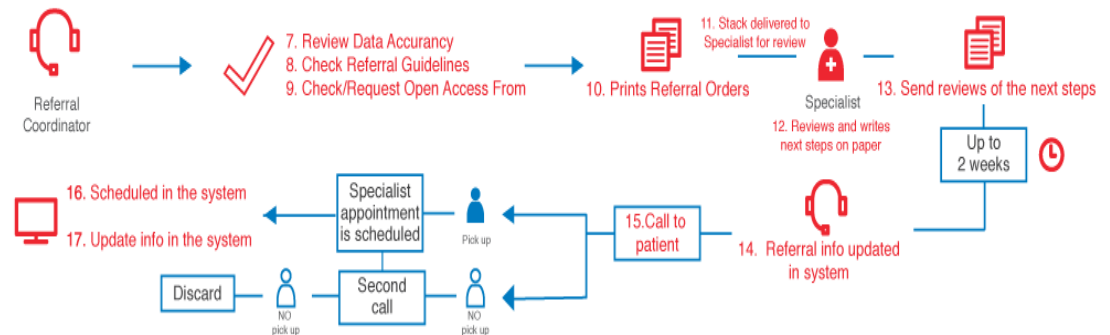
- Clinics are using a combination of local and remote e-consult panels to supplement access where specialties are not available locally, and local specialists may choose to participate in additional e-consults outside their systems
- Use of e-consult reduces unnecessary referrals, optimizing use of FTF availability for when patients need it
- Reports of specialist panel activity acknowledge specialist time spent responding to e-consults outside of the patient visit
- MCOs and/or local health system partners can determine how platform or remote panel fees may be shared

Mapping the Referral Process from a FQHC to the Hospital

Community Clinics



Specialist Scheduling

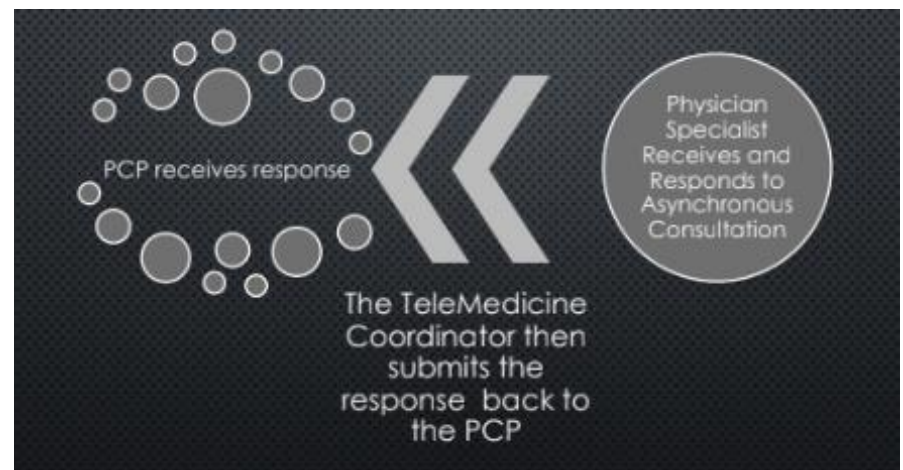
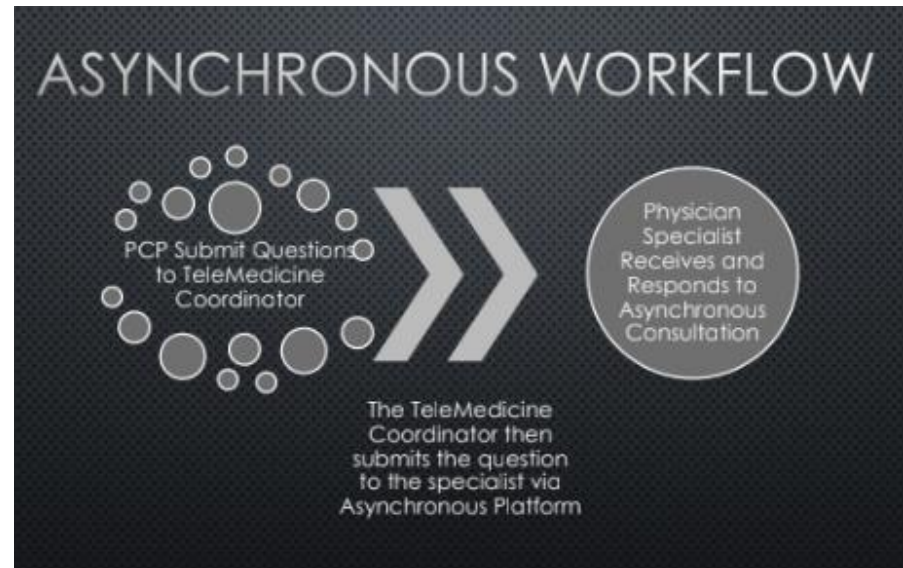


Can eConsults Save Medicaid? August 1, 2018

Carlos Reines, MBA, Laura Miller, MD, J. Nwando Olayiwola, MD, MPH, Christina Li, MBA & Ella Schwartz, MPAff

Identifying a telehealth coordinator to connect disparate processes

- Often, clinics sending e-consults and health systems responding to the e-consults use different EHRs. Some have created e-consult programs using their existing EHRs.
- Some programs have bridged the gap using a telehealth coordinator. Even when a separate or shared platform is used, a telehealth or e-consult coordinator can support PCPs in submitting e-consults.
- E-consult care teams including support staff can monitor PCPs' e-consult traffic and status.
- CHCs are incorporating e-consult into the referral process, engaging MAs to gather necessary information (diagnostics) according to specialty guidelines.



Amanda Harris, Mayers Memorial Hospital, and Javeed Siddiqui, MD, Telemed2U, CTRC Summit, May 2019

Discussion

- What other strategies are being used to support CHCs in using e-consult?
- As we anticipate the release of a CPT code for e-consult, what barriers remain?
- What tools and resources can the E-Consult Workgroup provide to CHCs?

Impact: Improving care delivery



Primary Care

- Reduced wait times
- Increased satisfaction with ability to deliver care
- Case-based “CME” & learning opportunities
- Primary – specialty dialogue is recorded with clear question for specialist
- Virtual co-management keeps patients in PCMH, reduces need for external care coordination
- Improved communication with specialist colleagues over time

Specialty Care

- Reduced wait times
- Avoidance of incorrect referrals
- Ability to clinically triage
- Improved clarity of consultative question
- Increased efficiency of in-person visits
- Formalization of curbsides
- Opportunities to educate, learn
- Increased “case-mix” in clinics

Delphine Tuot, MDCM, MAS, eReferrals and eConsults: A New Model for Specialty Care Delivery, September 2018

Considerations in FQHC-led community-wide e-consult programs

	CHC	Health System	Plan
Clinical	What are biggest specialty access challenges?	What specialist capacity is available?	What are biggest member pain points?
Process	How do PCPs incorporate e-consult into referral process?	When/how quickly can specialists respond?	Will you engage both local and remote specialists?
Costs & Payment	Will there be e-consult platform or integration fees?	Platform, integration fees, specialist and staff time?	What e-consult volume is needed to address access gaps?
Technical	Will e-consult integrate with my EHR?	Will specialists have desktop and mobile access?	Will the plan provide implementation assistance?
Reporting	What is expected of participation by PCPs?	What is needed for Waiver program reporting?	What is needed to demonstrate improved access?

November 5 E-Consult Workshop in Sacramento

- Annual in-person e-consult workshop at Sierra Health Foundation, Sacramento
- We want to hear your e-consult stories. Consider presenting on November 5
- Share topics, best practices and publications for discussion at workshop
- Interested attendees please contact libby.sagara@bluepathhealth.com

What do you want to see at the 2019 E-Consult Workshop?

- Format
- Content
- Product



Next Steps

- Awaiting APL announcing revised Telehealth Provider Manual and CPT code 99451
— <https://www.dhcs.ca.gov/provgovpart/pages/telehealth.aspx>
- CHCs can engage partner health plans to join the managed care subgroup to report e-consult accomplishments to DMHC and DHCS – next meeting is June 17
- Share your patient and provider stories, best practices and successes in the E-Consult Newsletter and econsulttoolkit.com
- Join us on November 5 at the Sierra Health Foundation, Sacramento for the annual in-person E-Consult Workshop

Appendix – Provider Participation in E-Consult

DHCS responses:

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.

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.

Appendix – Provider Participation in E-Consult

DHCS responses:

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.

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.