

E-Consult Workgroup April Webinar

April 7, 2020

<https://zoom.us/j/706372861>
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Agenda

- Welcome and Introductions
- COVID-10 and E-Consult: Telehealth Triage in Different Care Settings:
 - Hospital – Elizabeth Murphy, MD and Delphine Tuot, MD, UCSF/ZSFG
 - Older Adults – Michael Kurliand, MD, West Health
 - Corrections – Anna Potopav, MD and Sarah Alexander, RubiconMD
- E-Consult State and Federal Policy Updates:
Robby Franceschini, BluePath Health, California Telehealth Policy Coalition
- November 16 Annual E-Consult Workshop and Sponsorship Opportunities
- E-Consult News and Toolkit: COVID-19 Resources for Providers

COVID-19 and Telehealth Triage in Different Care Settings



Hospital

How are e-consult and eReferral being used to address inpatient needs?



Older Adults

How can e-consult and telehealth improve primary care providers' care of geriatric patients?



Corrections

How is e-consult getting corrections patients the specialty care they wouldn't receive otherwise?

UCSF/ZSFG - eReferral in the Hospital Setting

Elizabeth (Lisa) Murphy, MD

Chief, Endocrinology and Metabolism Division

Director, Diabetes Center for High Risk Populations

Specialty Lead, eReferral Program, ZSFG

Professor of Clinical Medicine, UCSF

Delphine Tuot

Associate Professor, Division of Nephrology, ZSFG

Associate CMO, Specialty Care and Diagnostics, ZSFG

Director, SFHN electronic consultation program

Director, UCSF Center for Innovation in Access and Quality, ZSFG



West Health – Older Adults

Michael Kurliand, RN

Director of Telehealth and Process Improvement

West Health





RubiconMD

Expert insights. Better care.

Sarah Alexander
Chief Operating Officer
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Dr. Anna Potopav
Head of Medical Networks
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Supporting correctional health

When partnered with correctional clinicians, eConsults:

- Empowers clinicians to handle more specialty-related cases on-site
- Drives down facility costs associated with inmate transportation and security, unnecessary referrals, diagnostics and procedures
- Reduces overall patient wait days for specialty care
- Educates and trains clinicians, helping them learn concepts to leverage for future patient care
- Recruits and retains talent



Impact across corrections

RubiconMD metrics



4,668
eConsults



<3h
median
turnaround time



4.9 average rating

PCP Reported Outcomes



70%
improved
care plan



40%
of eConsults avoid
unnecessary
referrals, dx or px



1,227
CME credits earned to
date

Facility & Patient Impact



\$300 - \$800
Average savings per
eConsult



8.4k
hours seeking
care avoided



112k
patient wait
days avoided

Common Correctional cases across our top 8 specialties

Dermatology

- Rash diagnosis and treatment advice
- Skin lesion evaluation and management
- Management strategies for acne vulgaris
- Mole evaluation
- Plaque psoriasis treatment

Cardiology

- EKG evaluation and workup recommendations
- Resistant hypertension management
- Refractory hyperlipidemia approach
- Arrhythmia evaluation

Endocrinology

- Uncontrolled diabetes management
- Evaluation of hormonal abnormalities (thyroid, etc.)
- Metabolic bone disease diagnosis management

Hematology/Oncology

- Acute/chronic leukemia workup
- Routine lab abnormalities evaluation (e.g. cytopenia, lymphocytosis, etc.)
- Anemia investigation
- Anticoagulation therapy/prophylaxis recommendations
- Tumor workup and monitoring

Gastroenterology

- Colorectal cancer screening based on risk
- IBD workup & treatment advice
- Investigation of liver enzyme abnormalities
- Evaluation of fatty liver disease
- Polyp evaluation and management

Neurology

- New onset seizure evaluation
- Neurocognitive disorder evaluation and management
- Mechanical / Neuropathic pain evaluation & treatment
- Migraine treatment and prophylaxis
- Memory loss evaluation

Orthopedics

- Management options for fractures
- Management of / operative indications for low back pain
- Soft tissue injury treatment options
- Acute and chronic musculoskeletal injury treatment options
- Treatment advice for hip/knee arthritis

Urology

- Urinary retention / incontinence management
- Treatment options in nephrolithiasis
- Testicular pain evaluation

Corrections, eConsults and COVID-19

COVID-19:

- State by state reporting and tracking of cases (both inmates and staff)
- Facilities delaying non-emergent procedures
- Reviewing and augmenting disease outbreak protocols and facility's critical incident procedure

Leveraging eConsults:

- Guidance on preemptive measures for high risk populations should COVID-19 present (immunocompromised, lung disease)
- Medication risk in COVID-19 setting
- Risk of outpatient evaluation in COVID-19 setting

eConsult Mandates (beyond COVID-19):

- eConsults is mandatory before any referral is approved (dermatology, rheumatology, urology, and endocrinology)
- Hormone replacement therapy and wound care are being managed via eConsults

Infectious Diseases eConsult : HIV and risk of COVID-19



PCP

35-year-old male, incarcerated, with HIV virally suppressed on Tivicay and Truvada. Also taking Bactrim daily for pneumocystis prophylaxis. Prior to coming to prison he was off ART for a period of time. Feeling well. We currently have no diagnosed cases of COVID-19 in our prison system. Most recent labs are attached.

Is there anything else I do to protect those with HIV-related immunosuppression apart from education and the normal hand hygiene/cough etiquette? I read 'Interim Guidance for COVID-19 and Persons with HIV' from HHS. Thanks!



Specialist

If a patient like this presented to me, these would be my general thoughts: The limited data currently available do not indicate that the disease course of COVID-19 in persons with HIV differs from that in persons without HIV. Before the advent of effective combination antiretroviral therapy (ART), advanced HIV infection (i.e., CD4 cell count $<200/\text{mm}^3$) was a risk factor for complications of other respiratory infections. Whether this is also true for COVID-19 is yet unknown. While your patient's CD4 and percentages are low (<200), it is reassuring that his VL is undetectable because therefore he is less immunosuppressed. It is recommended that persons with HIV follows the current CDC guidelines, which recommend hand washing and social distancing (which appears almost impossible to do in a prison system). I agree that the highest risk of transmission would be from an outsider, such as staff or a new inmate.

A side note, if the prison system has Descovy on formulary, I would change the Truvada since descovy has fewer renal/bone toxicities. I am aware it may not given the higher cost.

These are the current up to date guidelines: <https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv>.

Please let me know if you have any other questions or concerns. Thank you.

*PCP case and specialist response are presented as summaries. Case was submitted on 03/24/20

Correctional clinicians Testimonials



In corrections, it sometimes takes weeks to get to a specialist. Without RubiconMD, you don't have the option to talk to specialists. It has also helped me improve my knowledge a lot for topics that are not common

-Dr. Asbelti Llorens, Florida

What do you think of RubiconMD?

"The answering time is very, very good. It's really good specialty care. It has improved my level of care, because sometimes it avoids unnecessary consults or medications."

When do you submit eConsults?

"Everyone has their own pace, but I submit eConsults when I am not with the patient. If needed, I take a picture with the camera when the patient is there and email it to myself. I have also attached labs. I make a note and submit the eConsult later. The good thing about corrections is that we can inform the patients in a few hours or the next day."

Recent federal updates

Stimulus Bill

CARES Act (H.R.748)

- Authorizes FQHCs to act as distant site for Medicare services
- \$180M for planning, developing, implementing integrated care networks in rural communities
- \$1.3B in emergency funding for 330 grantee health centers
- \$100B for eligible health centers for expenses or lost revenues associated with COVID-19
- \$425M for SAMHSA, including \$100M for emergency response funding for those with highest need

Medicare

CMS interim final rule: Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (April 6)

CMS Guidance: Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19 (March 30)

Anti-Fraud Enforcement

Stark Law: Self-Referral Blanket Waivers (March 30)

Anti-Kickback Statute: OIG Policy Statement (March 17)

FCC Keep Americans Connected

Telehealth Funding for Health Care Providers (April 2)

HHS OCR HIPAA Enforcement

Uses/ Disclosures of PHI for Public Health and Health Oversight Activities

Recent state updates

E.O. N-43-20 (April 3) *Highlights of health information provisions suspended include:*

- Enforcement of B&P Code requirements to obtain and document verbal or written consent for telehealth
- Penalties for unauthorized access/ disclosure of health information of telehealth services
- Civil penalties, administrative fines, private right of action arising out of unauthorized access/ disclosure of health information

DCA Orders (March 31, April 3)

- Waiving License Renewal Requirements
- Waiving Waiving License Reactivation or Restoration Requirements
- Nursing Student Clinical Hours

E.O. N-39-20 (March 30)

- Allows CDPH, DCA and Cal EMSA to waive certain licensing, certification, training requirement

DOI Notice re: Telehealth During COVID-19 State of Emergency (March 30)

- Insurers should allow in-network providers to use telehealth during COVID-19
- “Networks must provide access to medically appropriate care from a qualified provider. Failure to adapt insurer networks during the COVID-19 state of emergency, including revision of existing telehealth requirements, and/or increased access through telehealth, may result in an inadequate network and a finding that an insurer’s network discriminates against consumers...”

Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Guidance

Potential items to look for

- Grant funding from federal agencies per CARES Act appropriations (“phase three” stimulus)
- “Phase four” federal stimulus
- CMS approval of all DHCS 1135 waiver requests
- Easing of scope of licensure and/or practice laws in California
- California legislative action (early May) and state budget (June 15)

Framework for COVID-19 e-consult asks of state and federal government leaders

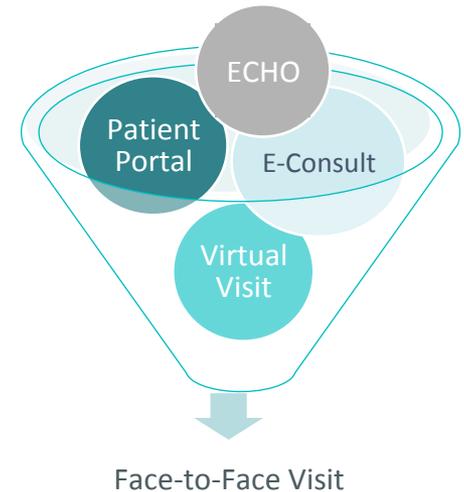
- **Ensure payment for e-consult from Medicaid and commercial payers**
 - Check statutes, regulations, provider manuals, fee schedule
 - Review health plan manuals, billing guidelines
 - Review 1135 waiver requests
 - Request Medicaid, payer coverage of e-consult

- **Secure technical assistance and grant funding**
 - Understand where needs are (i.e., community health centers, medical groups, health plans, etc.)
 - Request funding from state or Congressional representatives, leverage existing legislation providing resources

- **Loosen provider enrollment and licensing requirements during the state of emergency**
 - Review your current laws, possibly Medicaid billing requirements; 1135 waiver status re provider enrollment
 - Request loosening of licensing during emergency

Messaging E-Consult as Part of COVID-19 Telehealth Triage

Telehealth Triage: In order to allow patients to remain in place to seek care and avoid potential COVID-19 transmission, providers, plans, and health systems should consider e-consult as a key component of their overall approach to telehealth:



- ↪ **Provider education at scale:** Host virtual “grand-round” sessions connecting providers to specialists to educate on COVID-19 cases and best practices in telehealth triage, treatment and workforce safety
- ↪ **Triage:** Deploy online symptom checkers in addition to chat, phone or video visits to ensure patients are able to receive needed navigation and/or care at home and if a testing site or clinic visit is necessary, appointments are made in a safe manner
- ↪ **Virtual provider-to-patient visit:** Connect patients from home with their treating providers for a scheduled visit
- ↪ **E-Consult:** Enable provider-to-provider consults to remedy provider questions prior to specialty referral that may reduce the overall need for subsequent specialty visit
- ↪ **Face-to-face visit:** only when deemed necessary

E-Consult Toolkit: Free COVID-19 Resources for Providers

E-CONSULT WORKGROUP RESOURCES IN RESPONSE TO COVID-19

<https://econsulttoolkit.com/>

April 5, 2020

Join us for the next E-Consult Workgroup webinar on Tuesday, April 7 from 12 to 1 p.m. PT

<https://zoom.us/j/706372861>
Meeting ID: 706 372 861
+16699006833,,706372861# US

On March 26, the E-Consult Workgroup held a Town Hall meeting focused on the [response to COVID-19](#) and telehealth triage enable providers to use face-to-face visits only when deemed necessary. Michael L. Ba Harvard T.H. Chan School of Public Health discussed his [CNN article](#) on COVID-19, noting, "the type of virtual c if you need to see a new specialist is an eConsult."

On March 13, the E-Consult Workgroup held a [webinar in response to COVID-19](#) featuring innovative way telehealth are being used in response to this pandemic that is severely impacting patients' access to care. We update the Toolkit in response to this crisis.

Services for Primary Care Providers

- APG and Safety Net Connect have released a [free eConsult portal](#) in response to COVID-19. For more inf March 30 [press release](#). For a provider login to the portal, please contact info@econsultcovid.com.
- View AristaMD's [guidance on the use of eConsults during the COVID-19 pandemic](#).
- ConferMED is offering [free Coronavirus Resources](#) for Safety Net Practices.
- View RubiconMD's blog, use cases and a webinar on responding to COVID-19 in the Primary Care Setting

COVID-19 Resources and Best Practices

[CCI Knowledge Share: Practicing Virtual Care During a Pandemic](#)

[CDC Fact Sheet on Coronavirus](#)

[CDC COVID-19 Evaluation and Testing Guidance](#)

[Health Affairs COVID-19 Resource Center](#)

[UCSF Health COVID-19 Clinical Resources](#)

[UCSF Health COVID-19 Ambulatory Remote Triage for Patients with Respiratory Illness](#)

Policy Updates in Support of E-Consult and COVID-19

- View how changes to California policy and reimbursement support e-consult and telehealth [here](#).
- AB2164 creates the E-Consult Services and Telehealth Assistance Program within the Department of Health Care Services to award e-consult grants to health centers. View the Workgroup [letter of support to the Assembly Committee on Health](#).
- The E-Consult Workgroup has [drafted a letter](#) to the Office of Governor Gavin Newsom outlining patient and provider needs for telehealth and requests your support.



March 31, 2020 06:00 AM Eastern Daylight Time

In response to COVID-19, Safety Net Connect provides Primary Care Physicians with free access to dedicated eConsult Telehealth Portal in partnership With America's Physician Groups, Gaine Healthcare and HubMD. eConsult provides PCPs with rapid, electronic access to specialist consultations and guidance during COVID-19 pandemic.

[Press Release](#)

Portal - <https://www.econsultcovid.com/>

6th Annual E-Consult Workshop and E-Consult Workgroup Sponsorship Opportunities

E-Consult Workshop 2020: Save the Date

The E-Consult Workgroup will host its 6th annual E-Consult Workshop in Sacramento on November 16-17, 2020 in conjunction with the California Telehealth Policy Coalition. If you would like to sponsor or champion the E-Consult Workgroup, contact libby.sagara@bluepathhealth.com.

Gold Sponsors \$10,000	Gold sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop evening networking reception • Posterboard/best practices sharing at Workshop • 3 registrations for the 2020 E-Consult Workshop
Silver Sponsors \$5,000	Silver sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop networking breakfast or lunch • Posterboard/best practices sharing at Workshop • 2 registrations for the Workshop
Bronze Sponsors \$2,500	Bronze sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop networking break • Posterboard/best practices sharing at Workshop • 1 registration for the Workshop
Champions \$250	E-Consult Workgroup Champions support ongoing efforts to advance State and Federal e-consult policy and reimbursement. Champions are listed on the E-Consult Toolkit and receive one registration for the 2020 E-Consult Workshop.

Next E-Consult
Workgroup
Webinar
May 7, 12-1 PT

E-Consult Workgroup Sponsors

Gold



Silver



Bronze



Appendix

Current state of e-consult coverage in California

Medi-Cal

- 99451 billable for specialist time (5 min. or more)

Medicare

- 99441-99443 billable for PCP time (10 min. increments)
- 99446-99449, 99451, 99452 billable for specialist time (10 min. increments)

Commercial

- No coverage requirement in California

Medicare COVID-19 Telehealth Updates

Fact sheet

MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET

Mar 17, 2020 | Telehealth

Share    

“Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient’s health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, **there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need...**”

CMS Fact Sheet:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

CMS Telehealth MLN Booklet:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthServicesFactSheet.pdf>

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CMS Medicare section 1135 (March 17):

- Geographic and location requirements waived for live video telehealth
 - Home can serve as originating site
 - All geographic locations qualify, regardless of MSA

CARES Act (stimulus package) passed Senate last night - pending passage in House and signature by the President:

- FQHC/RHC can be reimbursed as distant site
- Hospice physician or NP can conduct FTF encounters via telehealth
- HHS encourage to find ways of increasing use of telehealth for home health, including RPM
- Safe harbor for telehealth services for HSA and HDHP
- \$200M for FCC telehealth efforts to support providers
- \$125M for Dept. of Ag. Telemedicine, distance learning, broadband loan/grant programs
- \$29M from FY2021-25 for NTRC

What has not changed:

- Store-and-forward still limited to Alaska and Hawaii
- No change to e-consult reimbursement policy- PCPs and specialist can still bill for 99446-9 and 99451-2

Medi-Cal COVID-19 Update: Section 1135 Waiver

Last week, DHCS submitted two section 1135 waiver requests to CMS to waive certain requirements for the Medi-Cal program. Among other items, CMS granted DHCS flexibility in several areas:

Provider Enrollment

- Temporarily enroll providers enrolled in another State Medicaid Agency or Medicare
- Waive several criteria for and reimburse out of state providers not enrolled in Medi-Cal if they meet several criteria (note several limitations on instances of care)

Provision of Services in Alternative Settings

- Allows facilities to be fully reimbursed for services rendered to an unlicensed facility; some minimal assessment standards

Many other items in the section 1135 requests are pending, including reimbursement for FQHC/RHC reimbursement for e-consult through waiver of face-to-face requirement

CMS 1135 waiver page:

<https://www.medicaid.gov/state-resource-center/disaster-response-toolkit/federal-disaster-resources/index.html>

DHCS Website: <https://www.dhcs.ca.gov/>

BluePath Health Inc.; Client Proprietary and Business Confidential



DATE OF NEXT MEETING

Friday
Apr 17

MORE INFO:

LAURAS@CCHPCA.ORG

E-Consult Workgroup Letter to Governor Newsom

The March 18 letter included several asks:

- Ensure that DHCS include the entire CPT e-consult set in implementing the proposed section 1135 waiver
- Pass and fund AB 2164 (2020) to create the E-Consult Services and Telehealth Assistance program for community health centers and networks
- Waive California licensing requirements for providers to bill for services provided to Medi-Cal beneficiaries provided during this emergency
- 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

The Telehealth Policy Coalition will be monitoring and recommending other next steps in the coming weeks. Please send any ideas or requests to Robby at robby.franceschini@bluepathhealth.com for consideration.

Other California Telehealth Updates



DMHC APL 20-009 (March 19)

Effective immediately, requires health plans to

- Reimburse providers at same rate for telehealth with FTF equivalent
- No higher cost-sharing for telehealth than if service provided in-person
- Reimburse providers at the same rates for telephone visits as video visits



DHCS APL 19-009 (March 19)

Effective immediately, requires health plans to

- Reimburse providers at same rate for telehealth with FTF equivalent
- Reimburse providers at the same rates for telephone visits as video visits



COVID-19 State of Emergency Notification Filing Requirements (March 18)

Required insurers to file notification by March 20 including

- Plan to maximize the use of telehealth, including waiving or expediting any network provider credentialing, certification, or pre-authorization
- What providers are permitted to use telehealth; if not, how they will avoid unnecessary patient exposure to COVID-19
- Waiver of cost-sharing for telehealth

DMHC:

[https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-009%20\(OPL\)%20-%20Reimbursement%20for%20Telehealth%20Services%20\(3_18_20\).pdf?ver=2020-03-18-105612-547](https://www.dmhc.ca.gov/Portals/0/Docs/OPL/APL%2020-009%20(OPL)%20-%20Reimbursement%20for%20Telehealth%20Services%20(3_18_20).pdf?ver=2020-03-18-105612-547)

DHCS: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-009COVID-19.pdf>

DOI:

<http://www.insurance.ca.gov/0250-insurers/0300-insurers/0200-bulletins/bulletin-notices-commiss-opinion/upload/CDI-Emergency-Notification-Filing-Requirements-COVID-19-3-18-2020.pdf>