

# E-Consult Workgroup October Webinar

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October 21, 2020



# Agenda

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- Year in Review: Progress in 2020 and Work Remaining
- Clinical Advisor Introduction
- Discussion of E-Consult Workgroup 2021 Priorities:
  - Provider Implementation and Adoption
  - Measuring Access
  - Reimbursement Expansion
- Next Steps

# E-Consult Workgroup Progress



## Early Workgroup Wins

State-level incorporation of CPT code 99451 for specialists

Clarification on consent requirement (overall telehealth consent)

State acknowledgement of e-consult and creation of plan reporting mechanisms

## 2020 Accomplishments

Expansion of free e-consult offerings and provider resources in response to pandemic

Growth of payer supported community/county-wide programs supporting provider engagement

Plan inclusion of e-consult providers in Annual Network Reporting

E-Consult Workgroup Annual Meeting: November 16

## Remaining Work 2020-2021

Support models and strategies for engaging primary care providers and their teams

Refining the ask: plan investment in telehealth reflected in Medicaid rates

Encouraging payer and provider reporting to reflect e-consult's effectiveness into expanding access

Demonstrate consistent reimbursement across plans and business lines

Expand Medicare use and address billing challenges

# Introducing the E-Consult Workgroup Clinical Advisors



**Delphine Tuot, MDCM, MAS**

Zuckerberg SF General, Associate Professor in Residence  
Center for Vulnerable Populations, ZSFG



**Greg Buchert, MD, MPH**

CEO, GSB Health Management Solutions  
Former CEO and President,  
Blue Shield of California's Promise Health Plan  
and Centene's California Health and Wellness Plan



**Paul Giboney, MD**

Associate Chief Medical Officer  
LA County Department of Health Services

# Local E-Consult Implementation: Lessons Learned

	System 1	System 2	System 3	System 4	System 5
<b>eConsult drivers</b>	Improve access, meet managed care incentives (wait time <21 days) & prevent leakage.	Limit unnecessary visits, maximize specialist time given limited specialist appointments	Decrease unnecessary visits and improve wait times	Avoid unnecessary appointments; allow primary care to practice at top of license	Decrease wait times; provide access to specialists outside geographic region
<b>Financial arrangement with specialists</b>	Integrated/salaried (Capitated managed care)	Some fee-for-service contracts and some integrated/salaried	Fee-for-service contracts with small % admin time	Fee-for-service contracts	Fee-for-service contracts
<b>Executive sponsorship</b>	Active leadership with formal steering committee; Weekly meetings with CMIO, ambulatory director, specialty director, consortium leader	Changes in executive sponsorship during project implementation	CMIO Leader successful at implementing in another system led eConsult build	CMIO interfacing with Primary care medical directors; 5 champions	1 executive admin leader; 3 champion providers & primary care clinic manager

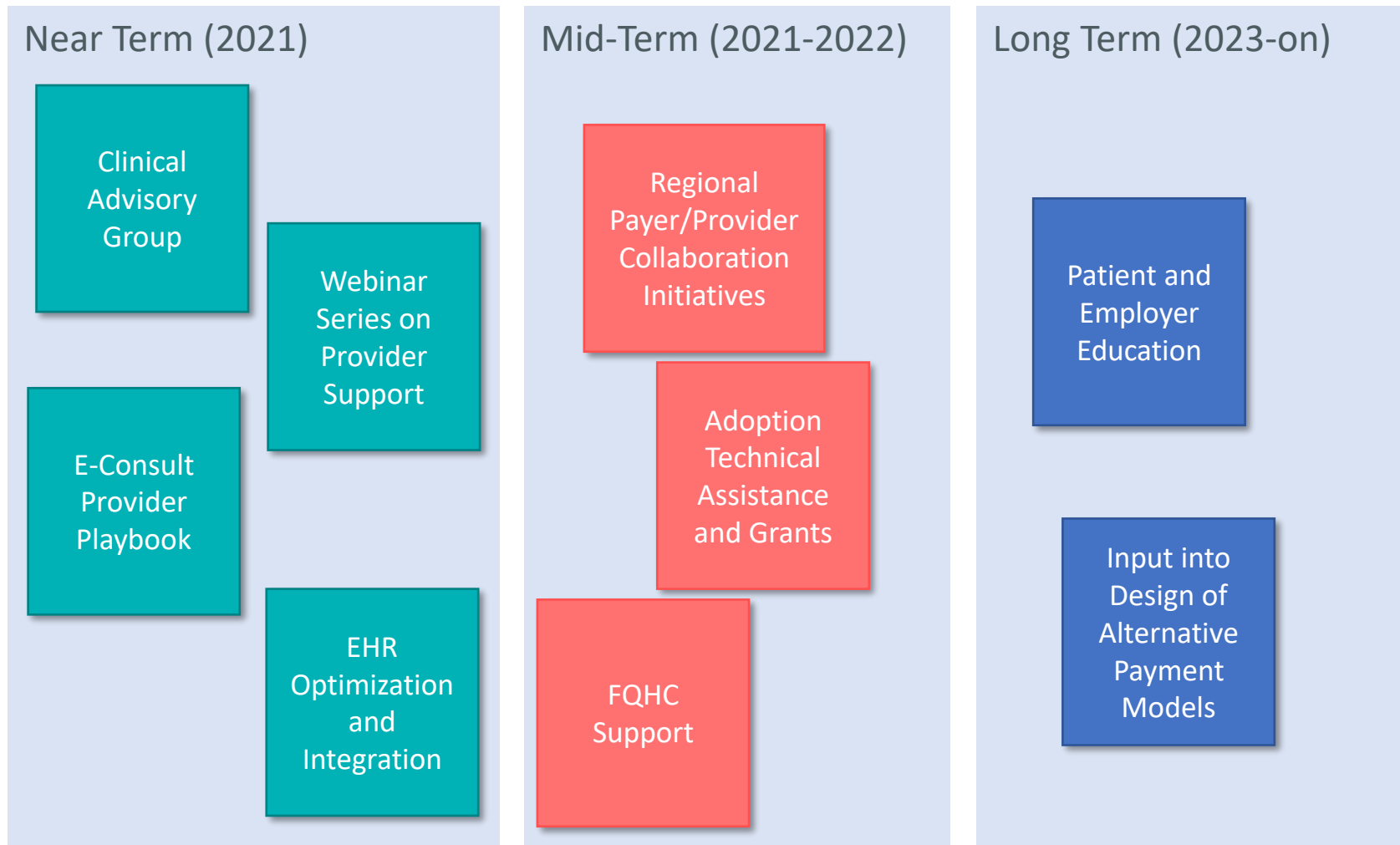
## Facilitators

- Engaged leadership
- Established relationships between PCPs, specialists
- Intuitive technology
- Attention to workflow
- Dedicated project management team
- Funding mechanism

## Barriers

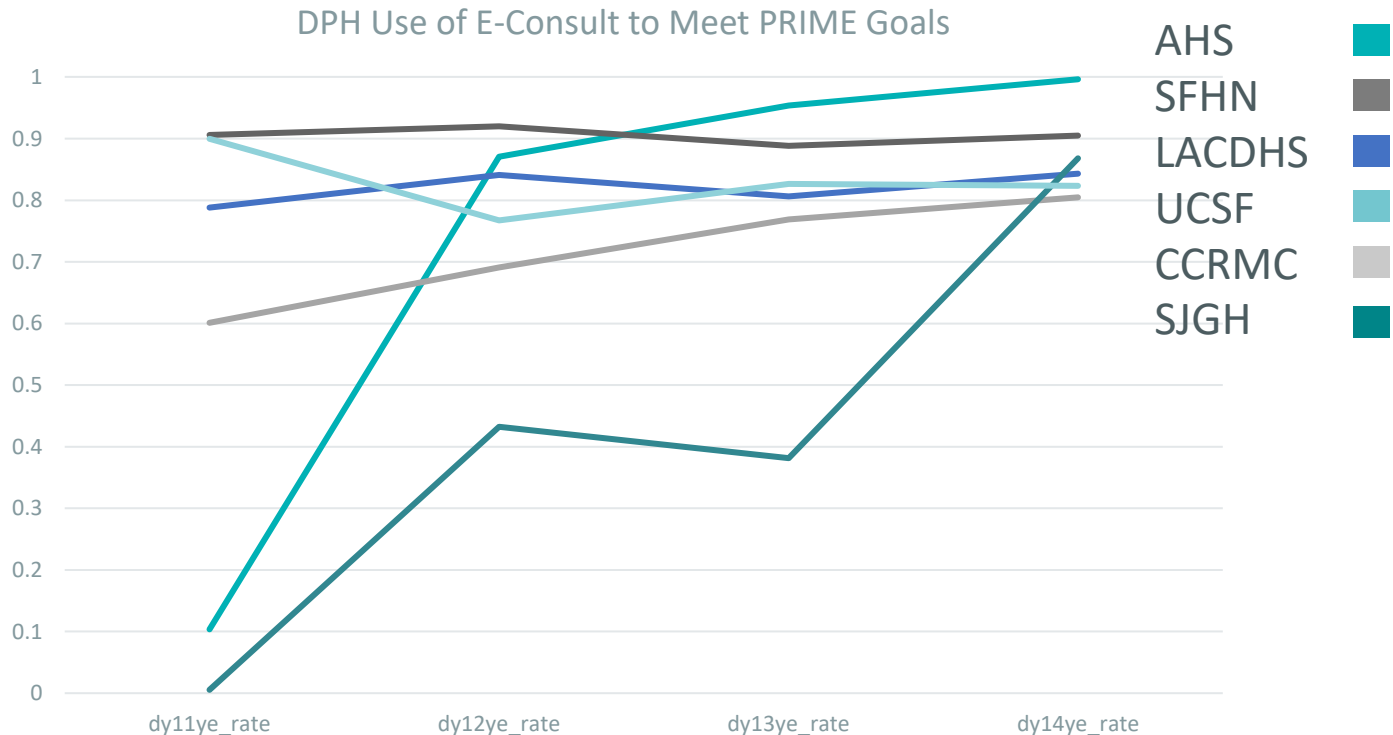
- Clinician resistance
  - PCP workload
  - PCP workflow
  - Specialist reviewer workload
- Lack of integration with EHR
- Liability concerns
- Lack of systems support
- Lack of reimbursement

# Supporting E-Consult Adoption and Sustained Utilization

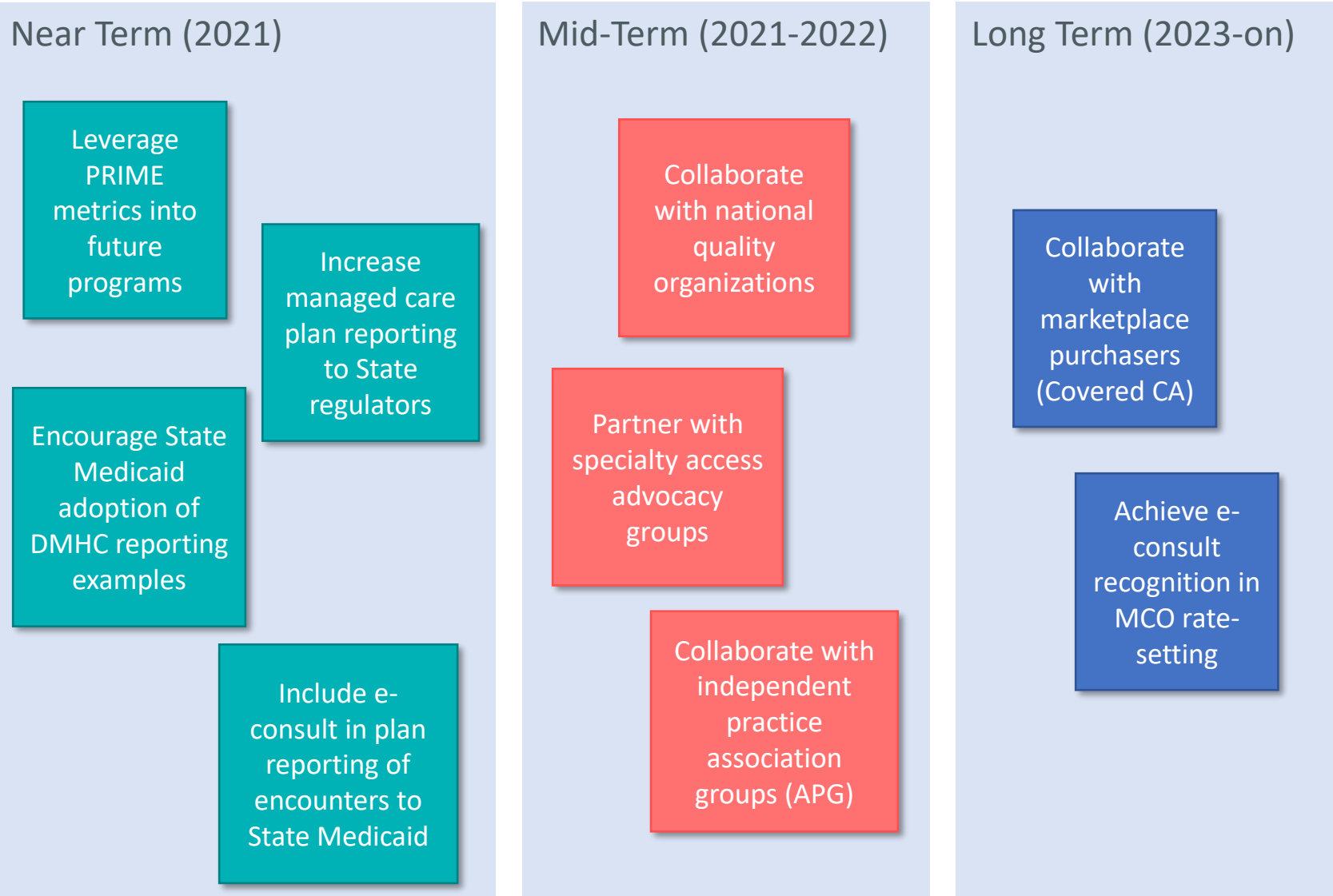


# Health System Use of E-Consult to Achieve Access Metrics Goals

Percentage of requests for specialty care expertise, regardless of patient age, for which an individualized response was sent to the referring provider and/or the referring provider's care coordination team within 5 calendar days.



# Measuring Access and Reporting E-Consult





## Aligning Payment to Support E-Consult Sustainability

# After the pandemic, visiting the doctor will never be the same. And that's fine.

Opinion by **Michael L. Barnett**

May 11, 2020 at 4:00 a.m. PDT

*Michael L. Barnett is an assistant professor of health policy and management at the Harvard T.H. Chan School of Public Health and a primary care physician at Brigham and Women's Hospital.*

Healthy patients can mostly be managed by phone, or even with occasional patient portal messages. Much preventive care, including screening for colon cancer or even cervical cancer, can happen at home. Patients with chronic illness can use common devices such as home blood pressure cuffs and glucose monitors to gather basic data. And up to one-third of referrals to specialists could be resolved with [“eConsults”](#) without an additional appointment. **All of this is possible with [the right payment system](#) that rewards doctors for providing the level of care that patients need, not what insurance will pay for.**

# Expanding Reimbursement and Payment Models Across Plans and Business Lines

### Near Term (2021)

- FQHC support
- Clearinghouse for plan policies and programs
- Include e-consult in State Medicaid Waiver programs
- Connect e-consult with value-based payment models

### Mid-Term (2021-2022)

- Partner with Medicare Advantage/ PACE plans
- Partner with AAMC to address Medicare copay challenges
- Explore and track Federal Funding for telehealth adoption

### Long Term (2023-on)

- PCP alternative payment models

# Gathering Payer Feedback on E-Consult Programs

## *Payer E-Consult Survey*

- Which CPT codes does your plan use to capture and report the use of e-consult?
- Does your plan use a specialist panel to respond to e-consults?
- Do you offer any additional incentives to increase primary care provider or specialist utilization of e-consults? If so, please describe.
- Is e-consult included in any materials you share with contracted providers, such as provider manuals, provider bulletins, and policies and procedures?
- If a primary care provider or specialists within your network wishes to participate in e-consult, which individual/email should they contact to learn about program options and billing requirements/reimbursement?

*Please share with your plan representative.  
We will share results at the November 21  
E-Consult Workgroup Annual Meeting.*

[Payer E-Consult Survey](#)

# Register Today for the November 21 E-Consult Workgroup Annual Meeting

*Please share with your contacts and include in your organizations' newsletters*

## ***Improving Access to Care in a Time of Crisis and Beyond***

Telehealth has seen widespread adoption with COVID-19. What were the successes, and what policy changes are needed to ensure the improvements to health access last beyond the crisis? Please join us for two days of virtual events that will unite national leaders to discuss new developments with a focus on e-consult (provider-to-provider consultations) expansion and telehealth policy. You are welcome to attend the Nov 16 E-Consult Workgroup Annual Meeting, the Nov 17 California Telehealth Policy Coalition Annual Meeting, or both.

Both virtual events are made possible by California Health Care Foundation and are free to all attendees. These events are supported by E-Consult Workgroup sponsors Anthem Blue Cross, ConferMed, IEHP, Safety Net Connect, WISE Healthcare, AristaMD, and RubiconMD, and California Telehealth Policy Coalition sponsors AARP California and Buchalter.

Join national e-consult leaders on November 16th for the Annual E-Consult Workgroup Meeting to discuss the expansion of e-consult (provider-to-provider consultation) and telehealth policy. This event, which is free to all attendees, is made possible by California Health Care Foundation and takes place in conjunction with the California Telehealth Policy Coalition meeting November 17th.



**Monday, November 16, 2020 8:00 AM**

**Improving Access to Care in a Time of Crisis and Beyond**



This year's keynote speaker is J. Nwando Olayiwola, MD, MPH, FAAFP, Chair and Professor, Department of Family and Community Medicine, The Ohio State University College of Medicine & Wexner Medical Center. [View Agenda Highlights here.](#)

[Register Here](#)

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