

TO: The Honorable Gavin Newsom, Governor, State of California  
CC: Richard Figueroa, Deputy Cabinet Secretary  
Dr. Mark Ghaly, Secretary, California Health and Human Services Agency  
Dr. Alice Chen, Deputy Secretary for Policy, California Health and Human Services Agency  
Dr. Brad Gilbert, Director, Department of Health Care Services  
Tam Ma, Deputy Legislative Secretary, Office of the Governor  
Mike Wilkening, Special Advisor on Innovation and Digital Services, Office of the Governor

FROM: The E-Consult Workgroup

DATE: March 17, 2020

**RE: Recommendations to Quickly Promote the Use of E-Consult and Telehealth In California During the COVID-19 Pandemic**

With COVID-19 infections and mortality rapidly rising in the state, California lawmakers and policymakers must take swift action to stem the spread of the virus. Public health experts have pointed to human-to-human contact as the primary mode of transmission, and many leaders and experts, including the Centers for Disease Control and Prevention and President Trump in his recent address to the nation, have pointed to telehealth as key to providing ongoing access to care while keeping people out of health care facilities during this pandemic.

As organizations dedicated to the use of electronic consults (e-consults), we respectfully request that Governor Newsom use his emergency powers to direct the Department of Insurance (DOI) and the California Health and Human Services Agency (CHHS) and its departments take immediate steps to promote the use of e-consult and related telehealth applications during this national emergency, as outlined below. E-consults, billed as interprofessional internet consultations per Common Procedural Terminology (CPT), are secure, asynchronous provider-to-provider consultations, generally initiated by a primary care provider to a specialist to ask for an expert opinion on a given patient's case. Given that CMS has taken action to expand access to telehealth services in the Medicare program, we believe that California can do the same to ensure access to care in the Medi-Cal program and the commercial insurance space.

In developing this call to action, several principles that underpin our work promoting e-consult guided the development of our recommendations below. Specifically, the E-Consult Workgroups tenets include

- **E-consult is the standard of care in much of the California delivery system.** Provider-to-provider consultations are no longer in pilot stage where they have been implemented across California. Many large health care delivery systems such as Kaiser Permanente, the Veterans Health Administration and UCSF have e-consult and other telehealth programs in place. However, the majority of nursing homes and community health centers—facilities on the front lines of patient care during this crisis—do not have e-

consult programs and are sorely lacking in the funding and resources to stand up telehealth programs right now.

- **E-consult improves access to specialty care and network adequacy.** E-consult programs can improve access to care by assisting in the avoidance of unnecessary wait times: Los Angeles County Department of Health Services found that 25% of e-consults performed within their system were resolved without the need for a follow-up visit.<sup>1</sup> This access is particularly critical during this pandemic where avoiding unnecessary, non-urgent visits is critical to free up precious provider time for patients who need it most.
- **E-consult promotes the health home model and builds primary care provider (PCP) capacity.** E-consult reinforces the patient-centered medical home and broader goals of care coordination by bringing specialty care expertise into the primary care setting.<sup>2</sup> Studies also show e-consult builds PCP capacity and education through specialist-to-PCP knowledge transfer.<sup>3 4</sup>

Given that under Government Code section 8627, the Governor presently has complete authority over all government agencies and the power to promulgate, issue and enforce all regulations as he deems necessary during this state of emergency, we respectfully ask that the Governor and his advisors take the following actions to support e-consult and telehealth more broadly:

**Ensure that DHCS include the entire CPT e-consult code set in implementing the proposed 1135 waiver**

We would like to thank the Department of Health Care Services for submitting the section 1135 waiver on March 16, 2020 and for requesting that FQHCs and RHCs receive flexibility in reimbursement for telehealth encounters, including for e-consults. If CMS approves the waiver in its entirety, we ask that DHCS include the following codes in setting policy for FQHC/RHC e-consult payment methodology:

- **99446:** Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- **99447:** Same as 99446 but 11-20 minutes of medical consultative discussion and review.

---

<sup>1</sup> 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.

<sup>2</sup> Battaglia C et al. Evaluation of E-Consults in the VHA: Provider Perspectives. *Fed Prac.* 2015;32(7).

<sup>3</sup> Chen A H et al. Improving Primary Care-Specialty Care Communication: Lessons from San Francisco's Safety Net. *J Am Med Assoc.* 2011;171(1):65-7. Doi: 10.1001/archinternmed.2010.484.

<sup>4</sup> Liddy C et al. eConsults and Learning Between Primary Care Providers and Specialists. *Fam Med.* 2019;51(7):657-573. Doi: 10.22454/FamMed.2019.407574.

- **99448:** Same as 99446, but 21-30 minutes of medical consultative discussion and review.
- **99449:** Same as 99446, but 31 minutes or more of medical consultative discussion and review.
- **99452:** Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/ requesting physician or qualified health care professional, 30 minutes.

**Pass and fund A.B. 2164 (2020) to create a E-Consult Services and Telehealth Assistance Program for community health centers and networks**

We ask that the Governor work with the state Legislature to immediately pass and enter into law A.B. 2164 (Rivas) and to disperse necessary funds in an emergency budget bill. These funds will be available for community health centers and networks to stand up provider-to-provider consultation programs available to all front-line primary care providers on a 24/7 basis. In this pandemic, primary care providers need clinical advice from specialist colleagues, particularly infectious disease specialists, but many of these providers in community health centers do not have easy access to such specialists at the moment.

**Waive California licensing requirement for providers to bill for services provided to Medi-Cal beneficiaries provided during this emergency**

We thank DHCS for requesting flexibility from CMS around Medi-Cal provider enrollment, specifically around administrative processing and licensing. We ask that should the department be granted such authority, that the department allow for all providers licensed in another U.S. state to serve beneficiaries and be reimbursed for such services. California already sorely lacks providers, particularly primary care providers, and will need to lean on providers in other states to fill the gaps remotely via e-consults and other telehealth.

**Issue guidance through DHCS to managed care plans that all telehealth services provided during the crisis not currently encounterable will be considered in rate setting for the next coverage year**

Lastly, we ask that the Governor direct DHCS to issue guidance to managed care plans serving Medi-Cal beneficiaries to clarify that all telehealth services provided to beneficiaries during the crisis that are not currently reimbursable or encounterable per the Provider Manual will be considered in future rate setting. This may include the use of e-consult in FQHC and RHC settings where e-consult encounters are not currently considered in managed care plan rate setting. It may also include the use of remote patient monitoring paid for by plans to monitor patients with COVID-19 and other conditions to ensure patient vitals can be captured by providers while patients are home.

**Conclusion**

The COVID-19 crisis presents an unprecedented situation for California, measured both by the numbers of those infected and the opportunity to prove its potential for leadership in the response to the pandemic. We believe that California's Governor is up to the task to address the crisis and reduce its spread by promoting health care providers' use of innovation technologies like e-consult and other telehealth. To do so, California leadership must provide support and reassurances to health care providers and payers that their efforts to expand access will be recognized and reimbursed. Accordingly, the E-Consult Workgroup appreciates the Governor's consideration of our recommendations outlined in this letter.

We look forward to working with our members and your Administration as we tackle the COVID-19 pandemic. Please direct any questions to Robby Franceschini at [robby.franceschini@bluepathhealth.com](mailto:robby.franceschini@bluepathhealth.com).

Sincerely,

The E-Consult Workgroup