E-Consult Workgroup Webinar

December 19, 2019
12-1 PT

https://zoom.us/j/352751180
+16699006833,,352751180#

BluePath HEALTH

Agenda

- Welcome and Introductions
- Primary Care Provider Support for Participation in E-Consult:
  William Kinder, Partnership Health Plan
  Leslie Warner, Shasta Community Health Center
- E-Consult Workgroup Cal AIM Submission
- Looking Back on a Decade of E-Consult – and Workgroup Vision 2020
- January Workgroup – DMHC Annual Network Reporting and E-Consult Filing

eConsult Workgroup

William Kinder

Senior Manager of OpEx/
Project Management Office

12/19/2019

PHC & Telehealth

Sometimes telehealth is the *only* option

Modes of Telehealth

Synchronous Traditional	Asynchronous Store & Forward
• Video Consultations	• *eConsult

*eConsult has proven to be a valuable telehealth service to assist PCP's to provide improved member care at sites lacking specialty providers.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Specialty Access through Telehealth

PHC Telehealth Program:

- Contracted with TeleMed2U to provide a telehealth specialty network
- Contracted with Safety Net Connect to provide the eConsult platform
  - Specialty Network available to PCP's utilizing a secure HIPAA compliant system provided by PHC.
  - Specialist (TeleMed2U) costs directly billed to PHC

TeleMed2U Increasing Access to Healthcare

eConsult

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Specialties

Current eConsult Specialties Available

- Dermatology
- Endocrinology
- Gastroenterology
- Infectious Diseases
- Neurology
- Pain Management
- Rheumatology
- Urology

PARTNERSHIP HEALTHPLAN of CALIFORNIA

Telehealth Program

PHC Telehealth Locations

Del Norte County
Open Door - Del Norte Community Health Center (V,EC)

Humboldt County
Karuk – Orleans Medical Clinic (V, EC, IHS)
K'ima:w Medical Center (V, EC, IHS)
Open Door - Eureka Community Health Center (V, EC)
Open Door - Ferndale Community Health Center (EC)
Open Door - Fortuna Community Health Center (EC)
Open Door - Humboldt Open Door Clinic (EC)
Open Door - Mckinleyville Community Health Center (EC)
Open Door - Mobile Health Services (V, EC)
Open Door - NorthCountry Clinic (EC)
Open Door - Redwood Community Health Center (EC)
Open Door - Willow Creek Community Health (V, EC)
Redwoods Rural Health Clinic (V)

Lake County
Lakeview Health Center (V)
Adventist Health - St. Helena Family Health Center (V)

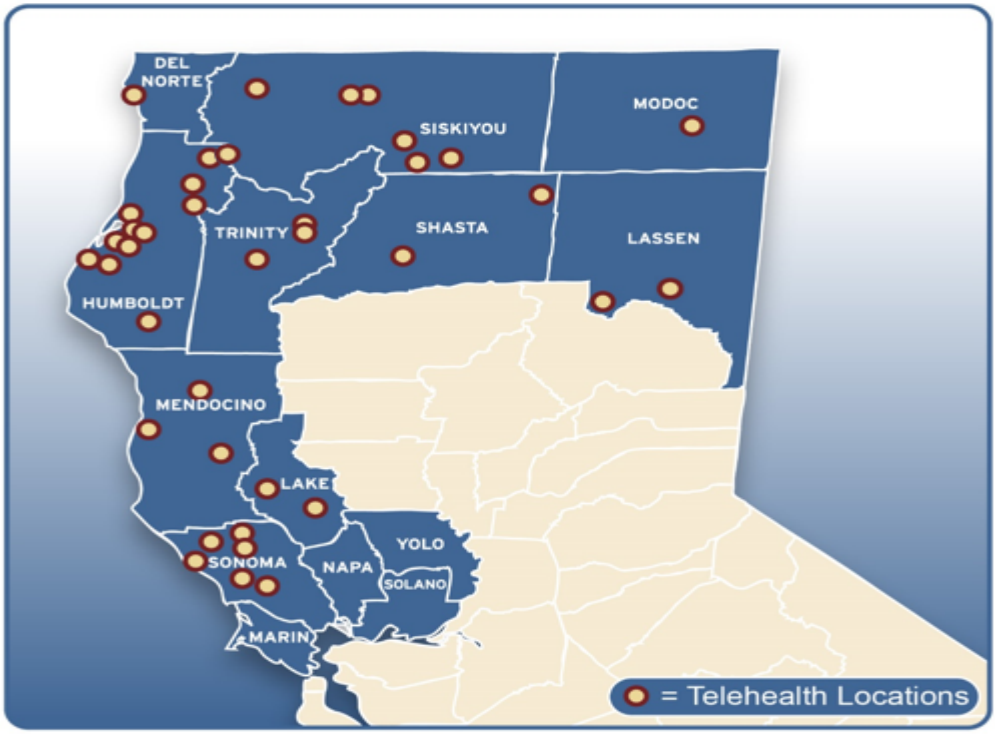
Lassen County
Northeastern Rural Health Clinic (V, EC)
Westwood Family Practice (V, EC)

Mendocino County
Consolidated Tribal Health Center (V, EC, IHS)
Long Valley Health Center (V)
Mendocino Coast Clinic (V)

Modoc County
Modoc Medical Center (V)

Shasta County
Mayers Memorial Hospital (V, EC)
Shasta Community Health Center (V, EC)

Siskiyou County
Fairchild Medical Center (V)
Karuk - Happy Camp Clinic (V, EC, IHS)
Karuk - Yreka Medical Clinic (V, EC, IHS)
Shasta Cascade - McCloud Healthcare Clinic (V, EC)
Shasta Cascade - Dunsmuir Community Health Center (V, EC)
Shasta Cascade - Shasta Valley Community Health Center (V, EC)

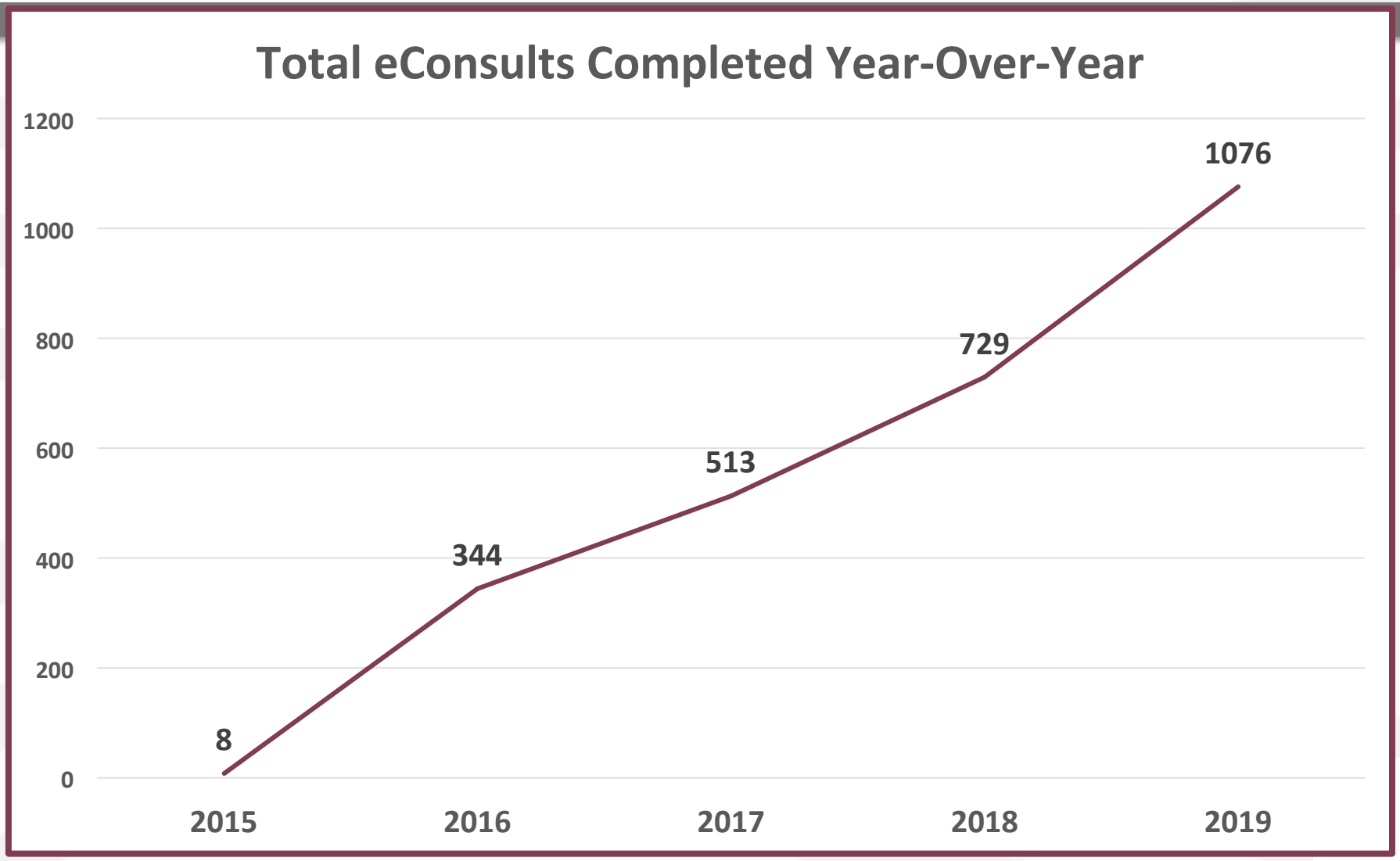


V = Video
EC = eConsult
IHS = Indian Health Services

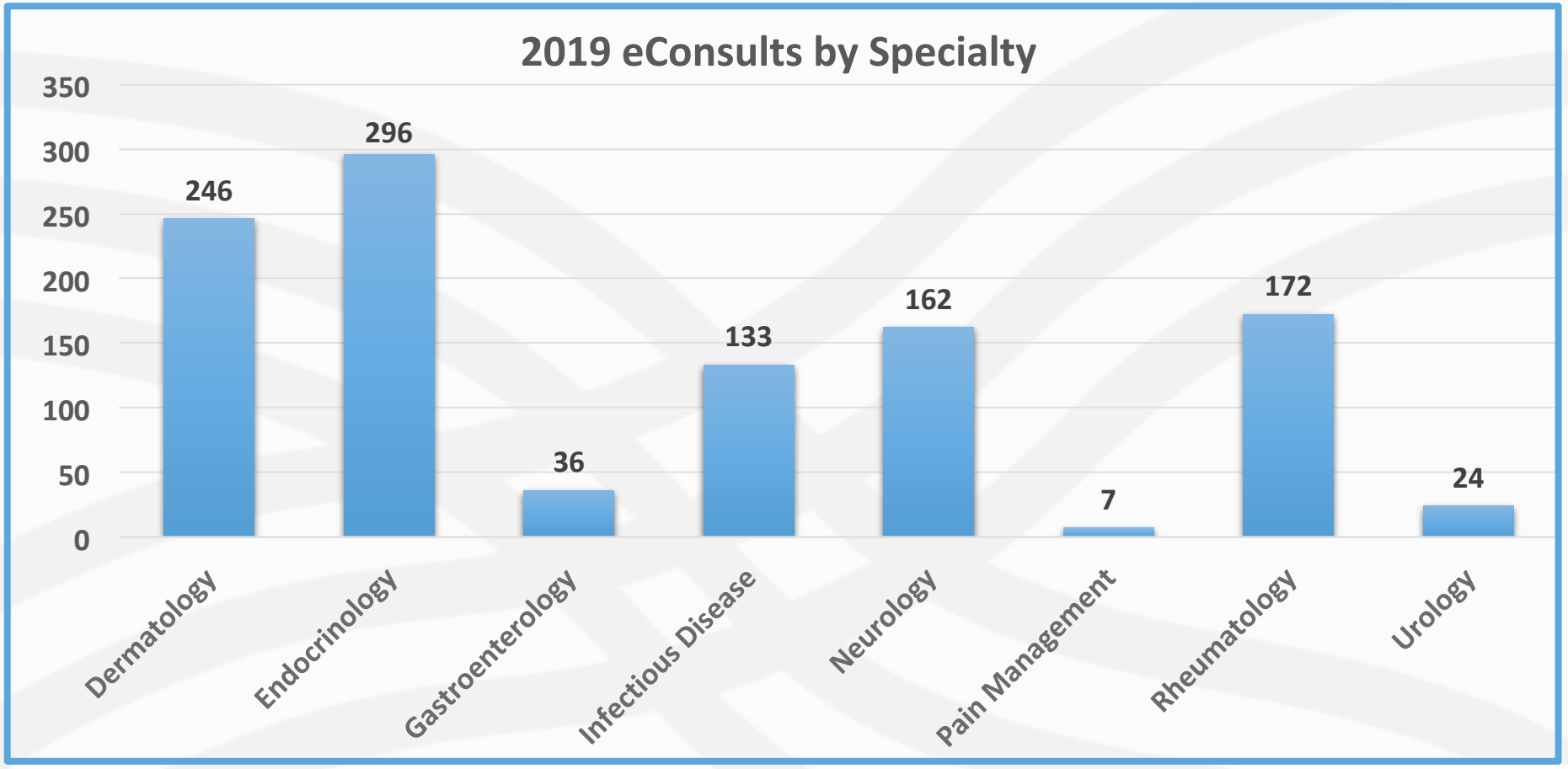
Sonoma County
Alexander Valley Healthcare (V)
Petaluma Health Center, Petaluma (V, EC)
Petaluma Health Center, Rohnert Park (V, EC)
West County - Occidental Area Health Center (V, EC)
West County – Russian River Health Center (V, EC)
West County - Gravenstein Community Health Center (V, EC)

Trinity County
Mountain Communities Health Dist., Hayfork Community Clinic (V)
Mountain Communities Health Dist., Trinity Community Clinic (V)
Redding Rancheria Trinity Health Center (V, IHS)

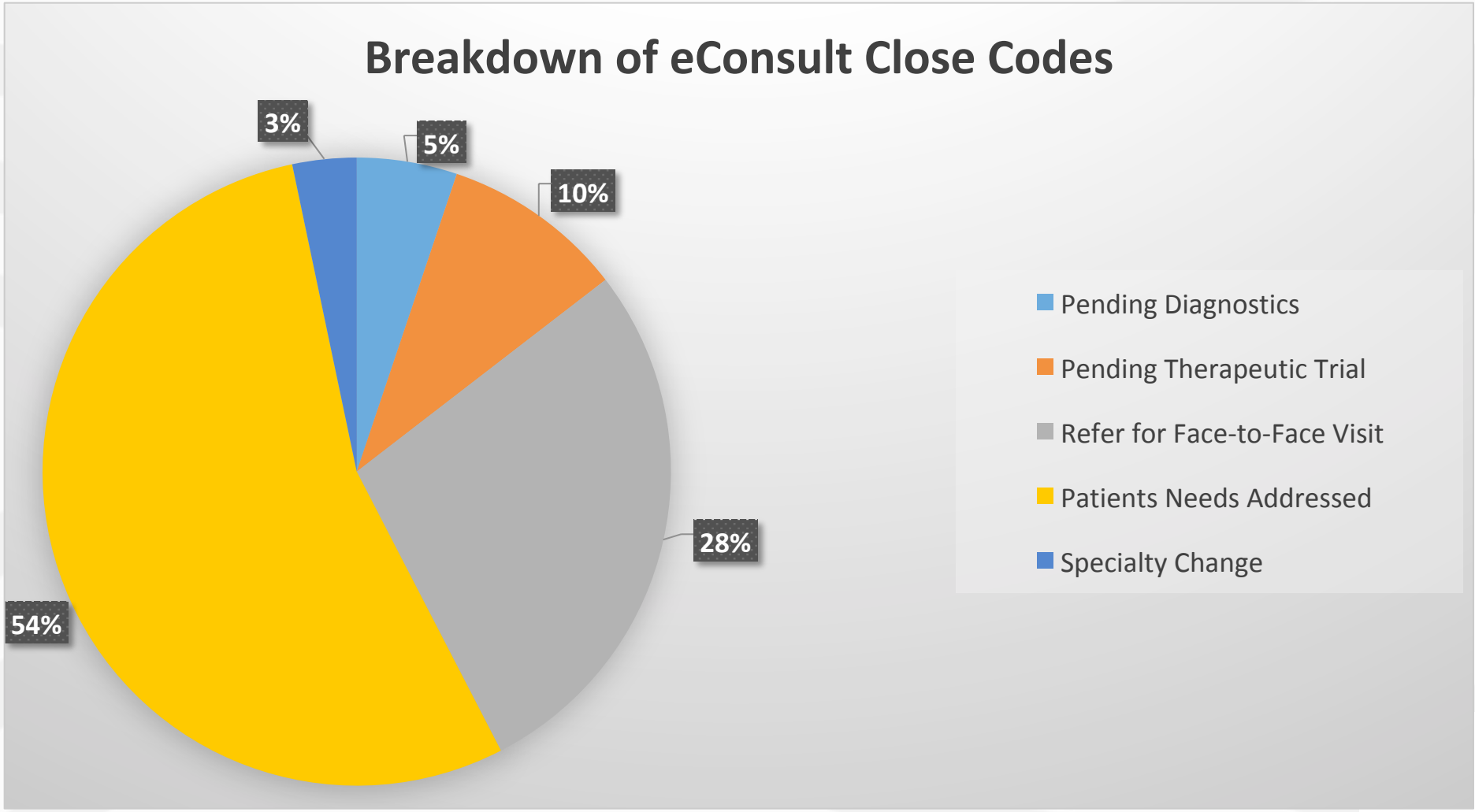
eConsult Specialty Utilization



eConsult Specialty Utilization



eConsult Close Codes



Challenges and Barriers

- Lack of space/staff/equipment
  - Physical space for live video visits
  - Administrative/coordination staff time
  - Equipment
- Internal adoption (sites)
  - Staffing - coordination
  - Executive team and physician engagement
  - Revised workflow
  - Key staff retention

PHC Support

- Telehealth coordinator support grant
- Comprehensive onboarding
- Full-time PHC telehealth support team
- PHC hosted telehealth coordinator forums

Telehealth Coordinator Support Grant

- To help offset some of the cost of a Telehealth Program
  - Per CTRC only plan they're aware of that is providing this
- All eligible Telehealth provider to serve our members
- Can have a video, eConsult or mix of modalities
- Incentivize eConsult
- Incentivize outside referrals
- Semi-annual payout
- Making a two-pronged incentive program:
  - 1st component based on total utilization
  - 2nd component is based on utilization percentage of total member population

Who Benefits from eConsult?

Benefits of eConsult	PHC	Member	Clinic/HC
Lowers cost of care	X		
Lowers time to care	X	X	X
Limits out of network referrals	X	X	X
Increases quality of referrals	X	X	X
Reduces distance to care	X	X	X
Reduce wasted coordinator time			X
PCP can gain knowledge			X
Continuity of care		X	X
Reduce "no shows"	X		X

Open Door/PHC Specialty Care Model

eConsult First

- 54% patient needs addressed without referral
- Patient time to care – average 4 days vs 51 days for traditional specialty appointment
- Reduced travel out of area and travel cost
- Reduced cost of care - 25% cost of traditional out of area specialty services
- PCP/Patient relationship – patient history and local care
- Referrals for face to face visits based on assessed need (pull versus pushed referrals)
  - Continuity of care – same specialist for eConsults as live video
  - More productive clinic
- Opens capacity for specialty face to face visits through improved referral management
- HIPAA compliant platform and specialist network costs paid directly by PHC

Requested F2F

Live Video

Open Door/PHC Specialty Care Model

"In our rural setting, we have limited access to specialists. I'm an advocate for eConsult and Telehealth as it addresses the barriers that often come with care in the rural setting. Our goal is to provide timely, quality care. Utilizing eConsult, we've seen a reduction in travel and wait times for our patients; a significant drop in the number of days the patient's health care needs are addressed; and a reduction in face to face specialty visits.

Every referral, that is feasible, should be sent to eConsult. If a specialist can review it, there is no downside. Let's meet our patients where they are at."

Dr. Willard Hunter,
Open Door Community Health Center, CMO

Questions?

Contact:

PHC Telehealth Program

telemedicine@partnershiphp.org

Telemedicine and eConsult

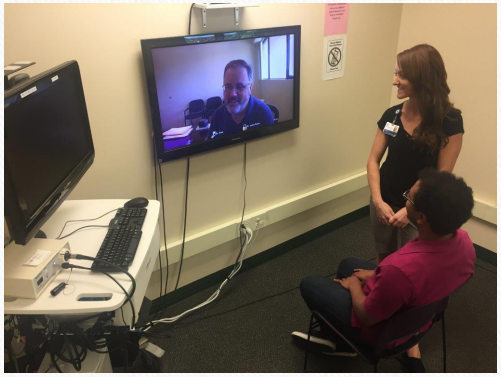
Leslie Warner Telemedicine Program and Promotion Manager

Shasta Community Health Center

- **Top 1% of Community Health Centers in the United States (HRSA)**
  - Family Practice
  - Dental
  - HOPE
  - Integrated Substance Abuse Program
  - NP/PA Post Graduate Fellowship
  - Residency
  - Urgent Care
  - Pediatrics
  - Residency

Telemedicine

- Pediatric Neurology
- Pediatric Psychiatry
- Pediatric Immunology
- Pediatric Endocrinology
- Perinatology
- Pediatric Infectious Disease
- Rheumatology
- Adult Psychiatry
- Adult Neurology
- Adult Endocrinology
- Pain Management



eConsult

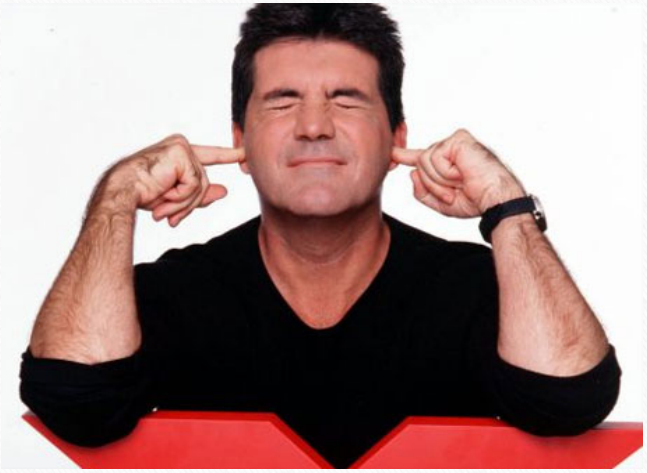
PARTNERSHIP HEALTHPLAN of CALIFORNIA

It's a No

- It will add more administrate work to my day.
- The recommendations will be out of my scope.
- I can not communicate back and forth with the specialist.
- I may not want to implement the recommendations.
- It will affect my ability to refer to specialist.

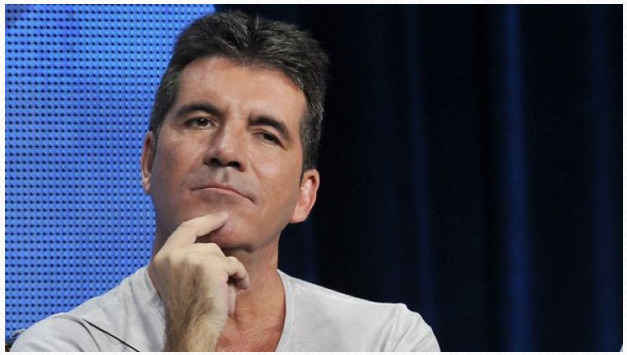
Proven Benefits

- Quick responses from specialist (24 hours)
- Data shows patients needs addressed 75% of time, eliminated the need for face-to-face visit (2019)
- Dedicated specialist for referrals versus seeking a specialist to see the PHC member



Persistence

- Chief Information Officer support.
- Board of Directors approval.
- Need for one clinician champion.



What do I know?

There is still an issue with access to specialty care in our community.

	Auth Count	Number of Claims	% RAFs Used	Average Days to Appt
Gastroenterology	573	349	60.90%	48.1
Dermatology	245	75	30.60%	52.6
Pain Management	129	67	51.90%	42.7
Neurology	124	83	66.90%	55.8
Urology	114	53	46.50%	37.8
Infectious Diseases	87	29	33.30%	78.8
Nephrology	49	33	67.30%	40.1
Rheumatology	11	7	63.60%	28.3

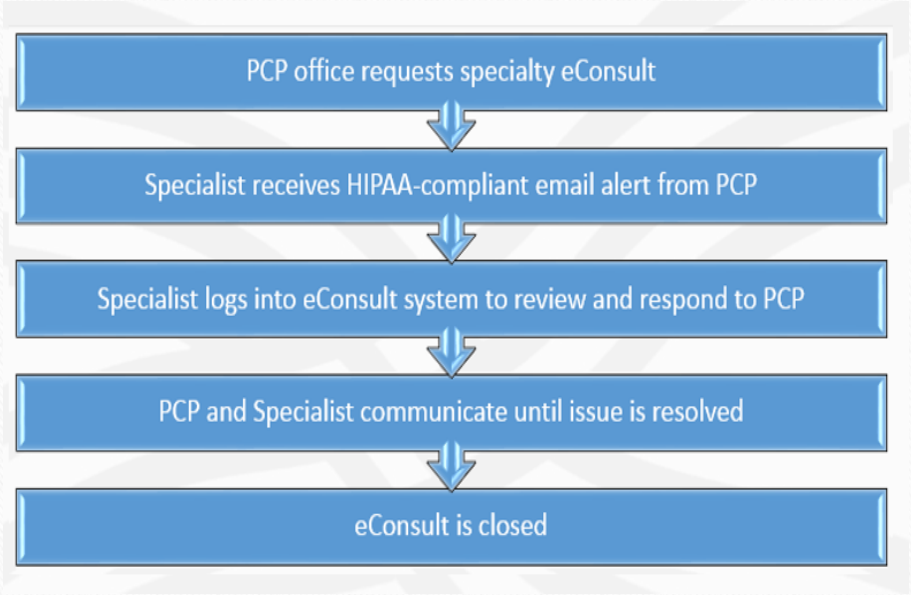
What is eConsult?

- Electronic consultation as a mode of specialty care delivery, that allows primary care providers and their patients to obtain specialist expertise without an in-person visit.

- For Partnership Health Plan eConsult is Safety Net Connects (SNC) web-based system that allows primary care providers and specialists to securely share health information and discuss patient care via an email-based platform.

SAFETY NET CONNECT

How does it work?

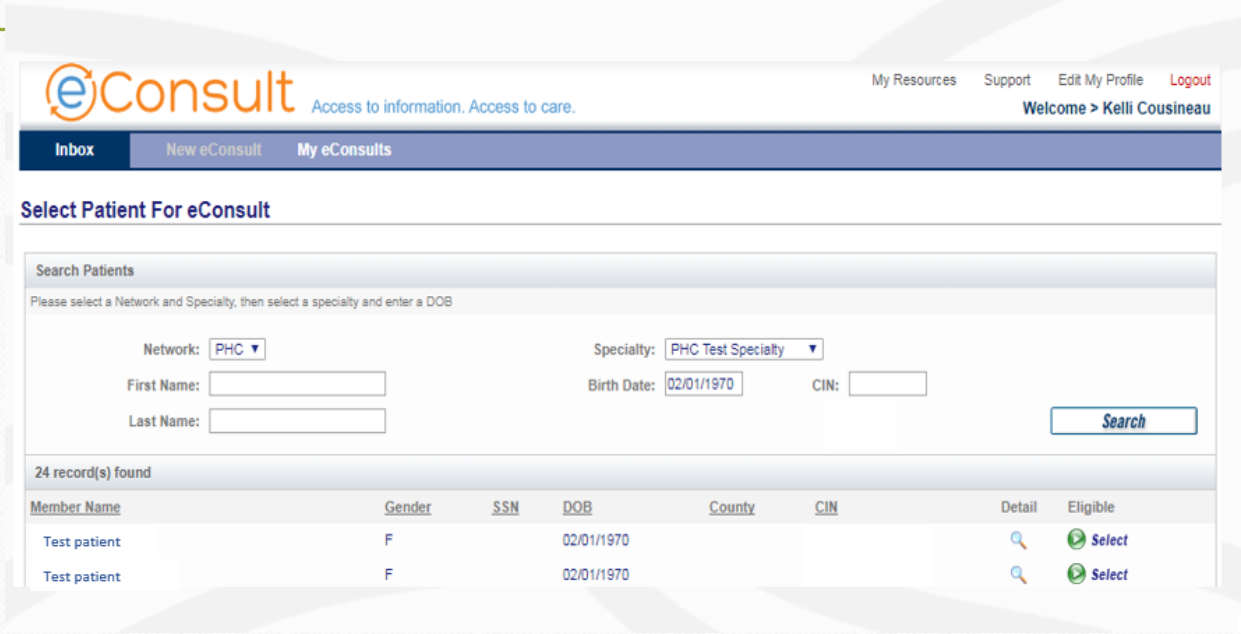


What specialty consults are available?

- PHC members 21 years and older.

- Cardiology
- Neurology
- Dermatology
- Nephrology
- Endocrinology/Diabetes
- Pain Management
- Gastroenterology
- Pulmonology
- Hematology/Oncology
- Rheumatology
- Infectious Diseases
- Urology

Platform View



Benefits

- No platform fees
- Save referral center representatives time
- Qualifies for PHC Support Grant
- Decreases face-to-face specialty referrals
- Earlier specialist intervention
- Reduces distance to care, no travel necessary
- Continuity of Care, PCP involved in care
- Higher patient satisfaction

Why eConsult?

Increases access

Lowers cost

Improves outcomes

Better patient care

Open Discussion

• Can someone else do it?	Yes, I'll submit it for you!
• Can I say no if it's beyond my scope?	Yes, that's up to you.
• Will I have more administrative task?	Yes, or the patient returns.
• What if over utilization occurs?	Good, it's education.
• Which situations are best?	When you have a direct question.
• Who are the specialist?	TeleMed2U, same every time.

Implementation

- PCP request eConsult through Order Management referral system.
- One point of contact for pilot program.
- Training of scribes.
- Training of providers.
- Email notifications, go live!

Acceptance & Approval

E-Consult Workgroup Comments Submitted to Cal AIM

CalAIM has three primary goals:

- Identify and manage member risk and need through Whole Person Care approaches and addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

E-Consult Workgroup recommendations/requests:

- DHCS include ambulatory specialty care metrics 1.3.5 and 1.3.6 in QIP for designated public hospitals and district and municipal public hospitals.
- DHCS take the opportunity to create a comprehensive health IT plan under the IMD waiver that designates a connected care coordinator to oversee and coordinate health technology initiatives across programs with stakeholders.
- DHCS consider investments in health technology, including telehealth and other innovations, in setting and adjusting rates for regional MCP capitation.

California Telehealth Policy Coalition Comments Submitted to DHCS

Thank you to all who submitted edits, comments and other feedback!

Managed Care Plan reporting on telehealth activities in Population Health Management Strategies

- Request that DHCS specifically allow for MCP reporting on telehealth on population health management initiatives

Telehealth provided in "in lieu of services"

- Allow MCPs to use telehealth to provide additional services and supports to members, such as in respite care

Consideration of telehealth in rate-setting

- Determine how to calculate MCP investments in telehealth when setting rates for MCPs

"Connected care coordinator" position

- Establish a coordinator position to oversee all the data sharing elements of CalAIM and wider technology strategy for DHCS on subjects like telehealth policy

Awareness of telehealth

- Ensure that initiatives like full integration plans don't require "in-person services" where unnecessary

© California Telehealth Policy Coalition

Sharing E-Consult Program Data with State Agencies

- IEHP and LA Care have volunteered to share programs in sample filings to DMHC
- Plans are interested in reporting telehealth for purposes of network adequacy
- MCOs can include telehealth in Annual Network Reporting
- Additional plans are encouraged to share e-consult programs with DMHC

(see attached checklist for detail)

What questions do you have for DMHC RE: the checklist?

January Workgroup discussion with DMHC:
Sharing plan program data through
Annual Network Reporting form

DEPARTMENT OF Managed Health Care

Looking Back on a Decade of E-Consult: What's your E-Consult Elevator Pitch?

Example:

E-consult connects primary care providers to specialists to provide advice on patient care for those who would otherwise have extensive wait times (e.g. 6+ months) to see a specialist. Through e-consult, patients receive specialist advice in less than four days (often same day) and may not need to take time away from work or family for an unnecessary visit to the doctor, saving transportation and costs that are often challenging for fragile patients. Peer reviewed publications and data support that e-consults improve access to care for safety net patients. E-consult has gained State and national recognition in 2019, and is now reimbursed by both Medi-Cal and Medicare.

E-Consult Workgroup Tools, presentations and medical journal publications can be found at econsulttoolkit.com.

E-Consult Workgroup 2020 Vision: Participant Survey

Considerations 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.

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

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

Ways to start up data collection within individual institutions

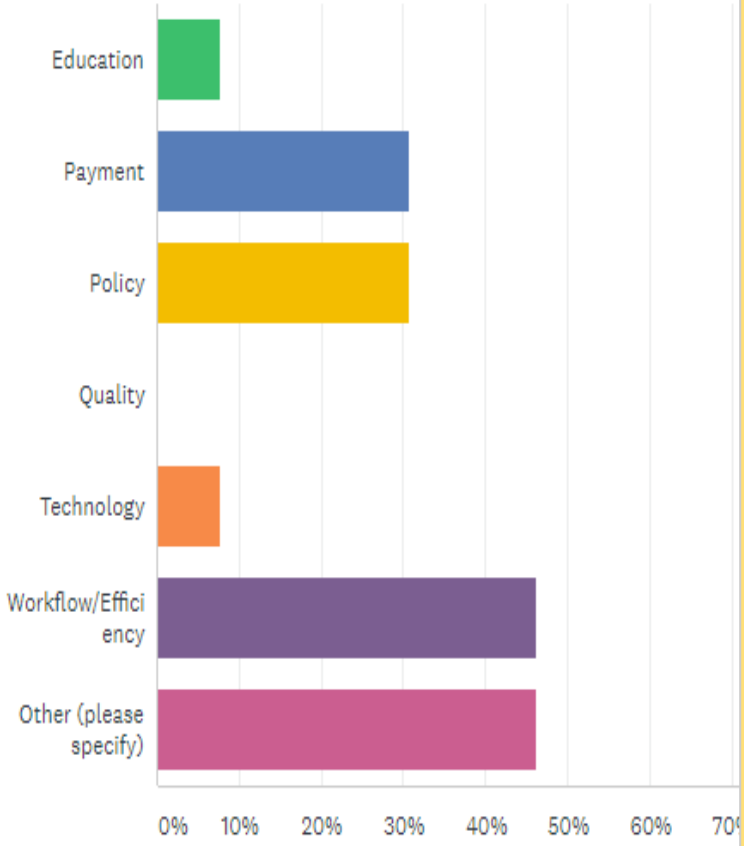
(need) Aggregation of data from all plans and providers to provide additional data to DHCS and DHMC

Review of primary care concerns and success stories of co-management by specialists, not administrators

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

Key Topics for Discussion in 2020

Answered: 13 Skipped: 0



Additional Topics:

- Collaboration on research to push policy
- DHCS requirement of specialist Medi-Cal enrollment
- Inclusion of total cost of services in clinical costs reported by plans
- Network adequacy
- Next steps with DHCS and DMHC on reimbursement challenges
- Number of CA providers using e-consult
- PCP compensation/recognition
- Standardized metrics

Workgroup Focus Areas and Activities for 2020

1.1. Standards

- Create common standards and policies (credentialing, guidelines)

1.2. Metrics

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

1.3. State Agency Engagement

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

1.4. Education

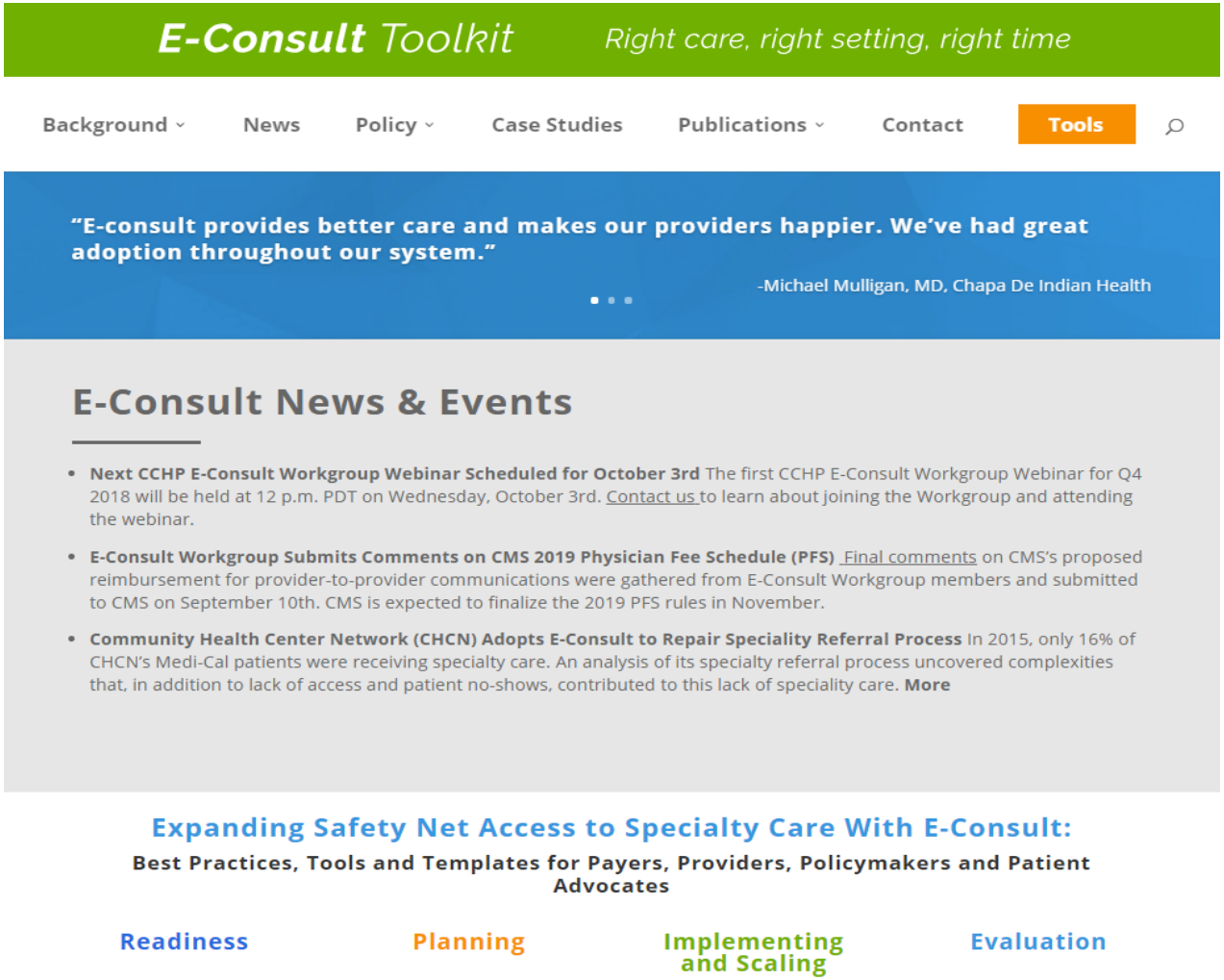
- Create an “E-Consult 101” to share stories, data, educate patients and providers

1.5. Primary Care Provider Incentives

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

E-Consult Toolkit

http://econsulttoolkit.com/



BluePath HEALTH