

# eConsult...and...

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# PAYMENT REFORM?

# VALUE-BASED...

## Improved Value...to Whom?

- To the Healthcare System?
  - “31% of all healthcare has no real value.”
  - Which 31% is this?
  - How much time, energy, and resource could be re-allocated to high-value care?
  - What is “high-value” care? How to define it?
  - What does it mean to “take care of the right person, the right way, in the right place, at the right time?”

# California's Proposed APM

- CalAIM—  
Advancing and  
Innovating MediCal
- Monthly PM/PM for  
all **assigned** patients
- Managed Care  
payment and State  
payment will likely  
be PM/PM for both.
- SDOH:  
Transportation is one  
of the top 3 needs.



# PROPOSED APM:

- Participating centers' assigned Medi-Cal “patients” are now seen as “members”.
- They are cared for by the Center’s care teams by various members of the team, rather than by “billable providers”.
- These “alternative encounters” become recognized and valued points of service.
- Over 100 alternative encounters have been coded for use.

# Types of Alternative Encounters

- eConsults\*
- Case Management\*
- Group Visits\*
- RN visits\*
- Home Visits\*
- Health Education with MA\*
- Panel Mgt. outreach\*
- Etc.\*



**\*Telehealth is an option under  
PAYMENT REFORM**