

E-Consult Workgroup May Webinar

May 7, 2020

<https://zoom.us/j/176936318>
+16699006833,,176936318#



Agenda

- Welcome and Introductions
- *The Role of Electronic Consultations in an Integrated Health System*
Salman Ahmed, MD, MPH, Brigham and Women's Hospital
Maliika L. Mendu, MD, MBA, Brigham and Women's Hospital
- *COVID-19 and IEHP's Virtual Care Program*
Priya Batra, MD, MS, FACOG, Inland Empire Health Plan
- E-Consult State and Federal Policy Updates:
Robby Franceschini, BluePath Health, California Telehealth Policy Coalition
- Request for Stories from the Field: Telehealth Triage in Different Care Setting
- E-Consult News and Toolkit: COVID-19 Resources for Providers



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL



The Role of Electronic Consultations in an Integrated Health System

May 7, 2020

Salman Ahmed, MD MPH

Associate Physician, Renal Division, Brigham and Women's Hospital

Mallika L. Mendu, MD MBA

Medical Director, Quality and Safety, Brigham and Women's Hospital

Associate Medical Director, Partners Population Health

Director of Quality and Process Improvement, Renal Division, Brigham and Women's Hospital

Overview



- Background on e-consult programs in integrated health systems
- About the Partners HealthCare System e-consult program
- Our approach to understanding e-consults:
 - Avoided visits and appropriateness criteria
- Results of our study- Annals of Internal Medicine April 2020
- Conclusions and Future Directions



Background



- **Many barriers exist to obtaining specialist input to care**
 - System factors:
 - » Demand exceeds supply of specialists
 - » More than 70% of federally qualified health centers face barriers in obtaining specialist opinion¹
 - Patient factors:
 - » Rural patients facing long commutes to reach specialist offices
 - » Urban underserved increased transit time using public transport
- **E-consults already being rapidly adopted and providing value**
 - LA County, number of monthly e-consults from 86→>12,000 in 3 years²
 - Ontario, Canada: Reduce wait times and increase specialty care access³
 - Cluster randomized controlled trial with underserved population in Connecticut⁴
 - » Improved timeliness of care
 - » Reduced utilization

1. Cook, *Health Affairs* 2007.
2. Barnett, *Health Affairs* 2017.
3. Liddy, *BMJ Open* 2016.
4. Olayiwola, *Ann Fam Med* 2016.



PROBLEM

- ↑ Demand for specialty care
- ↑ Time to get appointment
- ↑ Patients costs and inconvenience



SOLUTION

- ✓ Clinician-to-Clinician electronic consultations
- ✓ Referring physicians receive input from specialists through Epic

Implementation approach

- Since 2014, program has partnered with network sites to launch e-consults for specialty departments

Partners E-Consults

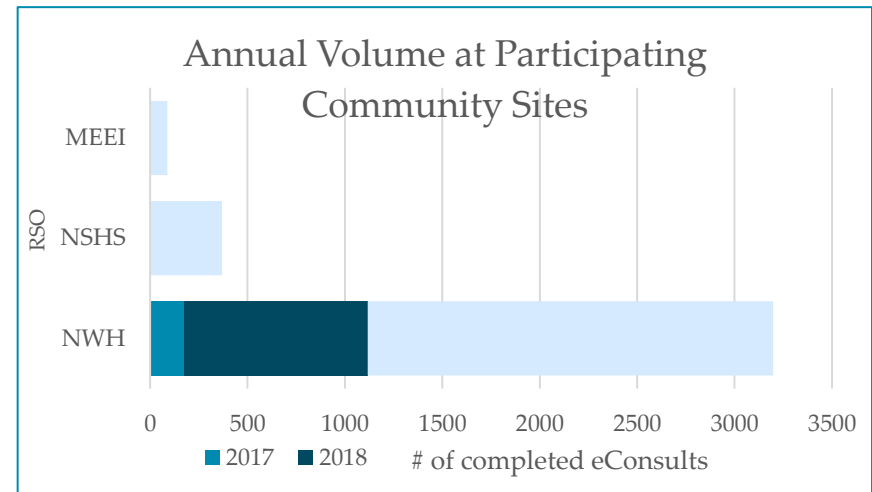
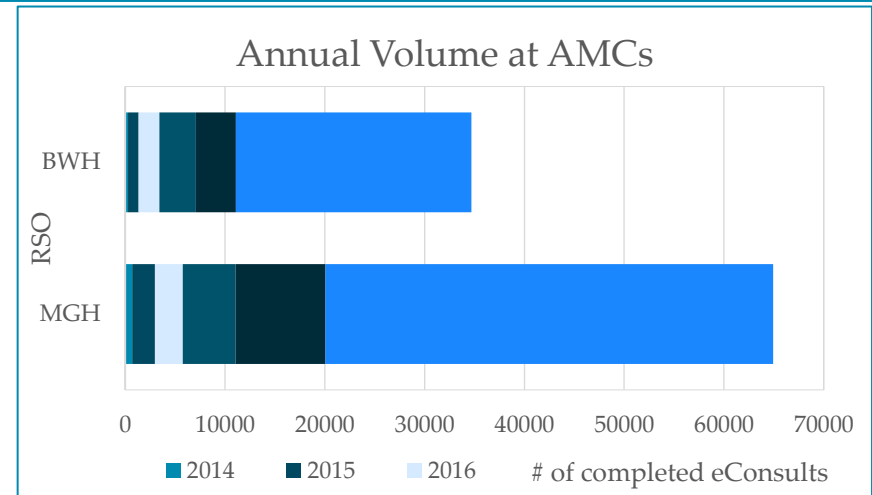
Program background



- Over 100,000 E-Consults completed since 2014
- 50+ specialties and subspecialties responding to E-Consults
- 6 PHS sites participating

How do we measure success?

- Time to see a specialist
- Provider satisfaction
- **Avoided visit % as metric: without an e-consult, there would have been an in-person visit within 120 days**
 - To refine metric, need to understand appropriateness
- **Appropriateness Criteria**
 - Point of care reference
 - Logistic information
 - Urgency
 - Complexity





Our Approach to Understanding E-consult Utility

Annals of Internal Medicine

ORIGINAL RESEARCH

Utility, Appropriateness, and Content of Electronic Consultations Across Medical Subspecialties

A Cohort Study

Salman Ahmed, MD, MPH; Yvelynne P. Kelly, MD, MSc; Tapas R. Behera, MD; Michelle H. Zelen, MPH; Ifedayo Kuye, MD; Ryan Blakey, MBA; Susan A. Goldstein, MS; Jason H. Wasfy, MD, MPhil; Alistair Erskine, MD, MBA; Adam Licurse, MD, MHS; and Mallika L. Mendu, MD, MBA

Ordering an E-Consult



Supplementary Figure 1. Interface utilized by the PCP to submit an e-Consult

Ambulatory BWH Cardiology E-Consult

✓ Accept ✗ Cancel

Class: Internal Ref

Process Inst.: E-Consults are a quick and easy way to receive feedback on non-urgent, discrete questions to specialists about patient care. If you intend to order a traditional (in-person) Cardiology referral, please select AMB Referral to BWH Cardiology

Reason for E-Consult:

Specific Patient Care Question:

Additional Comments:

Show Additional Order Details

Next Required

© 2019 Epic Systems Corporation. Used with permission.


✓ Accept ✗ Cancel

> E-Consult 13 unread, 75 total

QuickActions Done Complete Take E-Consult QuickNote Place Order Chart Encounter Cancel

Status	Sent Date	Sent Time	From	Department	Patient
● Read	10/20/2018	12:33 PM	Physician Cardiology, MD	Adult Medicine	Test, Katelin Amb "KT"
■			Physician Cardiology, MD	Adult Medicine	Test, Katelin Amb "KT"
■			Nurse NP	Internal Medicine	Test, Katelin Amb "KT"
■			Physician Family Medicine, MD	Internal Medicine	Test, Katelin Amb "KT"
■			Physician Cardiology, MD	Internal Medicine	Test, Katelin Amb "KT"
■			Hypertension Specialist, MD	Internal Medicine	Test, Katelin Amb "KT"
■			Physician Family Medicine, MD	Internal Medicine	Test, Katelin Amb "KT"
■			Physician Family Medicine, MD	Internal Medicine	Test, Katelin Amb "KT"
■			Physician Family Medicine, MD	Internal Medicine	Test, Katelin Amb "KT"

Message Visit Summary Visit/Patient Info Meds/Problems Vitals/Labs My Last Note Help 1 E-Consult Note 2 E-Consult Error Manage QuickActions



Test, Katelin A. "KT"
Female, 35 y.o., 06/30/1983
MRN: <10300134086>
Phone: 917-888-2626
PCP: Physician Family Medicin...
Resident PCP: Chan, Kit
Allergies: NO KNOWN DRUG AL...
Last Weight: 68 kg (150 lb)

Message

Physician Cardiology, MD to Physician Family Medicine, MD 10/20/2018 12:33 PM

Attached Progress Notes

A traditional referral order is recommended

If you feel that the patient needs an in-person consult / evaluation at any point in the future, please feel free to refer the patient via Epic referral order for an in-person consultation with a xxx (e.g. Vascular) specialist.

Please do not hesitate to contact me with any additional questions.

Physician Cardiology, MD

© 2019 Epic Systems Corporation. Used with permission.



Preliminary Chart Review:

Step 1: Analyzed 6 months across all specialties for variations in volume and avoided visit (AV) rates

Step 2: Selected 5 specialties (below) based on high volume and difference in AV rates

Step 3: One year of data to calculate AV rates for these 5 specialties

Random data sample

Chart review with prespecified consensus criteria

750 encounters (MGH and BWH)

Psych, ID, Hematology > 80% AV rate

Rheumatology and Dermatology < 70% AV rate

Avoided Visits (AV) percentage metric: 120 days after E-Consult, did patient see provider in same specialty

- Are E-Consults potentially not appropriate? *i.e. is visit truly avoided?*
- What types of questions are being asked? *i.e. is there opportunity for education?*

Appropriateness



E-Consults deemed 'potentially not appropriate' for one of four reasons

If e-consult falls into one of these categories, it may not have truly avoided a visit

Table 1. Appropriateness Metrics for e-Consults

Metric	Definition	Theoretical Example	Analysis
Point-of-care resource test	If an e-consult asks a question that could otherwise have been answered easily and promptly by referencing a point-of-care resource or clinical guidelines, the e-consult is not considered appropriate.	e-Consult to hematology: "Anticoagulation duration in first-time provoked DVT after prolonged travel."	It is straightforward and quick to research that first-time provoked DVT should be treated for 3–6 mo, after which anticoagulation treatment can be stopped.
Logistics only	If an e-consult is asking only about institutional knowledge or information that does not necessitate input from a physician, the e-consult is not considered appropriate.	e-Consult to dermatology: "Where can I send the patient to have a punch biopsy performed at our hospital?"	This information could have been obtained by calling the laboratory or dermatology administrative offices.
Urgency	If an e-consult asks for evaluation of a condition that needs to be urgently assessed, the e-consult is not considered appropriate.	e-Consult to rheumatology: "I think my patient is having a lupus flare because they have arthralgias and pleurisy. Can I manage as an outpatient?"	The patient deserves immediate specialist attention; either an in-person immediate consultation should be arranged or the patient should be referred to the emergency department.
Complexity	If an e-consult asks for evaluation of a condition that would necessitate in-person assessment by a specialist, the e-consult is not considered appropriate.	e-Consult to infectious disease: "Ms. X.C. is a 43-y-old woman with cystic fibrosis status after lung transplant 7 y ago; complicated by <i>Aspergillus fumigatus</i> pneumonia and later by candidemia; presented to clinic with recurrent fever."	The complexity of this particular patient and symptoms would have warranted direct face-to-face consultation with a specialist rather than an intermediary e-consult.

Example E-Consult Questions



Appendix Table 3. Examples of e-Consult Questions, by Type, Across Specialties

Specialty	Diagnosis	Therapy	PCP Education	Patient Inquiry
Psychiatry	"Please confirm diagnosis; psychiatry confirmation of prior diagnosis of ADHD required before dispensing medication"	"Patient has been on fluoxetine for 6 weeks with minimal effect. Switch to different SSRI?"	"Is there a role for [CBT] in management of [OCD]?"	"Patient wanted to know if he can taper off SSRI and if so, what his risk of recurrent depressive episode is"
Infectious disease	"[P]ositive syphilis antibody screening (Trep-sure . . .) but follow up RPR negative. No titer posted. [Patient] [has] been treated for syphilis in past. Has a recurrent lesion on glans penis. What is next step?"	"Patient with very frequent UTIs. Wondering about starting her on daily prophylaxis . . ."	"Appropriate antifungal for oral candidiasis given culture results"	"Patient . . . had ANC=820 on routine testing . . . patient asks if he needs Pneumovax"
Hematology	"Patient has lymphocytosis, macrocytosis. Any further workup? I know eosinophilia is related to chronic urticaria."	"Patient is factor V Leiden heterozygote. Will have day surgery. Recommendations for perioperative anticoagulation"	"Patient with calciphylaxis concerned that vitamin K antagonist (Coumadin) could worsen lesions. What is the evidence regarding this concern, and should I switch to different anticoagulant"	(No such questions asked in our study population)
Rheumatology	"[P]ositive ANA. Any further workup"	"Left hip pain in setting of unconfirmed inflammatory arthritis. Already prescribed NSAIDs and physical therapy. Additional pain management recommendations / disease modifying agents sought"	(No such questions asked in our study population)	(No such questions asked in our study population)
Dermatology	"[Patient] has new ulcers on both ears. These are odd. Not related to trauma.[see attached picture]"	"[P]ruritic rash [see attached picture], what is treatment."	"[S]afe duration of topical steroids for rash on forearms?"	"Likely seborrheic keratosis . . . eConsult with Dermatology for patient reassurance confirmation."



Results & Discussion

Demographics of Patients for whom E-Consults were Placed



Table 3. Demographic and e-Consult Characteristics for e-Consult Patients Across Specialties*

Characteristic	Specialty				
	Psychiatry (n = 891)	Infectious Disease (n = 1634)	Hematology (n = 2216)	Rheumatology (n = 287)	Dermatology (n = 1484)
Median age (range), y	49.2 (18-102)	57.6 (18-100)	57.4 (18-104)	57.6 (19-91)	38.3 (19-102)
Female sex	627 (70.4)	1000 (61.2)	1559 (70.4)	195 (67.9)	820 (55.3)
Race					
White	726 (81.5)	1198 (73.3)	1401 (63.2)	217 (75.6)	871 (58.7)
Black	40 (4.5)	144 (8.8)	336 (15.2)	22 (7.7)	127 (8.6)
Hispanic	13 (1.5)	38 (2.3)	121 (5.5)	8 (2.8)	33 (2.2)
Asian	28 (3.1)	83 (5.1)	93 (4.2)	20 (7.0)	97 (6.5)
Other	84 (9.4)	171 (10.5)	265 (11.9)	20 (7.0)	356 (24.0)
Insurance status					
Commercial	628 (70.5)	1173 (71.8)	1594 (71.9)	200 (69.7)	1065 (71.8)
Medicare	212 (23.8)	402 (24.6)	535 (24.1)	77 (26.8)	369 (24.9)
Medicaid	0 (0)	1 (0.1)	5 (0.2)	0 (0)	0 (0)
None or other	51 (5.7)	58 (3.5)	82 (3.7)	10 (3.5)	50 (3.4)
Primary language other than English	114 (12.8)	204 (12.5)	244 (11.0)	35 (12.2)	171 (11.5)
Time to e-consult completion					
<1 d	538 (60.4)	1309 (80.1)	1532 (69.1)	224 (78.0)	1069 (72.0)
1 d	113 (12.7)	125 (7.6)	265 (12.0)	25 (8.7)	195 (13.1)
2 d	89 (10.0)	106 (6.5)	187 (8.4)	23 (8.0)	120 (8.1)
≥3 d	151 (16.9)	94 (5.8)	232 (10.5)	15 (5.2)	100 (6.7)

e-consult = electronic consultation.

* Values are numbers (percentages) unless otherwise indicated. Percentages may not sum to 100 due to rounding.

Characteristics of Referring and Responding Providers



Table 4. Characteristics of Referring Providers and Responding Specialist Providers Across 5 Specialties*

Characteristic	Referring Providers (n = 1096)	Responding Specialist Providers (n = 121)
Female sex	682 (62.2)	55 (45.5)
Median time in practice (range), y	26 (5-52)	19.5 (7-62)
Speaks language in addition to English	350 (31.9)	37 (30.6)
Credentials		
MD	711 (64.9)	77 (63.6)
DO	12 (1.1)	1 (0.8)
MD, PhD; MD, ScD; or MD with master's degree	143 (13.0)	28 (23.1)
NP	142 (13.0)	15 (12.4)
PA	55 (5.0)	–
RN, nurse manager	33 (3.0)	–
Primary care provider (internal medicine, family medicine, medicine pediatrics, primary care, or women's health)	831 (75.8)	–
Specialist	265 (24.2)	–
Specialty		
Dermatology	–	11 (9.1)
Hematology	–	19 (15.7)
Infectious disease	–	33 (27.3)
Psychiatry	–	30 (24.8)
Rheumatology	–	28 (23.1)
Affiliated site of practice		
Tertiary care practice 1 (Massachusetts General Hospital)	530 (48.4)	58 (47.9)
Tertiary care practice 2 (Brigham and Women's Hospital)	382 (34.9)	50 (41.3)
Community care practice 1 (Newton Wellesley)	104 (9.5)	11 (9.1)
Community care practice 2 (North Shore Medical)	11 (1.0)	2 (1.7)
Community care practice (other)	69 (6.3)	–

* Values are numbers (percentages) unless otherwise indicated. Percentages may not sum to 100 due to rounding.

Avoided Visits and Reason for E-Consult



Table 2. Avoided Visit Rates and Primary Reason for e-Consult Across Specialties*

Variable	Specialty				
	Psychiatry (n = 891)	Infectious Disease (n = 1634)	Hematology (n = 2216)	Rheumatology (n = 287)	Dermatology (n = 1484)
Avoided visits 120 d after e-consult, n (%)†	825 (92.6)	1432 (87.6)	1926 (86.9)	187 (65.2)	919 (61.9)
Primary reason for e-consult (based on subset manually reviewed), n/N (%)‡					
Diagnosis	2/145 (1.4)	58/149 (38.9)	102/150 (68)	130/147 (88.4)	50/150 (33.3)
Therapy	135/145 (93.1)	87/149 (58.4)	46/150 (30.7)	17/147 (11.6)	85/150 (56.7)
PCP education	4/145 (2.8)	1/149 (0.7)	2/150 (1.3)	0/147 (0)	9/150 (6.0)
Patient inquiry	4/145 (2.8)	3/149 (2.0)	0/150 (0)	0/147 (0)	6/150 (4.0)

e-consult = electronic consultation; PCP = primary care physician.

* Percentages may not sum to 100 due to rounding.

† Defined as lack of in-person visit referral within 120 d of placement of e-consult order.

‡ A subset of medical records (150 from each of the 5 specialties; 9 records were missing) was manually reviewed to assess the primary reason for e-consult.

Appropriateness



Table 5. Appropriateness of e-Consults Across Specialties*

Appropriateness Metric	Psychiatry (n = 145)	Hematology (n = 150)	Dermatology (n = 150)	Infectious Disease (n = 149)	Rheumatology (n = 147)	Total (n = 741)
Total appropriate e-consults†	113 (77.9 [70.3-84.4])	110 (73.3 [65.5-80.2])	106 (70.7 [62.7-77.8])	102 (68.5 [60.3-75.8])	89 (60.5 [52.2-68.5])	520 (70.2 [66.7-73.5])
Subcategories						
Passed point-of-care resource test	132 (91.0 [85.2-95.1])	127 (84.7 [77.9-90.0])	142 (94.7 [89.9-97.7])	124 (83.2 [76.2-88.8])	120 (81.6 [74.4-87.5])	–
Appropriate complexity	140 (96.6 [92.1-98.9])	133 (88.7 [82.5-95.3])	120 (80.0 [72.7-86.1])	122 (81.9 [74.5-87.7])	112 (76.2 [68.5-82.8])	–
Did not ask solely logistic question	129 (89.0 [82.7-93.6])	149 (99.3 [96.3-99.9])	148 (98.7 [95.3-99.8])	148 (99.3 [96.3-99.9])	144 (98.0 [94.2-99.6])	–
Appropriate urgency	144 (99.3 [96.2-99.9])	150 (100.0 [97.6-100.0])	137 (91.3 [85.6-95.3])	147 (98.7 [95.2-99.8])	144 (98.0 [94.2-99.6])	–

e-consult = electronic consultation.

* Values are numbers (percentages [95% CIs]).

† The Clopper-Pearson test for CI of proportions was used.

Implications of Our Findings



- **Key Takeaways**

- Avoided visits vary across specialties (Psychiatry highest 93%, Dermatology lowest 62%)
- Variation in appropriateness across specialties (overall 70%)
- Therapeutic (49.9%) and diagnostic (46.2%) questions most common



- **Next step: Building a smarter referral platform**

- Peer to peer education
- Increase appropriateness and avoided visit rate
- Continue measurement
- Maintain patient outcomes & convenience

Enhancement Options

Incorporate FAQ to users at point of care

Guidance around what warrants an in-person visit vs. an e-consult

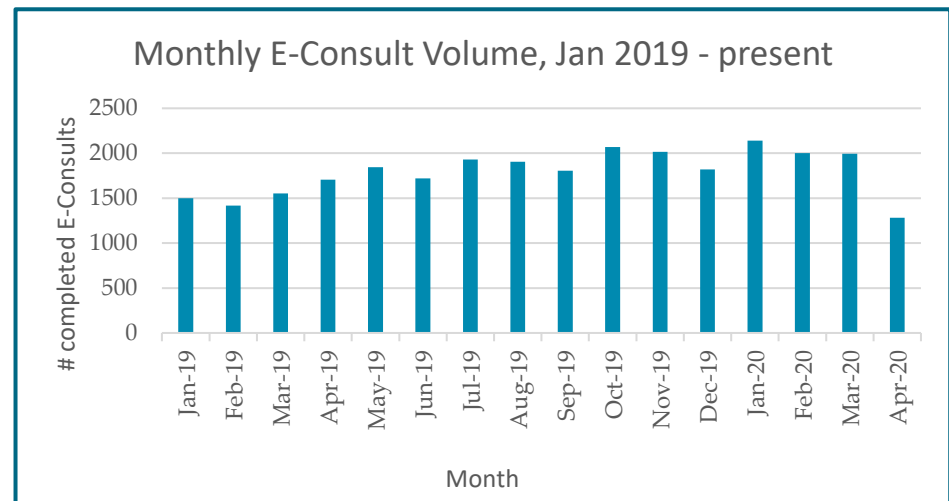
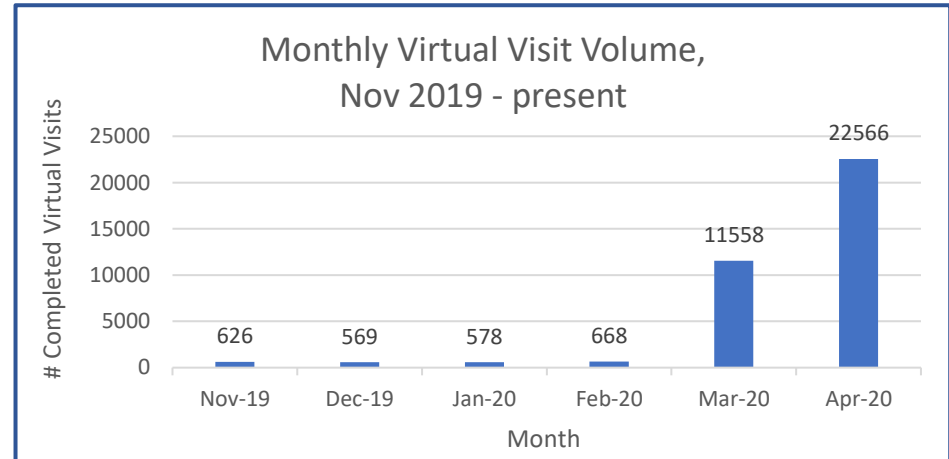


E-Consults During Covid-19

E-Consults During Covid-19



- Monthly average increased slowly but steadily over the course of CY2019
- In 2019, average of 1774 E-consults per month
- In 2020, average of 1855 E-consults per month
- Utilization slightly decreased after peak in Jan 2020
- Decrease during covid-19 potentially due to number of factors
 - Enterprise has pushed Virtual Visits as main mode of virtual care during covid-19
 - Routine PCP visits are down
 - Resource constraints on providers leading to alternate workflows utilized



The E-consult Opportunity During and After Covid-19



During Covid-19:

- E-consults facilitate PCP and specialist communication during social distancing
- E-consults important to ensuring necessary consultations do not fall through the cracks
- Challenges- maintaining consultation as in-person PCP visits have declined

Post-Covid-19:

- Will need to triage those patients who need to be seen in-person versus e-consult
- Access for those vulnerable during the pandemic

Update: COVID-19 and IEHP's Virtual Care Program

Priya Batra, MD, MS, FACOG

Senior Medical Director – Family and Community Health
Inland Empire Health Plan

Update: COVID-19 and IEHP's Virtual Care Program

PRIYA BATRA, MD, MS, FACOG

SENIOR MEDICAL DIRECTOR – FAMILY AND COMMUNITY HEALTH

INLAND EMPIRE HEALTH PLAN

Agenda

- Introduction to IEHP
- Background: IEHP's Virtual Care Program
- COVID-19 pandemic
 - Impacts on telehealth
 - Role of eConsult
- Future state
- Questions/discussion

About IEHP

- Joint powers authority of Riverside and San Bernardino Counties
- Non-profit Medi-Cal managed care plan

Our Mission

To organize and improve the delivery of quality, accessible and wellness based health care services for our community.

1.2M+
Members

6K+
Providers

2K+
Team Members

Our Core Values

TEAM CULTURE

We are a collaborative team focused on Member care and supporting our Providers.

HEALTH AND QUALITY BEFORE COSTS

We believe in placing Member's health care needs above all else.

PARTNER WITH PROVIDERS, MEMBERS, AND THE COMMUNITY

We recognize the necessity of a strong working relationship with our Providers, Members, and the Community – based on mutual respect and collaboration.

STEWARDSHIP OF PUBLIC FUNDS

We are accountable to the public and strive for transparency and prudent fiscal management.

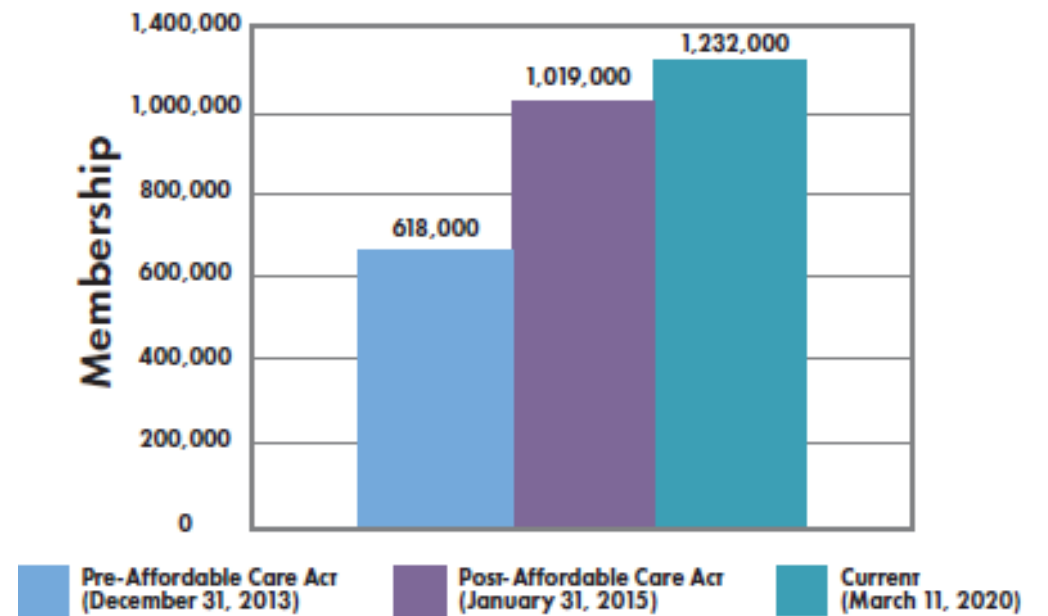
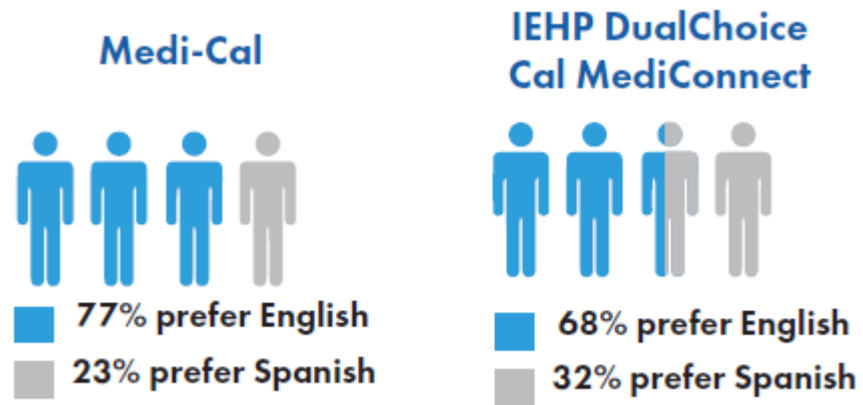
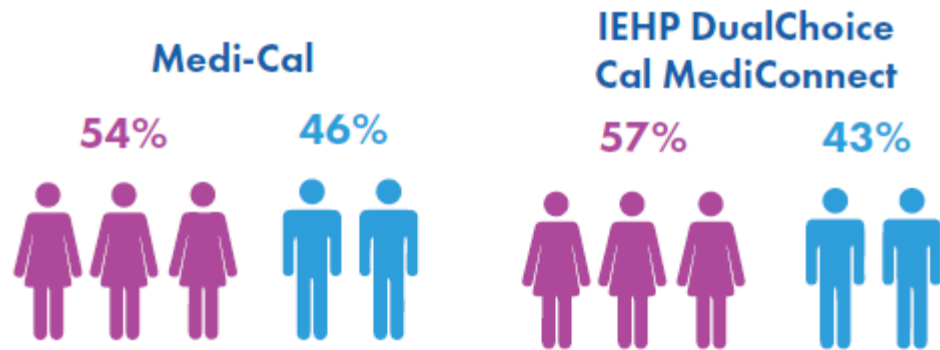
THINK AND WORK LEAN

We strive to continuously improve our daily operations and delivery of health care services.

FOSTER INNOVATION

We are thinking about the future of health care in terms of digital access, use of data, creative initiatives and other innovations that will improve that will improve health outcomes.

Our Members



Our Members

83%



17%



Member Portal

Total Registration: 162,500 (active users: 116,500)

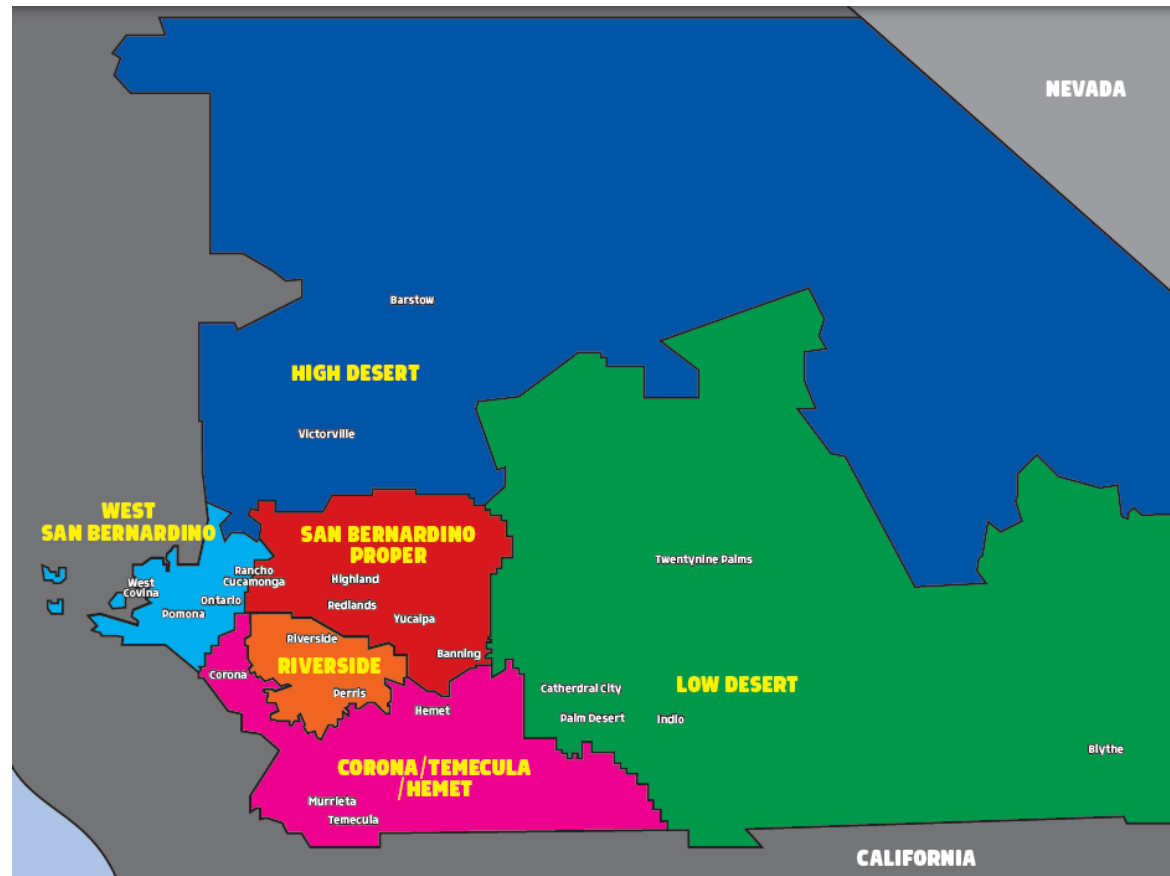
Downloaded IEHP Smart Care App = 107,500



Desktop, Cell Phone and Tablet Usage



Our region



Challenges and strengths

CHALLENGES








- Economics
- Geography
- Provider availability

STRENGTHS

- Diversity
- Positive relationship with Members/Providers
- Commitment to innovation

Virtual care at IEHP

- Guiding principles
 - Solutions solve an existing clinical or operational problem (*Where is the pain point?*)
 - Improving access to care
 - Improving Member experience
 - Improving Provider experience

		Real Time “Synchronous”	Store and Forward “Asynchronous”
Visits (Provider to Patient)	Consults (Provider to Provider)	<p><u>Virtual Visit</u> Video visits between Provider & Patient</p>   	<p><u>eVisit</u> Online exchange between Provider & Patient</p>  
		<p><u>Virtual Consult</u> Video consult: Provider to Patient’s Provider</p> 	<p><u>eConsult</u> Online consult: Provider to Patient’s Provider</p> 

Mobile Health (mHealth)



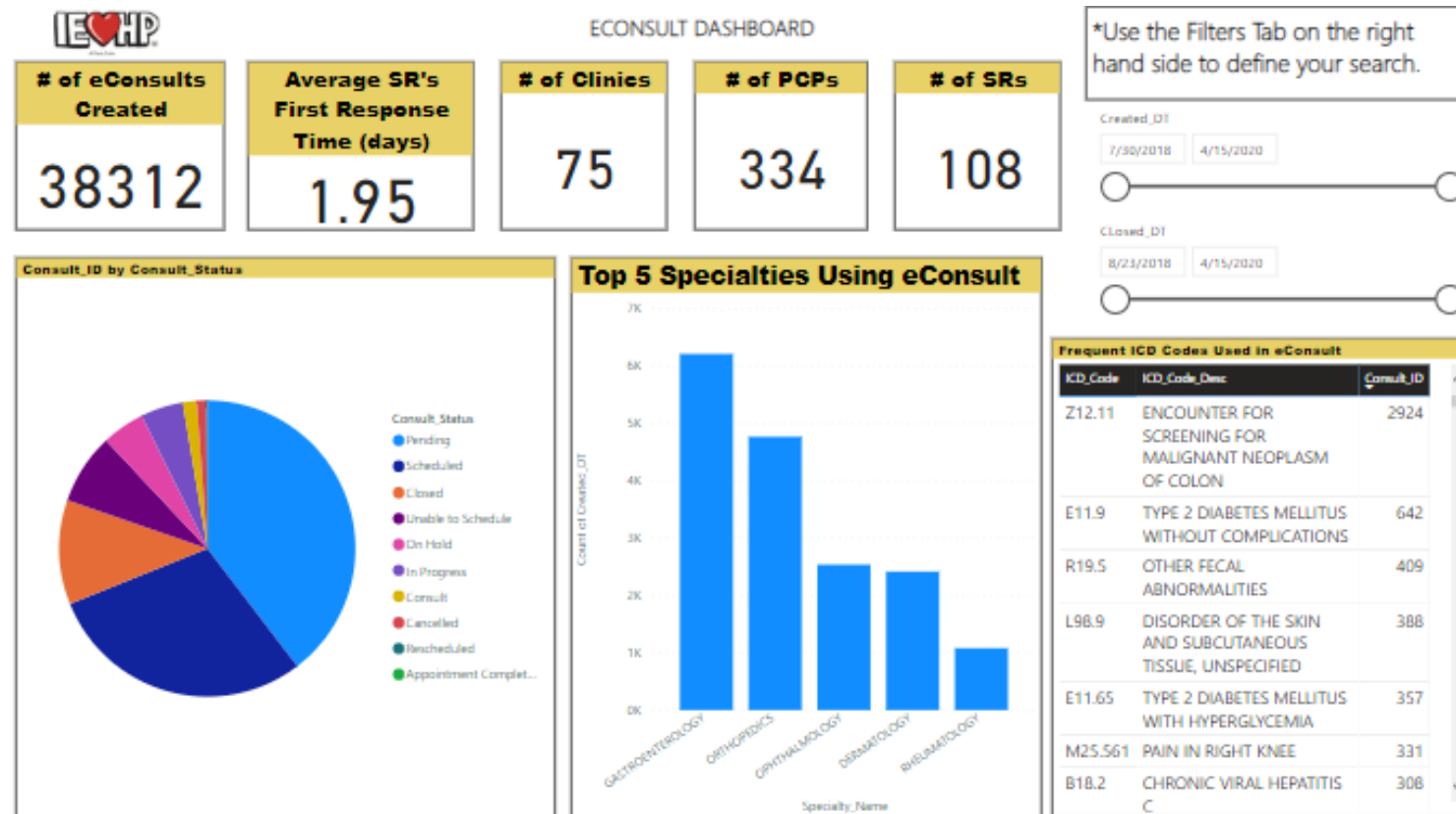
Telehealth benefit

- Vendor groups
- Existing network Providers
- Aligned with Medi-Cal guidance (*expansions in July 2019 and March 2020 – COVID-19 response*)
 - Telephone/video acceptable
 - Originating site flexibility
 - Rate parity (telehealth vs. in-person)

Multi-County eConsult Initiative (MCel)

- Launched in 2018; Phase I and II partners include county ambulatory care systems and IEHP Direct network Providers
- **Outcomes of interest:**
 - Specialty appointment access and wait times
 - Member/Provider experience
 - Overall health care costs



Multi-County eConsult Initiative (MCel)



COVID-19 activities: telehealth

- Medicare: CMS loosening of restrictions on clinical scenarios appropriate for telehealth
- Medi-Cal: 1135 waiver (*March 2020*)
 - Allowed for FQHC/RHC/IHS billing for telehealth services (*PPS rates*)
 - HIPAA relaxations
- IEHP's response
 - Messaging to Providers (may not be participating in existing benefit)
 - Messaging to Members
 - Ensuring systems in place to pay claims to new telehealth service Providers
 - Revise tracking/monitoring
 - Considering impacts on quality performance – developing practice guidance in this area

COVID-19 activities: telehealth



To: Dual Choice CMC PCPs
From: IEHP – Provider Relations
Date: April 21, 2020
Subject: **P4P Dual Choice Annual Visit – Services Currently May Be Performed via Telehealth**

Due to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) have made allowance for plans to submit diagnoses from telehealth visits for risk adjusted payments when those

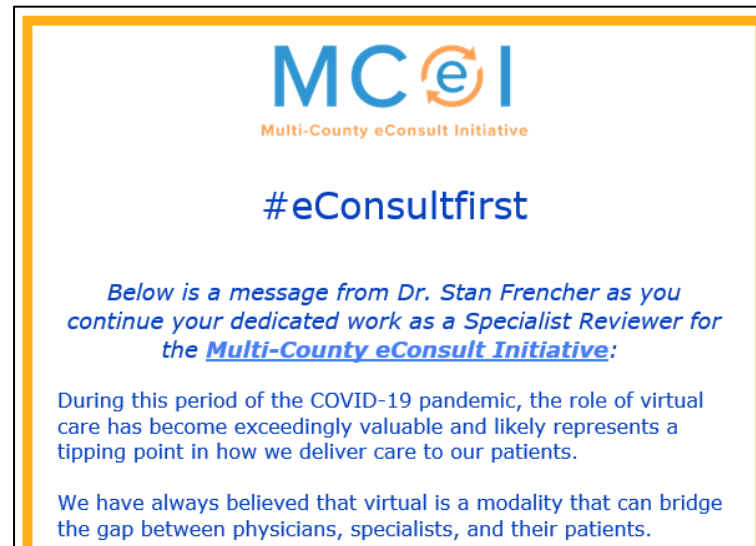
Care After HoursURGENT CAREWatch laterShare



**24/7** NURSE ADVICE LINE
1-888-244-4347 or 1-866-577-8355 (TTY)

COVID-19 activities: MCEI

- Reminding Providers of the utility of eConsult to improve access to specialist information/care in scenarios like COVID-19
- Continued specialist reviewer recruitment
- Increased trend in eConsults resolved as “non-face-to-face”



Looking forward

- Continuing on the virtual care path
- Reporting and evaluation
 - Where will telehealth use go post-COVID-19?
 - Differential use in different care sectors or in different subpopulations?
 - Impact on quality measures
 - Impact on Member and Provider experience
- Remaining flexible
 - Where will loosened restrictions on telehealth go post-COVID-19?

Questions?

BATRA-P@IEHP.ORG



E-Consult Policy Updates

CMS makes changes to telehealth coverage (April 30)

- Therapists (OT, PT, speech language) can now bill for “telehealth” services
- Certain telehealth services can be provided via audio-only technologies (telephone)
- Hospitals can bill for originating site fees in certain situations where the provider is not delivering services at the hospital

(See updated [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#))

Press release

Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic

Apr 30, 2020 | Hospitals, Policy, Telehealth

Further Expand Telehealth in Medicare:

CMS directed a historic expansion of telehealth services so that doctors and other providers can deliver a wider range of care to Medicare beneficiaries in their homes. Beneficiaries thus don't have to travel to a healthcare facility and risk exposure to COVID-19.

Upcoming Telehealth Policy Meetings



Coding for COVID-19: How to Bill for Telehealth During the COVID-19 Pandemic Tuesday, May 12 from 1-2 pm PT

Please join the California Telehealth Policy Coalition for a webinar focused on billing during COVID-19. Attendees will walk away from this webinar with a better sense of how to bill for telehealth services, given recent changes in billing. Payer policies to be reviewed include Medicare, Medi-Cal, and DMHC-regulated plans.

DATE OF NEXT MEETING

 Friday
May 15

MORE INFO:
LAURAS@CCHPCA.ORG

Moderator and speakers include

- Mei Wa Kwong, JD, Executive Director, Center for Connected Health Policy
- Bao Xiong, Assistant Director of Health Care Operations, California Primary Care Association
- Carol Yarbrough, Business Operations Manager, University of California San Francisco

Register at: https://us02web.zoom.us/webinar/register/WN_RJYnva2IQEK7jYtKhaRR7Q

Request for Stories from the Field: COVID-19 and Telehealth Triage in Different Care Settings



Hospital

How are e-consult and eReferral being used to address inpatient needs?



Older Adults

How can e-consult and telehealth improve primary care providers' care of geriatric patients?



Corrections

How is e-consult getting corrections patients the specialty care they wouldn't receive otherwise?

E-Consult Toolkit and COVID-19 Resources for Providers

E-CONSULT WORKGROUP RESOURCES IN RESPONSE TO COVID-19

May 6, 2020

The April 7 E-Consult Workgroup webinar focused on [e-consult use during the COVID-19 pandemic in hospitals, correctional institutions and in care for older adults](#) where telehealth triage reduces COVID-19 exposure risks from hos

In the March 26 E-Consult Workgroup Town Hall meeting on the [response to COVID-19](#), Michael L. Barner Chan School of Public Health presented his [CNN article](#) explaining telehealth to consumers, noting, "the type think about if you need to see a new specialist is an eConsult."

Listen to the COVID-19 Town Hall presentations and discussions:



On March 13, the E-Consult Workgroup held a [webinar in response to COVID-19](#) featuring ways e-consult being used in response to the pandemic. We will continue to update the Toolkit in response to th

Services for Providers

- The Federal Communications Commission is [offering \\$200M in grants](#) to support telehealth in response
- Safety Net Connect has released a [free eConsult portal](#) in response to COVID-19. For more information [release](#). For a provider login to the portal, please contact info@econsultcovid.com.
- View AristaMD's [guidance on the use of eConsults during the COVID-19 pandemic](#).
- ConferMED is offering [free Coronavirus Resources](#) for Safety Net Practices.
- RubiconMD is offering qualifying safety net clinicians free access to all 120+ specialties during the COVID-19 pandemic. For more information, clinic leadership should contact covid19support@rubiconmd.com.

COVID-19 Resources and Best Practices

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

[CCI Knowledge Share: Practicing Virtual Care During a Pandemic](#)

[CDC Fact Sheet on Coronavirus](#)

[CDC COVID-19 Evaluation and Testing Guidance](#)

[Health Affairs COVID-19 Resource Center](#)

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

[UCSF Health COVID-19 Clinical Resources](#)

[UCSF Health COVID-19 Ambulatory Remote Triage for Patients with Respiratory Illness](#)

Policy Updates in Support of E-Consult and COVID-19

- View how changes to California policy and reimbursement support e-consult and telehealth [here](#).
- AB2164 creates the E-Consult Services and Telehealth Assistance Program within the Department of Health Care Services

E-Consult Toolkit

Right care, right setting, right time

COVID-19 Resources

News ▾

Policy ▾

Research ▾

Contact

Tools ▾

E-Consult News & Events

- **The next E-Consult Workgroup call, May 7, 12 PT**, will feature Salman Ahmed, MD, MPH and Mallika Mendu, MD, MBA, of Brigham and Women's Hospital, Boston, presenting new research on *Utility, Appropriateness, and Content of Electronic Consultations Across Medical Subspecialties*. In addition, Priya Batra, MD, Inland Empire Health Plan, will highlight the plan's eConsult and telehealth programs. <https://zoom.us/j/176936318>
- **E-Consult COVID-19 Resources:** To assist provider response to COVID-19, the E-Consult Workgroup frequently updates **COVID-19 Resources**, including provider services, webinars, policy and best practices.
- **Free Access to E-consults in Response to COVID-19:** Provider groups can access free eConsults through the Safety Net Connect **eConsult COVID Portal**.
- **E-Consult Workgroup Sponsorship Opportunities:** The E-Consult Workgroup is expanding in 2020 to address national implementation, policy and payment needs. **View Sponsorship Opportunities**.
- **Save the Date!** Mark your calendars for the 6th annual E-Consult Workshop, to be held at the California Endowment in Sacramento on November 16th and 17th.

<https://econsulttoolkit.com/>

6th Annual E-Consult Workshop and E-Consult Workgroup Sponsorship Opportunities

E-Consult Workshop 2020: Save the Date

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

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

Gold Sponsors \$10,000	Gold sponsorship includes: <ul style="list-style-type: none"> E-Consult Toolkit website, newsletter and event invitations Host of Workshop evening networking reception Posterboard/best practices sharing at Workshop 3 registrations for the 2020 E-Consult Workshop
Silver Sponsors \$5,000	Silver sponsorship includes: <ul style="list-style-type: none"> E-Consult Toolkit website, newsletter and event invitations Host of Workshop networking breakfast or lunch Posterboard/best practices sharing at Workshop 2 registrations for the Workshop
Bronze Sponsors \$2,500	Bronze sponsorship includes: <ul style="list-style-type: none"> E-Consult Toolkit website, newsletter and event invitations Host of Workshop networking break Posterboard/best practices sharing at Workshop 1 registration for the Workshop
Champions \$250	E-Consult Workgroup Champions support ongoing efforts to advance State and Federal e-consult policy and reimbursement. Champions are listed on the E-Consult Toolkit and receive one registration for the 2020 E-Consult Workshop.

We thank our initial sponsors:



California
Health Care
Foundation

Gold

Anthem Blue Cross

Silver

ConferMed
Inland Empire Health Plan
Safety Net Connect
WISE Health Care

Bronze

AristaMD
RubiconMD