Electronic Consult Reimbursement Roadmap
Pre-Reading for CCHP eConsult Workshop

June 8, 2016, 9 am – 4 pm
Sierra Health Foundation, Sacramento

blue shield of california foundation

Center for Connected Health Policy
The National Telehealth Policy Resource Center

BluePath
HEALTH

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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
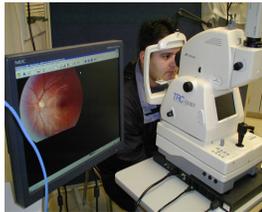
Telehealth

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
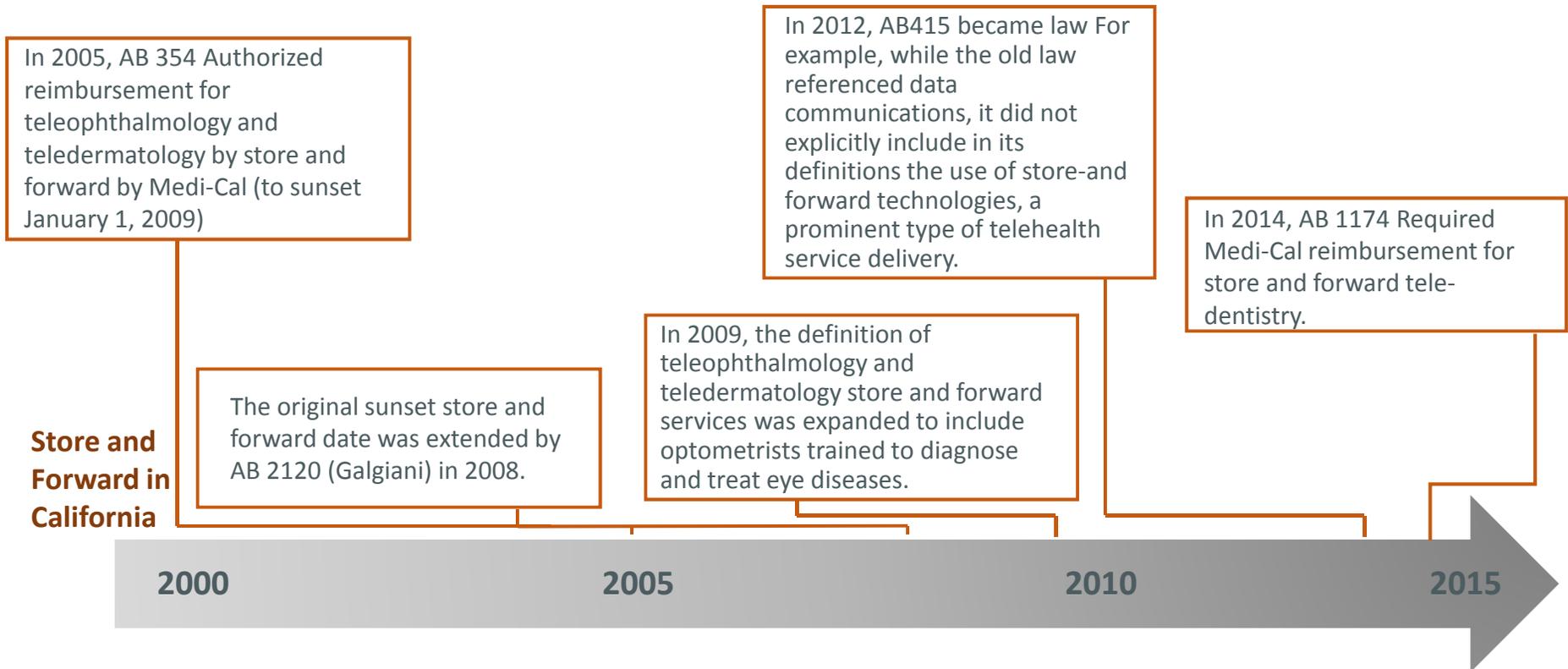
eConsult (Expert Opinion)

- 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 offering the majority of 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**
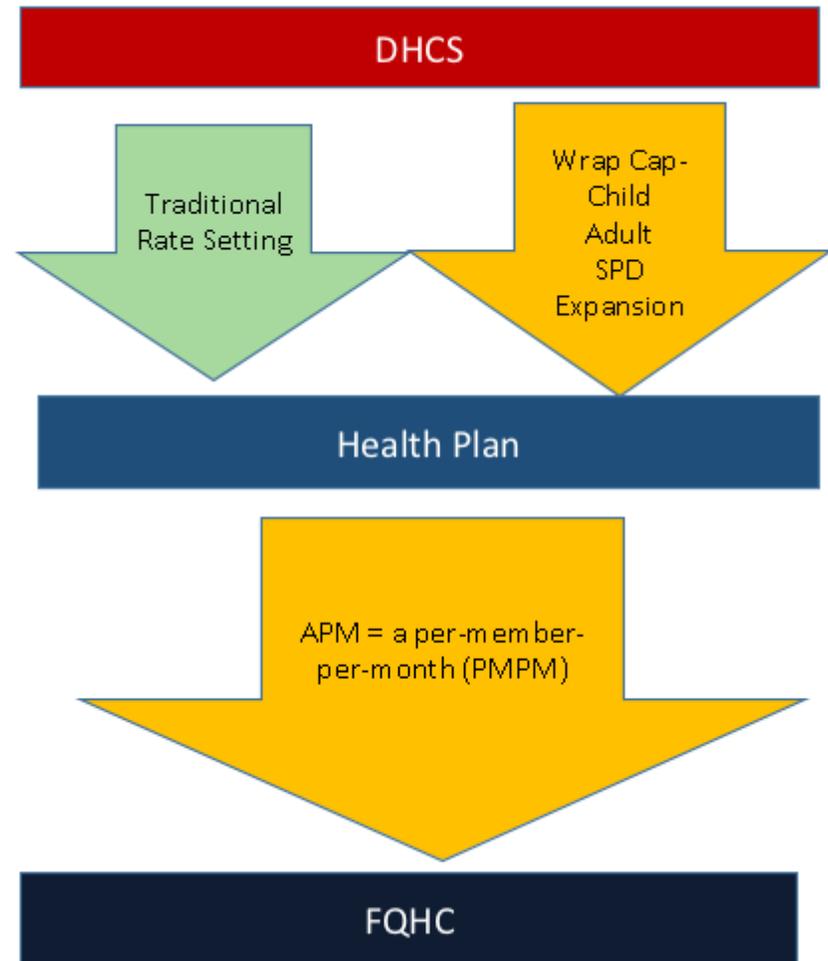- Real Time Telehealth (provider - provider)

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

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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