

E-Consult Workgroup Webinar

November 21, 2019

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Agenda

- Welcome and Introductions
- CalAIM – Request for Comments
- Examining the Effects of Electronic Consults on Primary Care Providers – CHCF Evaluation
- Interview with Dr. Kim Nguyen, LifeLong Medical, Berkeley
- E-Consult Infographics: Outcomes, Access, Quality and Satisfaction
- Frequently Asked Questions – Telehealth and Consent
- Discussion of E-Consult Workgroup Vision 2020 – Objectives for the Upcoming Year
- Next Steps – Managed Care Plans Sharing E-Consult Programs with DMHC

CalAIM - Request for Comments

DHCS has provided stakeholders the opportunity to comment on the [CalAIM proposal](#), which addresses many proposed changes to how care is coordinated, delivered and paid for in Medi-Cal.

The E-Consult Workgroup would like to submit comments to DHCS, specifically addressing

- **PRIME (changing to QIP):** What changes should be made to the e-consult metric's definition (1.3.1)? Should e-consult have its own separate metric from 1.3.1 "Closing the referral loop"? How could reporting or other aspects of the program be improved to benefit e-consult programs?
- **GPP:** How can e-consult continue to be acknowledged in GPP? What have hospitals' experiences been including e-consults in global budgets, if at all?
- **Whole Person Care (to be folded into the Enhanced Care Management benefit, coordinated by MCPs):** What have member's experiences been using e-consult in WPC? Alternatively, how could e-consult be utilized for WPC to improve care management between MCPs, county mental health, county social services, and providers?

Please submit any comments, stories or ideas to Robby Franceschini at robby.franceschini@bluepathhealth.com by November 27.

Comments are due to DHCS December 16. A proposed draft will be circulated among workgroup members in early December.

Examining the Effects of Electronic Consults on Primary Care Providers

A Berkeley primary care physician explains the benefits of communicating with specialists via eConsults

OCTOBER 28, 2019

By Leslie Walker

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Kim Nguyen, MD, an internal medicine physician and associate medical director at LifeLong Medical Care's Ashby Health Center in Berkeley, relies on electronic specialty consults. Photo: Jessica Brandi Lifland

Evaluation: Access, Quality and Satisfaction



Improving Patient Access²

25%

of eConsults were resolved without requiring an in-patient visit, saving patients unnecessary care and frustration.

17%

decrease in average wait time for an in-person specialist visit.



Improving Provider Quality & Satisfaction³

51%

report increased job satisfaction resulting from use of platform.

82%

believe using eConsults improves their patients' quality of care.

70%

think eConsults have improved their knowledge, confidence, and skill in treating specialty conditions.

90%

agree platform is simple and easy to use.

The evidence is strong that electronic consultations (eConsults), which enable primary care providers to get fast, virtual answers to clinical questions from specialists, have clear benefits for patients, including decreasing wait times for specialist visits and preventing unnecessary referrals. The California Health Care Foundation (CHCF) recently funded JSI Inc. to evaluate the impact eConsults can have on the primary care providers who use them. Respondents reported largely positive effects, especially around outcomes like increasing job satisfaction and clinical confidence.

¹ Based on average response time reported by RubiconMD, an eConsult platform supported by CHCF.

² Findings from a study by Barnett et al. in *Health Affairs* analyzing the impact of eConsults on a large public hospital three years after implementing the RubiconMD platform.

³ Findings that summarize the survey responses of 106 safety-net primary care providers deemed "frequent users" of RubiconMD's eConsults platform. The survey was conducted among CHCN providers as part of an [evaluation](#) funded by CHCF and authored by JSI Inc.

Evaluation: Key Findings

- 51% report an increase in job satisfaction resulting from use of the platform
- 70% feel eConsults have improved their knowledge, confidence, and skill in treating specialty conditions
- 82% believe using eConsults improves their patients' quality of care
- 90% agree that the platform is simple and easy to use

“ *This resource assists me in providing quality care to marginalized patients with limited resources, addressing not only individual health needs, but also . . . the poor outcomes caused by systemic inequity and social injustice around access to quality health care.* ”

Providers did identify some barriers to making optimal use of eConsults:

- Takes more time and work than simply referring the patient to a specialist
- Frustration with certain features of the eConsults platform, such as suboptimal integration with the EHR
- Skepticism and discomfort with relying on the counsel of an anonymous specialist

Q: In your experience, how does the eConsult process compare to the traditional referral process for specialty care?

A: To request an eConsult, I open the platform, enter relevant information from the patient's record, such as lab results or history, type in my clinical question, and then send it off to the specialist network. With a traditional referral, I just tell the nurse a referral is needed, and they handle all the paperwork from there. That's easier for me as the provider, but I know it puts a greater burden on my patients. Every referral starts with a letter being mailed to the patient's home. That can take days and of course get lost. The patient then needs to find a specialist who has availability, but that can be difficult for many reasons — there can be insurance issues and specialists can be booked for months in advance. Conflicts can arise in a patient's life that may prevent them from ever scheduling the appointment. Or some may just not show up for it. With an eConsult, I can get a much faster answer for my patients and even have a care plan for them within a day or even the same day. That leaves far fewer cracks for my patient's care to fall through.

Q: How do you decide whether requesting an eConsult is the right next step?

A: You need to think about access. Some specialists may not be available for months. If the patient does not have insurance, they likely cannot see a specialist, making an eConsult their only means of accessing specialty expertise. If the problem requires a specialist to do a detailed in-person visit, like a neurological exam or a biopsy, those cannot be accomplished with an eConsult and should be referred immediately. The same is true of problems that are both chronic and complex and likely require ongoing management by a specialist.

Q: Have eConsults affected your views about the care you have provided?

A: It can be really discouraging to know all the barriers that await a patient you have just sent out for a referral. Specialty care access is a real challenge for our patient population. Giving patients timely access to expertise that they otherwise might never get — for me, that’s encouraging. It’s a chance to avoid some of the systemic failures that patients like ours often encounter.

To learn more about the CHCN provider experience, view the CHCF blog at:

<https://www.chcf.org/blog/examining-effects-electronic-consults-primary-care-providers/>

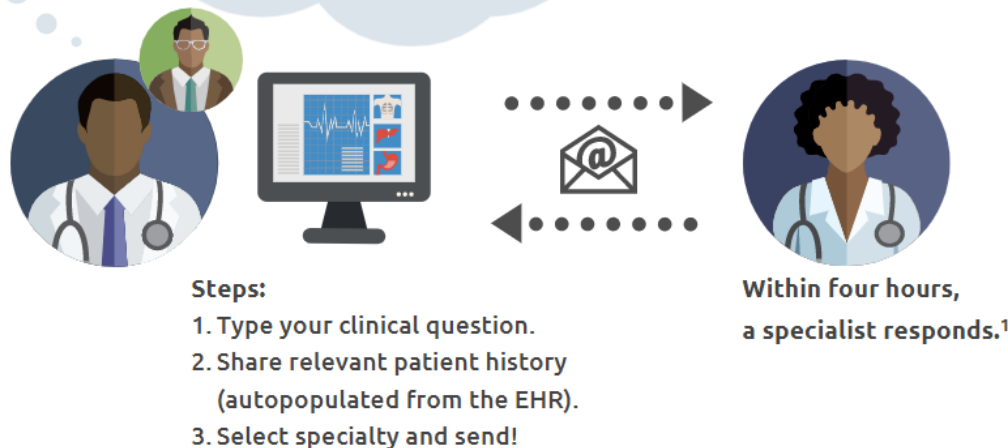
Infographic: Provider Education on E-Consult

eConsults: How They Work

Have a primary care patient with a concern requiring specialty care? Consider an eConsult.

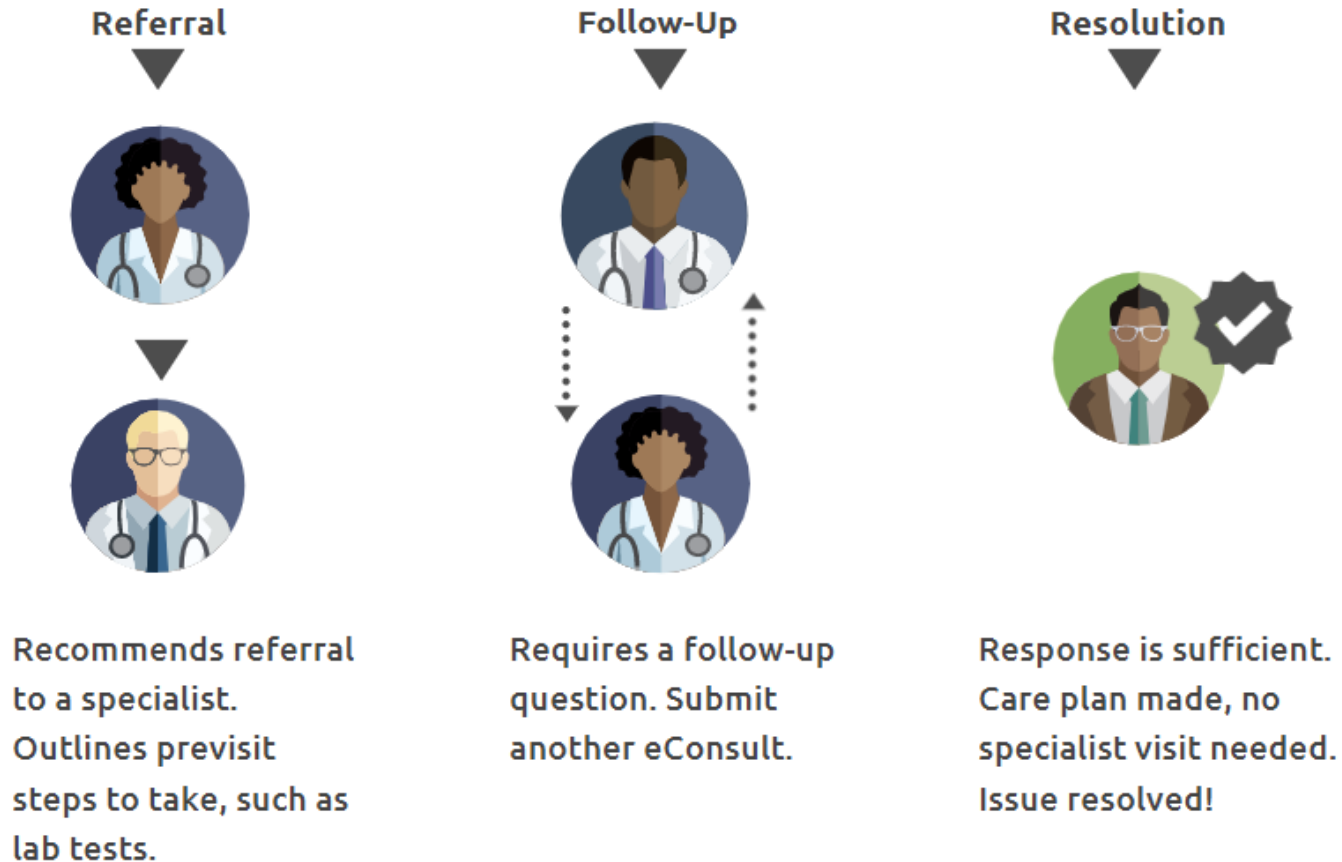
Questions to consider:

- How long is the wait for a specialist?
- What insurance does the patient have, if any?
- Does the concern require a procedure or in-person exam?



Infographic: Possible Outcomes of E-Consult

Possible Outcomes



Frequently Asked Questions: Telehealth and Consent

Does the patient need to consent prior to receiving services by telehealth?

Yes. State law requires the health care provider initiating the use of telehealth to inform the beneficiary, obtain **verbal or written** consent, and maintain appropriate documentation. **If a health care provider or health care group/organization has a general consent protocol that specifically references use of telehealth as a modality, then this would satisfy the consent requirement.** This should be kept in the patient's medical file.

https://www.dhcs.ca.gov/services/medi-cal/Documents/mednetele_27966_m01o03.pdf

<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthFAQ.aspx>

November 4 E-Consult Workshop Recap and Workgroup Survey

Participant Comments: Workgroup Vision for 2020

I don't think medical innovation succeeds by reimbursement/compensation strategies, or even by policy changes. I think it succeeds when it offers improved care, more efficiency, patient acceptance and, preferably, at lower cost.

Discuss pros and cons of non-mandated and non-voluntary models

Involve more working providers with high volume e-consults and active practice

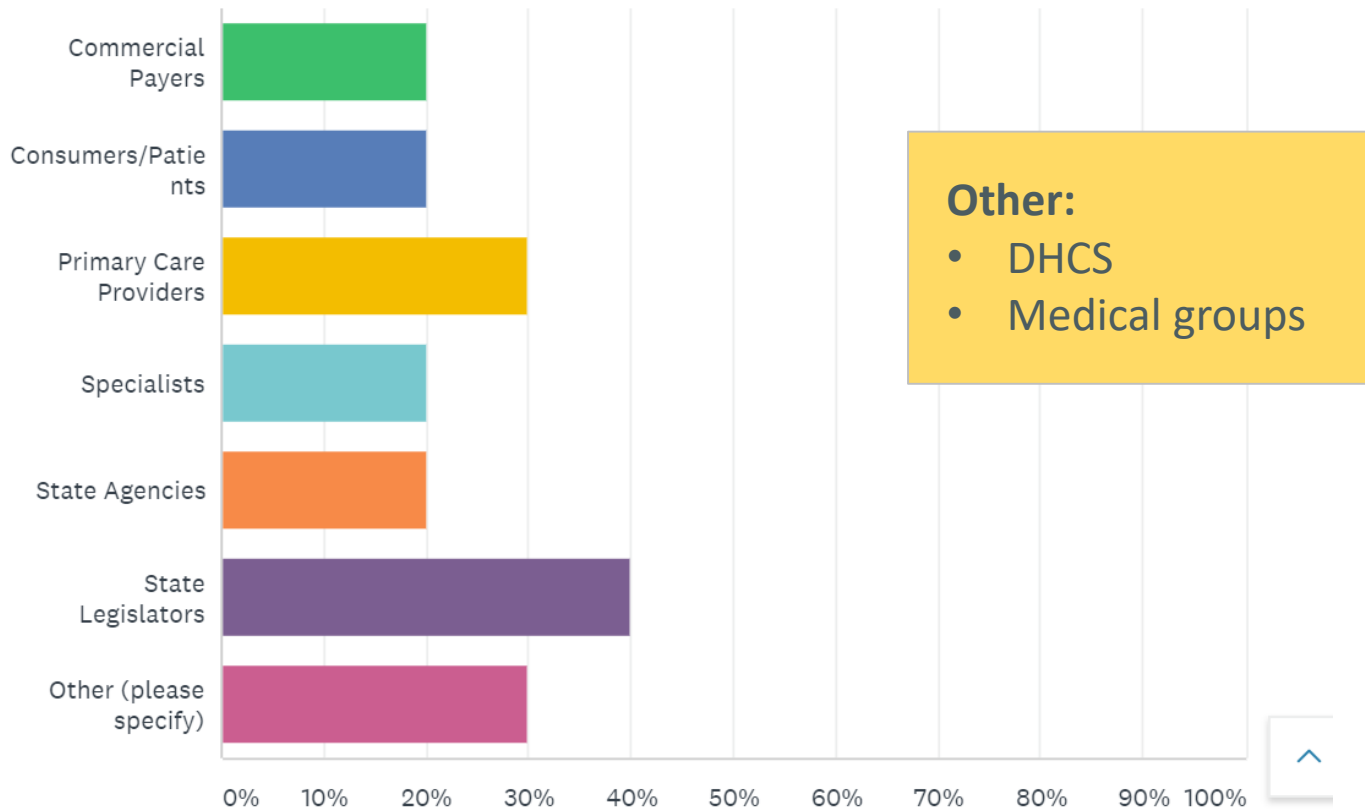
(need) Aggregation of data from all plans and providers to provide additional data to DHCS and DHMC

If we are going to advance this approach to care, we probably need to begin educating some key legislators on this approach.

Expanding the Membership of the E-Consult Workgroup

Which stakeholder group is missing/underrepresented on the workgroup? (Check all that apply)

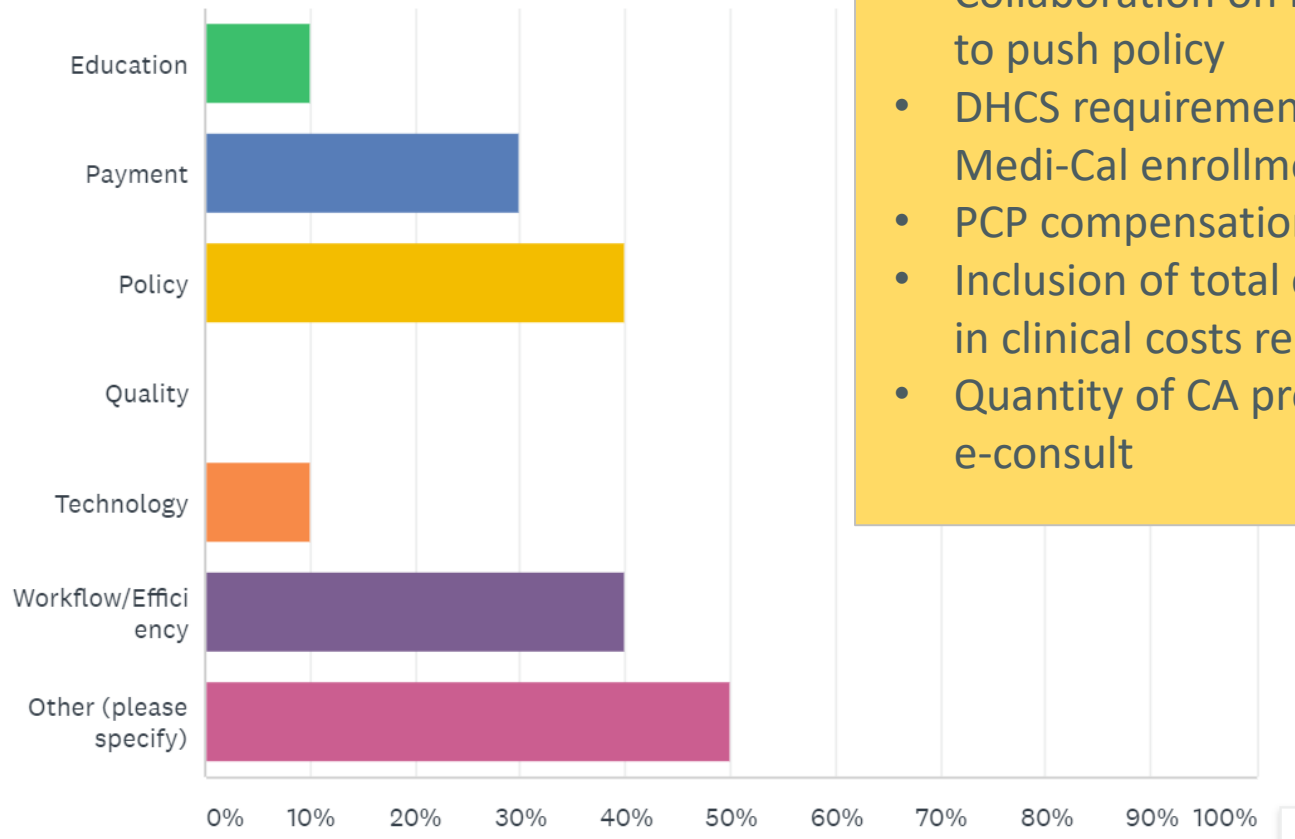
Answered: 10 Skipped: 0



Covering Key Topics: State Agency and Policymaker Engagement

What topic or issue do you wish we had more time to discuss?

Answered: 10 Skipped: 0



Additional Topics (other):

- Collaboration on research to push policy
- DHCS requirement of specialist Medi-Cal enrollment
- PCP compensation/recognition
- Inclusion of total cost of services in clinical costs reported by plans
- Quantity of CA providers using e-consult

Workgroup Focus Areas and Activities for 2020

Survey options were ranked as follows.

Where should we focus our efforts in 2020?

1. Standards

Create common standards and policies (credentialing, guidelines)

2. Metrics

Create a payer/provider subgroup to draft incentive programs and metrics

3. State Agency Engagement

Work with payers to report to DHCS, DMHC, determine how programs will be given credit

4. Education

Create an “E-Consult 101” to share stories, data, educate patients and providers

5. Primary Care Provider Incentives

Work toward primary care provider compensation or incentives for e-consults

Next Steps: MCP Subgroup - Sharing Programs with DMHC

- IEHP and LA Care have volunteered to share programs in sample filings to the California Department of Managed Health Care (DMHC)
- Managed care plans are interested in reporting telehealth for purposes of network adequacy
- MCPs can include telehealth in Annual Network Reporting
- Additional plans are encouraged to share e-consult programs with DMHC

*Next Managed Health Care Subgroup Meeting
Topic: Presenting E-Consult Programs to DMHC*



E-Consult Toolkit – share your stories and publications

<http://econsulttoolkit.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 search icon is also present. Below the navigation is a blue banner with 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. Below the banner is a section titled "E-Consult News & Events" with three bullet points: "Next CCHP E-Consult Workgroup Webinar Scheduled for October 3rd", "E-Consult Workgroup Submits Comments on CMS 2019 Physician Fee Schedule (PFS)", and "Community Health Center Network (CHCN) Adopts E-Consult to Repair Speciality Referral Process". At the bottom of the screenshot is a blue banner 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" and four buttons: "Readiness", "Planning", "Implementing and Scaling", and "Evaluation".

E-Consult Toolkit *Right care, right setting, right time*

Background ▾ News Policy ▾ Case Studies Publications ▾ Contact **Tools** 🔍

"E-consult provides better care and makes our providers happier. We've had great adoption throughout our system."

... -Michael Mulligan, MD, Chapa De Indian Health

E-Consult News & Events

- **Next CCHP E-Consult Workgroup Webinar Scheduled for October 3rd** The first CCHP E-Consult Workgroup Webinar for Q4 2018 will be held at 12 p.m. PDT on Wednesday, October 3rd. [Contact us](#) to learn about joining the Workgroup and attending the webinar.
- **E-Consult Workgroup Submits Comments on CMS 2019 Physician Fee Schedule (PFS)** [Final comments](#) on CMS's proposed reimbursement for provider-to-provider communications were gathered from E-Consult Workgroup members and submitted to CMS on September 10th. CMS is expected to finalize the 2019 PFS rules in November.
- **Community Health Center Network (CHCN) Adopts E-Consult to Repair Speciality Referral Process** In 2015, only 16% of CHCN's Medi-Cal patients were receiving speciality care. An analysis of its speciality referral process uncovered complexities that, in addition to lack of access and patient no-shows, contributed to this lack of speciality care. [More](#)

Expanding Safety Net Access to Specialty Care With E-Consult:
Best Practices, Tools and Templates for Payers, Providers, Policymakers and Patient Advocates

Readiness Planning **Implementing and Scaling** Evaluation

