

E-Consult Workgroup June Webinar

June 11, 2020

<https://us02web.zoom.us/j/86960731598>

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Agenda

- Welcome and Introductions
- Peter Yellowlees, MBBS, MD
*Chief Wellness Officer, UCD Health, Alan Stoudemire Endowed Professor of Psychiatry
Department of Psychiatry, UC Davis*
- Joel Gray and Tom Manning, Anthem Blue Cross
Expansion of E-Consult Program
- Jennifer Stoll, OCHIN
Next Steps with AB 2164, Telehealth
- Joy Burkhard and Crystal McAuley, 2020 Mom
Next Steps with AB 2360, Mental Health
- E-Consult Toolkit: COVID-19 Resources for Providers

E-Consult Workgroup



- ▶ Expanding of e-consult policy and reimbursement across the country
- ▶ Disseminating best practices and publications
- ▶ Sharing national and international implementation successes
- ▶ Spreading patient and provider stories

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
- ↻ **Assessment:** 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

Published: 27 April 2020

A comparison of In-Person, Synchronous and Asynchronous Telepsychiatry: Skills/Competencies, Teamwork, and Administrative Workflow

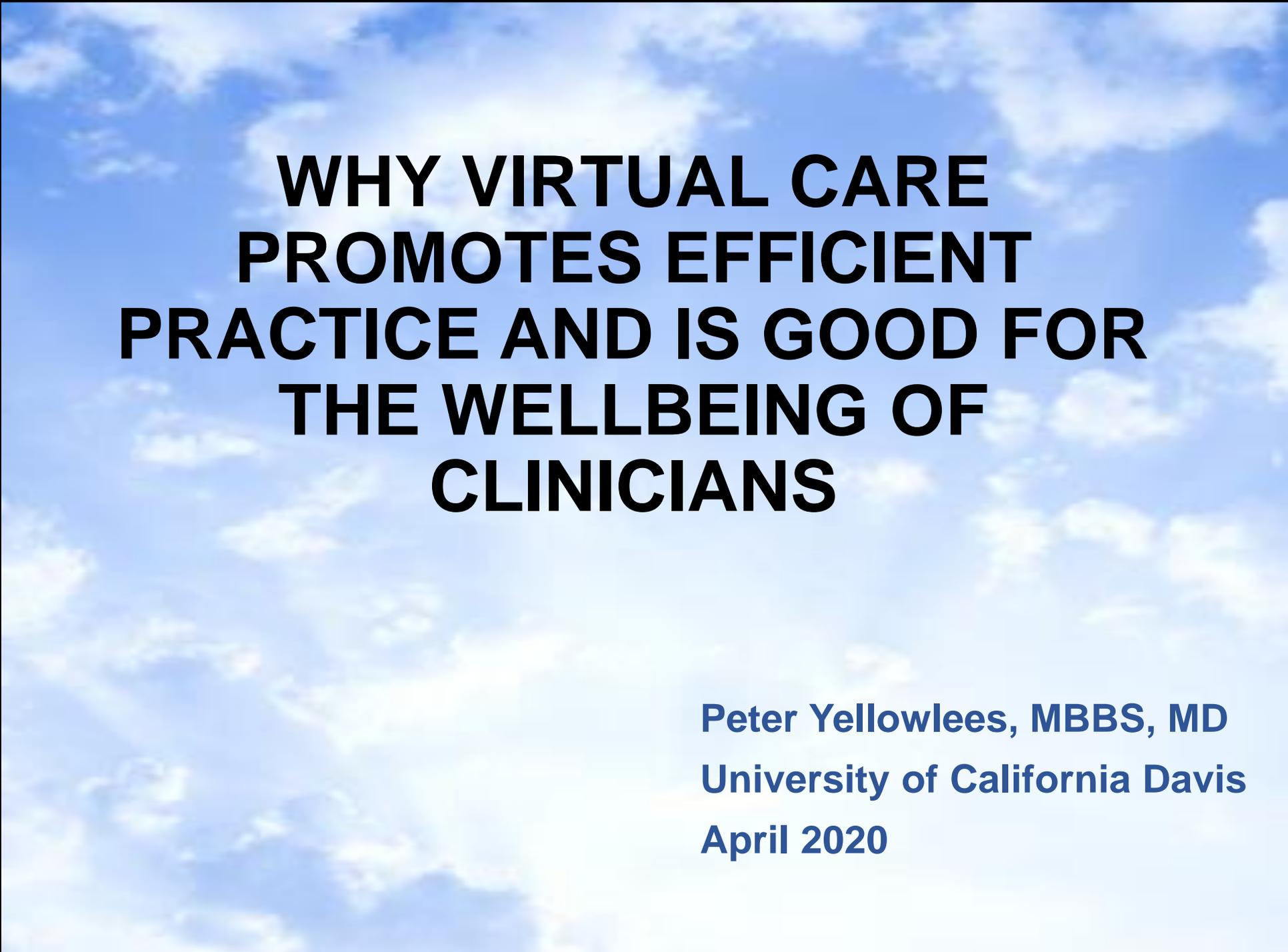
[Donald M. Hilty](#) , [Michelle Burke Parish](#), [Steven Chan](#), [John Torous](#), [Glen Xiong](#) & [Peter M. Yellowlees](#)

[Journal of Technology in Behavioral Science \(2020\)](#) | [Cite this article](#)



Abstract

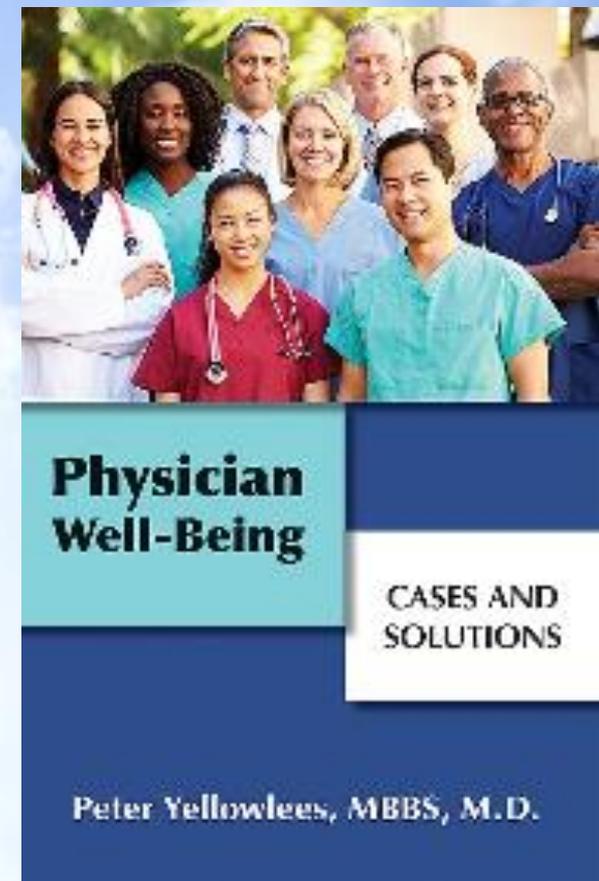
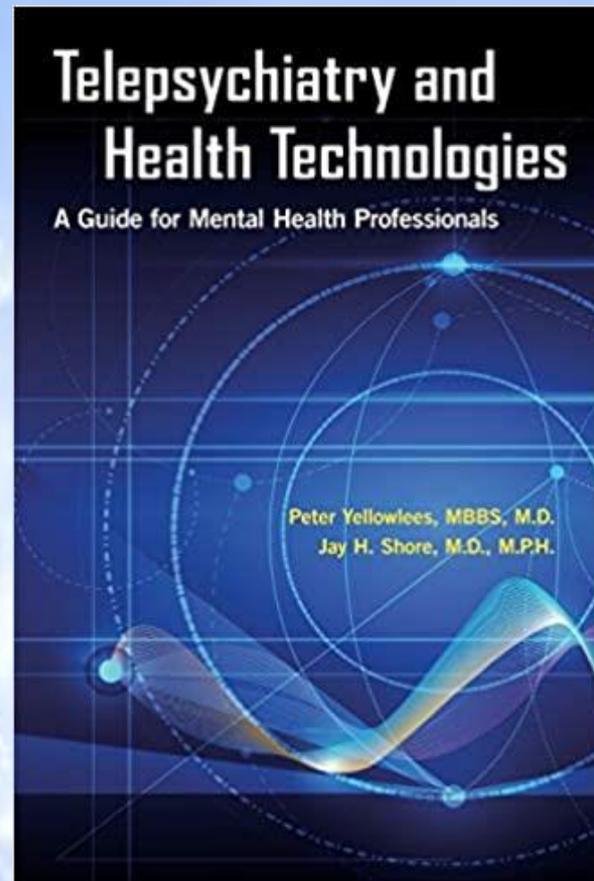
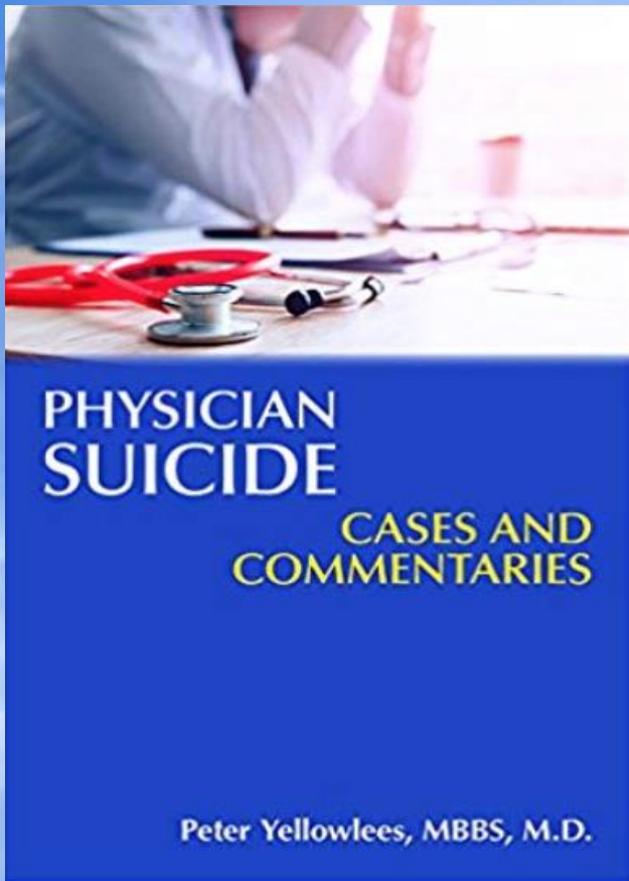
Research is increasing on the use of asynchronous technologies like e-mail, text, e-consultation, and asynchronous telepsychiatry by primary care and specialist clinicians. Clinicians need measurable skills, knowledge, and attitudes for these technologies to ensure quality care outcomes. This narrative review used a literature search of Medline, American Psychological Association PsycNET, PsycINFO, Embase, Cochrane, and Web of Science, using subject headings and keywords along with a manual search of reference lists of articles published by December 2019. Articles were included if they discussed and compared asynchronous technologies (e.g., asynchronous telepsychiatry), synchronous telepsychiatric (video including telemental and telebehavioral health), and in-person care. The review compares approaches, effectiveness, skills, and outcomes of these three modes of service delivery in behavioral health and primary care, since those clinicians interface with these technologies. Few studies have evaluated the efficacy and effectiveness of asynchronous technologies in behavioral, or compared them directly to synchronous and in-person care. Publications comparing synchronous telepsychiatry, asynchronous telepsychiatry, and other asynchronous technologies to in-person care focus on the technology used, how to do it, workflow processes, and medico-legal issues, but there is less written about clinical issues like the therapeutic frame, communication, boundaries, and trust. No studies specifically discuss behaviors or competencies for asynchronous care, though telepsychiatric, telebehavioral health, social media, and mobile health competencies have relevant elements. Users of asynchronous technologies (i.e., patients, primary care teams, and psychiatrists) need to adjust clinical skills, work as team members, and integrate technological and administrative factors into workflow. Implications for clinicians, trainees, faculty, administrators, and institutions are discussed. Asynchronous technologies improve access, reduce costs, and compliment other care options. Health systems must appraise how to help individuals and interprofessional participants best interface with a wide range of technologies. This requires adjustments in clinical and administrative workflow. Research in measurable competency sets, implementation, and outcomes is needed.



**WHY VIRTUAL CARE
PROMOTES EFFICIENT
PRACTICE AND IS GOOD FOR
THE WELLBEING OF
CLINICIANS**

**Peter Yellowlees, MBBS, MD
University of California Davis
April 2020**

Disclosures....



Telepsychiatry

- Wellbeing impact
- Comparison of synchronous and asynchronous consults

Story – resident attitude change – clinic setting

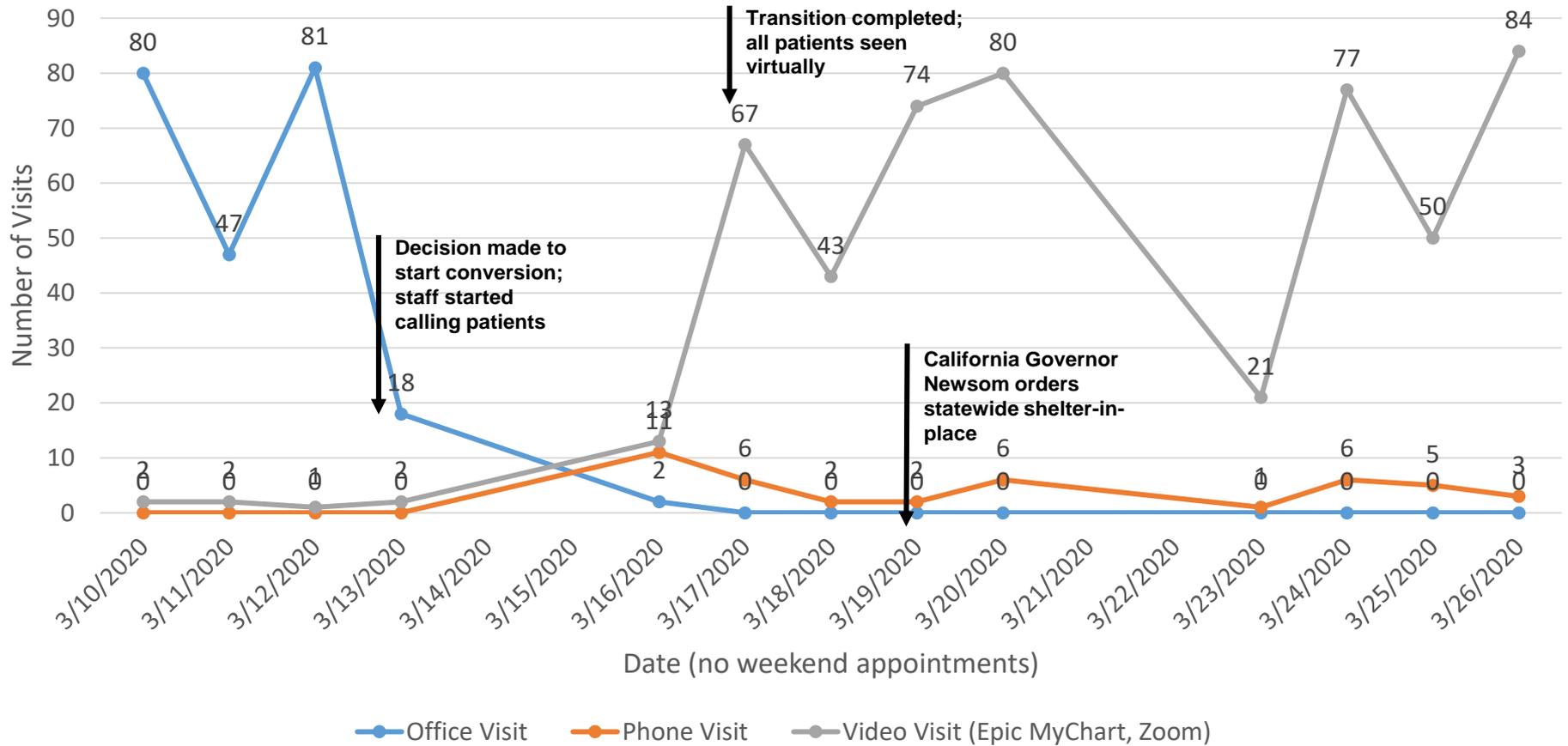
1. Likes consults as has more time for notes - like a cloud lifted “happy”
2. Patients like it and will continue – therapy too
3. Interviews more focused but intimate
4. Learns more – visits homes
5. Likes working at home

Other COVID initiatives:

1. Trauma groups
2. Department support groups

Figure 1. Timeline of Events Related to COVID-19

Patient Visits by Type during Telepsychiatry Conversion





Top Five Procedure Codes by Utilization, 2019 vs. 2020

In order from most to least common

Mar. 2019

CPT®/HCPCS	DESCRIPTION
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99444*	PHYSICIAN OR HEALTHCARE PROFESSIONAL EVALUATION AND MANAGEMENT OF PATIENT CARE BY INTERNET (EMAIL) RELATED TO VISIT WITHIN PREVIOUS 7 DAYS

Mar. 2020

CPT®/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
90837	PSYCHOTHERAPY, 60 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION

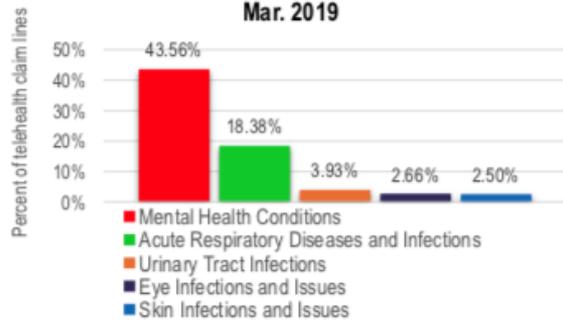


Volume of Claim Lines, 2019 vs. 2020

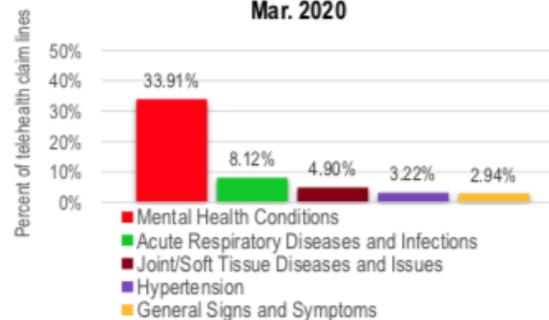


Top Five Diagnoses, 2019 vs. 2020

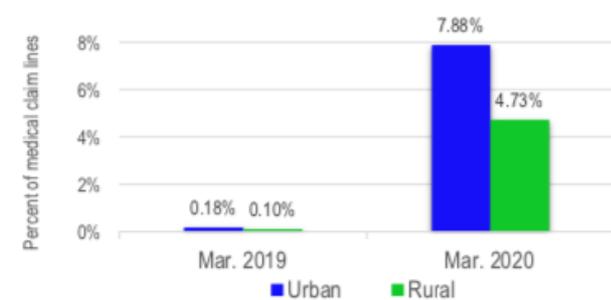
Mar. 2019



Mar. 2020



Urban vs. Rural Usage, 2019 vs. 2020



* Code deleted at the end of 2019.

Source: FH NPIC® database of more than 31 billion privately billed medical and dental claim records from more than 60 contributors nationwide. Copyright 2020, FAIR Health, Inc. All rights reserved. CPT © 2019 American Medical Association (AMA). All rights reserved.

Past Barriers to using Video Visits

1. Patient satisfaction/capacity
2. Technological
3. Regulatory (reimbursement, licensing, prescribing, HIPAA)
4. Provider attitudes

Physician Well-being Solutions

Provide Multiple Pathways to Care: traditional, Urgent, EAP, Self-assessment, Resources, Peer Support, Coaching

Culture of Wellness: Shared values, behaviors, and leadership qualities that prioritize personal and professional growth, community, and compassion for self and others.

Efficiency of Practice: Workplace systems, processes, and practices that promote safety, quality, effectiveness, positive patient and colleague interactions, and work-life balance.

Personal Resilience: Individual skills, behaviors, and attitudes that contribute to physical, emotional, and professional well-being



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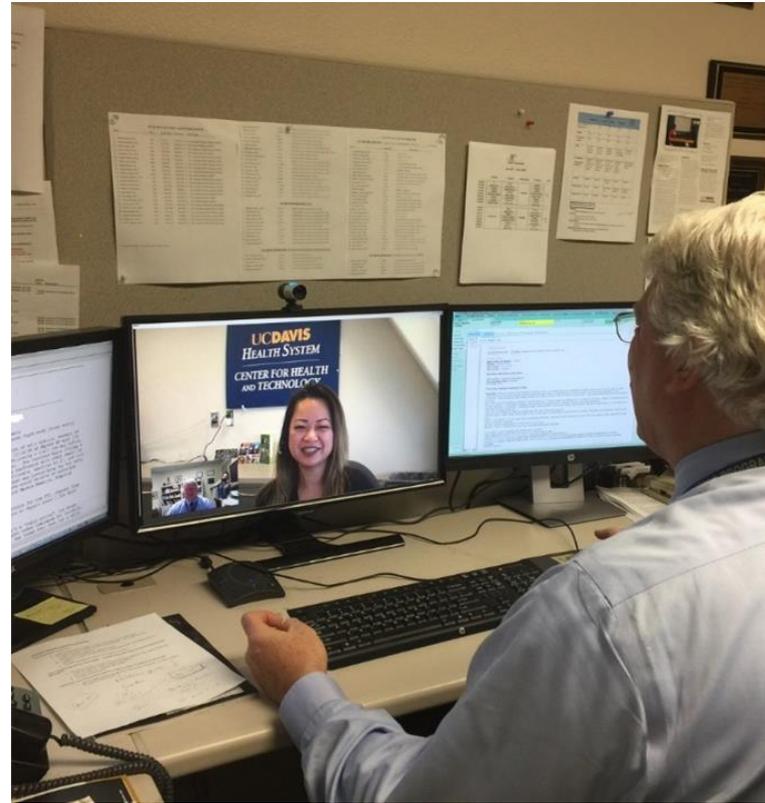
Efficiency of Practice

Video visits are more efficient, and improve quality (+- hybrid).

1. Saves time – typing/sharing EMR notes and rooming
2. Saves money – clinic space and admin support, less no-shows
3. More flexible – time and place – anywhere, anytime - better workflows
4. Relationship safe, more intimate, more equal - allows objective view and joining
5. Home visits – learn more – better Rx (cats/cars)
6. Better certain groups – children, anxiety, PTSD
7. Reduces cognitive load – use 3 screens
8. Wider choice of type of practice
9. Easy teamwork, groups and family involvement
10. Enables live three-way teaching/observation (and recorded)
11. Asynchronous recorded – video is data – new model of care – more efficient – e-consults answering specific questions, or atp, cross language, record for AI facial/voice recog screening

Video Visits Summary Advantages for Providers

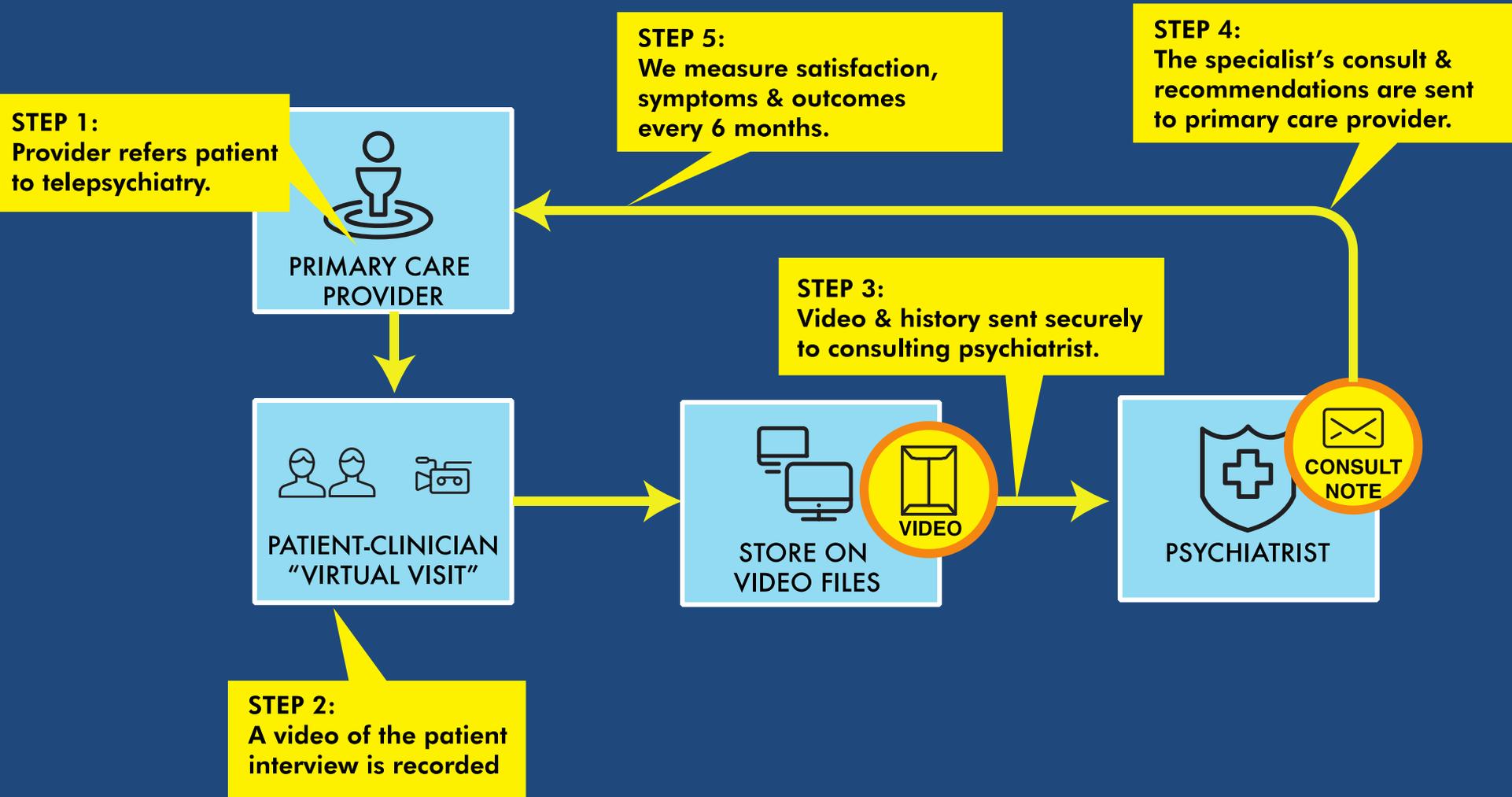
- **Time** Savings
- **Cost** Savings
- Improved **Quality**
- Better **Relationships**
- Increased **Variety**
- Improved **Safety and Teamwork**
- **Flexibility**, Independence, and Autonomy
- Better **Work-Life Balance** and **Well-being**



ASYNCHRONOUS TELEPSYCHIATRY

A new way to provide collaborative care with virtual psychiatry visits — anytime, anywhere

ASYNCHRONOUS TELEPSYCHIATRY WORKFLOW



METHODOLOGY



- 36 PCPs to refer patients to the study.
- A total of 401 patient participants screened
- 184 English and Spanish speaking participants enrolled
 - 160 (80 ATP, 80 STP) completed baseline evaluations.
- Patients were treated by their PCPs in consultation with UCDH psychiatrists using ATP or STP for up to two years.
- Depression, global functioning and health outcomes were regularly assessed.

RESULTS



- Both ATP and STP patients had significant improvements at 6 and 12-month follow-up.
- There were no significant differences in improvement between ATP and STP on any clinician or patient self-reported ratings at any follow-up.
- No serious adverse events were related to the intervention.
- Participants' dropout was higher than anticipated.

CONCLUSIONS

- This trial provides evidence of the clinical validity and safety of ATP in primary care patients.
- It is difficult to do long term trials treating patients with mental health disorders.
- ATP can be a key part of a stepped series of mental health interventions available within the primary care treatment setting
- ATP, as an efficient form of consultations, presents a possible solution to the workforce shortage of psychiatrists.

Future directions and implications

- Global implications for mental health
- Implications for other specialties
- System integration – a stepped care choice
- Adding value to patient data
 - Automated language translations

The UC Davis Virtual Care Research Team

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- Paul Leigh, Ph.D.,
- Robert McCarron, D.O.,
- Lorin Scher, M.D.,
- Andres Sciolla, M.D.,
- Jay Shore, M.D.,
- Glen Xiong, M.D.,
- Kate Soltero, M.A.,
- Alice Fisher, B.A.,
- Jeffrey Fine, M.P.H.,
- Jennifer Bannister, Ed.M.

Acknowledgements

- Supported by the Agency for Healthcare Research and Quality through award HS21477 (to Dr. Yellowlees).
- Data management supported by the National Center for Advancing Translational Sciences, National Institutes of Health, through award UL1 TR001860.
- The authors thank the members of the Data Safety Monitoring Board; D.Dierks, M.D., B. Durbin-Johnson, Ph.D., and E. Ochoa, M.D., and the primary care practitioners who referred their patients to our study.
- A. Odor, M.D., an original investigator on the trial, is sadly deceased.

Thank you

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Anthem Blue Cross Expands E-Consult Program

Anthem launches series of digital and telehealth initiatives focused on improving health access and equity



To improve access to specialty care for underserved populations, Anthem Blue Cross recently launched a new program that includes expanding e-consult.

“The demand for specialty care outpaces the number of specialists available to serve Californians...Anthem is using our eConsult initiative to help our partnering providers build stronger health homes, improve health outcomes, and simplify care for Anthem Medi-Cal members,” explains Joel Gray, Executive Director of CA Medicaid at Anthem Blue Cross.

Through its \$4.4 million advance incentives, Anthem is helping 54 safety net centers throughout the state of California to increase care quality and expand telehealth capabilities, which include e-consults.

<https://stateofreform.com/news/california/2020/06/anthem-launches-series-of-digital-and-telehealth-initiatives-focused-on-improving-health-access-and-equity/>

E-Consult Policy Updates

California

- [AB 2164](#): amended to exclude e-consult and telehealth services assistance program for CHCs
 - Removes FTF requirement for FQHCs and RHCs to establish patients
 - Passed Assembly floor (6/10), sent to Senate

- [AB 2360](#): requires health plans to maintain phone consult programs for maternal and child mental health during standard provider hours
 - Passed Assembly floor (6/10), sent to Senate

E-Consult Toolkit and Workshop 2020

E-CONSULT WORKGROUP RESOURCES IN RESPONSE TO COVID-19

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

Read the **May 11th Washington Post** article by **Michael Barnett, MD**, affirming that [After the pandemic, visiting the doctor will never be the same. And that's fine.](#) Barnett noted that "up to one-third of referrals to specialists could be resolved with eConsults, without an additional appointment."

The **May 7th E-Consult Workgroup webinar** featured a study of e-consults' utility and appropriateness conducted by Brigham and Women's Hospital researchers, Salman Ahmed, MD, MPH and Mallika Mendu, MD, MBA. In addition, Priya Batra, MD from Inland Empire Health Plan (IEHP) discussed the plan's e-consult and telehealth programs addressing care during the pandemic. *View the presentations here:*

Services for Providers

- The Federal Communications Commission is [offering \\$200M in grants](#) to support telehealth in response to COVID-19.
- Safety Net Connect has released a [free eConsult portal](#) in response to COVID-19. For more information, view the [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.
- RubiconMD is offering qualifying safety net clinicians free access to all 120+ specialties during the COVID-19 pandemic. For more information, clinic leadership should contact covid19support@rubiconmd.com.

COVID-19 Resources and Best Practices

[E-Consult Advocate Toolkit: Advancing Your State's E-Consult Use During the COVID-19 Pandemic](#)

[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](#)

[Navigating Telehealth Care: RubiconMD Guide on How eConsults Fit Into a Virtual Care Strategy](#)

[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.

E-Consult Workshop 2020: Save the Date

With thanks to the California Health Care Foundation, the E-Consult Workgroup will host its 6th annual E-Consult Workshop on November 16-17, 2020 in conjunction with the California Telehealth Policy Coalition. The conference will take place on this date whether virtual or in-person in Sacramento.

If you would like to sponsor or champion the E-Consult Workgroup, contact libby.sagara@bluepathhealth.com

We Thank the Sponsors of the E-Consult Workgroup



Gold Sponsors \$10,000	Gold sponsorship includes: <ul style="list-style-type: none"> • E-Consult Toolkit website, newsletter and event invitations • Host of Workshop event, presentation role • 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 event, panel role • 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 event, panel role • 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.

Funding for the E-Consult Workgroup is provided by California Health Care Foundation.

