

# Optimizing Engagement in eConsult – Patients, Provider, and Plans

**Hosted By:**

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# Patient and Family Engagement in Electronic Referral and Consultation Systems

Establishing a Framework for Achieving the Third Aim By Moving From Dyads To Triads

eConsult Grantee Webinar

May 11, 2016

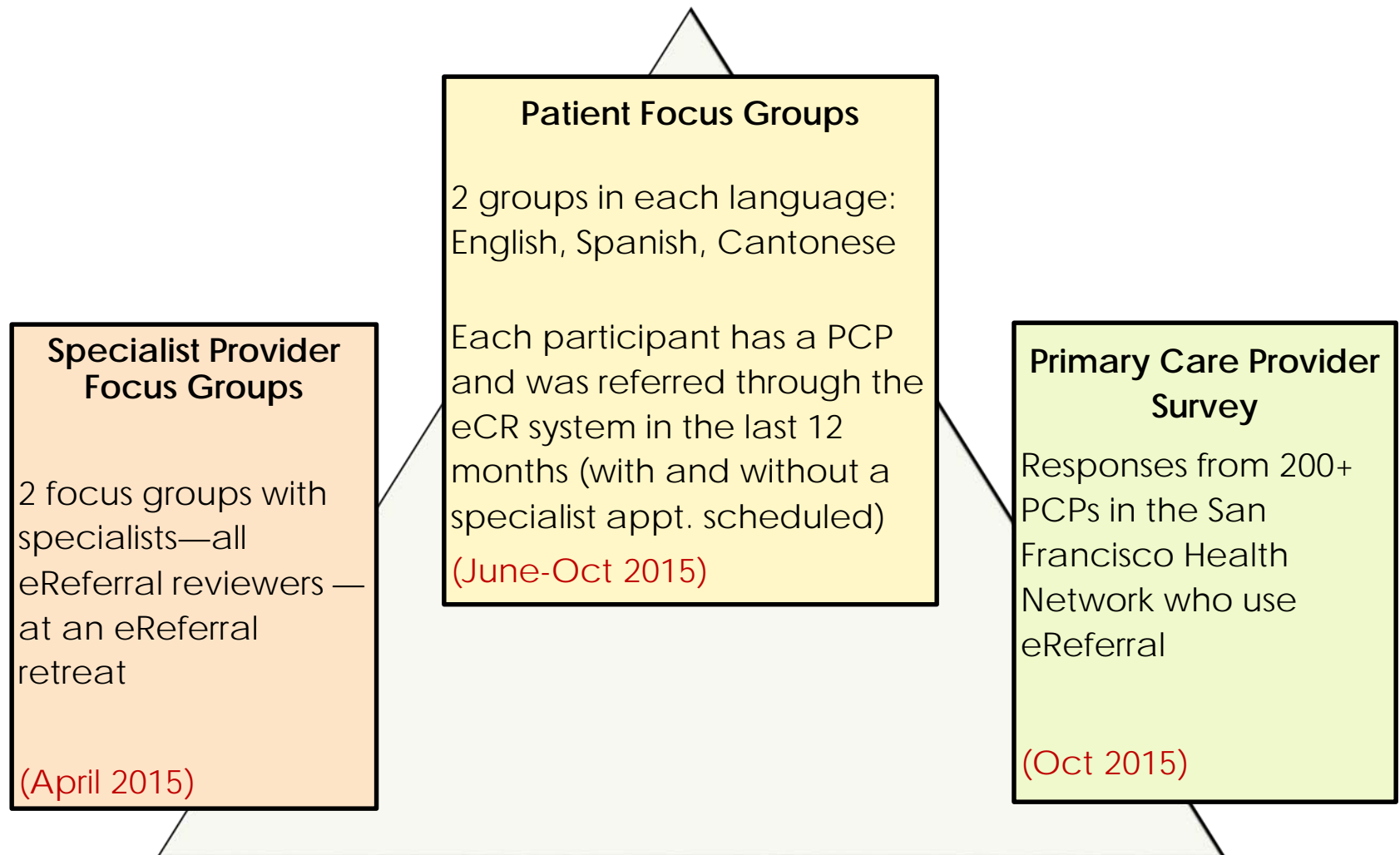


# Agenda

- Study Findings
- Recommendations
- Discussion
  - How is ZSFG moving forward with patient engagement functions?
  - How are other grantees currently or proposing to engage patients?

# Study Findings

# Methods





## Specialist Focus Group Findings

- Still significant variation in what gets communicated to patients, e.g., sometimes patients are scheduled for a consult with the specialists but come expecting a surgery



## Patient Focus Group Findings: *eReferral understanding/desirability*

- Some patients observe electronic PCP-specialist communication occurring, but **“eReferral” term unfamiliar**
- Greater **trust** with PCP promotes eReferral acceptance
- Don't want to lose **“human touch”** of medical care
- **Spanish/Cantonese** patients expressed greater desire for in-person communication methods, perhaps reflecting barriers to obtaining care in their own language



## Patient Focus Group Findings: *desired features*

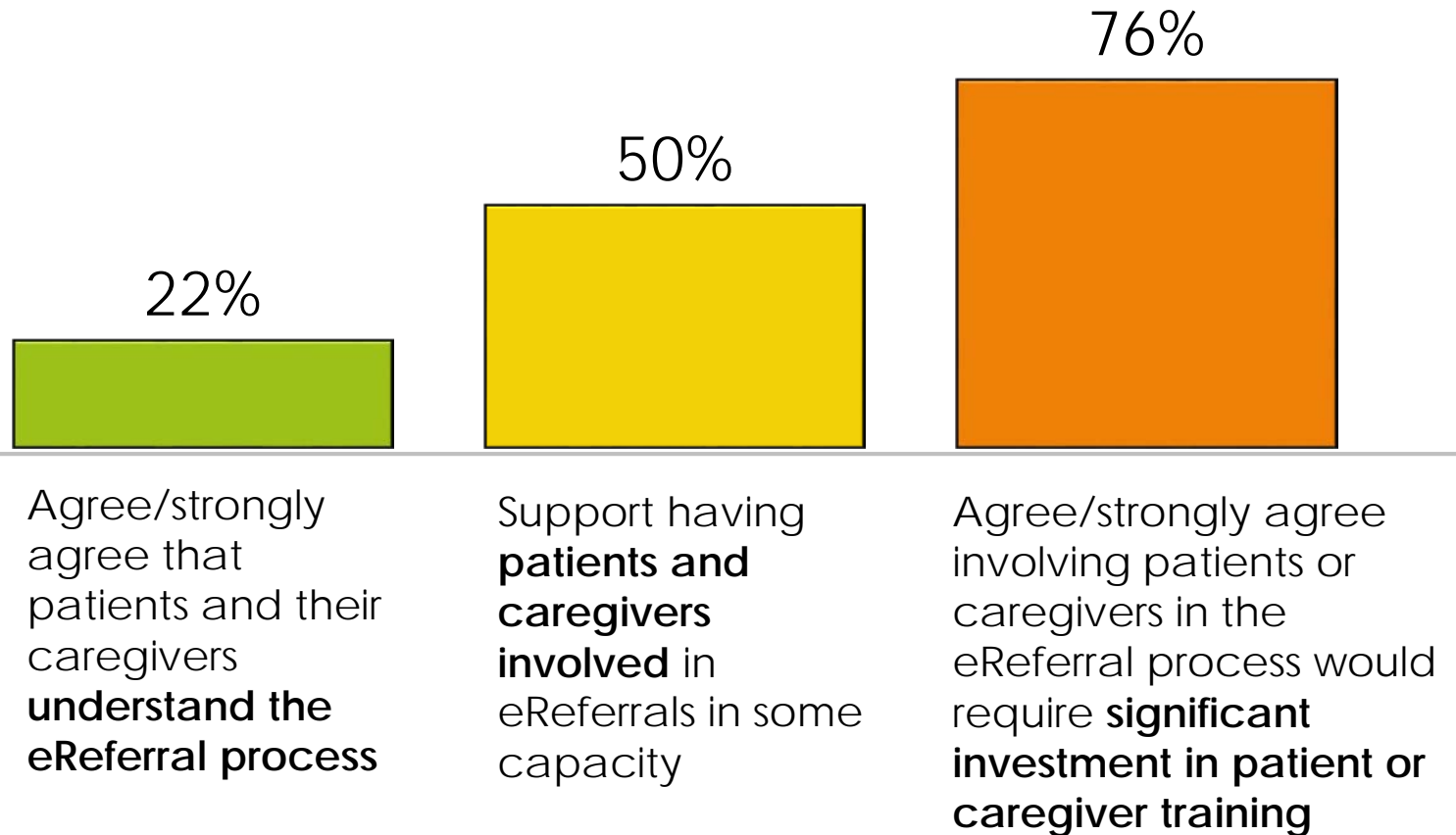
- **Basic** information about their condition, appointment reminders, and medication lists
- Lab reports were of interest if **interpretable** (e.g. “results are good”), limited medical language.
- Preference for simple, **easy-to-use** systems(e.g., text messaging) over complex structure. Not everyone has a computer





## PCP Survey Findings: *General Patient Engagement Impressions*

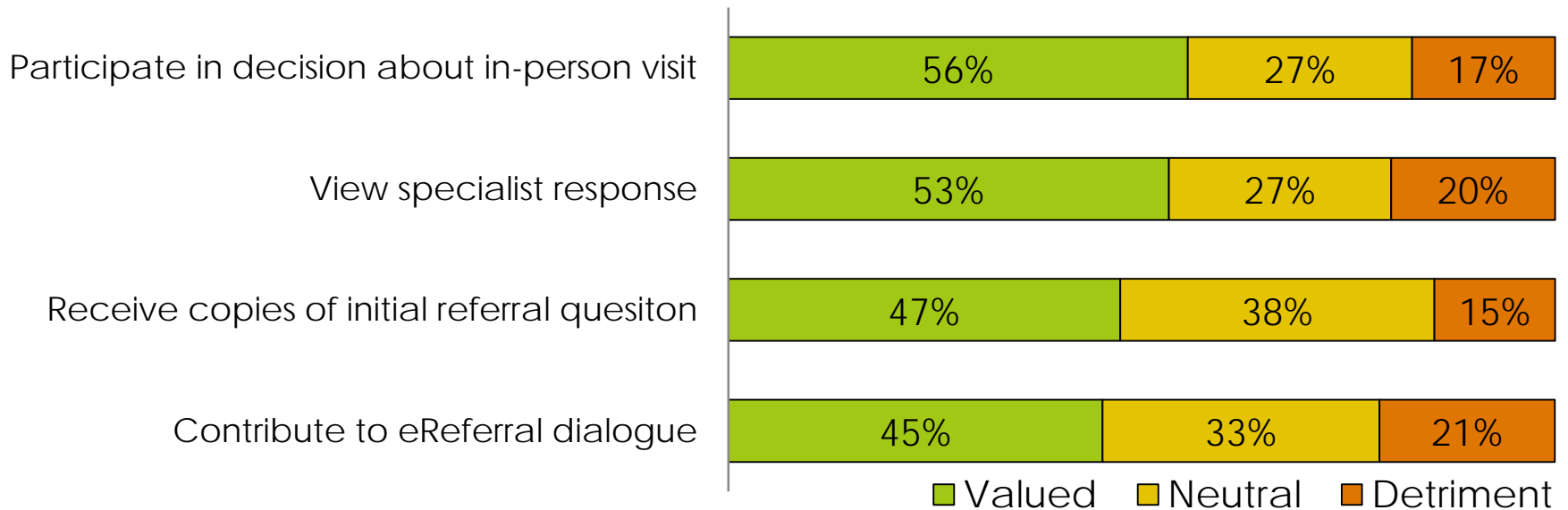
222/637 respondents (35% response rate)





## PCP Survey Findings: *expected value for proposed features*

### Patient/Caregiver able to...





# PCP Survey Findings: *Requested Features & Comments*

## Most Frequent Ideas

- Ability to message securely between patients and specialists

*"I think that patient/caregiver participation can be VERY powerful when the specialist is asking more specific questions where it would be difficult for PCP to respond to unless they called the patient/caregiver again or set up another appointment. This new method could potentially help with the lag in response time"*

- Appointment scheduling/tracking

*"Scheduling is always a challenge with patients and eReferral. Because of the delay of eReferral response, caregivers and patients do not know whether or not they'll have an appointment (much less when it is)"*

## Other ideas

### eReferral

- Clarify visit expectations
- Summary printouts

### Patient Portal

- View medication lists
- Listings of specialist appointment locations (addresses and maps)
- Patient education materials/links

# Recommendations



# Address Patient Barriers

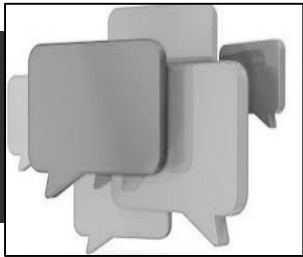
Barrier	Strategy
Limited health literacy	Minimize medical lingo. Use color coding (green/yellow/red) or simple language ("good") for lab results
Technological Access	Make portals mobile accessible Utilize texting services
Limited English Proficiency	Design materials and training in multiple languages



## Focus on Basic Functionality First

- Greater opposition/concern for functions that would increase back-and-forth electronic dialog, inhibit PCP-specialist transparency
- Appointment scheduling/reminder features were commonly mentioned (both by PCPs & patients)

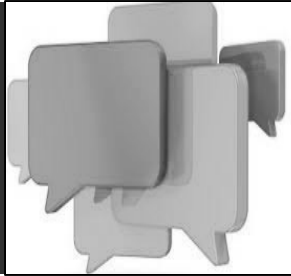
# Discussion



## How is ZSFG moving forward with patient engagement functions?

- Optimize provider communication with patients about eReferral through:
  1. Internal communication in the system prompting PCPs to discuss expectations for the visit at the point of eReferral
  2. Standardizing provider training and talking points for discussing eReferral with patients
  
- Ongoing exploration of patient involvement in eReferral or addressing patient-specific concerns articulated in this study.





How are other grantees currently or proposing to incorporate patient engagement?

# Thank you!



Electronic Consult Reimbursement Roadmap:  
Payer Engagement  
May 2016

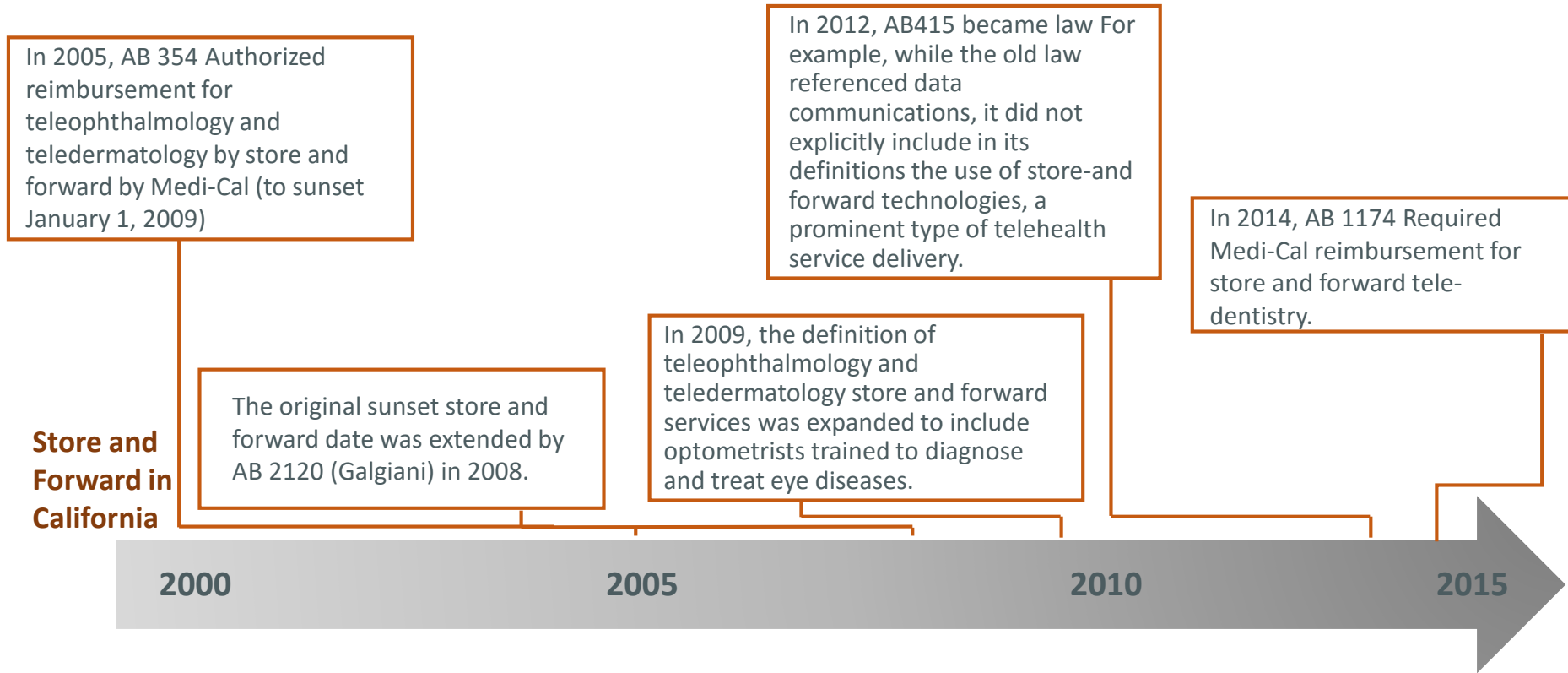
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## What we've heard: payers' needs from eConsult programs

- Provider-centric, easy to adopt process and platform – as PCPs may have multiple workflows depending on patient coverage
- Increased member satisfaction – demonstrate improved patient experience through plan member surveys
- Increased access to quality specialists and decreased wait times for specialty care
- Optimized face-to-face visits – specialty referrals with all patient information needed
- Increased PCP capacity – through eConsult, increase PCP education around requested specialties

# California's reimbursement for store and forward telehealth services has expanded in recent years, yet much work remains



Source: CCHP: Advancing California's Leadership in Telehealth Policy

# CCHP and BluePath Health are working to further reimbursement/incentive discussions and engage eConsult stakeholders in complementary programs

## eConsult Definition and Incentives

### DHCS and DMHC

- Discuss appropriate rates for eConsult/means of specialist reimbursement
- Determine CPT codes specific to eConsult
- Share PCP incentive plans
- Address increased/timely access to specialty care

### MCPs

## Engagement and Collaboration

### DPHs

### CHCs/FQHCs

- Optimize participation and incentives from Waiver programs
- Facilitate program coordination (e.g. Global Payment Programs)
- Emphasize value of alternative (specialty care) touches
- Incorporate eConsult in APM pilots planned for 2017

# California payer, provider and county programs are exploring payment options to reimburse eConsults

Program	Status	Payment
LA Care Health Plan	<ul style="list-style-type: none"> <li>Began as pilot with Synermed and rural providers, grew to over 30 specialties</li> <li>Using Safety Net Connect eConsult platform</li> <li>Los Angeles County CHCs and FQHCs partner with Health Care LA IPA specialists</li> <li>Moving to a focus on behavioral health due to MMC/county MOU</li> </ul>	Specialists paid \$45 per consult, PCPs paid monthly stipend for participation
Los Angeles County Dept of Health Care Services	<ul style="list-style-type: none"> <li>County funded 7m, 4 year program in 117 clinics.</li> <li>Uses county software scheduling system and department at 4 different sites</li> <li>Started with ophthalmology, dermatology, orthopedics, gastroenterology and surgery, now 30 specialties</li> </ul>	PCPs and specialists are salaried (not reimbursed per episode or consult)
San Francisco General Hospital, Alameda Health System	<ul style="list-style-type: none"> <li>Delivery System Redesign program for Public Hospitals (now PRIME in 2016) provides funding that has covered specialist time spent on eConsults.</li> <li>Remaining funding has come from hospital budget (e.g. SFGH global fund)</li> </ul>	DSRIP program and hospital funds cover specialist time for consults
Partnership Health Plan	<ul style="list-style-type: none"> <li>Piloting with a limited number of specialties and FQHCs in Marin County and Eureka</li> <li>In process of adding specialists then additional PCPs. Seeking acknowledgment of eConsult as telehealth and specialist reimbursement by Medi-Cal</li> </ul>	Specialists paid per consult. PCPs not reimbursed (considered part of PPS)
California Health & Wellness	<ul style="list-style-type: none"> <li>CH&amp;W plans to incorporate eConsult as part of its telehealth pilot in three counties with selected high demand specialty disciplines</li> </ul>	eConsult platform will offer specialist network as part of license agreement

# Other State Medicaid programs are exploring payment options to reimburse eConsults

State	Status	Reimbursement
Colorado	<ul style="list-style-type: none"> <li>Colorado Medicaid convened several stakeholder meetings with PCPs and specialists, and engaged CO medical board to support eConsult reimbursement.</li> <li>eConsults will be transmitted using CORHIO's proprietary portal (Patient Care360, Medicity).</li> <li>Next steps include finalizing pilot payment rates and program implementation details.</li> </ul>	Transactional payment for both PCP and specialist
Connecticut	<ul style="list-style-type: none"> <li>New England eConsult Network uses Safety Net Connect platform and plans to use Direct Messaging.</li> <li>Alternative Payment Methodology Payments includes FQHC maintaining quarterly volume of Medicaid encounters to receive an incentive payment for e-consults occurring during that quarter in order to avoid unnecessary referrals to physician specialists and to expand access.</li> <li>Incentive payments will be paid as Medicaid supplemental payments on a quarterly basis...up to a maximum of \$89,500 per quarter per qualifying FQHC.</li> </ul>	Transactional payment for specialist, PCP payments vary by setting
Oklahoma	<ul style="list-style-type: none"> <li>SoonerCare HAN pilot reimburses both PCPs and specialists \$20 per timely completion of eConsult.</li> <li>Providers submit and receive referrals in Doc2Doc. Referrals pass directly in to OKHCA MMIS.</li> <li>Effects include reduction in professional fees among patients receiving the online telemedicine consultations (\$140.53 vs. \$78.16) and reduction in costs for patients receiving an online consultation vs. those referred of \$130.18 PMPM.</li> </ul>	Transactional payment for both PCP and specialist
Washington	<ul style="list-style-type: none"> <li>WA State Medicaid Waiver provides upfront investment for PCMH Transformation.</li> <li>Allows FQHCs to replace billable visits with most appropriate modality of care (patient "touches" such as telephone visits, group visits, secure email, encounters with non-billable providers, etc.)</li> <li>Yakima Valley Farm Workers' Clinic are working with OR and WA Medicaid managed care plans to form a pilot using the Waiver.</li> </ul>	Through Medicaid waiver, plans to support through managed care plans



# LA Care Health Plan

Program Status	Primary Contact	
<ul style="list-style-type: none"> <li>Began as a pilot with Synermed and rural providers, grew to support over 30 specialties</li> <li>Now, specialists reimbursed \$45 per consult, PCPs paid monthly stipend for participation</li> <li>Most visits end up face to face (95%)</li> </ul>	Mary Franz, Executive Director, Health Information Technology	
	eConsult Locations	
	Los Angeles County CHCs and FQHCs, partnered with Health Care LA IPA specialists	
Vision and Goals for eConsult		Vendor Involvement
<ul style="list-style-type: none"> <li>Increase access to specialty care, reduce access times</li> <li>Ensure in person visits take place, patients arrive with needed information, tests, etc.</li> <li>Moving to a focus on behavioral health due to MMC/county MOU</li> </ul>		<ul style="list-style-type: none"> <li>Safety Net Connect eConsult platform</li> </ul>
Barriers	Recommended Solutions	
<ul style="list-style-type: none"> <li>Sustainability of \$45 per consult specialist reimbursement and per diem payment to PCPs</li> <li>Specialist relationships are “transactional”, not collaborative</li> <li>Different processes depending on coverage (LA Care or county)</li> <li>Medi-Cal MOU for mental health services increasing demand for specific services and demanding program focus narrows</li> <li>RE MH/BH – no incentive to refer in (more of a screening tool)</li> </ul>	<ul style="list-style-type: none"> <li>Seek Medi-Cal coverage for eConsults, using LA Care best practices to spread programs across other MMC plans</li> <li>Explore a population health management program</li> <li>Seek CME funding and support</li> </ul>	

# Connecticut Department of Social Security (DSS)

Program Status	Primary Contact
<p>Econsults for dermatology, cardiology, pain management, orthopedics and endocrinology are supported through a pilot program using Safety Net Connect platform with plans to use Direct Messaging to reach to member PCPs and specialist networks using other EHRs. Partnering with specialists in the Telemed2U network along with networks in other states (e.g. CO, WA). 69% of cases have been resolved without a face-to-face visit.</p>	<p>Daren Anderson, VP/Chief Quality Officer, Community Health Center, Inc., New England E-Consult Network (NEECN) Director, Weitzman Institute</p>
	<p><b>Vendor Involvement</b></p>
	<p>Safety Net Connect eConsult eClinicalWorks EHR Telemed2U Specialty Network</p>
Reimbursement Model	Supporting Policy
<p>Medicaid reimbursement and NEECN member fees cover the cost of SNC platform. Stemming from the success of the 2-year pilot, CHC received a \$500,000 grant to create the New England eConsult Network (NEECN), to link PCPs from Community Health Center, Inc. and other states to specialists from The University of Connecticut Health Center. The State Department of Social Security (DSS) allows Medicaid to cover e-consultations.</p>	<p>The State Plan for Alternative Payment Methodology Payments (APM) includes : A qualifying FQHC will maintain an average quarterly volume of Medicaid encounters in order to be eligible to receive an incentive payment for e-consults occurring during that quarter...in order to avoid unnecessary referrals to physician specialists and to expand access...incentive payments will be paid as Medicaid supplemental payments on a quarterly basis...up to a maximum of \$89,500 per quarter per qualifying FQHC.</p>

# Colorado Dept. of Health Care Policy and Financing (HCPF)

Program Status	Primary Contact
<p>Colorado Medicaid is developing an eConsult pilot that will reimburse both specialists and PCPs on a per-transaction basis in a pilot beginning Fall 2015. eConsults will be transmitted using CORHIO’s proprietary portal (Patient Care360, Medicity). The State agreed to support the pilot with the understanding that cost reduction and reduced wait times would be measured through the program.</p>	<p>JD Belshe, Consultant, Policy &amp; Program Analyst Colorado Health Care Policy and Financing</p>
	<p><b>Vendor Involvement</b></p> <p>CORHIO Portal, Patient Care360, Medicity</p>
Supporting Policy	Reimbursement Model
<p>In August 2015, Colorado proposed new telehealth rules noting that “telehealth” means a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a person's health care while the person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers. “store and forward transfer” means the electronic transfer of a patient's medical information or an interaction between providers that occurs between an originating site and distant sites when the patient is not present.</p> <p><a href="https://www.healthcarelawtoday.com/wp-content/uploads/sites/15/2015/07/Draft-Guidelines-40-27.pdf">https://www.healthcarelawtoday.com/wp-content/uploads/sites/15/2015/07/Draft-Guidelines-40-27.pdf</a></p>	<p>The pilot program proposes that PCPs will be paid approximately \$15 per electronic consult request and specialists will be paid \$25 per response. Providers must be licensed within the State of Colorado.</p>

# CCHP and BluePath Health are working to further reimbursement/incentive discussions and engage eConsult stakeholders in complementary programs

## eConsult Definition and Incentives

### DHCS and DMHC

- Discuss rates for eConsult CPT codes based on time spent (published in 2014 by California Academy of Family Physicians - see Appendix)
- Work with MCP stakeholders within pilot regions to discuss potential reimbursement of specialist eConsults
- With BSCF pilots and MCPs, develop an incentive plan to engage PCPs at CHCs/FQHCs
- Consider eConsult to address increased specialty care timely access requirements following Covered California expansion
- Facilitate CCHP eConsult Workshop in June 2016 to further reimbursement discussions among DHCS, MCPs and DPHs

### MCPs

## Engagement and Collaboration

### DPHs

### CHCs/FQHCs

- Provide opportunities for BSCF pilot DPHs to share best practices in implementing eConsult to optimize Waiver programs and reporting, aligning measures with BSCF pilot requirements
- Facilitate collaboration and participation in CAPH educational events (e.g. PRIME webinars)
- Facilitate FQHCs, BH/MH and social services in pilot regions in pursuing GPP programs, utilizing eConsult as appropriate to meet program goals
- To optimize available incentives, seek opportunities to engage FQHCs in waiver programs which value alternative (specialty care) touches and avoidable utilization of high-cost health care services
- Follow progress in FQHC APM pilots planned for 2017 to determine how eConsult programs can be incorporated

# Optimizing Engagement in eConsult – Patients, Provider, and Plans

## Questions

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