Electronic Consult Reimbursement Roadmap
March 2016

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Electronic Consults offer clear benefits to patients and providers that must be conveyed to improve reimbursement and increase access to specialty care

The Blue Shield of California Foundation engaged the Center for Connected Health Policy (CCHP) to conduct a comprehensive assessment of the policies and practices related to the use of electronic consults (eConsult: web-based system communication between a PCP and a specialist) as means of confronting the shortage of specialty care services in California, while simultaneously improving access and quality for the underserved. CCHP and BluePath health produced the following roadmap to outline the policy barriers and potential solutions for overcoming them.

Project literature review and key stakeholder input support long term benefits and improvements for:

1 **Patients:** More timely access to specialty care with improved health outcomes as a result; greater satisfaction with care a result of not having to travel and engage in unnecessary in-person visits.

2 **Primary Care Providers:** Higher quality coordinated care and enhanced communication with specialists, ultimately expanding the knowledge and scope of practice of the PCP.

3 **Specialists:** More efficient use of time as a result of decrease in unnecessary referrals.

4 **Public/Private Health Plans:** Increased ability to meet timely access requirements, while increasing the efficiency and reducing cost per patient.

CCHP and BluePath Health performed the following activities to form an eConsult roadmap

Project Objective	Description
Literature Scan	Conduct a literature scan that summarizes existing eConsult type programs and the costs, benefits and outcomes of electronic consult solutions deployed in California and across the country.
Subject Matter Expert Interviews	Identify and interview up to 20 key subject matter experts and key stakeholders including State and government regulators, government and commercial payers, providers, researchers and other thoughts leaders to aid in research gathering; identify and analyze best practices, barriers, and solutions.
Analysis of Barriers and Solutions	Complete the analysis and ranking of the barriers & solutions resulting from the interviews and literature scan.
Model of Impact, Volume and Costs	Model impact to grantees and get input from payers, collaborate with technical assistance team
Billing and Payment Framework	Collaborate with grantees to gain input
Roadmap to Recommended Policy Changes	Plan for expert review or workshop
Policy, Plan and Provider Briefings	Identify complementary 2015 briefings (e.g. CTN 2016 Summit)

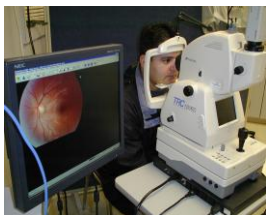# eConsult and Store and Forward Reimbursement Background

Electronic Consultations (eConsult) are a distinct provider to provider telehealth modality to increase access to specialty care

Telehealth

Telehealth is a ***means*** for enhancing health care, public health, and health education delivery and support, decreasing the need for physical health care visits using telecommunication technologies.

Store and Forward	Synchronous	Remote Patient Monitoring

Provider to Patient

Patient Involved Store and Forward

- Transmission of recorded health history through an electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.

Live Video

- Live, two-way interaction between a patient and a provider using audiovisual telecommunications technology.

Remote Patient Monitoring

- Data collected from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care and related support.

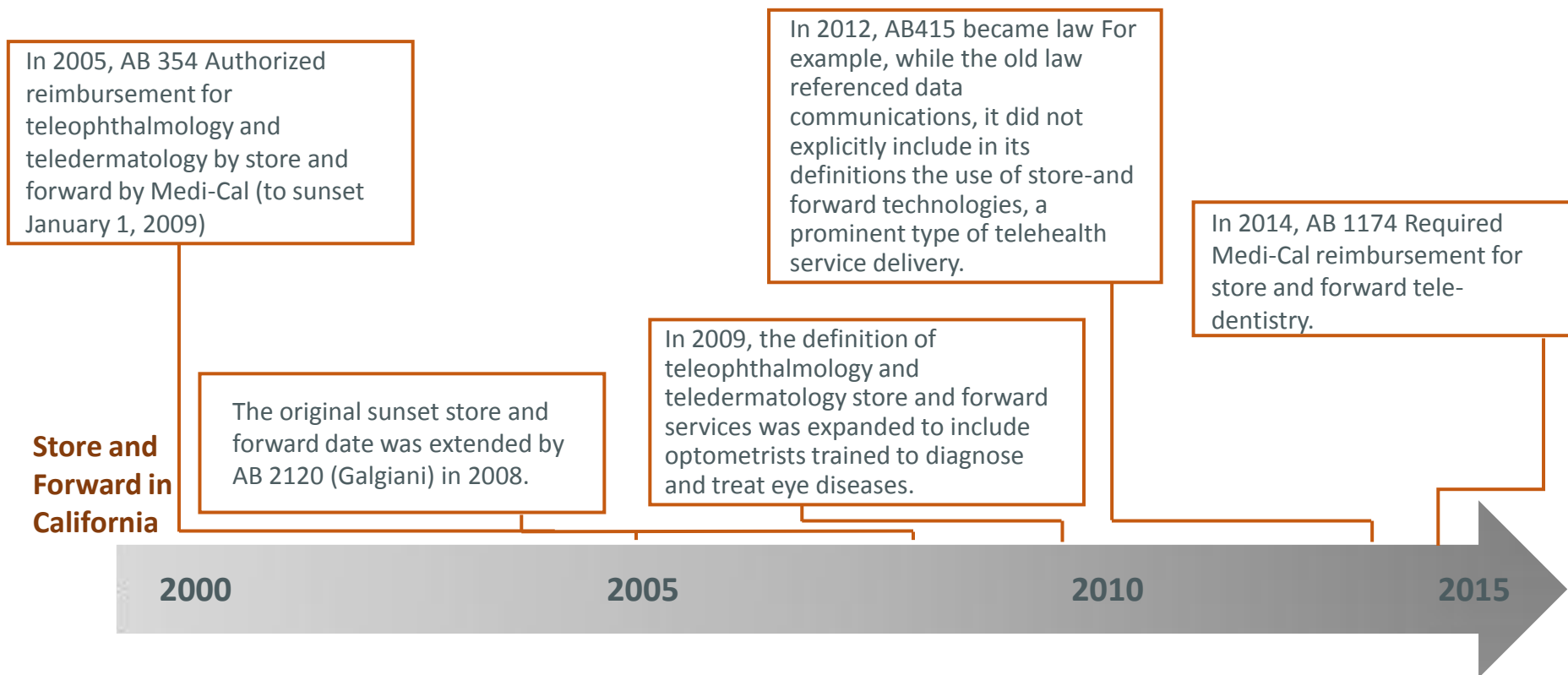### Provider to Provider

eConsult (Expert Opinion)

- Electronic message exchange (including clinical question and related diagnostic data) initiated by the primary care physician to a specialist. Specialist can convert an eConsult to a referral if necessary.

Project ECHO

- Videoconferencing to help urban specialists train primary care doctors in rural settings. The training allows these general practitioners to provide specialty care, especially chronic condition services, that would otherwise be unavailable to patients in these areas.

California's reimbursement for store and forward telehealth services has expanded in recent years

In 2005, AB 354 Authorized reimbursement for teleophthalmology and teledermatology by store and forward by Medi-Cal (to sunset January 1, 2009)

In 2012, AB415 became law For example, while the old law referenced data communications, it did not explicitly include in its definitions the use of store-and forward technologies, a prominent type of telehealth service delivery.

In 2014, AB 1174 Required Medi-Cal reimbursement for store and forward tele-dentistry.

The original sunset store and forward date was extended by AB 2120 (Galgiani) in 2008.

In 2009, the definition of teleophthalmology and teledermatology store and forward services was expanded to include optometrists trained to diagnose and treat eye diseases.

Store and Forward in California

| 2000 | 2005 | 2010 | 2015 |

Source: CCHP: Advancing California's Leadership in Telehealth Policy

Current Programs Providing Reimbursement for eConsult in California and other States

California payer, provider and county programs are exploring payment options to reimburse eConsults

Program	Status	Payment
LA Care Health Plan	• Began as pilot with Synermed and rural providers, grew to over 30 specialties • Using Safety Net Connect eConsult platform • Los Angeles County CHCs and FQHCs partner with Health Care LA IPA specialists • Moving to a focus on behavioral health due to MMC/county MOU	Specialists paid $45 per consult, PCPs paid monthly stipend for participation
Los Angeles County Dept of Health Care Services	• County funded 7m, 4 year program in 117 clinics. • Uses county software scheduling system and department at 4 different sites • Started with ophthalmology, dermatology, orthopedics, gastroenterology and surgery, now 30 specialties	PCPs and specialists are salaried (not reimbursed per episode or consult)
San Francisco General Hospital, Alameda Health System	• Delivery System Redesign program for Public Hospitals (now PRIME in 2016) provides funding that has covered specialist time spent on eConsults. • Remaining funding has come from hospital budget (e.g. SFGH global fund)	DSRIP program and hospital funds cover specialist time for consults
Partnership Health Plan	• Piloting with a limited number of specialties and FQHCs in Marin County and Eureka • In process of adding specialists then additional PCPs. Seeking acknowledgment of eConsult as telehealth and specialist reimbursement by Medi-Cal	Specialists paid per consult. PCPs not reimbursed (considered part of PPS)
California Health & Wellness	• CH&W plans to incorporate eConsult as part of its telehealth pilot in three counties with selected high demand specialty disciplines	eConsult platform will offer specialist network as part of license agreement

Programs outside of California have tested different models for reimbursement of eConsults

Program	Status	Payment
Mayo Clinic	• Using Epic EHR • Text-based service provides quick turnaround and the necessary documentation for scheduling, billing and tracking for the providing specialist • eConsults eliminate the need for a second visit in most cases • DHS includes payment for physician consultations that are performed via store and forward technology.	PCPs and specialists are within Mayo system; MN DHS allows for coverage of consultation
Mass General	• MGH piloted a system for PCPs to request cardiology e-consults • Specialist recommendations could include scheduling a clinic visit, diagnostic testing, or medication adjustments • Using Epic Partners eCare – to be fully implemented in 2017 • 100% of providers noted that the system was helpful and they would use it again • 96.7% of patients were "somewhat" or "very satisfied" with their experience	Not specified, but covers estimated cost of specialist time based on traditional fee-for-service consult reimbursements
Champlain LHIN, Eastern Ontario, Canada	• Utilized an online form in three formats (free text, mandatory fields and existing EMR forms). Providers selected format compatible with their current workflow • Program funding was from a research grant, subsidized by the Ottawa Hospital Department of Medicine • Specialists submitted a form for each response denoting time spent. If >20 min was selected, the specialist was asked to provide an explanation. Time submitted by specialists across all specialties averaged at 11.7 min per case • Long term payment for services was anticipated to be supported by individual provider contracts	Specialists reimbursed with rate based on $200/hr, paid on time spent (0-10, 10-15, 15-20 minutes).

State Medicaid programs are exploring payment options to reimburse eConsults

State	Status	Reimbursement
Colorado	• Colorado Medicaid convened several stakeholder meetings with PCPs and specialists, and engaged CO medical board to support eConsult reimbursement. • eConsults will be transmitted using CORHIO's proprietary portal (Patient Care360, Medicity). • Next steps include finalizing pilot payment rates and program implementation details.	Transactional payment for both PCP and specialist
Connecticut	• New England eConsult Network uses Safety Net Connect platform and plans to use Direct Messaging. • Alternative Payment Methodology Payments includes FQHC maintaining quarterly volume of Medicaid encounters to receive an incentive payment for e-consults occuring during that quarter in order to avoid unnecessary referrals to physician specialists and to expand access. • Incentive payments will be paid as Medicaid supplemental payments on a quarterly basis…up to a maximum of $89,500 per quarter per qualifying FQHC.	Transactional payment for specialist, PCP payments vary by setting
Oklahoma	• SoonerCare HAN pilot reimburses both PCPs and specialists $20 per timely completion of eConsult. • Providers submit and receive referrals in Doc2Doc. Referrals pass directly in to OKHCA MMIS. • Effects include reduction in professional fees among patients receiving the online telemedicine consultations ($140.53 vs. $78.16) and reduction in costs for patients receiving an online consultation vs. those referred of $130.18 PMPM.	Transactional payment for both PCP and specialist
Washington	• WA State Medicaid Waiver provides upfront investment for PCMH Transformation. • Allows FQHCs to replace billable visits with most appropriate modality of care (patient "touches" such as telephone visits, group visits, secure email, encounters with non-billable providers, etc.) • Yakima Valley Farm Workers' Clinic are working with OR and WA Medicaid managed care plans to form a pilot using the Waiver.	Through Medicaid waiver, plans to support through managed care plans

Future Opportunities: CMS and State Programs Supporting eConsult

CMS and State programs bring opportunities to expand the use of eConsult, however, work remains in engaging providers

Through the next phase of the BSCF eConsult pilot, CCHP and BluePath Health will engage designated public hospitals, Medi-Cal managed care plans and FQHCs to optimize participation in upcoming Waiver opportunities while addressing remaining barriers.

- **eConsult Definition** – eConsult utilization is expanding across the country, but it still lacks consistent definition as a reimbursable telehealth event. CPT codes for electronic consults are not well-known nor used consistently.

- **DHCS Waiver Incentive Programs** – the DHCS Medi-Cal 2020 Waiver offers multiple opportunities to support eConsult efforts. These programs are at the beginning of a 5-year timeframe, yielding incentives as result of program reporting.

- **Specialist Availability and Reimbursement** – Expansion of health coverage under ACA has exacerbated the lack of specialist availability in California. With this, Medi-Cal managed care plans are willing to explore the use of eConsult to address timely access requirements, however, must consider how they will provide incentives for PCPs and reimburse specialists for participation.

- **FQHC Incentives** – Under the DHCS Waiver, the Alternative Payment Mechanism (APM) program pilot will move FQHCs from PPS to PMPM payment, however, the pilot includes a small number of clinics and is not anticipated to expand to additional FQHCs until 2017. With their DPH partners, FQHCs may be able to leverage incentives provided in PRIME and Global Payment programs.

The DHCS Medi-Cal 2020 waiver supports the expansion of eConsult through 3 programs

- Public Hospital Redesign in Medi-Cal (PRIME) - $3.73b
  - Builds on programs improving care delivery in designated public hospital (DPH) systems
    - DPH: 12 public (county run) health care systems and 5 UC medical centers
  - Incentive payments earned based on achievement of targets based on specified benchmarks
  - Requires aggregate DPH achievement of targets demonstrating increasing adoption of Alternative Payment Methodology(APM)

- Global Payment Program (GPP) – PY1: $1.14b
  - Care for the post-ACA remaining uninsured by public health care systems (PHS)
  - Movement away from cost-based payment to point based payment structure with an overall global budgets
  - Emphasizes ambulatory care with inclusion of previously unpaid-for services such as…electronic consultations

- Whole Person Care Pilots (WPC) $1.5b
  - Provide options to integrate care for beneficiaries who are high risk, high utilizers
  - Pilot sites will share data between systems and coordinate their care in real time

http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/Waiver_Webinar_012516.pdf

PRIME incorporates eConsult to increase access to specialty care through non face-to-face encounters

PRIME measures align with BSCF eConsult pilot measures to incentivize alternative specialty care touches

Program Overview
Goal: Improve the quality and value of care provided by CA's safety net hospitals and health systems, including increasing access to outpatient specialty care.
Population: ≥2 primary care encounters (independent of coverage) or MediCal Manage Care assigned lives for Primary Care
Entities: All DPHs and most District and Municipal Hospitals (DMPHs)
Funding: Federal Funds and non-federal share from DPH & DMPH
Effective: July 1, 2015 through June 30, 2020

eConsult-Related Goals and Objectives	Reimbursement Model
• Partner with PCMH to **improve health outcomes** in acute and chronic disease • **Increase** patient and provider **access to high quality, effective specialty expertise – delivered in the most effective means** to meet the need. • Implement **alternatives to face-to-face** patient-provider encounters, including the use of telehealth solutions • Provide resources to **increase PCP capacity to care for complex patients**	Payments made based on mid-year and annual reporting of metric target achievement. First report due September 2016. **Project Metrics include:** • **Referral reply turnaround rate** • **Specialty Care Touches:** Specialty expertise requests managed via non-face to face specialty encounters • Closing the referral loop: **receipt of specialist report** (CMS50v3) **Measure stewards include:** • Los Angeles County Department of Health Services (LACDHS) • San Francisco Health Network (SFHN) • UC Davis Medical Center (UCDMC)

Global Payment: Supporting uninsured patients, increasing timely access to services through eConsult

Encourages DPHs to provide non-traditional and technology based services to provide greater primary and preventive services – higher value care as compared to the high cost care of avoidable ER/acute inpatient care

Overview	Point Value Establishment Criteria
Goal: Support public health care systems in providing services to the uninsured and to promote the delivery of more cost-effective and higher-value care **Population**: Uninsured **Entities**: Public health care systems and their affiliated and contracted providers **Funding**: Disproportionate Share Hospital (DSH) and Uncompensated Care Pool (UC Pool). Incorporates DSH cuts. UC Pool TBD for PY 2-5. Payments for services **Effective**: July 1, 2015 through June 30, 2020.	i. Service Cost ii. **Timeliness and convenience of service to patient** iii. **Increased access to care** iv. **Earlier intervention** v. **Appropriate resource use for a given outcome** vi. Health and wellness services vii. **Potential to mitigate future costs** viii. Preventive services

Service Categories (Examples)	

Category 2: Complementary Patient Support and Care Services: **non-traditional outpatient encounters, where care is provided by non-traditional providers or in nontraditional settings**., including:
- Panel Manager; Group Visits; Paramedicine Treat & Release

Category 3: Technology-Based Outpatient – This category includes **technology-based outpatient encounters that rely mainly on technology to provide care:**
- RN Call line
- Telephone and email consultations between provider and patient
- **Provider-to-provider eConsults for specialty care**
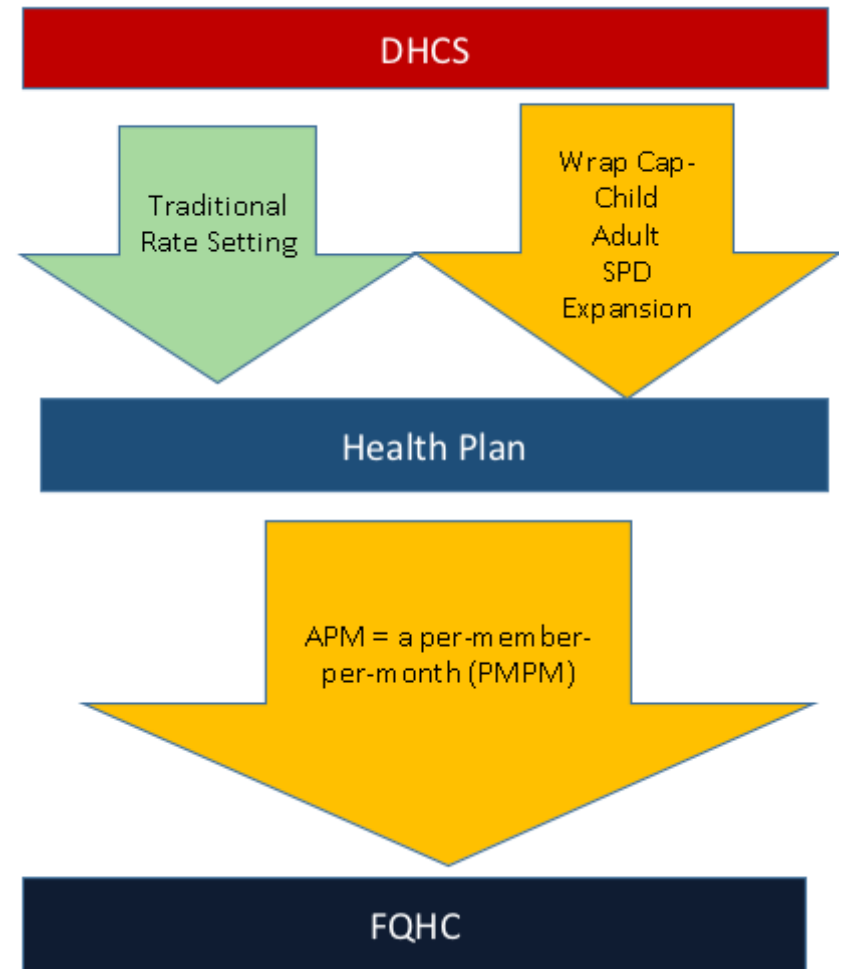- Real Time Telehealth (provider - provider)

Whole Person Care: coordinating health, behavioral health and social services to increase access to care, incorporating eConsult

BSCF pilot/CAPH member DPHs are participating in the application process for this cross-county program encouraging collaboration, coordination and reduction of unnecessary ER/inpatient utilization

Overview	Required Participants
Goal: Coordination of health, behavioral health, and social services, in a patient-centered manner with goals of improved beneficiary health and well being through a more efficient and effective use of resources. **Population:** MediCal, high utilizers of multiple systems **Funding**: $300m/yr in fed funds. Payments for infrastructure. **Lead Entity:** County agency, designated public hospital, or district municipal public hospital **Schedule**: Applications due to DHCS July 1, 2016	• Medi-Cal managed care health plan, • Specialty mental health agencies, • Other public agency (may include county alcohol and substance , criminal justice/probation, and housing authorities, human services agencies, public health departments) and • (2) Community partners- physician groups, clinics, hospitals, and community-based organizations

Strategies

WPC Pilots shall include specific strategies to:

- **Increase integration among county agencies, health plans, and providers,** and other entities within the participating county or counties that serve high-risk, high-utilizing beneficiaries and develop an infrastructure that will **ensure local collaboration among the entities** participating in the WPC Pilots over the long term;
- **Increase coordination and appropriate access to care** for the most vulnerable Medi-Cal beneficiaries;
- **Reduce inappropriate emergency and inpatient utilization; and**
- **Improve data collection and sharing** amongst local entities to support ongoing case management, monitoring, and strategic program improvements in a sustainable fashion

Alternative Payment Methodology FQHC pilots will complement eConsult pilot programs

- PPS rate converted to a monthly capitation payment: Same amount received today, just paid up front on per member per month basis rather than per visit
  - EXAMPLE: $175 PPS x 3 Avg Adult Visits = $525
  - $525/ avg member months per year (ex. 10) = $52.50 PMPM

- PPS rules gone- billable provider/same day visit restriction (4 walls) – supporting expansion of telehealth and eConsult

- **Alternative touches/enabling services valued and included in rate setting**

- Social determinants used in risk adjustment to equate to more appropriate rates

- Shared savings tied to outcomes

- Three-year demonstration with volunteer health centers – no sooner than July 2016 (likely Q 2017)

- **Evaluation will include:**
  - **Collaboration, coordination and alignment between FQHCs and managed care plans**
  - **Reduced avoidable utilization of high-cost health care services**

California Primary Care Association, October 2015

DHCS

Traditional Rate Setting

Wrap Cap- Child Adult SPD Expansion

Health Plan

APM = a per-member-per-month (PMPM)

FQHC

CMS/CMMI grant to the American Academy of Medical Colleges CORE program to support eConsult expansion

- In September 2014, the Center for Medicare and Medicaid Innovation (CMMI) awarded AAMC a $7M Health Care Innovation award to launch the Coordinating Optimal Referral Experiences (CORE) project

- AAMC collaborates with UCSF to disseminate the model to 5 academic medical centers:
  - Dartmouth-Hitchcock
  - University of California, San Diego Medical Center
  - University of Iowa Hospitals and Clinics
  - University of Virginia Medical Center
  - University of Wisconsin (UW) Health

- USCF will provide technical assistance, implementation and training resources to participating AMCs

- All organizations are using Epic EHR to support transmission of eConsults

- **Anticipated benefits include reduction in unnecessary referrals, reduced fragmentation of care, enhanced referrals (appropriate evaluation prior to visit), structured, standardized templates, and recognition of both PCP and specialist time and effort in eConsult response, and improved (timely) access for patients**

- Evaluation includes impact on quality, costs, access, patient and provider satisfaction

- Recommendations will include a future sustainable payment model to support eConsult dissemination

Did You Know?

Up to 35% of all primary care patients in U.S. are referred to specialists annually

CORE Coordinating Optimal Referral Experiences: Implementing eConsults and Enhanced Referrals

Interview with Scott Shipman, MD, MPH, Director of Primary Care Affairs and Workforce, aamc.org/initiatives/econsults

Recommendations and Potential Next Steps

Next steps for CCHP and BluePath Health include furthering reimbursement/incentive discussions and engaging eConsult stakeholders in pilots and complementary programs

eConsult Definition and Incentives

DHCS and DMHC | MCPs

- Discuss rates for eConsult CPT codes based on time spent (published in 2014 by California Academy of Family Physicians - see Appendix)

- Work with MCP stakeholders within pilot regions to discuss potential reimbursement of specialist eConsults

- With BSCF pilots and MCPs, develop an incentive plan to engage PCPs at CHCs/FQHCs

- Consider eConsult to address increased specialty care timely access requirements following Covered California expansion

- Facilitate CCHP eConsult Workshop in June 2016 to further reimbursement discussions among DHCS, MCPs and DPHs

Engagement and Collaboration

DPHs | CHCs/FQHCs

- Provide opportunities for BSCF pilot DPHs to share best practices in implementing eConsult to optimize Waiver programs and reporting, aligning measures with BSCF pilot requirements

- Facilitate collaboration and participation in CAPH educational events (e.g. PRIME webinars)

- Facilitate FQHCs, BH/MH and social services in pilot regions in pursuing GPP programs, utilizing eConsult as appropriate to meet program goals

- To optimize available incentives, seek opportunities to engage FQHCs in waiver programs which value alternative (specialty care) touches and avoidable utilization of high-cost health care services

- Follow progress in FQHC APM pilots planned for 2017 to determine how eConsult programs can be incorporated

Appendix

Project Interviewees

- Bob Moore, CMO, Partnership Health Plan – 8/26

- Mary Franz, LA Care Health Plan – 9/1

- Lakshmi Dhanvartha, CMO, Health Plan of San Joaquin – 9/3

- Jeff Rideout, President and CEO, Integrated Healthcare Association – 9/8

- Caroline Davis, Senior Policy Director, Local Health Plans of California – 9/14

- Sarah Brooks, Department of Managed Health Care – 9/16

- Dale Bishop, Central California Alliance for Health – 9/22

- Bill Henning, CMO, Inland Empire Health Plan – 9/23

- Elizabeth Krupinski, Emory University – 9/25

- Clare Liddy, Bruyère Research Institute, University of Ottawa – 9/28

- Lauren Abrams and Terry Wilcox, Council of Community Clinics, San Diego, – 9/29

- JD Belshe, Health Programs Office, Colorado Medicaid – 10/9

- Evan Seevak , Guy Qvistgaard, Tiffany Cheng, Patti Porter, Alameda Health System – 10/13

- Nora Faine, CMO, Molina Health Plan – 10/26

- Greg Buchert, CEO, and Mark Schweyer, Director of Telehealth, California Health & Wellness – 10/27

- Dale Alverson, Medical Director, Center of Telehealth, University of New Mexico – 10/28

- Daren Anderson, Chief Quality Officer, Community Health Centers, Inc. – 11/3

- Christine Martin, Director of Telehealth, Adventist Health Systems – 11/16

- Ross Ronish, MD, University of WA and Yakima Valley Farm Workers Clinic, WA – 11/16

- Scott Shipman, Director of Primary Care Affairs and Workforce, American Association of Medical Colleges – 11/24

- David Lown, MD, Chief Medical Officer, California Safety Net Institute (SNI) – 12/8

- Sandhya Rao, MD, Massachusetts General Hospital

- Joseph Kvedar, MD, Center for Connected Health, Partners Healthcare System

Electronic Consult Reimbursement Interviews: Initial Findings

- Plans and provider networks generally agree that an investment in electronic consult is worthwhile, yet seek others' advice and experience in determining the best model for reimbursement
  - Small pilots are more common than broad programs (e.g. three clinics and five specialties)
  - Plans are open to providing incentives for electronic consult in hopes of improving timely access; eConsult payments are based off of "what has worked" with other plans
  - Plans are experimenting with CPT codes that may be used to account for visits and seek examples of what codes have been used by other pilots
  - Financial sustainability of a large scale eConsult program has not been explored aside from a few cases (e.g. LA Care and LA County)
  - Pilots have sunsetted post-grant funding and/or have taken a backseat to other health IT projects

- Other states are willing to share lessons learned from pilots
  - State Medicaid programs are reimbursing pilots with set goals for improved access to specialty care
  - Cross-state communications between PCPs and specialists have proven effective

- Plans may differ on desired outcomes of electronic consult pilots, e.g.
  - Increasing access to specialty care in areas with a shortage of specialists – reducing the need for an in-person referral (studies frequently demonstrate reduction in subsequent referrals)
  - Providing the first step in referral process – improving care coordination within a geographically desirable network, enabling the specialist with necessary patient information (e.g. labs, Rx) before the subsequent in-person visit)

- Confusion exists around the definition of an electronic consult
  - eConsult and eReferral are often used interchangeably; policymakers need education to understand that an electronic consult is an encounter and on par with a visit
  - Vendors may describe live televisits as electronic consults – use of secure messaging/electronic consult may be a small component of a larger telehealth platform
  - Some providers and plans believe they have an eConsult program when they have found success with store and forward (e.g. retinopathy, dermatology)

LA Care Health Plan

Program Status	Primary Contact
• Began as a pilot with Synermed and rural providers, grew to support over 30 specialties • Now, specialists reimbursed $45 per consult, PCPs paid monthly stipend for participation • Most visits end up face to face (95%)	Mary Franz, Executive Director, Health Information Technology

	eConsult Locations
	Los Angeles County CHCs and FQHCs, partnered with Health Care LA IPA specialists

Vision and Goals for eConsult	Vendor Involvement
• Increase access to specialty care, reduce access times • Ensure in person visits take place, patients arrive with needed information, tests, etc. • Moving to a focus on behavioral health due to MMC/county MOU	• Safety Net Connect eConsult platform

Barriers	Recommended Solutions
• Sustainability of $45 per consult specialist reimbursement and per diem payment to PCPs • Specialist relationships are "transactional", not collaborative • Different processes depending on coverage (LA Care or county) • Medi-Cal MOU for mental health services increasing demand for specific services and demanding program focus narrows • RE MH/BH – no incentive to refer in (more of a screening tool)	• Seek Medi-Cal coverage for eConsults, using LA Care best practices to spread programs across other MMC plans • Explore a population health management program • Seek CME funding and support

"The eConsult system has contributed to a dramatic improvement in specialty care access while reducing inappropriate specialist referrals by up to 50%." Sajid Ahmed, Chief Information and Innovations Officer, Martin Luther King Jr. Community Hospital

Los Angeles County Department of Health Services

Program Status	Primary Contact
• County funded 7m, 4 year program in 117 clinics • Started with ophthalmology, dermatology, orthopedics, gastroenterology and surgery, now doing 30 specialties • PCPs and specialists are salaried (not reimbursed per episode or consult) • Covers uninsured patients (Medi-Cal patients fall under the LA care program) • 1300-1400 eConsults per month	Paul Giboney, Director of Specialty Care, County of Los Angeles Department of Health Services
	eConsult Locations
	Los Angeles county "community partner" FQHCs and CHCs

Vision and Goals for eConsult	Vendor Involvement
• Make services available and provide equity • Reduce response time (now 2.9 days rather than months) • Improving coordination and transitions through improved documentation	• LA County uses its own software scheduling system ("calendar") and department sitting at 4 different sites

Barriers	Recommended Solutions
• Different processes depending on coverage (LA Care or county) • Costs us to do eConsult with specialists who are not seeing patients • PCPs push back because they are not paid to do it	• Ensure workgroups are formed specific to each discipline so that clinical teams agree upon processes in 1-2 meetings before outset of pilot • Rollout with executive buy-in, pre-go-live sessions, workflow analysis – make it lean • Forget about old workflow since all will be new

"It costs us to do e-consults with specialists, but it's all about patient care, so in the long run EC is a bargain for us." – Paul Giboney, Director of Specialty Care, LA DHS

Mayo Clinic

Program Status	Primary Contact
(Mayo Clinic Program update needed) Asynchronous eConsults provide specialty consultations for patients who require more than a phone call but not a face-to-face appointment. Text-based service provides quick turnaround and the necessary documentation for scheduling, billing and tracking for the providing specialist. eConsults eliminate the need for a second visit in most cases.	Rajeev Chaudry (TBD), Mayo Clinic, Rochester, MN
	Vendor Involvement
	Epic Electronic Health Record

Supporting Policy	Coverage
"Store and Forward" includes the asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. Medical information may include, but not be limited to, video clips, still images, x-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store and forward substitutes for an interactive encounter with the patient present; the patient is not present in real-time. For store and forward, the definition of a consultation must be met as above. Consultation E/M codes are billed by the consulting physician with the GQ modifier, used to indicate that the consult was done via store and forward technology. http://www.mnhospitals.org/Portals/0/Documents/policy-advocacy/1_FACT%20SHEET%20Minnesota%20Telemedicine%20Act.pdf –	Coverage for telemedicine includes payment for physician consultations that are performed via two-way interactive video, or via store and forward technology. http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008926#P458_30875

"Many of the patients we refer to specialists don't actually need to be examined by a specialist to have their concerns addressed...these patients need answers to questions, but many times those questions can be answered simply by reviewing their medical records. We believe this is true of approximately 20 percent of our referrals." – Rajeev Chaudry, TITLE
http://www.mayoclinic.org/documents/mc0710-2009-pdf/doc-20078776?_ga=1.56176111.532043074.1449555001

Mass General, Partners HealthCare and Harvard Medical School

Program Status	Primary Contact
Mass General TeleHealth enables community providers and Mass General clinicians to provide coordinated care to patients and families through phone, video, text, email, mobile and remote monitoring. MGH piloted a system for PCPs to request cardiology e-consults. Specialist recommendations could include scheduling a clinic visit, diagnostic testing, or medication adjustments. 100% of providers noted that the system was helpful and they would use it again. 96.7% of patients were "somewhat" or "very satisfied" with their experience.	Sandyha Rao, MD, Massachusetts General Hospital
	eConsult Locations
	Massachusetts General Hospital, Brigham and Women's Hospital, Dana Farber Cancer Institute, and Spaulding Rehabilitation Hospital
Vision and Goals for eConsult	**Vendor Involvement**
Partners Online Specialty Consultations provides patients and physicians remote access to specialists affiliated with Partners HealthCare/Harvard Medical School	Epic Partners eCare – to be fully implemented in 2017

Barriers	Recommended Solutions
Further study needed to determine how to define the "right set of clinical questions" to include from the PCP to the specialist. Questions remain regarding liability: is e-consult considered comparable to the standard of care?	Reimbursement amount per encounter isn't specified but described as the estimated cost of specialist time based on traditional fee-for-service consult reimbursements.

Jason Wasfy, MD, Harvard Medical School – At MA Gen/PHP, a lot of our contracts are risk-based...we have incentives to do what's right for the health care system...improve value, reduce costs for patients...Doctors have known for a long time that there are certain things that require physician input that don't actually require seeing a patient in the office..."

https://www.youtube.com/watch?v=KJuXtyF_XjU

Colorado Dept. of Health Care Policy and Financing (HCPF)

Program Status	Primary Contact
Colorado Medicaid is developing an eConsult pilot that will reimburse both specialists and PCPs on a per-transaction basis in a pilot beginning Fall 2015. eConsults will be transmitted using CORHIO's proprietary portal (Patient Care360, Medicity). The State agreed to support the pilot with the understanding that cost reduction and reduced wait times would be measured through the program.	JD Belshe, Consultant, Policy & Program Analyst Colorado Health Care Policy and Financing
	Vendor Involvement
	CORHIO Portal, Patient Care360, Medicity
Supporting Policy	**Reimbursement Model**
In August 2015, Colorado proposed new telehealth rules noting that "telehealth" means a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a person's health care while the person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and storeand-forward transfers. "store and forward transfer" means the electronic transfer of a patient's medical information or an interaction between providers that occurs between an originating site and distant sites when the patient is not present. https://www.healthcarelawtoday.com/wp-content/uploads/sites/15/2015/07/Draft-Guidelines-40-27.pdf	The pilot program proposes that PCPs will be paid approximately $15 per electronic consult request and specialists will be paid $25 per response. Providers must be licensed within the State of Colorado.

Connecticut Department of Social Security (DSS)

Program Status	Primary Contact
Econsults for dermatology, cardiology, pain management, orthopedics and endocrinology are supported through a pilot program using Safety Net Connect platform with plans to use Direct Messaging to reach to member PCPs and specialist networks using other EHRs. Partnering with specialists in the Telemed2U network along with networks in other states (e.g. CO, WA). 69% of cases have been resolved without a face-to-face visit.	Daren Anderson, VP/Chief Quality Officer, Community Health Center, Inc., New England E-Consult Network (NEECN) Director, Weitzman Institute
	Vendor Involvement
	Safety Net Connect eConsult eClinicalWorks EHR Telemed2U Specialty Network

Reimbursement Model	Supporting Policy
Medicaid reimbursement and NEECN member fees cover the cost of SNC platform. Stemming from the success of the 2-year pilot, CHC received a $500,000 grant to create the New England eConsult Network (NEECN), to link PCPs from Community Health Center, Inc. and other states to specialists from The University of Connecticut Health Center. The State Department of Social Security (DSS) allows Medicaid to cover e-consultations.	The State Plan for Alternative Payment Methodology Payments (APM) includes : A qualifying FQHC will maintain an average quarterly volume of Medicaid encounters in order to be eligible to receive an incentive payment for e-consults occurring during that quarter…in order to avoid unnecessary referrals to physician specialists and to expand access…incentive payments will be paid as Medicaid supplemental payments on a quarterly basis…up to a maximum of $89,500 per quarter per qualifying FQHC.

While patients often need to be seen face to face, there are many instances when a primary care provider just needs a specialist to weigh in on a lab result or has a quick question about management," explained Dr. Daren Anderson, Director of the Weitzman Institute and VP/Chief Quality Officer of Community Health Center, Inc. "Now we can reserve those face to face visits for the patients who really need them, and use eConsults for those that don't. We get the answer much more quickly and can get the patients the treatment they need more quickly as well."

Oklahoma Health Care Authority

Program Status	Primary Contacts
Under the Tulsa, Oklahoma Beacon Community Program, the SoonerCare eConsult program reduced specialty visits and the transportation involved by approximately 50% and reduced costs. eConsults resulted in a 66% reduction in patient wait times for specialty care. Since 2007, a network of 502 providers, including 208 specialists, has combined to manage more than 110,000 patient referrals and online telemedicine consultations. Under the current Sooner HAN On-Line Consult Pilot, sending providers are paid for timely completion of request, responding to questions, and closing consult upon acceptance. Receiving Providers are paid for timely completion of the consult, creating a treatment plan to share with the PCP to implement or seeing the patient and sharing the report with the PCP.*	David Kendrick, MD, MPH Chief Medical Officer, MedUnison Sooner Health Access Network Tulsa Beacon Community SoonerCare/Oklahoma Health Care Authority Vendors: Doc2Doc/MedUnison eConsult Platform OU Sooner Health Access Network (HIE)
Supporting Policy	**Reimbursement Model**
Providers participating in the e-consult pilot submit and receive their referrals in Doc2Doc. These referrals pass directly in to MMIS. Referrals entered into Doc2Doc by the PCP are processed at the group level by MMIS. These referrals are good for any provider associated with the group NPI for the date span of the referral. Specialty providers may view referrals in either Doc2Doc or the Provider Portal. http://soonerhan.ouhsc.edu/Doc2Doc.html	SoonerCare agreed to pay specialists $50 for every completed e-consultation. The current SoonerCare HAN pilot reimburses both PCPs and specialists $20 per timely completion of eConsult. Effects include reduction in professional fees among patients receiving the online telemedicine consultations ($140.53 vs. $78.16) and reduction in costs for patients receiving an online consultation vs. those referred and not receiving online consultations of $130.18 PMPM.

* http://healthaffairs.org/blog/2011/06/01/the-beacon-communities-at-one-year-the-tulsa-experience/

Washington State Department of Social and Health Services

Program Status	Primary Contacts
Health Systems Capacity Building encompasses projects designed to build providers' capabilities to succeed and effectively operate…includes projects designed to develop current workforce capacity, support the expansion and redefinition of workforce, and support work flow redesign to optimally meet the needs of Medicaid beneficiaries. (In CHCs/FQHCs) regularly scheduled, technology supported, psychiatric consultation for primary care providers supports rapid mental health diagnosis and treatment (including psychiatric medications), and training. http://www.hca.wa.gov/hw/Documents/waiverapplv2_091015.pdf	Ross Ronish, Yakima Valley Farm Workers' Clinic Frances Gough, MD, Molina Health Care, WA Washington DSHS (TBD)
	Vendor Involvement
	Community Health Center, Inc. (CT) Safety Net Connect eConsult eConsult platform Telemed2U (specialty network provider) EPIC (EHR platform)
Reimbursement Model	**Supporting Policy**
Yakima Valley Farm Workers' Clinic worked with OR and WA Medicaid managed care plans to form a pilot (through 2017) using the Medicaid Transformation Waiver. Molina plans to support members' eConsults under fee-for-service reimbursement.	Provides upfront investment for PCMH Transformation. Allows FQHCs to replace billable visits with most appropriate modality of care (patient "touches" such as telephone visits, group visits, secure email, encounters with non-billable providers, etc.). Encourages workforce development. Applies to a broader range of providers working at top of license and provision of services (i.e. clinical pharmacy and behavioral health services). http://www.hca.wa.gov/documents_legislative/Options_for_New_Payment_Methodology.pdf

eConsult Reimbursement Factors

- Referral Rates

- PCP

- Specialist

- Diagnostics

- Pharmacy

- Transportation

- ED/Admissions

AB 415 regulations allow for eConsults

Store and Forward

While a separate section of the old law allowed store-and-forward, providers seeking reimbursement for these services encountered difficulties from the lack of a clear and explicit presence in its definitions. For example, Medi-Cal would only cover teledermatology, teleophthalmology, and specific diagnostic teleoptometry services, a restriction that some private payers adopted as well.

Email

Prior to AB 415, California law contained an explicit exclusion of email or telephone-delivered services. AB 415 removed this restriction, but also did not specifically include email or telephone within the definition of telehealth. While reimbursement for services provided via email or telephone is no longer prohibited and allows a payer to reimburse for it, it is not mandated.

Location

AB 415 explicitly removed limits on the locations for telehealth, allowing for any type of telehealth to be covered regardless of where it takes place. This can include patient care management programs that employ home monitoring devices, in-home patient medical appointments, and physician reviews in any location for store-and-forward cases. However, AB 415 only allows for the expanded types of location and does not mandate that a payer pay for services taking place in these other types of facilities.

Specialist Payments

Methods to value specialist effort

RVU

e.g. 0.5 wRVU Specialist + 0.5 wRVU PCP = $57.47

Source: Nathaniel Gleason, UCSF Structured Referrals and eConsults: Downstream Impact on Access, Utilization and Cost Utilization, and Cost in a Fee-for-Service Setting

Hourly Rate

$ hourly wage x Time to complete eConsult

e.g. $200/hr x 10 min (1/6hr) = $33

Office Visit

Office Visit Cost x Time to complete eConsult/ Time of Office Visit

e.g. $125 x 10 min / 15 min = $83

Percent of program savings/quality improvement

% of Reduction in admissions, ED visits, improvement in wait times, physician satisfaction

Reimbursement Arrangements

- Per Consult
- PMPM
- Designated portion of salary

PCP Payments

Methods to value specialist effort

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> Source: Nathaniel Gleason, UCSF Structured Referrals and eConsults: Downstream Impact on Access, Utilization and Cost Utilization, and Cost in a Fee-for-Service Setting

Hourly Rate

$ hourly wage   x   Time to complete eConsult

e.g. $150/hr   x   10 min (1/6hr)   = $25

Reimbursement Arrangements
- Per Consult
- PMPM
- Designated portion of salary
- Tiered per consult volume based incentives

Percent of program savings/quality improvement

% of Reduction in admissions, ED visits, improvement in wait times, physician satisfaction

Connecticut proposed Medicaid amendment (SPA 15-026)

(e) Alternative Payment Methodology (APM) Payments for Qualifying Federally Qualified Health Centers (FQHC) Utilizing e-consults for Specialty Care – For dates of service from April 1,2015 through June 30, 2016, FQHC Medicaid APM payments shall be equal to a clinic's medical PPS Medicaid encounter rate plus an additional add-on payment, as defined below, if the following conditions are satisfied:

1. A qualifying FQHC will maintain an average quarterly volume of Medicaid medical encounters of more than 30,000 Medicaid medical encounters in order to be eligible to receive an incentive payment for e-consults occurring during that quarter.
2. Volume of Medicaid medical encounters is captured counting non-cross-over T1015 claims.
3. An eligible FQHC will qualify for an incentive payment based on the documented utilization of an e-consult related to a Medicaid medical encounter in order to avoid unnecessary referrals to physician specialists and to expand access for specified areas of specialist services. FQHC providers must maintain and make adequate documentation available to the Department as necessary to document e- consult utilization.
4. The e-consult add-on amount will be based on the following schedule: (Next Page)

5. In the event referrals to physician specialist that result in a Medicaid paid claim to a physician specialist provider do not decline during the service quarter by at least
   ____% among the beneficiaries for whom e-consults were made and also result in increased access to necessary specialist advice in accordance with specified parameters, incentive payments for that quarter shall be reduced by 50%. Providers are required to make adequate documentation available to the Department as necessary to document physician specialist e-consult utilization.
6. Incentive payments will be paid as Medicaid supplemental payments on a quarterly basis 30 days after receiving necessary documentation of e-consults performed during each calendar quarter. The Department may reconcile payments as needed.
7. Payments shall be limited to the applicable amount in the table included above, up to a maximum $89,500 per quarter per qualifying FQHC.

SPA 15-026 Payment Schedule

Number of e-consults Per Quarter			Quarterly Incentive Payments
1	to	50	$5,450
51	to	100	$10,900
101	to	150	$16,350
151	to	200	$21,800
201	to	250	$27,250
251	to	300	$32,700
301	to	350	$38,150
351	to	400	$43,600
401	to	450	$49,050
451	to	500	$54,500
501	to	550	$56,250
551	to	600	$58,000
601	to	650	$59,750
651	to	700	$61,500
701	to	750	$63,250
751	to	800	$65,000
801	to	850	$66,750
851	to	900	$68,500
901	to	950	$70,250
951	to	1,000	$72,000
1,001	to	1,050	$73,750
1,051	to	1,100	$75,500
1,101	to	1,150	$77,250
1,151	to	1,200	$79,000
1,201	to	1,250	$80,750
1,251	to	1,300	$82,500
1,301	to	1,350	$84,250
1,351	to	1,400	$86,000
1,401	to	1,450	$87,750
1,451	to	1,500	$89,500

Legal Liability

UCSF eConsult Disclaimer

The act of performing an eConsult does not necessarily place the specialist at any greater or lesser medical-legal risk, as long as there is appropriate documentation that includes a statement that the specialist is rendering advice/recommendation based on the information provided by the PCP in the eConsult request and review of the medical record, and that a physical exam/in-person evaluation provides little or no useful information for addressing the reason for referral/eConsult. The PCP should also document that they informed the patient that an eConsult is being pursued in place of an office visit, and that the patient agrees. In comparison with telephone, email or curbside consults that are not formally documented in the medical record, a properly documented eConsult would definitely reduce the medico-legal risk for PCP and specialist. Under no circumstances where advice is being provided in the management of a patient can a physician eliminate all medical-legal risk.

UCSF's disclaimer that auto populates at the bottom of the eConsult response:
This eConsult is based on the clinical data available to me and is furnished without benefit of a comprehensive evaluation or physical examination. The above must be interpreted in light of any clinical issues, or changes in patient status, not available to me. The ongoing management of this clinical problem is the responsibility of the referring provider. Please alert me if you have further questions. If needed, we will arrange for the patient to be scheduled for in-office consultation.

Source: UCSF

California has an opportunity to improve access to specialty care

Getting Needed Care Composite (CAHPS)

- **Question 14**: In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?

- **Question 25**: In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?

The MCMC's for Getting Needed Care were *Fair* for adult population and *Poor* for the child population. For the national comparison, 24 out of 44 MCP's for the adult population and 30 out of 44 MCP's for the child population demonstrated *Poor* performance for this measure. There were five MCP's for the adult and child populations that had star rations of *Excellent* or *Very Good*.

Source: Medi-Cal Managed Care
2013 CAHPS Survey Summary Report
Survey Administered March 2013

Table 5-6—Getting Needed Care Composite

Adult Medicaid		Child Medicaid	
Kaiser Permanente-North—Sacramento	★★★★★	Kaiser Permanente-North—Sacramento	★★★★★
Partnership Health Plan—Sonoma	★★★★★⁺	Anthem Blue Cross—Contra Costa	★★★★⁺
Kaiser Permanente-South—San Diego	★★★★★	Health Net—Stanislaus	★★★★⁺
Central CA Alliance for Health—Monterey, Santa Cruz	★★★★	Kaiser Permanente-South—San Diego	★★★★
CenCal Health—San Luis Obispo	★★★★	Health Net—Tulare	★★★★⁺
CenCal Health—Santa Barbara	★★★	Partnership Health Plan—Mendocino	★★★
Partnership Health Plan—Marin	★★★⁺	CalViva—Madera	★★★
CalOptima—Orange	★★★	Partnership Health Plan—Napa, Solano, Yolo	★★★
Gold Coast Health Plan—Ventura	★★★	Anthem Blue Cross—San Francisco	★★
Partnership Health Plan—Napa, Solano, Yolo	★★★	CenCal Health—Santa Barbara	★★
Anthem Blue Cross—Contra Costa	★★⁺	Anthem Blue Cross—Madera	★★⁺
Health Plan of San Mateo—San Mateo	★★	Anthem Blue Cross—Fresno	★★⁺
CalViva—Kings	★★⁺	Central CA Alliance for Health—Monterey, Santa Cruz	★★
Central CA Alliance for Health—Merced	★★	CalViva—Fresno	★★
Anthem Blue Cross—Kings	★★⁺	Community Health Group—San Diego	★
Health Plan of San Joaquin—San Joaquin	★★	Health Plan of San Joaquin—San Joaquin	★
Medi-Cal Managed Care Program	★★	Health Plan of San Mateo—San Mateo	★
Anthem Blue Cross—Santa Clara	★★⁺	Santa Clara Family Health Plan—Santa Clara	★
Partnership Health Plan—Mendocino	★★⁺	CalViva—Kings	★⁺
Anthem Blue Cross—Madera	★★⁺	LA Care Health Plan—Los Angeles	★
Inland Empire Health Plan—Riverside, San Bernardino	★★	Medi-Cal Managed Care Program	★
Care 1st—San Diego	★	Alameda Alliance for Health—Alameda	★
Molina Healthcare—San Diego	★⁺	Anthem Blue Cross—Alameda	★⁺
Anthem Blue Cross—Fresno	★	CenCal Health—San Luis Obispo	★⁺
Anthem Blue Cross—San Francisco	★	Partnership Health Plan—Sonoma	★⁺
Anthem Blue Cross—Sacramento	★	Anthem Blue Cross—Kings	★⁺
Community Health Group—San Diego	★	CalOptima—Orange	★⁺
Molina Healthcare—Sacramento	★⁺	Health Net—Sacramento	★⁺
Alameda Alliance for Health—Alameda	★	Health Net—San Diego	★⁺
Molina Healthcare—Riverside, San Bernardino	★	Care 1st—San Diego	★
Health Net—Kern	★⁺	Gold Coast Health Plan—Ventura	★
Santa Clara Family Health Plan—Santa Clara	★	Molina Healthcare—San Diego	★
LA Care Health Plan—Los Angeles	★	Molina Healthcare—Riverside, San Bernardino	★
San Francisco Health Plan—San Francisco	★	Health Net—Los Angeles	★
Health Net—Sacramento	★⁺	Inland Empire Health Plan—Riverside, San Bernardino	★
CalViva—Fresno	★	San Francisco Health Plan—San Francisco	★
Health Net—Los Angeles	★	Anthem Blue Cross—Santa Clara	★
Health Net—Stanislaus	★⁺	Contra Costa Health Plan—Contra Costa	★
CalViva—Madera	★⁺	Anthem Blue Cross—Sacramento	★⁺
Kern Family Health Care—Kern	★	Anthem Blue Cross—Tulare	★
Health Net—Tulare	★⁺	Central CA Alliance for Health—Merced	★⁺
Anthem Blue Cross—Tulare	★	Kern Family Health Care—Kern	★
Contra Costa Health Plan—Contra Costa	★	Partnership Health Plan—Marin	★⁺
Health Net—San Diego	★⁺	Health Net—Kern	★
Anthem Blue Cross—Alameda	★⁺	Molina Healthcare—Sacramento	★⁺

+ If the MCP had fewer than 100 respondents for a measure, caution should be exercised when evaluating these results.

eConsult CPT Codes

Specialist CPT Codes – new in 2014

- 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, "11-20 minutes of medical consultative discussion and review,"

- 99448, "21-30 minutes of medical consultative discussion and review,"

- 99449, "31 minutes or more of medical consultative discussion and review."

PCP CPT Codes

- 99354 Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)

- 99355 Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service ; each additional 30 minutes (List separately in addition to code for prolonged service)

- 99356 Prolonged service in the inpatient setting or observation setting, requiring unit/.floor time beyond the usual service ; first hour (List separately in addition to code for inpatient Evaluation and Management service)

- 99357 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged physician service)

- 99358 Prolonged evaluation and management service before and/or after direct patient care; first hour 99359 Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)

Source: American Academy of Family Physicians http://www.aafp.org/fpm/2014/0100/p6.html

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Office Visit Cost   x   Time to complete eConsult/ Time of Office Visit

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- Per Consult
- PMPM
- Designated portion of salary

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