

March 13, 2020

The Honorable Assemblymember Jim Wood (Chair)
The Honorable Assemblymember Chad Mayes (Vice Chair)
Assembly Committee on Health
State Capitol Building, Room
Sacramento, CA 95814

RE: Support for A.B. 2164

Dear Assemblymember Wood,

As the E-Consult Workgroup, we are writing to urge you to support electronic consult (e-consult) implementation funding for health clinics in California, and support A.B. 2164. The [E-Consult Workgroup](#), facilitated by BluePath Health and consisting of over 100 payer, provider and patient advocacy organizations, aims to advance the adoption of electronic consultations (e-consult) at both the state and national levels, particularly in the safety net.

A.B. 2164 creates the E-Consult Services and Telehealth Assistance Program within the Department of Health Care Services (DHCS) to award grants to health centers, network and rural health centers (RHCs) to implement and evaluate e-consult programs. Stakeholders engaged in e-consult expansion have worked over the past six years to implement and scale e-consult programs through partnerships among public health systems, clinic networks and Medi-Cal managed care plans to expand access. However, e-consult start-up present financial, policy and operational barriers, and current Department of Health Care Services' (DHCS) reimbursement policy does not allow for FQHCs and RHCs to include these services in encounters to the Department.¹

Medi-Cal beneficiaries continue to lack access to specialty care, as described in the DHCS's recently published 2017-18 Access Assessment.² E-consult offers a foundational strategy to alleviate specialty access issues, in addition to improved provider work quality and satisfaction, and cost savings for the health system. Research out of Los Angeles County Department of Health Services found that 25% of e-consults performed within the DHS clinic network were resolved without the need for a follow-up in-person visit over the period 2012 to 2015.³ A 2018 study of beneficiaries in Connecticut's Medicaid program found that patients who received an e-consult had \$82 less in spending per episode-of-care costs per month than those sent directly to face-to-face-visits.⁴ Numerous other studies have demonstrated improved access and

¹ Department of Health Care Services (DHCS). Medi-Cal Provider Manual, Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), Outpatient Services Chapter (2019).

² Department of Health Care Services (DHCS). 2017-18 Access Assessment: Final Report. October 2019

³ Barnett ML et al. Los Angeles Safety-Net Program eConsult System Was Rapidly Adopted And Decreased Wait Times To See Specialists. Health Aff. 2017;36(3). doi: 10.1377/hlthaff.2016.1283.

⁴ Anderson D, Villagra VG. Reduced Cost of Specialty Care Using Electronic Consultations for Medicaid Patients. Health Aff. 2018;37(12). doi: 10.1377/hlthaff.2018.05124.

timeliness of care,⁵ high level of provider satisfaction,⁶ and improved efficiency.⁷ Recently, the California Health Care Foundation also released the results of an evaluation showing that e-consult in a California-based FQHC network resulted in 17% decrease in average wait time for an in-person specialist visit and that 25% of e-consults were resolved without requiring an in-patient visit, among other findings.⁸ Even more, recent research from UCSF funded by the Center for Medicare and Medicaid Innovation shows that patients have similar satisfaction levels for e-consult compared to those for in-person visits, and prefer that their providers use e-consult in the future.⁹

The E-Consult Services and Telehealth Assistance Program would provide California's safety net clinics with much-needed resources to adopt technology that can bring safety net services to parity with other delivery systems that primarily serve commercially insured patients. Increasing access to care for this population may be more essential now more than ever, given the COVID-19 pandemic, and the strain the crisis on our providers' ability to provide in-person services. In addition to enhancing equity, e-consult stands to improve access to care while decreasing costs. For these reasons, the E-Consult Workgroup urges you to support A.B. 2164 and fund innovative solutions for Californians most at risk of going without needed health care.

Sincerely,

⁵ Olayiwola JN, Anderson D. Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medically Underserved: A Cluster-Randomized Controlled Trial. *Ann Fam Med*. 2016;14(2). doi: 10.1370/afm.1869.

⁶ Liddy C, Afkham A. Impact and Satisfaction with a New eConsult Service: A Mixed Methods Study of Primary Care Providers. *J Amer Board Fam Med*. 2015;28(3). doi: 10.3122/jabfm.2015.03.140255.

⁷ Stoves J, Connolly J. Electronic consultation as an alternative to hospital referral for patients with chronic kidney disease: a novel application for networked electronic health records to improve the accessibility and efficiency of healthcare. *BMJ Qual Saf Health Care*. 2010;19(5). doi: 10.1136/qshc.2009.038984.

⁸ John Snow, Inc. CHCN RubiconMD Evaluation: JSI Final Report 2019. October 17, 2019. Retrieved from: <https://www.chcf.org/wp-content/uploads/2019/10/JSIRubiconEvaluationReport.pdf>.

⁹ Ackerman S. E-Consult Workgroup Webinar Presentation, February 5, 2020.