Center for Connected Health Policy E-Consult Workshop

October 17, 2017 – Sierra Health Foundation

Thank you for attending the October 17, 2017 CCHP E-Consult Workshop sponsored by the Blue Shield of California Foundation and California Health Care Foundation.

Workshop Attendees

Sajid Ahmed, Inland Empire Health Plan
Cristina Almeida, DHCS
Emily Auchard, BluePath Health
Mark Avdalovic, UC Davis Health System
Julie Bates, AARP
Carl Bouthillette, California Health Care Foundation
Christine Calouro, CCHP
Diana Camacho, Kaiser Permanente
Richard Chinnock, Loma Linda University
Rupinder Colby, UC Davis Health System
Kelli Cousineau, Partnership Health Plan
Caroline Davis, Local Health Plans of California
Lisa Deangelis, UCSF
Ray Dizon, CCHP
Robby Franceschini, BluePath Health
Paul Giboney, LA County Department of Health Services
Bernadette Jensen, Alameda Health System
Ielnaz Kashefipour, The Children's Partnership
Jana Katz-Bell, UC Davis Health System
Erin Kelly, Children's Coalition
Cindy Keltner, California Primary Care Association
Mei Kwong, CCHP
Timi Leslie, BluePath Health
David Lown, CAPH/SNI
Allie Mangiaracino, Covered California
Kristene Mapile, CA State Assembly Health
Lisa Matsubara, CMA
Keith Matsutsuyu, Safety Net Connect
Shamika Mane, LA Care Health Plan
Scott McMillan, San Mateo Medical Center
Matt Meyanathan, BluePath Health
Michael Mulligan, Chapa De Indian Health
Lisa Murphy, Central Coast Alliance for Health
Sam Perryman, San Mateo Medical Center
Christine Peterson, RubiconMD
Len Rosenthal, LA Care Health Plan
Jessica Rubinstein, CMA
Libby Sagara, BluePath Health
Mark Schweyer, California Health and Wellness
Evan Seevak, Alameda Health System
Vicki Shumulinksy, West Health
Shilpa Silva, AARP
Jeff Slater, San Joaquin General Hospital
Lyle Smith, Partnership Health Plan
Ivonne Spedalieri, Alameda Health System
Laura Stanworth, CCHP
Dereck Tatman, AristaMD
Delphine Tuot, ZSFG/UCSF
Mary Watanabe, DMHC
Rachel Wick, Blue Shield of California Foundation
Mike Witte, California Primary Care Association
Carol Yarbrough, UCSF

Workshop Objectives

- Determine next steps for E-Consult following recent telehealth legislation (SB 171 and AB 205)
- Present and refine a Fiscal Analysis of E-Consult to share with State leadership
- Continue coalition building through sharing of consistent e-consult messages and positive stories
- Define paths forward and near term goals for achieving policy and payment support for e-consult

Opening Remarks

Mei Kwong, CCHP, thanked group and committed to continuing the good work of the great leader who spearheaded the effort, Mario Gutierrez. Carl Bouthillette, California Health Care Foundation, emphasized the need to address the shortage of physicians and nurses and that technology can help us meet that need, maximizing their reach and capabilities. Rachel Wick, Blue Shield of California Foundation, centered the group on forming strategies and tactics based on the momentum that we have been generating over a year and a half. She emphasized that this progress cannot be sustained without policies to support implementation.

Panel: E-Consult and Increasing Access to Specialty Care

On October 13, 2017, Governor Brown signed Assembly Bill 205, which requires that Medi-Cal managed care plans comply annually with network adequacy standards required by law and allows DHCS to authorize plans to use telehealth to provide alternative access to care. With AB 205, e-consult stakeholders have the opportunity to share the successes of their e-consult programs with DMHC and DHCS in order to emphasize how they have made great strides in addressing network adequacy issues.

Caroline Davis, LHPC, noted AB 205 had a major focus on mental health, and helping county mental health plans to meet network adequacy standards. Plans would like to get credit for using e-consult in meeting network adequacy and timely access standards. In addition, they need more telehealth codes to be made eligible for reimbursement and would also like to count their telehealth services towards their quality reporting.

Lisa Matsubara, CMA, commented on the complexity of the regulatory environment of the plans which makes enforcement of timely access standards confusing. AB 205 provides a start for talking to DMHC, but plans also need other support, such as uniform oversight, accurately reported data, and evaluations of reimbursement. Different care settings need a range of options including support for technology adoption and incentives for providers to adopt technologies.

> (The PCP) had a different way she needed to process whether this would be useful or not. Once she got her questions answered, she became their number one advocate for e-consult.
> -Mike Mulligan,
> Chapa De Indian Health

Lyle Smith and Kelli Cousineau, Partnership Health Plan, shared how the plan has begun to address their members challenges to access specialty care through e-consult. As the plan covers the most remote counties in the state, it is not uncommon for Partnership members to travel hundreds of miles and 4+ hours round trip for a specialist visit. E-consult results in clear efficiencies and cost savings due to reduced travel.

E-Consult Fiscal Analysis and Discussion

BluePath Health gathered published data on cost savings and efficiencies of e-consult through reductions in travel and unnecessary in-person specialty care visits. Considering the factors of payment for an in-person visit, transportation costs, and specialist referral rate, costs for providing an e-consult will be much lower than offering the in-person visit.

Paul Giboney, MD, LADHS, noted that their program demonstrated a 25% reduction in unnecessary specialty office visits through e-consult (reduction varies by specialty.) Even in cases with lower numbers, this process is better because of the learning that occurs. When a face-to-face visit occurs, labs are done and the specialist is already familiarized with the case. No show rates have also been dramatically reduced. Dr. Giboney noted that cost savings modeling doesn't take into account the value of the relationship between the PCP and specialist.

Delphine Tuot, MD, UCSF, has a combined referral and e-consult program, with about 40% of e-consults ending up in dialogue back and forth. Half of those end up in a face-to-face visit. Even when these result in face-to-face visits, the labs are done and they can make optimal use of their time. UCSF is trying to determine how to best support PCPs in their efforts.

Lisa Murphy, MD, Central California Alliance for Health, found that in their demonstration project, 50% of e-consults did not require a face-to-face visit. They found that they had a net savings of $230 or 10.6% per 10 consults. In addition, patient burden was reduced in terms of transport costs, childcare, and lost work time. CCAH is incorporating incentives for both PCPs and specialists.

Panel: Administrative Action, Legislation and Existing Programs

David Lown, MD, Safety Net Institute, introduced the panel noting that CAPH members who are measuring 1) turnaround time for requests and 2) time to specialist response have seen some big jumps in the data. He emphasized the increase in use across DPHs noting "if they don't have e-consult by the end of PRIME, providers are doing something wrong."

> What (patients) do see is that they don't have to be referred out if not necessary and drive far distances when not needed. It has helped reduce unnecessary specialty visits.
> -Shamika Mane and Len Rosenthal, LA Care Health Plan

Seleda Williams, MD, DHCS, has been involved with telehealth since AB 415, when DHCS made a number of efforts outlining how providers can bill for telehealth services with appropriate codes and modifiers. A CCS policy letter anticipated in 2017 supports use of additional telehealth additional codes. Dr. Williams feels that legislation will be necessary and that there is a need for state allocated funds to implement telehealth initiatives.

Mary Watanabe, DMHC, noted that the department regulates 124 plans, covering 24 million consumers, including Covered CA and Medi-Cal managed care plans. They don't regulate county organized health systems, CA Department of Insurance, Medi-Cal FFS and Medicare. DMHC wants to work with plans to see how they can get credit for their great innovations. Mary included clear guidelines as to the questions DMHC will ask plans as they present their e-consult programs, and encourages plans to come to them to share their efforts.

Julie Bates, AARP, emphasized that AARP is interested in allowing patients to remain safely in their community and seek improved transitions from institutional to home settings. In general, AARP wants federal and state governments to remove restrictions for telehealth services, using MedPac and other data to prove what we already know. Julie noted that we must start with policy knowing it will change -- that it's better to have something to work with rather than nothing.

Mike Witte, MD, CPCA, offered a story about his experience working in a team-based FQHC environment with Sonoma fire evacuees, seeing firsthand the utility e-consult would have in this situation. Cindy Keltner, CPCA, introduced the Alternative Payment Model (APM) Demonstration, which will allow the use of non-traditional services including e-consult, reducing unnecessary in-person visits. Clinics are already implementing these new care team models, although CPCA is waiting for CMS approval in order to formally launch the APM Pilot effort.

Paths Forward: Breakout Group Recommendations

Administrative Actions

With AB 205 and the success of e-consult efforts across the state, there are now administrative steps managed care plans and e-consult stakeholders can pursue with DMHC and DHCS.

Guidance Needed

E-consult stakeholders must educate DHCS and DMHC decision-makers on e-consult's impact on specialty care availability, service and quality. Through experience we can demonstrate the problems that e-consult can solve and can provide clear answers to frequently asked questions. E-consult provides the right care, at the right place, at the right time – we now need to move beyond the idea of brick and mortar visits as the gold standard.

Steps Forward

- By forming a working group of 2-3 managed care plans willing to submit their plans for e-consult, demonstrate to DMHC the needs for sustainability of e-consult for the purposes of care coordination, timely access and network adequacy.
- The CCHP workgroup will support an e-consult subcommittee within DHCS for which we can provide tools for oversight, monitoring, quality assurance and support processes.
- In putting consumers first, we can support the development of a process for grievances.
- To support DHCS and DMHC quality monitoring, providers can share e-consult metrics currently employed to measure patient satisfaction, provider satisfaction and efficiency.
- The workgroup can provide support in development of a DHCS All Plan Letter providing clarity on e-consult definition, settings and circumstances and safeguards – soliciting comments from plans.

Destination

By end of year, the workgroup will present DHCS a fiscal analysis and answers to FAQs. In tandem, a subgroup of managed care plans will present their e-consult programs to DMHC according to the recommended guidelines, demonstrating the data needed to meet network adequacy requirements.

Leveraging Existing Programs: FQHC Alternative Payment Method (APM) Pilots

E-consult stakeholders can build upon the FQHC APM pilots that will employ non-traditional services in selected pilot sites to increase capacity to provide team based care to FQHC patients. Two years of data will be submitted to demonstrate the effectiveness of the services. Currently, FQHCs get their PPS rate through a PMPM payment and wrap cap at the end of year. With the pilots, FQHCs will receive monthly payments. This will offer the flexibility for PCPs to decide the best way to care for patients in the best setting for them, rather than having patients coming in that don't need to be seen. Patients receiving services such as an e-consult can avoid circling back into the system.

Guidance Needed

- We can educate PCPs, sharing success stories as they consider implementing e-consult.
- Pilots who are already participating and using e-consult can model for others. AHS, CHCN, LA, SMMC, SC are spearheading efforts as part of APM pilots and can share best practices.
- Health plans can engage FQHCs by showing e-consult cost savings, e.g. nonmedical transport.
- FQHCs will need support in communicating their needs to DHCS and managed care plans.
- FQHCs will also need to consider rolling out these services to the Medicare population. In the meantime, stakeholders can determine ways of delegating payments to FQHCs for services.

Steps Forward

- Develop the care team – ensure that FQHCs have the support they need to participate in programs such as e-consult. Through this, PCPs can become both mentors and learners.
- In this new model, FQHCs may consider whether it makes sense to have specialists on site.
- There are 29 categories of service, e.g. 174 new CPT codes. PCPs will need to prioritize which services they can implement (many are already participating in e-consult).
- Provide examples of training on e-consult and share cost savings examples.
- FQHCs can discuss technology, services and financial support needs with their plans.

Destination

After consistent use of non-traditional services across FQHC sites, participants will be able to share metrics and report to DHCS. In order to do so, clinics will need to agree upon shared metrics (e.g. a data/reporting toolkit) and be open to disseminating non-proprietary ROI studies to peers.

Legislation

With our current political environment and in planning for future federal-level actions, two strategies must be considered as we approach a legislative path:

- ACA continues, and we pursue our current strategy for e-consult adoption, or
- ACA is dismantled, which will exacerbate access and force consideration of non-traditional care models such as e-consult. We will have a receptive legislature and a possibility of a single-payer approach in California. Then, there would be an opportunity for an e-consult bill.

Guidance Needed

E-consult stakeholders agree that we need clarity on the definition of e-consult, however if an overly detailed definition is put in legislation it may prove too restrictive and limit the success of programs that already exist. Clarification is needed, however, as e-consult should not be compared to email or phone in reimbursement discussions. Our focus on asynchronous vs synchronous is antiquated – we need to think of where health care is moving. Clarification is also needed to emphasize that e-consult is conducted using technology with privacy and security protections.

Steps Forward

- Share with e-consult stakeholders the language of existing legislation, e.g. AB205, which can use timely access and network adequacy as a route to reimbursement.
- Share patient, payer and provider e-consult stories – these make the data more compelling.
- With advocacy groups and coalitions, track, comment on, and or participate when possible in relevant discussions to share the perspectives of e-consult stakeholders.
- Work with the Telehealth Policy Coalition currently being convened by CCHP.

Destination

CCHP and BluePath Health will support stakeholders in pursuing the opportunities outlined in AB205, and if legislation is required, will provide clarification around e-consult emphasizing that it is a reimbursable service that improves network adequacy and timely access to specialty care.

Priority Activities

- Form a subgroup to work with DMHC and DHCS managed care to develop a coordinated approach to e-consult and the ability to demonstrate network adequacy. Develop a set of guidelines and frequently asked questions/answers.
- Present the e-consult fiscal analysis to DHCS Health Care Delivery Systems leadership. Engage DHCS benefits division stakeholders to determine next steps in supporting the sustainability of e-consult efforts.
- Refine communications materials presenting the common findings and success stories of e-consult, incorporating data programs have captured that show improved access and efficiency.
- Support the APM pilot programs in FQHCs by providing education materials and explore developing an e-consult training curriculum.
- Educate the CCHP Telehealth Coalition on the benefits of e-consult and discuss possible inclusion in telehealth legislation development efforts in 2018.
- We look forward to discussing our next steps on the upcoming CCHP E-Consult Workgroup call on November 16 from 12-1 PT.

Next Steps

The next CCHP E-Consult Workgroup will take place on November 16, 2017. We will review our potential paths forward in order to engage workgroup members in reaching our destination of state-level support for the sustainability of e-consult.