ANNUAL MEETING OF THE CALIFORNIA TELEHEALTH POLICY COALITION AND E-CONSULT WORKGROUP

ADVANCING THE TELEHEALTH CONTINUUM: 2024 POLICY LANDSCAPE AND PRIORITIES

NOVEMBER 8, 2023

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Welcome

Diana Camacho, MPH

Senior Program Officer, Improving Access
California Health Care Foundation

Agenda

Title	Time
Welcome and Keynote	9:00-9:30
Objectives and Telehealth Champion Award, 2023	9:30-10:00
National Telehealth Program Perspectives	10:00-11:00
Telehealth Focus Areas: Priorities for 2024	11:00-12:15
Lunch Presentations	12:15-1:05
Health Centers and Virtual Care	1:05-2:05
Telehealth Innovations in Behavioral Health	2:05-2:50
Vision for 2024	2:50-3:45
Wrap-up	3:45-4:15
Reception at Cafeteria 15L	4:30

Please find a more detailed agenda in today's materials, posted to the E-Consult Workgroup website.

Keynote Speaker

Jeffrey Reynoso, DrPH, MPH

Regional Director
US Department of Health and Human Services,
Region IX

Advancing the Telehealth Continuum: 2024 Policy Landscape and Priorities

California Telehealth Policy Coalition and E-Consult Workgroup
Jeffrey Reynoso, DrPH, MPH
Regional Director, HHS Region 9
Wednesday, November 8, 2023

HHS Overview

**Secretary
Xavier Becerra**

FAST FACTS:
- @90,000 employees, in every state and territory across the U.S. + tribal nations

Series of firsts, because representation matters:
- First Hispanic HHS Secretary
- First transsexual member of leadership
- Most diverse leadership and political appointee team in HHS history

Intergovernmental & External Affairs (IEA): The "Front Door" of HHS

STATE/LOCAL GOVTS (IGA)

WHIAANPHI

TRIBAL GOVTS

FAITH AND COMMUNITY

EXTERNAL/ STRATEGIC PARTNERSHIPS

REGIONAL

You are HERE.

- **Office of the Secretary (IOS)**
  - Secretary's Counselors
  - Office of Intergovernmental & External Affairs (IEA)
  - Office of the Assist. Secretary for Public Affairs (ASPA)
  - Office of the Assist. Secretary of Legislation (ASL)
- **Operating Divisions & Agencies:**
  - Administration for Children & Families (ACF)
  - Administration for Community Living (ACL)
  - Administration for Strategic Preparedness & Response (ASPR)
  - ARPA-H
  - Office of the Assist. Sec. for Health (OASH) + Office of the Surgeon General
  - Centers for Disease Control and Prevention (CDC)
  - Centers for Medicare & Medicaid Services (CMS)
  - Health Resources and Services Administration (HRSA)
  - Indian Health Service (IHS)
  - Food & Drug Administration (FDA)
  - National Institutes of Health (NIH)
  - Office for Civil Rights (OCR)
  - Office of Global Affairs (OGA)
  - Substance Abuse & Mental Health Services Admin. (SAMHSA)

- California
- Arizona
- Nevada
- Hawaii
- Guam
- American Samoa
- Republic of Palau
- Republic of the Marshall Islands
- Federated States of Micronesia
- Commonwealth of the Northern Mariana Islands
- 157 Federally-Recognized Tribal Nations

HHS IEA Regional Offices Overview

- Office of Intergovernmental and External Affairs hosts 10 Regional Offices that serve state and local organizations.

- Each Regional Office is led by a President-appointed Regional Director.

- Regional Directors ensure HHS maintains close contact with state, local, and tribal partners and addresses the needs of communities and individuals served through HHS programs and policies.

HHS Strategic Priorities

- Secretary Becerra's vision: "health care is a right for all and not a privilege for the lucky few."
- The White House and Secretary Becerra are also committed to moving health care in this country from an *illness-care* system to a *wellness-care* system.
- **HHS Strategic Priorities**
  - ✓ **Equity** *(omnipresent in our work)*
  - ✓ **Lowering Costs & Increasing Access**
  - ✓ **Behavioral Health**
  - ✓ **Preparedness**

Lowering Costs & Increasing Access

- **CMS Actions**
  - Medicare Provider Fee Schedule (PFS) Final Rule Continues Many Telehealth Flexibilities
  - New Medicare Advantage Requirements
 - Requirement on CMS to provide TA and Guidance to Medicaid & CHIP

- **HRSA Initiatives**
  - Office for the Advancement of Telehealth
  - Bureau of Primary Care
    - Optimizing Virtual Care Grants

HRSA Office for the Advancement of Telehealth (OAT)

- **Leverages** telehealth to improve access, enhance outcomes, and support clinicians and patients
- **Promotes** the use of telehealth technologies
- **Funds**
  - direct services,
  - research, and
  - technical assistance
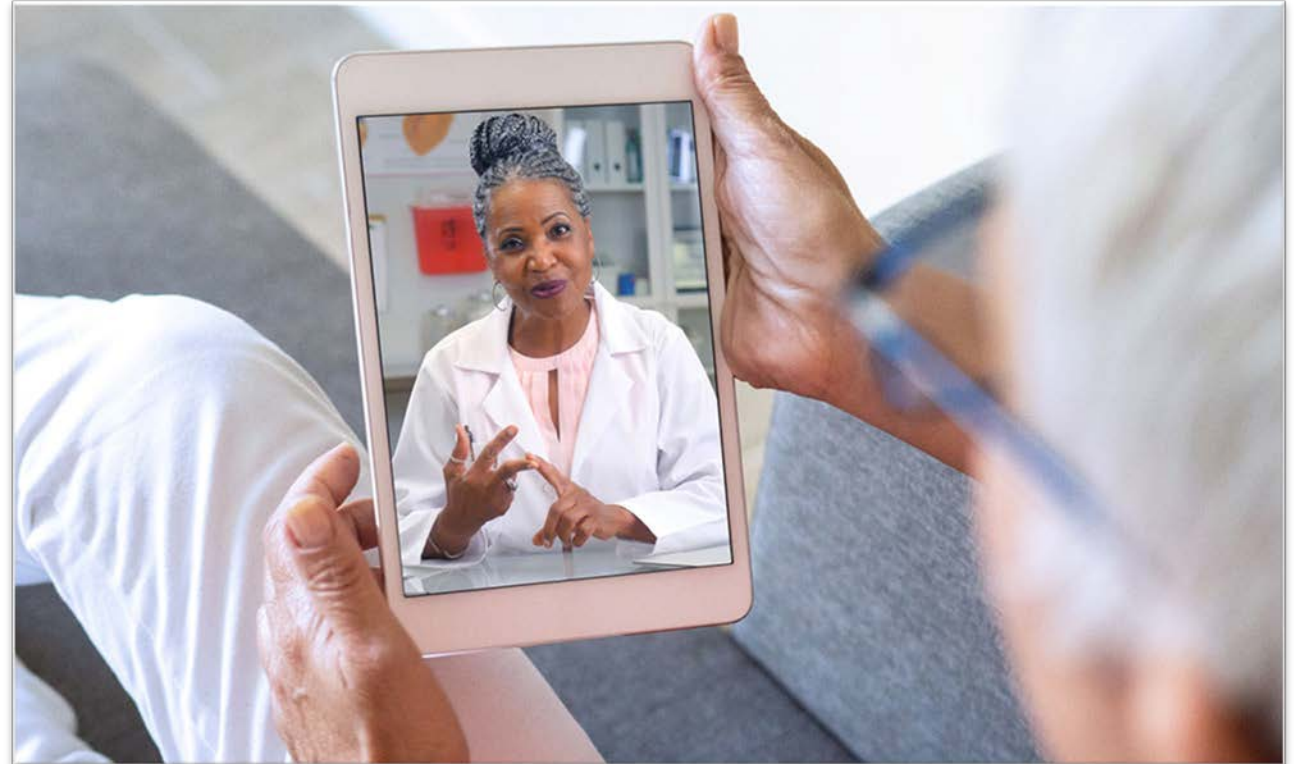
OAT Budget
Fiscal Years 2021 - 2023

Telehealth	FY 2021 $34M	FY 2022 $35M	FY 2023 $38M
Telehealth Network Grant Program	$8.9M	$8.9M	$8.9M
Evidence-Based Telehealth Network Program	$3.8M	$3.8M	$3.8M
Telehealth Resource Center Program	$4.6M	$4.6M	$4.6M
Licensure Portability Grant Program	$0.3M	$0.3M	$1.5M
Telehealth Research Center Program	$2.0M	$2.0M	$2.0M
Telehealth Centers of Excellence Program	$6.5M	$7.5M	$8.5M
Telehealth Technology Enabled Learning Program	$4.2M	$4.2M	$4.2M

$38 million

↓

7 programs

↓

Up to 70 awardees

Grant Funding Opportunities

FY 2024
- Licensure Portability Grant Program
- Telehealth Network Grant Program

FY 2025
- Telehealth Resource Centers
- Telehealth Research Centers

FY 2026
- Evidence Based Telehealth Network Program
- Telehealth Centers of excellence
- Telehealth Technology Enabled Learning
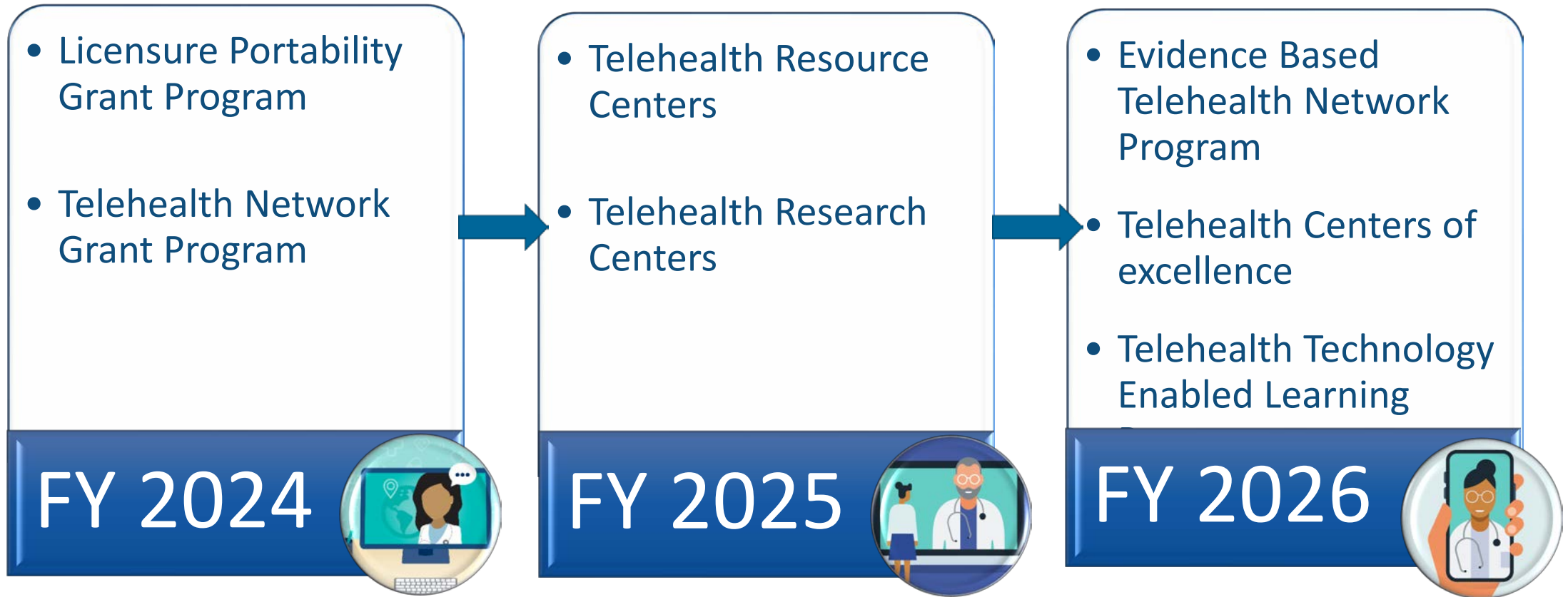
Telehealth.HHS.gov

Telehealth.HHS.gov is a resource for patients, providers, states, and researchers for everything they need to know about telehealth including:

- Best practice guides
- Licensure
- Policies
- Research
- Funding opportunities
- Events

HHS' telehealth hub served over **5 million users** since its launch.

OAT Announcements

Telehealth-Focused Newsletter

- Policies
- Funding opportunities
- Research findings
- Upcoming events
- Patient-focused resources

Sign up at: https://public.govdelivery.com/accounts/USHHSHRSA/signup/37188

HHS/HRSA Telehealth Resources

Telehealth.HHS.gov
https://telehealth.hhs.gov/

Office for the Advancement of Telehealth
https://www.hrsa.gov/telehealth

Telehealth Centers of Excellence
https://telehealthcoe.org/

Telehealth Resource Centers
https://www.telehealthresourcecenter.org/

ProviderBridge
https://www.providerbridge.org/

Behavioral Health

- **SAMSHA**
  - Updates to Remote Buprenorphine Prescribing
  - Certified Behavioral Health Clinics

- **CMS**
  - Medicare Flexibilities

Key Broadband Initiatives

- **NTIA Tribal Broadband Connectivity Program** – **Deadline January 23**

- **FCC Affordable Connectivity Program for Broadband Service**

- **FCC Seeks Feedback on Mapping Broadband for Maternal Health** – **Comment by November 20**

Preparedness & Other Considerations

- HHS/DoD National Emergency Tele-Critical Care Network

- HHS/OCR HIPAA Concerns

- HHS/OIG Federal Telehealth Integrity & Fraud Prevention

Stay Connected with HHS

HHSRegion9

HHS IEA Newsletter
https://bit.ly/ieanewsletter

Region9ORD@hhs.gov

Objectives for Today

Libby Sagara

Managing Director
BluePath Health

Robby Franceschini, JD, MPH

Director of Policy
BluePath Health

Mei Kwong, JD

Executive Director
Center for Connected
Health Policy

E-Consult Workgroup At-A-Glance

Bi-monthly webinars sharing published research, policy updates, and program successes

State and regional policy forums engaging key stakeholders to define priorities and action steps

Continuing medical education (CME) courses on best practices for high demand specialties

Current policy, case studies, research, patient and provider stories at econsultworkgroup.com

Monthly newsletters sharing recent publications and sponsor news

November annual meeting of E-Consult Workgroup and CTPC

BluePath
H E A L T H

E-Consult Workgroup Timeline and Growth

Support of clinic and health system e-consult and telehealth adoption

Incorporation of e-consult CPT code 99451 by Medi-Cal

Broad payer support of e-consult coalitions across California

2015 — **First meeting of the E-Consult Workgroup** with 35 attendees

2017 — **Alignment with the California Telehealth Policy Coalition** to advance reimbursement, State and federal support

2019 — **Collaboration with CA DMHC** to incorporate e-consult into Annual Network Reporting

2021 — **SB 365** achieves unanimous bipartisan support for primary care provider reimbursement

2022 — **The Right Care at the Right Time:** E-Consult Policy Recommendations for California

About the California Telehealth Policy Coalition

Our origin story

In 2011, when AB 415, the Telehealth Advancement Act was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. This group, including the California Primary Care Association, the California Hospital Association and the California Rural Health Association, came together in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually evolved into the California Telehealth Policy Coalition. CCHP leads the Coalition and hosts monthly conference calls.

In recent years, the Coalition has decided to move beyond a mere information sharing group to become a more active collective participant in telehealth policy. The Coalition has developed a slate of telehealth policy goals and issues that it is working on in a continued effort to modernize California telehealth policy.

SEE ALL COALITION MEMBERS >

Next meeting | Friday, October 21, 2022

Monthly Coalition Meeting

We host monthly conference calls to discuss the latest California telehealth policy developments. Want to join us?

Please visit our website for more information or if you are interested in joining.
https://www.cchpca.org/california-telehealth-policy-coalition/

Thank you to our sponsors!

Introduction of Telehealth Champion, 2023

Mei Kwong, JD

Executive Director
Center for Connected Health Policy

Our 2023 Telehealth State Champion

National Telehealth Program Perspectives

- Robby Franceschini, BluePath Health (Moderator)

- Lisa Chew, MD, Director of Clinical Innovations, Association of American Medical Colleges

- Chris Cruttenden, President, Safety Net Connect: Colorado Statewide E-Consult Program

- Kyle Zebley, Senior VP of Public Policy, American Telemedicine Association

AAMC Project CORE

California Telehealth Policy Coalition & E-Consult Workgroup Annual Meeting

Lisa Chew, MD, MPH   Director of Clinical Innovations
November 8, 2023

Learn
Serve
Lead

Tomorrow's Doctors, Tomorrow's Cures®

Association of
American Medical Colleges
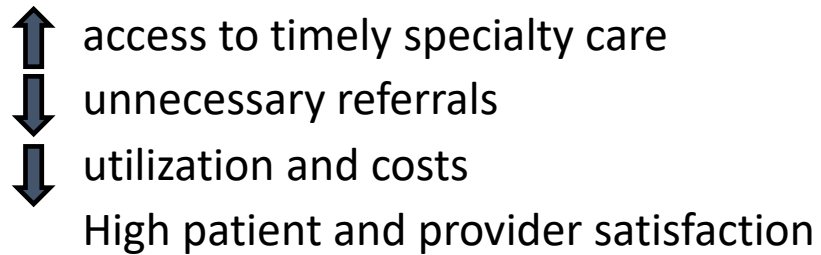
Who We Are:
AAMC Clinical Innovations Team

Goal: Increase health system's capacity to deliver **high value care and accelerate the adoption and sustainability of innovative care models** through:

- **Identifying and Disseminating** effective and efficient models of delivering health care
- **Convening** learning collaboratives and providing expertise to health system clinical leaders and teams
- **Developing** tools and resources, educational programs, and data to support high value care delivery
- **Influencing** the national conversation through advocacy and dissemination

Areas of Focus

Ambulatory Care Innovations and Clinical Redesign	Digital Health Implementation & Sustainability
Access to Care	Delivery at the Primary Care-Specialty Care Interface

Equity
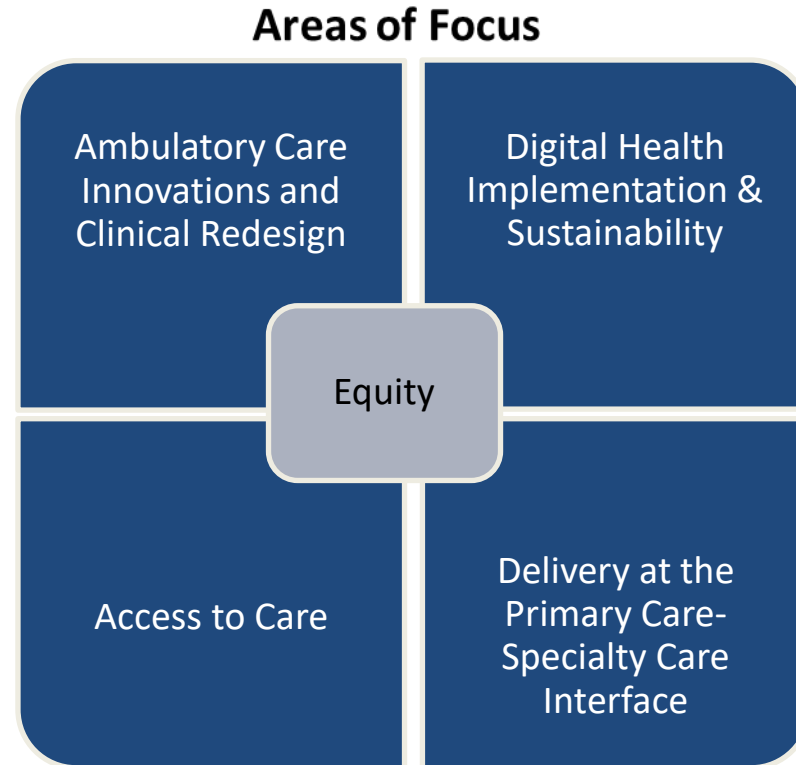
AAMC Project CORE: Coordinating Optimal Referral Experiences

- Launched at **5** academic health systems in 2014 through **CMMI HCIA Award (Round 2)**

- **Expanded 10-fold** (>50 AMCs + Peds Programs) **by 2023**

- **Impact** of eConsult and enhanced referrals**:**
  - ⬆ access to timely specialty care
  - ⬇ unnecessary referrals
  - ⬇ utilization and costs
  - High patient and provider satisfaction
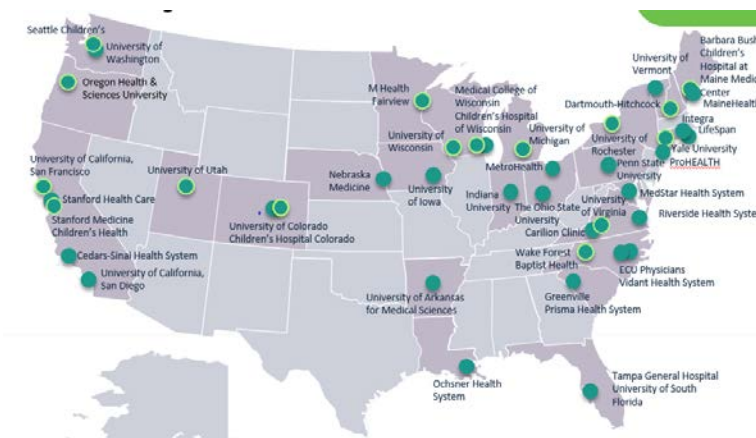
eConsult Overview:

- Implemented in the EMR alongside the referral workflow

- Condition specific templates

- Initiated by a PCP to a designated specialist colleague

- Typically, straight forward, low-acuity issues (answerable with data available in the EHR)

- < 3 business day response

- If too complex, specialist can recommend in-person visit

- RVU credit to PCP & specialist for completed eConsults

PCP: I have a clear clinical question for a specialist to help me manage my patient's care plan.

eCONSULT

Specialist: I reply to the PCP with my recommendation and next steps for the patient so that the PCP can continue managing the patient's care.

CMS & CMMI Promoting eConsults

In <u>2019</u>, CMS begins paying for CPT codes 99451, 99452

In <u>2021</u>, several states received guidance from CMS that Medicaid could not provide a Federal match for eConsults as it was a provider-to-provider service

- <u>Jan. 5, 2023</u>, CMS reversed its policy and issued <u>state health official letter</u> allowing and encouraging coverage under Medicaid and CHIP to treating providers and specialists

CMMI included Project CORE as a strategy for integrating specialists in future models in <u>November 2022 blog</u>

eConsults and Primary-Specialty Care collaboration a key feature of CMS *Making Care Primary Model* announced in <u>June 2023</u>

Looking Ahead…

- Expanding the CORE Network to new Academic Health Systems and Hospitals

- Disseminating insights from Project CORE (health care equity, new use cases, specialty-specific use cases such as behavioral health)

- Continuing to advocate for effective payment policies and interoperable solutions to support future scale and sustainability

- Organizing collaborative efforts and creating telehealth and digital health resources combined with advocacy

The Significance of the first Statewide eConsult Program

Colorado Medicaid Landscape

64 Counties - 47 Rural or Frontier

Approximate 5000 Physician Practices

Medicaid Member enrollment: 1.4 million
   - 25% of Colorado's population

24 Offered Adult Specialties
17 Offered Pediatric Specialties

Colorado Regional Accountable Entities (RAE)

Region 1 - Rocky Mountain Health Plans
Rocky Mountain Health Prime
Region 2 - Northeast Health Partners
Region 3 - Colorado Access
Region 4 - Health Colorado, Inc.

Region 5 - Colorado Access
Denver Health Medicaid Choice (DHMC)
Region 6 - Colorado Community Health Alliance
Region 7 - Colorado Community Health Alliance

What this means for Colorado and other States

Technology with a Mission

We believe in...

▼

Increasing Access and Equity

▼

Transforming Information into Insight

▼

Whole-Person Care

▲
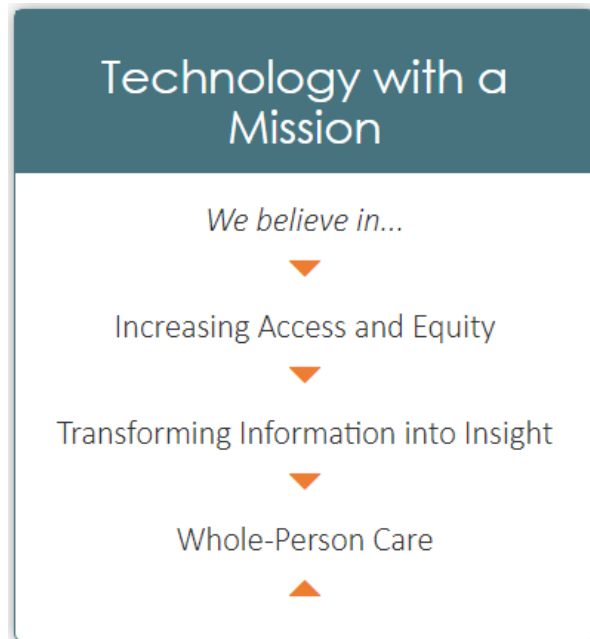
The eConsult platform is a tool of modern healthcare with old school roots. It's not just technology; it's a "best practice" to bridge gaps and ensure seamless communication between Primary Care Providers and Specialists all the while still ensuring the continuity of human-to-human communication and relationships.

- Bridging Geographical Gaps
- Empowered Primary Care Providers
- Flexibility in Care Delivery
- Addressing Specialist Shortages
- Reducing Financial Barriers
- Enhanced Preventative Care
- Continuity of Care
- Multi-Payor

OUR EXPERIENCE

converge
Next Generation eConsult

2,000+
Organizations

20,000+
Providers

2,000,000+
eConsults

10,000,000+
Patients
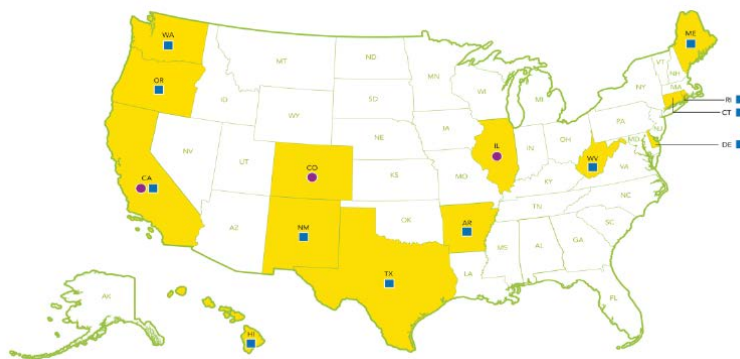
Our Markets:

- Public Health Plans
- Correctional
- Community Health
- Health Systems
- Commercial Plans

COLORADO
Department of Health Care
Policy & Financing
HCPF

MAVEN PROJECT

ROCKY MOUNTAIN
HEALTH PLANS®

CalOptima
Better. Together.
A Public Agency

COLORADO
COMMUNITY HEALTH NETWORK
Access for All Colorado

Partnership HealthPlan
of California

QUALITY HEALTH
N·E·T·W·O·R·K

KAISER PERMANENTE®

MEDICAL HOME NETWORK

Health Services
LOS ANGELES COUNTY

L.A. Care
HEALTH PLAN

IEHP
A Public Entity
Inland Empire Health Plan

ARROWHEAD
REGIONAL MEDICAL CENTER

COLORADO
HEALTH
INSTITUTE

CountyCare
A MEDICAID HEALTH PLAN

Riverside
University
HEALTH SYSTEM

Review of 2023 Coalition Accomplishments

Amy Durbin, MPP
Policy Advisor
Center for Connected
Health Policy

Mei Kwong, JD
Executive Director
Center for Connected
Health Policy

2023 Accomplishments

Administration

✓ **Guest speakers for monthly member meetings:**
- Gabrielle Shechter, Sen. Brian Schatz (D-HI): "Reintroduction of the CONNECT for Health Act"
- Nancy Lam, NHeLP: "Tele-mental health in California schools"
- Autumn Boylan, DHCS: "Children and Youth Behavioral Health Initiative"
- Linda Branagan, UCSF: "Interpreting new DHCS consent requirements"
- Diana Camacho, CHCF: "Telehealth experiences and preferences among Californians with low incomes"
- Dr. Christopher Whaley, RAND: "Telehealth use in California"
- Dr. Katherine Kim, MITRE: "ACTIVATE: A model for community-based digital health"
- Nikki Perisho, Northwest Regional TRC: "Digital navigators and telehealth"

✓ **Hosted monthly Legislation and Education Committee meetings** to review legislation and policy developments, discuss coalition strategy, and develop engaging, effective educational materials.

✓ **Kicked-off coalition sustainability project** with consultant Grace Weltman of Communities in Motion

Advocacy and Engagement

✓ **Supported state bills and submitted letters of support**
  - AB 232 (Aguiar-Curry): This bill authorizes a 30-day temporary practice allowance for out of state licensed therapists, social workers, and clinical counselors. **Signed by the Governor.**
  - AB 286 (Wood): This bill requires broadband provider services and speeds to be available on the public CPUC interactive service provider map. **Signed by the Governor.**
  - AB 414 (Reyes): This bill creates a digital equity bill of rights in the state. **Signed by the Governor.**
  - SB 345 (Skinner): This bill ensures that California law governs in any action against a person who provides or receives reproductive health care services or gender-affirming health care services if the care was legal in the state in which it was provided. **Signed by the Governor.**

✓ **Submitted federal comment letters:**
  - CONNECT for Health Act
  - CMS Physician Fee Schedule

2023 Accomplishments

Webinars

✓ **What's Next Following the End of the PHE? (April 2023)**
- Presented key federal and state policy changes related to the end of the Public Health Emergency and heard from a panel of health plan, provider, and consumer advocate leaders.

✓ **Digital Navigators and Telehealth (August 2023)**
- Highlighted digital navigation programs designed to increase access to telehealth and close the digital divide. Presented a panel discussion on opportunities to expand digital navigation training and investments to advance digital equity.

Fact Sheet

✓ **Published "Digital Navigators and Telehealth: Addressing the Digital Divide"** fact sheet as an educational resource after coalition webinar to highlight case studies.

Legislative Briefing

✓ **Hosted legislative briefing in October** entitled "The Year in Review and Looking to 2024" featuring experts on licensing, school-based telehealth, and SUD treatment.

Roundtable Discussions

Stephanie Thornton, MPP

Policy Manager

BluePath Health

Robby Franceschini, JD, MPH

Director of Policy

BluePath Health

Roundtable Discussion Topics

- Behavioral and Mental Health
- Broadband Access
- Coalition Sustainability
- Digital Navigation
- E-consult
- Emerging Issue Areas (AI, licensure, etc.)
- Remote Patient Monitoring and Chronic Care Management
- Research and Evaluation

2023 Coalition Policy Priorities

➤ **Maintain and expand coverage of telehealth**

  ➤ Advocate for continued coverage of telehealth modalities across all types of coverage, e.g., expand remote patient monitoring

  ➤ Support continued FQHC/RHC coverage for telehealth

  ➤ Revisit cross-state provider considerations (e.g., practicing and prescribing across state lines)

➤ **Build the evidence base for telehealth in California**

  ➤ Showcase research and evaluation findings from California organizations on monthly calls

  ➤ Work with members to highlight health outcomes and patient stories to impact state policy

  ➤ Collect member input to provide input on the DHCS Research and Evaluation Plan

➤ **Bridge the digital divide to ensure patient and provider internet access**

  ➤ Work with other health care stakeholders to provide comments and recommendations on California's broadband work

  ➤ Showcase the inequitable distribution of internet access/telehealth for certain communities (i.e., communities of color, the disabled community, older adults)

➤ **Ensure California maintains leadership at the state level on telehealth policy**

  ➤ Continue to educate Coalition members and others on new and developing state telehealth policies

  ➤ Advocate for state coordination on telehealth and related health technology issues

  ➤ Conduct outreach to state agency telehealth leaders and legislative leaders

Lunch Presentations

René Mollow, MSN, RN
Deputy Director
California Department of
Health Care Services

Delphine Tuot, MDCM, MAS
Professor of Medicine
UCSF and Zuckerberg SF
General Hospital

Electronic consultation across California's safety net

Delphine S. Tuot, MDCM, MAS
Professor of Medicine
University of California, San Francisco
Zuckerberg San Francisco General Hospital
UCSF Center for Innovation in Access and Quality

Delphine.tuot@ucsf.edu

Project Objective

BACKGROUND

Widespread e-consult expansion across California has not been systematically documented. E-consult programs are still considered in "pilot phase".

GOALS

1. Document e-consult use across California's safety net
2. Highlight most commonly requested specialties and some potential efficiencies gained
3. Assure use of e-consult is equitable across Medi-cal population
4. Use data to identify next steps in implementation

Methods

Aggregated e-consult data provided by leaders of Managed Medi-Cal Health Plans across CA.

Jan 1 2022– Dec 31 2022

Participating Plans (n=9 and counting…)

Anthem Blue Cross Blue Shield	**Community Health Center Network**	**Inland Empire Health Plan**	**Partnership Health Plan**
California Health & Wellness	**Alameda Alliance**	**LA Care**	**Santa Clara Family Health Plan**
CalViva	**Health Plan of San Joaquin**	**LA Department of Healthcare Services**	**San Francisco Health Plan**

E-Consult is used across California to enhance specialty care access

California eConsult Dashboard 01/2022 to 12/2022

Equity Dashboard
Specialty Dashboard
Addt'l Specialty Data
Pediatric Dashboard

Total Number of eConsults	Total Number of Participating Clinics	Estimated Patient Appointment Wait Days Avoided
147,987	511	942,075

eConsult Volume by County

% of Total Total eCons...
0.00%   35.56%
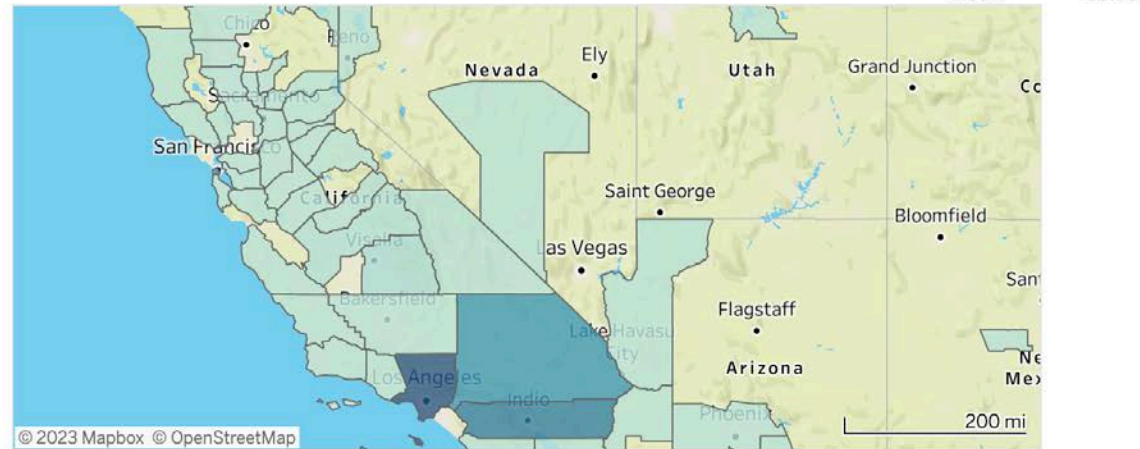
Volume of eConsults by Time Period

Created Date

- January 2022: 10,360
- February 2022: 10,902
- March 2022: 13,039
- April 2022: 12,363
- May 2022: 12,953
- June 2022: 13,296
- July 2022: 12,099
- August 2022: 14,202
- September 2022: 13,245
- October 2022: (unlabeled)
- November 2022: 12,759 / 11,753
- December 2022: 11,016
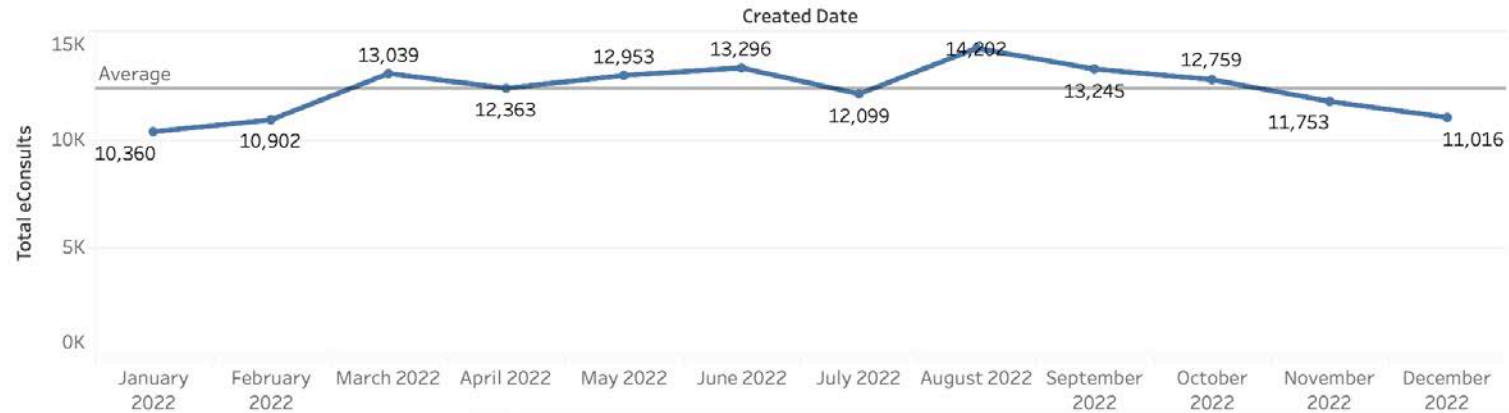
E-consults can be useful in diverse specialties

eConsults by Specialty Demand

GASTROENTEROLOGY 14,393	OPHTHALMOLOGY 8,320	ENDOSCOPY 6,834	GENERAL SURGERY 5,796
DERMATOLOGY 13,133	PODIATRY 7,846	UROLOGY 6,582	NEUROLOGY 5,701
		OBSTETRICS & GYNECOLOGY 6,390	RHEUMATOLOGY 3,786
ORTHOPEDICS 12,199	CARDIOLOGY 6,894	ENDOCRINOLOGY 5,824	
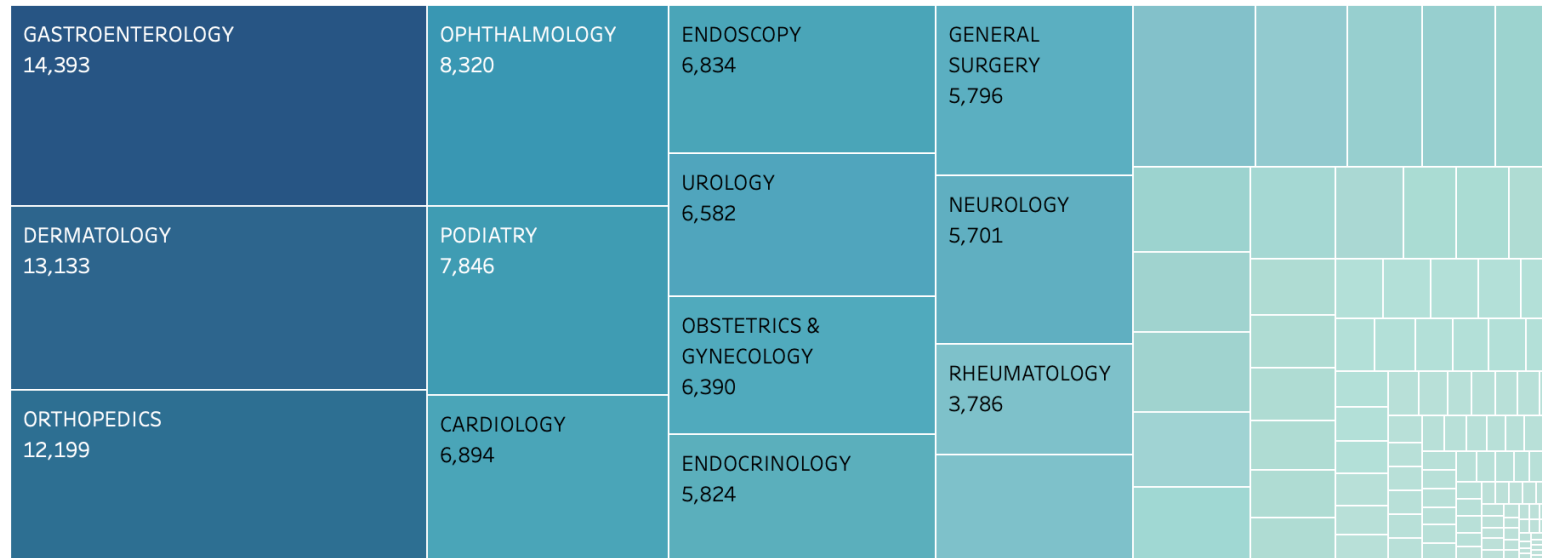
eConsults by Pediatric Specialty Demand

Total eConsults
3 — 690

690 PEDIATRIC DERMATOLOGY	423 PEDIATRIC ORTHOPEDICS	341 PEDIATRIC DEVELOPMENT	311 PEDIATRIC CARDIOLOGY	135	118	100
487 PEDIATRIC ALLERGY & IMMUNOLOGY	370 PEDIATRIC GASTROENTEROLOGY	317 PEDIATRIC NEUROLOGY	305 PEDIATRIC ENDOCRINOLOGY	100 PEDIATRIC	43	41
		317 PEDIATRIC UROLOGY	239 PEDIATRIC WEIGHT MANAGEMENT	80	30	26
				72		
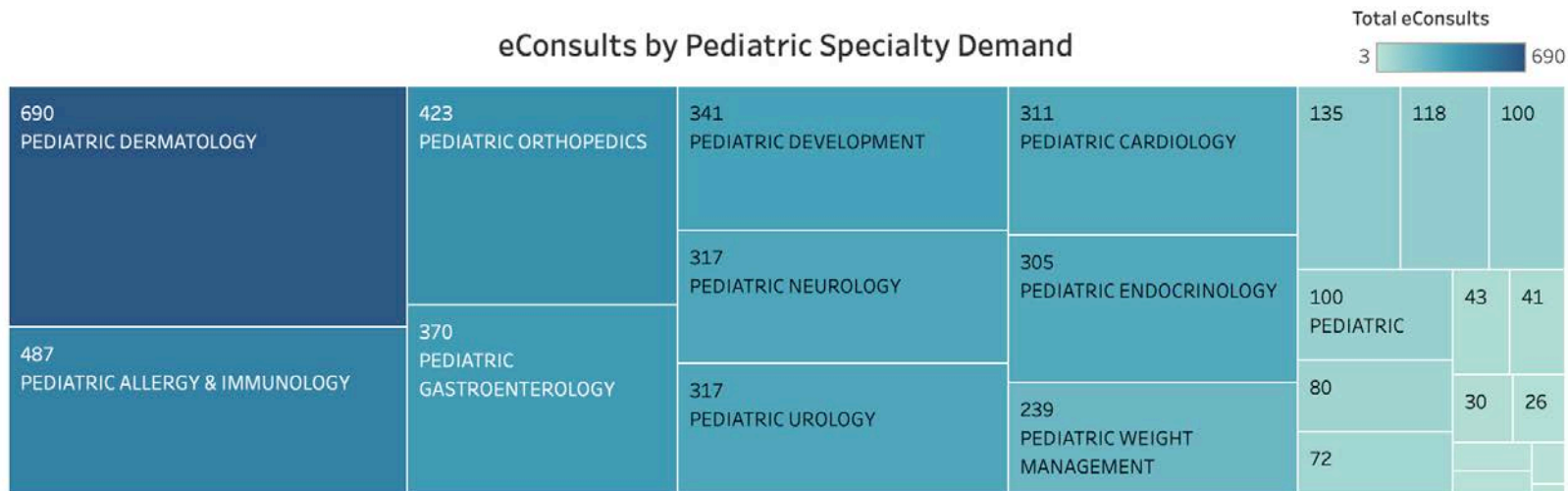
E-consult programs can help local leaders identify highest-demand specialties

California eConsult Dashboard 01/2022 to 12/2022

| Main Dashboard | Equity Dashboard | Specialty Dashboard | Pediatric Dashboard |

Total Number of eConsults	Total Number of Participating Clinics	Estimated Patient Appointment Wait Days Avoided
2,756	89	1,113

eConsult Volume by County

% of Total Total eCons...
0.00%   35.56%
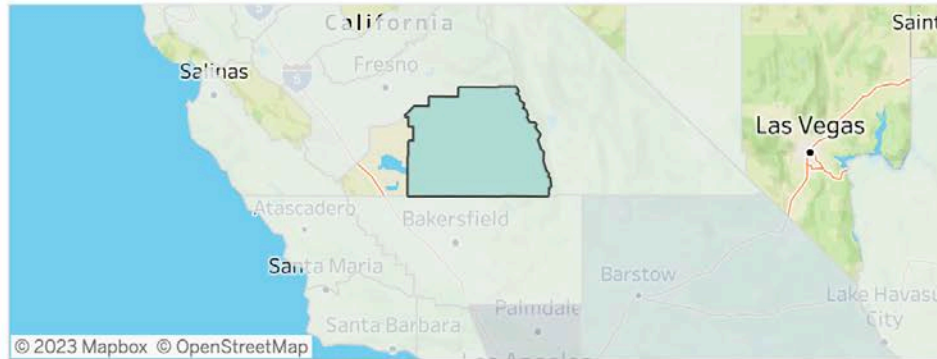
eConsult Conversion Rate To F2F Referrals

| NA 1,605 | Face to Face 1,137 |

Total eConsults
1 ——— 314
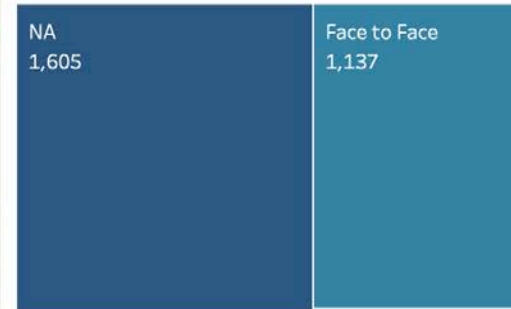
Specialty Demand by County

Specialty

County	ALLERGY & IMMU..	BH	CARDIOL..	DERMAT..	ENDOCR..	GASTRO..	GERIATR..	HEMATO..	INFECTIOUS DISE..	NEPHRO..	NEUROL..	OB	OBSTETRICS & GY..	ONCOLO..
TULARE	40	124	180	26	71	218	1	41	9	120	280	1	1	71

Standardization in how member demographics are captured is lacking
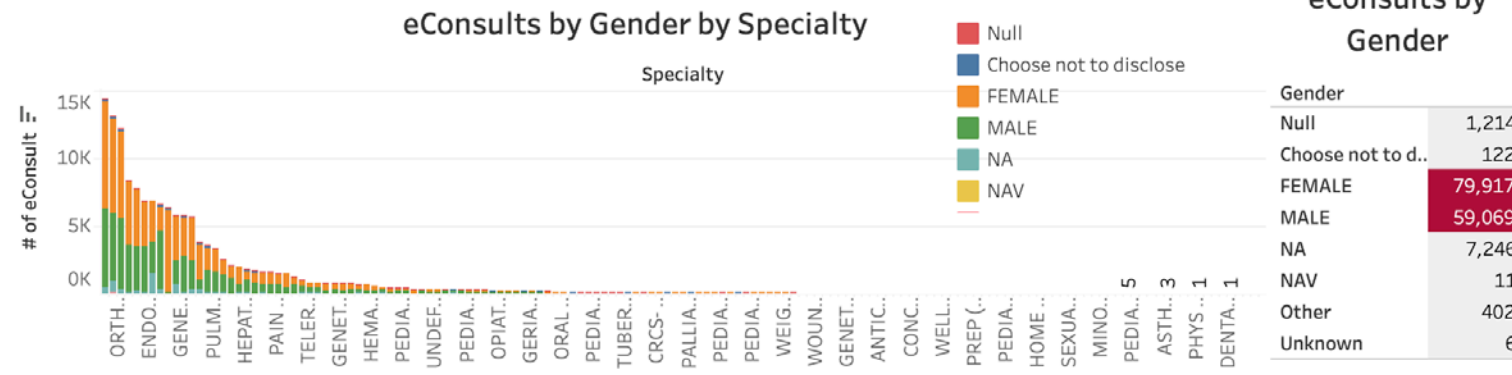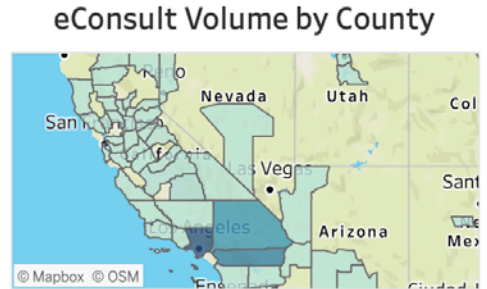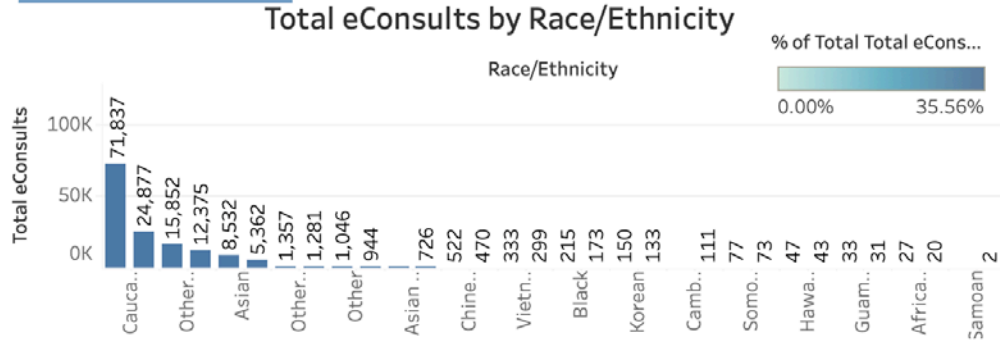
Call to Action for Clinician and Administrative Stakeholders

- **Encourage your clinic and peers to join e-consult workgroup meetings**
  - Implementation team lead
  - Primary care provider champion
- **Invite colleagues (providers, referral teams, and staff) to sessions**
  - CME opportunities
  - Troubleshoot/optimize E-consult workflows
- **Leverage e-consult to individualize specialty care delivery**
  - Encourage e-consult as first option for non-urgent, routine questions
  - Support e-consults for all individuals (including uninsured patients)
- **Communicate with patients/members about e-consult**
  - May prevent travel to an unnecessary visit
  - Will provide rapid access to specialty expertise
  - Visit with specialist will be more efficient

Call to Action for State Agencies

- **Mandate reporting of e-consults by managed care plans (similar to virtual encounters)**

  - Simple formatting

  - Standardized reporting of basic demographic data

  - Allows in-depth understanding of e-consult use across the state

- **Provide credit to clinician teams for specialty care delivery via e-consult**

  - Include as part of APM models

  - Approve CPT code for primary care clinicians in FQHCs

- **Communicate with Californians about e-consult**

  - May prevent travel to an unnecessary visit

  - Provides rapid access to specialty expertise

  - Encourages coordination of care to assure care is delivered the "right way at the right time"

THANK YOU!

Managed Medi-Cal Health Plans
California Health Care Foundation
BluePath Health

Health Centers and Virtual Care

- Anthony Magit, MD, MPH, Rady Children's Hospital (Moderator)

- Janine Bera, MD, CMO, WellSpace Health

- Lily Dorn, Legislative Affairs Specialist, Community Clinics Assn. of LA County

- Debbie Kim, MPH, Digital Health Program Manager, Stanford Health Care

Everybody deserves to be seen, no matter who you are, where you come from, where you work, or what place you call home.

WELLSPACE HEALTH
We see YOU.

WELLSPACE HEALTH

Blanket of Care
over 30 Locations

- Sacramento, Placer, & Amador counties

- Community Health Centers

- Immediate Care Centers

- Dental Centers

- Behavioral Health Centers

- Supportive Service Centers

- Partnership Sites

Programs & Services *(partial list)*

- Adult Primary Care
- Pediatrics
- Specialty Care
- Immediate Care
- Dental Care
- Behavioral Health
- Women's Health
- Health Education
- Sweet Success

- Suicide Prevention & Crisis Line, 988
- Sacramento Violence Intervention Program
- Substance Use Disorder Treatment
- Crisis Behavioral Health
- Recuperative Care Program
- Birth and Beyond Family Resource Center
- Intensive Case Management
- Housing Tenancy and Sustaining Services
- Criminal Justice – Involved Programs

WELLSPACE HEALTH

People Served (2022)

Total Patients: 125,000

Total Encounters: 400,000

Encounters Per Day: 1,400

Patients Served

Low Income: 92%

Uninsured: 10%

Homeless: 5%

Telehealth visits

- WSH overall – 30%
- Integrated Behavioral Health – 75%
- Adult Primary Care – 65%
- Pediatrics – 15%
- Women's Health – 17%

Overall
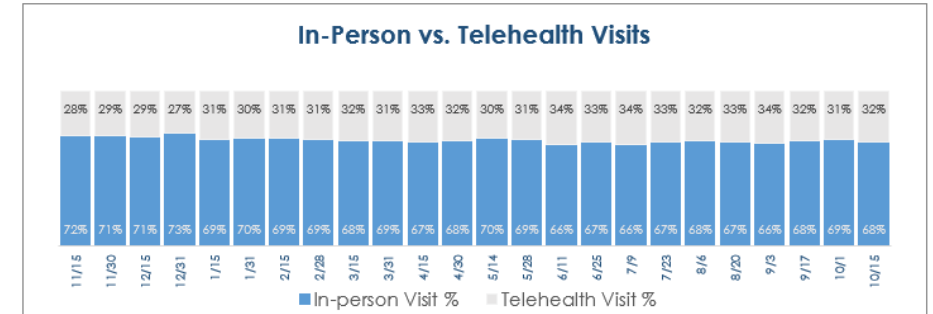
IBH
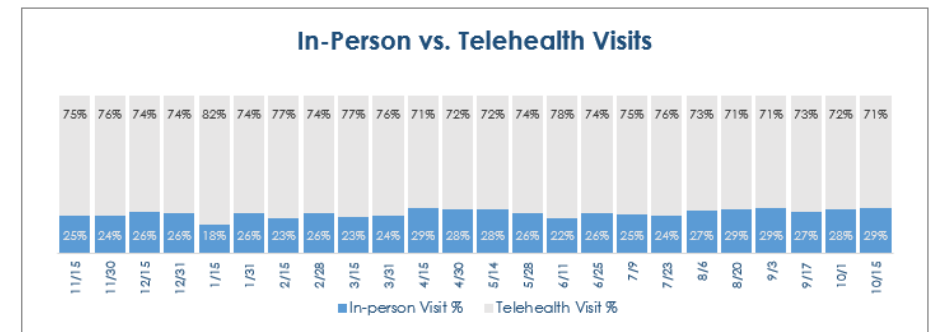
Telehealth

- Increases access to care
- Helps to achieve health equity
- Improves work-life balance for providers

Wait times for specialty referrals increasing for our patients

In-person appointment

- GI – 6 months

- Pulmonology – 8 months

- Cardiology – 3 months

eConsults
48 hours!
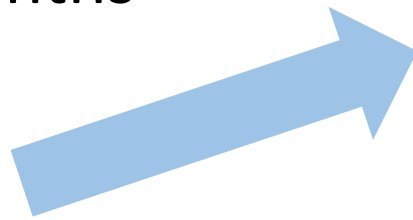
When you get an eConsult back with recommendations

- Schedule a telehealth appt to take next steps i.e., place orders, rx meds

- Results received – notify Referrals team with results and they will send to eConsults for next steps as needed.

WellSpace HEALTH

eConsults

- Increase access to care

- Help to achieve health equity

- Improve work-life balance for providers

WELLSPACE HEALTH
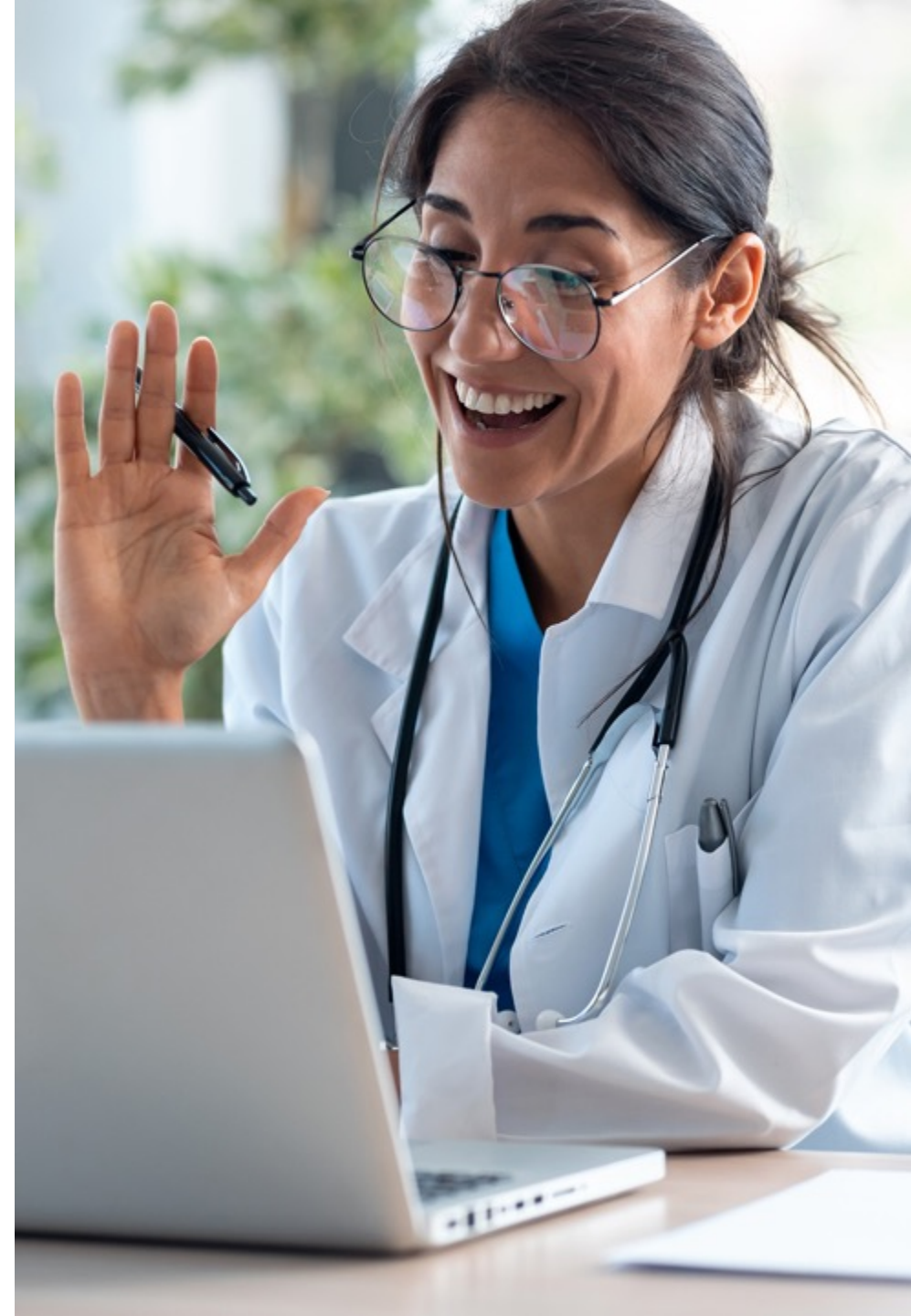
We see YOU.

California Telehealth Policy Coalition &
E-consult Workgroup Annual Meeting

Health Centers and Virtual Care

November 8, 2023

Community Clinic Association of Los Angeles County (CCALAC)

Lily Dorn, Legislative Affairs Specialist

ldorn@ccalac.org

CCALAC

- Founded in 1994, the Community Clinic Association of Los Angeles County (CCALAC) has 66 members, all non-profit community health center (CHC) organizations throughout LA County.

- CCALAC works as a conduit and an integrator of resources to support clinics and the communities they serve.

- CCALAC's core programs include technical assistance, training, and peer support, as well as community education and advocacy.

- We connect clinics, share and leverage resources, increase organizational capacity, and raise a unified voice on behalf of CHCs and those they serve.

- CCALAC works cooperatively with the California Primary Care Association (CPCA) and our 18 regional consortia partners on state issues and the National Association of Community Health Centers (NACHC) on Federal issues.

- CCALAC's Government & External Affairs division convenes several member advisory groups in which policy and advocacy efforts for CHCs are discussed.

Clinic Locator

https://ccalac.org/

Health Centers in LA

1.89 million patients*

6.2 million encounters

113 organizations

380 sites

75% of patients have low incomes

Unknown 21%

Below 100% 59%

More than 400% 1%

201–400% 4%

139–200% 6%

100–138% 10%
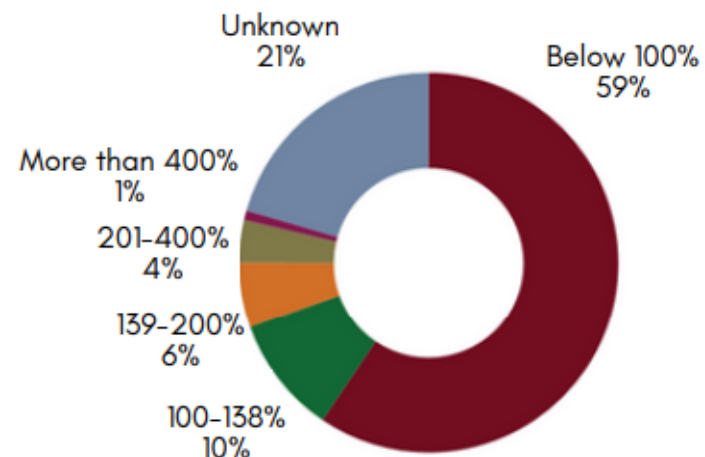
75,949 patients are experiencing homelessness**

PEH patients increased by 1,738 between 2020 and 2021.

Health Center Data

92% are covered by public insurance or are uninsured

Medicare 6%
Uninsured 22%
Private Insurance 7%
Covered California 2%
Medi-Cal 64%
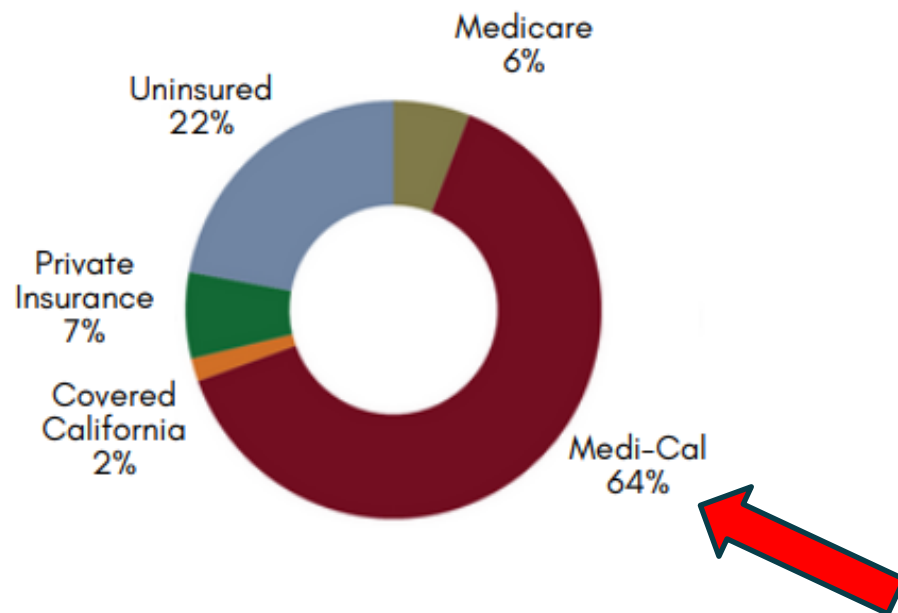
50% of health center revenue comes from Medi-Cal

Self-Pay 1%
Covered California 0.47%
Private Insurance 3%
Family PACT 2%
Private Donations 5%
Other 15%
My Health LA 2%
Medicare 7%
Federal 15%
Medi-Cal 50%
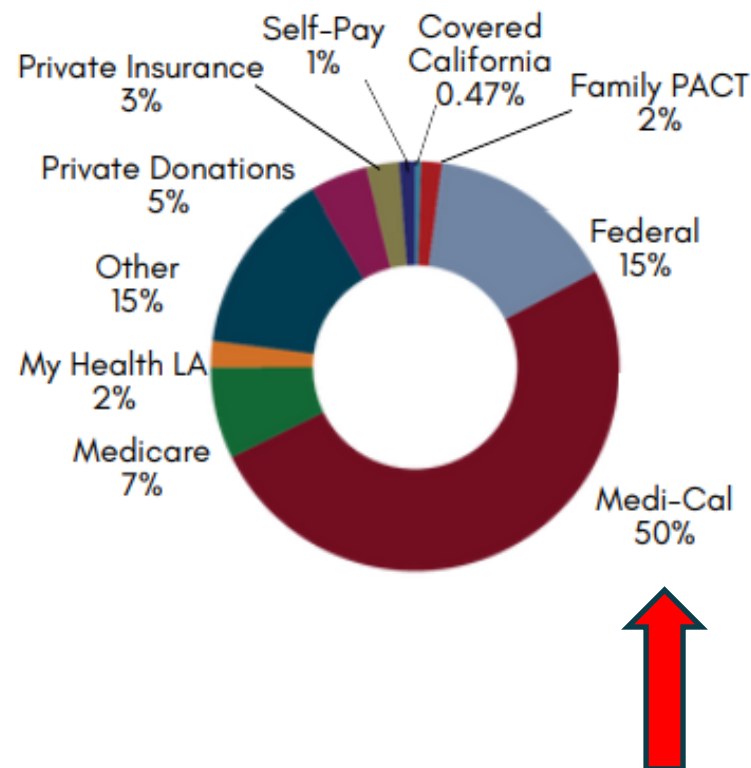
eConsults at Stanford Health Care

Digital Health Care Integration

eConsult Overview

eConsults are provider-to-provider written consultations, completed in 3 business days.

STEP 1

Ordering provider sees patient and sends clinical question to specialist

STEP 2

Consulting specialist reviews and sends recommendation back to ordering provider

STEP 3

Ordering provider communicates recommendation to patient and manages their care

Stanford eConsults put faculty specialist expertise directly into community physicians' hands

Benefits for patients and community physicians	What's in it for Stanford?

Partner Clinic

- Improves access to specialty and sub-specialty care while retaining the primary care connection

- Respects and enhances critical relationship between the patient and the referring physician

- Empowers the referring physician to do more for their patient with confidence with evidence-based medicine

- Makes the patient journey more direct by connecting the patient, if needed, to the sub-specialist for the specific condition

- Creates savings by eliminating avoidable "daisy-chain" of disconnected follow-up care

- Extends the reach of Stanford Medicine into communities away from our main campus

- Identifies higher-acuity patients more appropriate to be seen in academic settings

- Opens access to Stanford Medicine to new patient populations, furthering Stanford Medicine's academic mission

Partner spotlight: High growth at FQHC

Number of eConsults	Number of eConsults - Monthly Average
295	26.8

eConsult Volume by Month

>90% providers ordered an eConsult

Number of eConsults:
- Jul 2022: 14
- Aug 2022: 22
- Sep 2022: 23
- Oct 2022: 19
- Nov 2022: 30
- Dec 2022: 19
- Jan 2023: 17
- Feb 2023: 17
- Mar 2023: 29
- Apr 2023: 49
- May 2023: 56

Specialty Breakdown

Heme
Neph
GI
Rheum
ID
Endo
Neuro
Derm

Volume
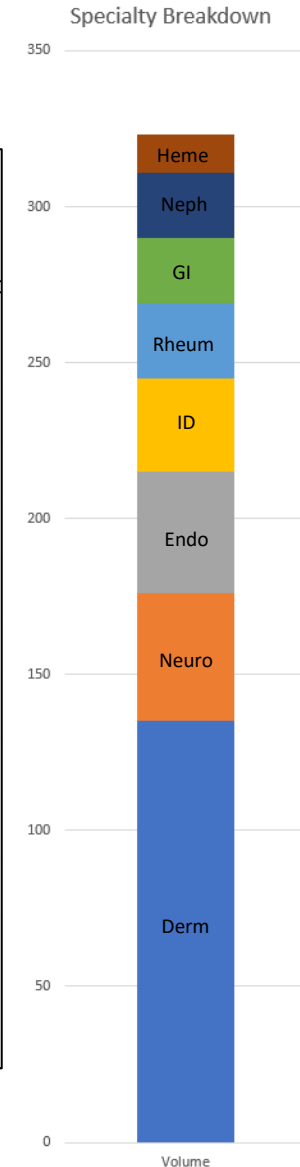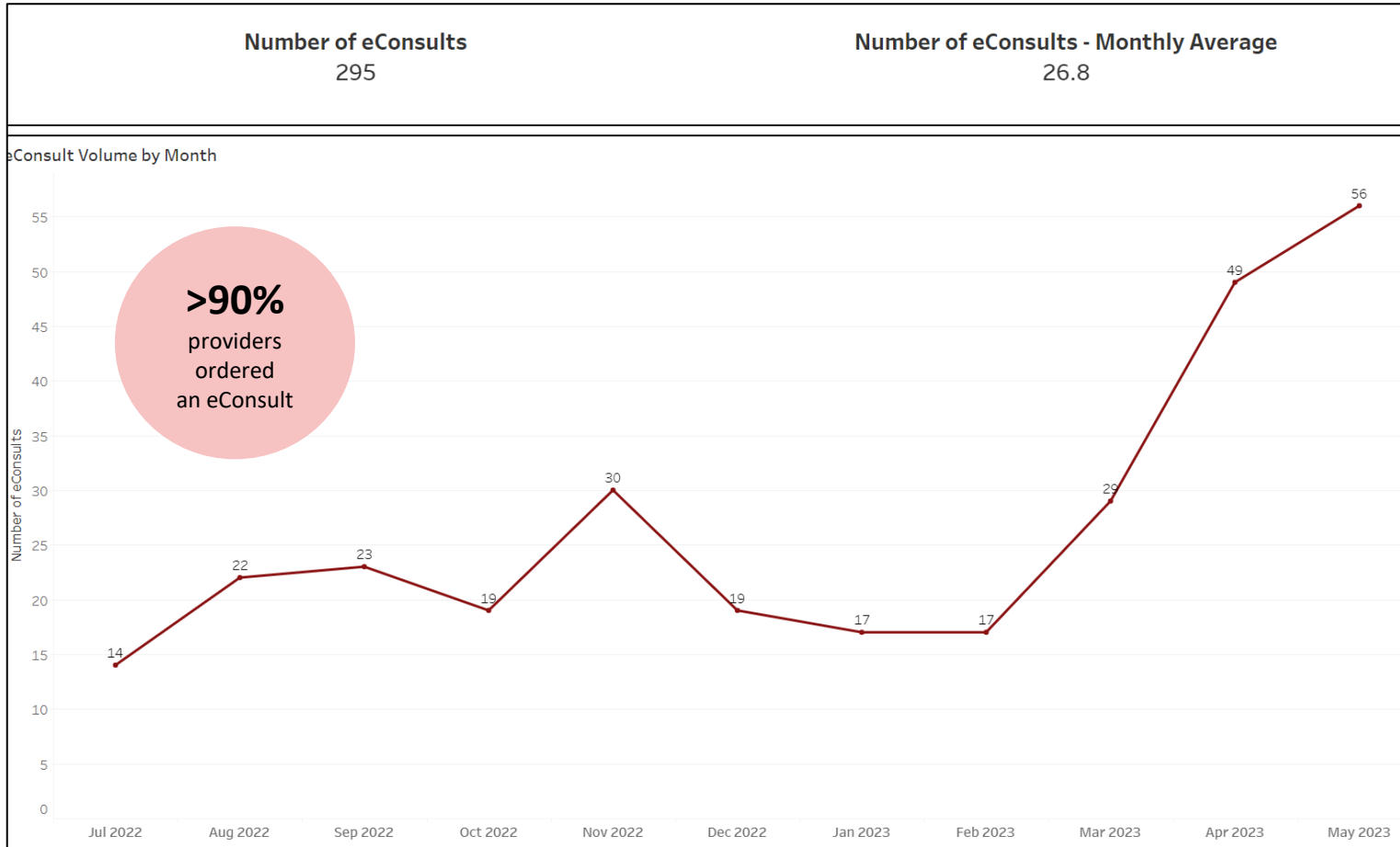
"As a faculty provider at one of the Stanford community partner clinics, eConsults are critical to the care I can provide patients. Accessing specialty care can be very challenging in this setting. eConsults are a lifeline to rapid, actionable, and informed answers. Whether it is the significance of an MRI finding, the diagnosis of a rash that has sent the patient to the ER, or management recommendations for HTN control in a pre-dialysis patient, eConsults are often one of the best things I can offer to meet patient needs."

- Dr. Kathan Vollrath

Thank You!

If you have any questions, please feel free to reach me at:
deborahkim@stanforhealthcare.org

Telehealth Innovations in Behavioral Health

- Amy Durbin, MPP, Center for Connected Health Policy (Moderator)

- David Kan, MD, DFASAM, CMO, Bright Heart Health

- Autumn Boylan, MPH, Deputy Director, Office of Strategic Partnerships, CA Department of Health Care Services

- Petra Steinbuchel, MD, CAPP Director, UCSF Benioff Children's Hospital, Oakland

Telemedicine for Substance Use Disorder

Telemedicine vs in-person research

- Cross-Section Telemedicine (TM) MOUD[1]
  - ~24K patients – 3/2020-11/2021
  - TM>in-person
    - Retention - (54.5% vs. 48.4%)
    - Refill Medication – (83.6% vs. 79.0%)
    - Overdose reduction – (36% reduction, adjusted incidence rate ratio 0.64; 95% CI, 0.45–0.94)

- Medicare beneficiaries – pre vs post pandemic[2]
  - 175K+ patients 9/2018-2/2021
    - Improved retention - (adjusted odds ratio [aOR], 1.27; 95% CI, 1.14-1.41)
    - Lower overdose - (aOR, 0.67; 95% CI, 0.63-0.71)
    - More likely to receive MOUD – 19.6% vs 0.6%

- No studies have shown worse outcomes

1. https://doi.org/10.1007/s11606-023-08383-1
2. *JAMA Psychiatry.* 2022;79(10):981-992. doi:10.1001/jamapsychiatry.2022.2284

What are the major goals of treatment for OUD?

1. Fatal Overdose Prevention
2. Fatal Overdose Prevention
3. Fatal Overdose Prevention

Medications for OUD (MOUD)

Methadone

- The Gold Standard – 60+ years
- Only through federally licensed Opioid Treatment Programs (OTP)
- Less regulated during the COVID PHE
  - Take-home doses easier
- Reduces fatal overdose rate 80%

Buprenorphine

- Also Gold Standard with 20+ years of experience
- Sublingual and long-acting injections
- Increased access with COVID PHE
- Reduces fatal overdose rate 80%

Naltrexone

- Silver Standard
- Oral and IM
- Initiation 20% less than buprenorphine though results similar when on medication
- Increases treatment retention but does not reduce rates of fatal overdose

Admission rates by referral source
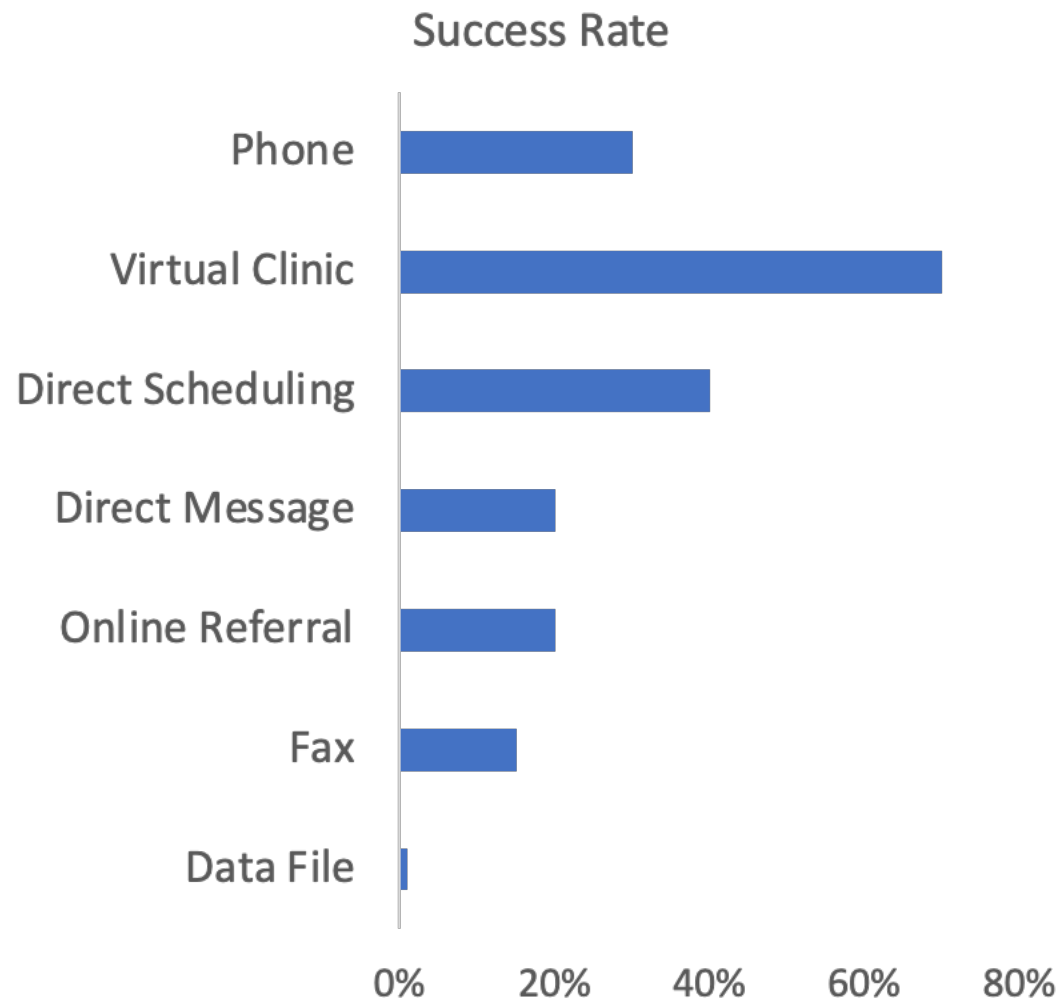
Success Rate

- Virtual clinic is the most successful
- 24/7 access and on-demand referrals
- Echoes clinical experience
  - Click the link
- Align readiness with access

Quality measures: Retention rates

Patient retention at 30 days at 81% (D'Onofrio 73%). 90 Day retention at 56%, below goal of 75%.

RetentionTx30Day

Shows retention 30 day versus all who started.

● 0 ● 1
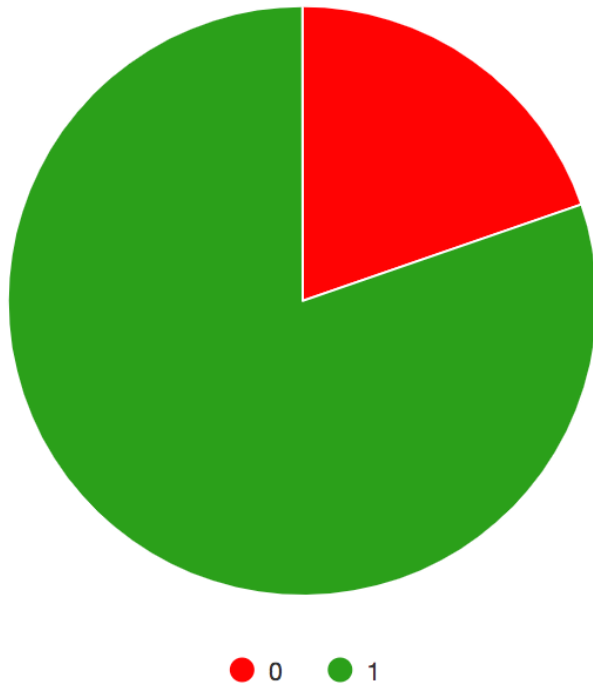
RetentionTx90Day

Shows all patients retained 90 days versus all who started.

● 0 ● 1
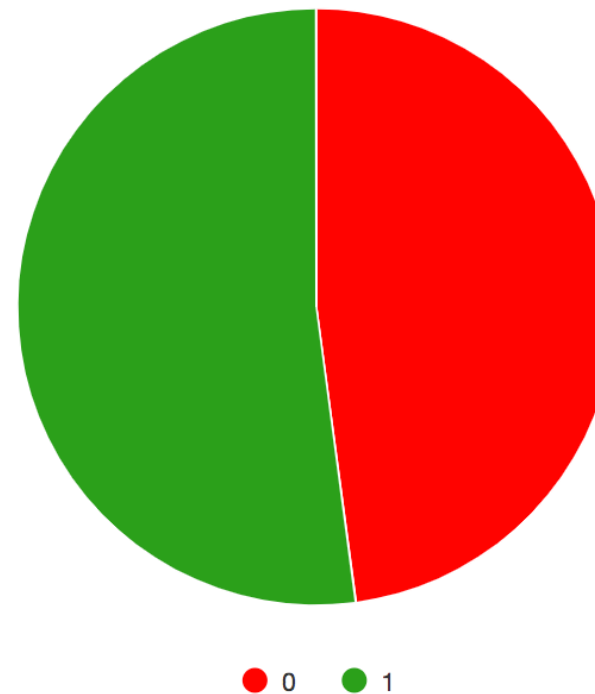
Quality measures: 30 day & 90 day results

84% patients negative for opioids (except Bup) at 30 days; 93% patients negative for opioids (except Bup) at 90 days.

Neg UDS at 30 Days
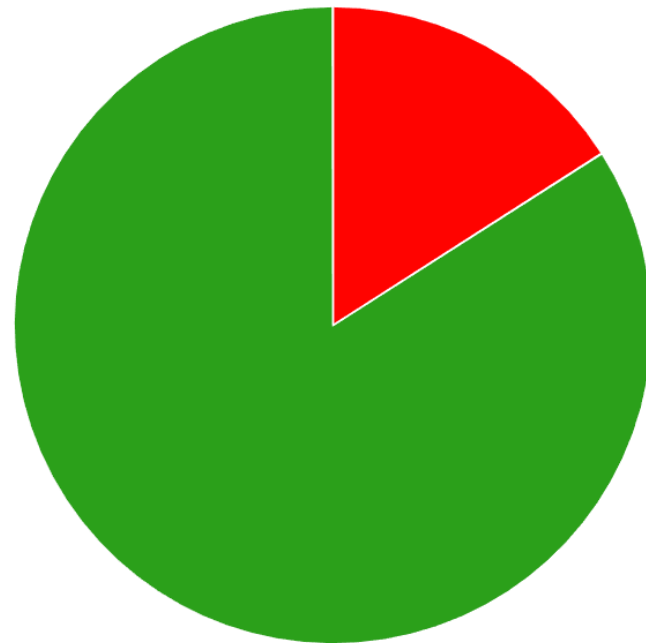
Neg UDS 90 Days
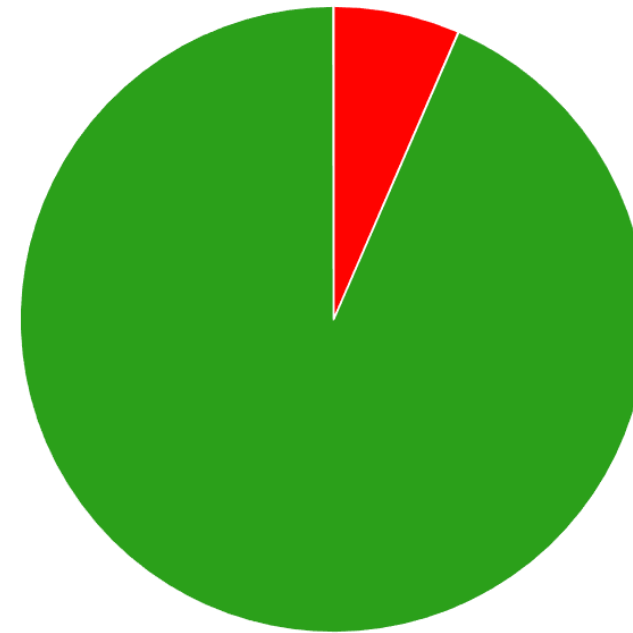
Outcome measures: Substance use scores

Substance use & alcohol use significantly lower from preTx to current/post Tx survey. THC remains high.

PrePost: Use Scores
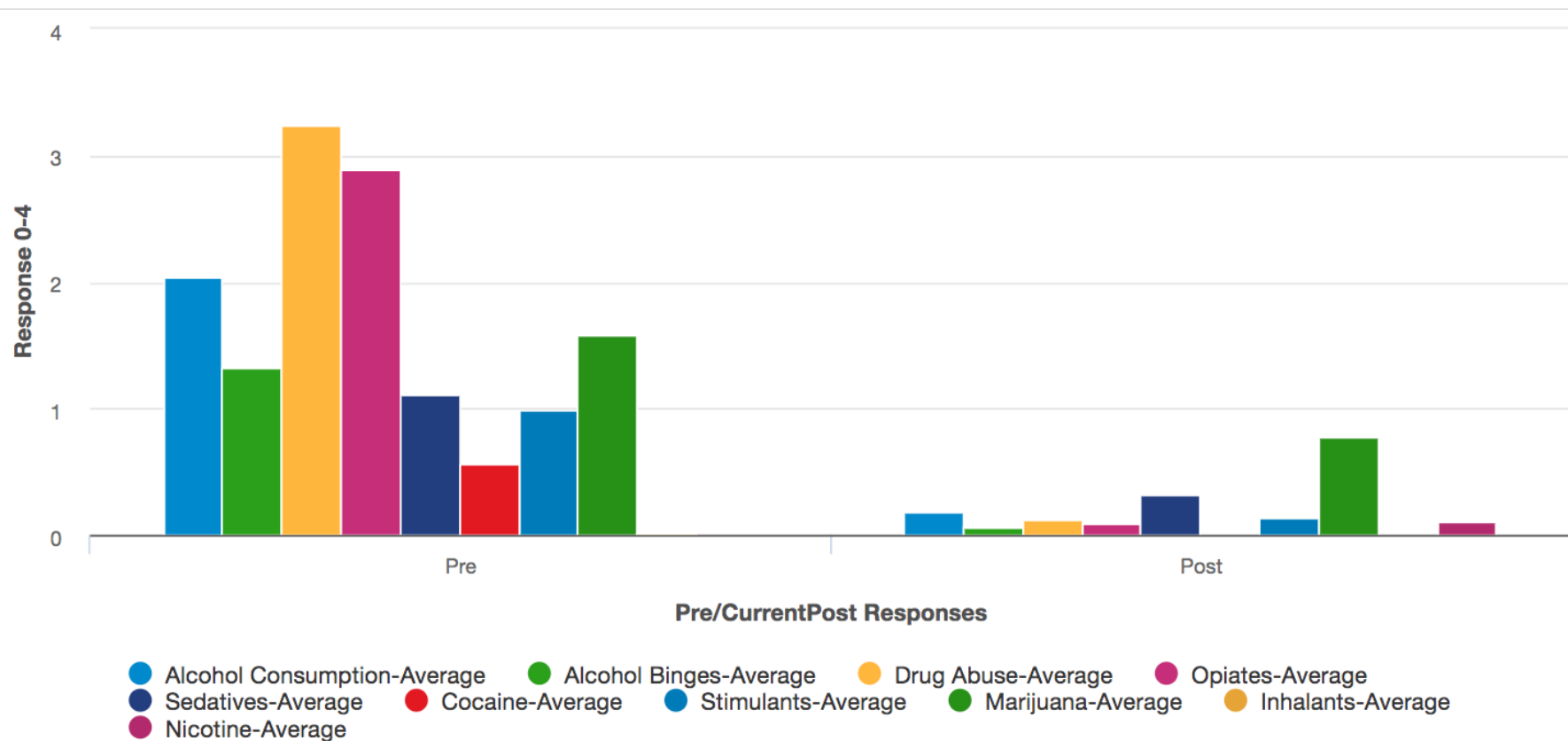
Telemedicine innovation

- Emergency Departments
  - High rate of fatality post-overdose

- Federally Qualified Health Centers
  - Lacks access to specialty care

- EMS Surveillance
  - Affirmative outreach to people with suspected overdose

- Tribal Health
  - Lacks access to specialty care

- Carceral Settings
  - At time of arrest
  - Part of probation/re-entry

- Low Barrier
  - Syringe Exchange Programs
  - Harm Reduction
  - Greatest need is for treatment services

- Rural
  - Increasing access for geographically distant
  - Illustrates the digital divide

Lessons learned

- MOUD uptake remains limited despite high efficacy
  - Telemedicine is showing better outcomes

- We're losing the war against overdose death

- Treatment on-demand is critical

Number of drug-related overdose (a) deaths and (b) emergency department visits, CA 2017 to 2021

(A) Deaths — 10,898 deaths

(B) ED visits — 57,499 ED visits

Author: Konrad Franco, UC Davis and CalHPS
Source: CA Overdose Surveillance Dashboard
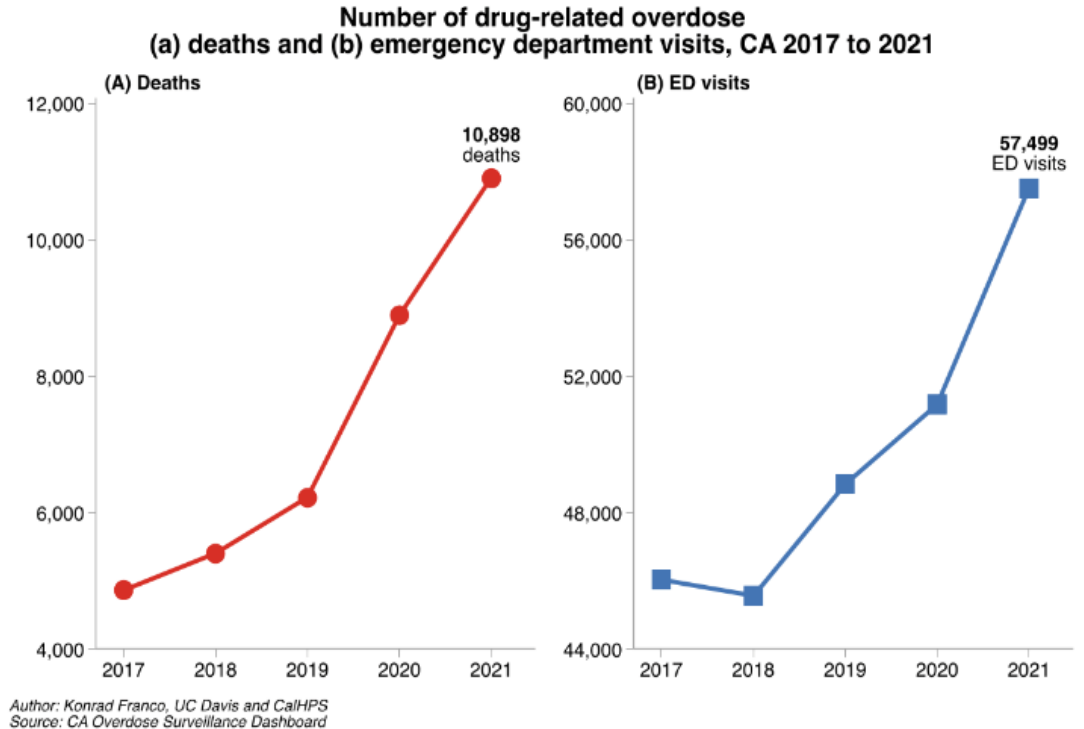
Governor's Master Plan for Kids' Mental Health

Governor Newson Announced Master Plan for Kids' Mental Health August 18, 2022

- $4.7B so every Californian aged 0-25 has greater access to mental health and substance use support

- Whole Child, "All of the Above" Approach

- Multi-year, fundamental overhaul to invest in and build needed system infrastructure

- CYBHI at its core

Other investments and initiatives in California being implemented in coordination and collaboration

- $4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities

- $5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention

- $1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families

- State budget investments in school-based behavioral health workforce, such as school counselors

What is the CYBHI?

The **Children and Youth Behavioral Health Initiative (CYBHI)** is a historic, five-year, $4.7 billion initiative to <u>reimagine and transform the way California supports children, youth and families.</u>

The initiative is:

- Reimaging a more integrated, youth-centered, equitable, prevention-oriented system
- Promoting mental, emotional and behavioral health and well-being
- Supporting prevention and early intervention while addressing emerging and existing needs
- Increasing access to mental health and substance use services and supports
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

Built on a foundation of **equity** and **accessibility**, the CYBHI is designed to **meet young people and families where they are** to create an ecosystem that can help them **when**, **where** and **in the way they need it most**.

CYBHI Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage	Public Awareness
Wellness Coach Workforce (HCAI)	Trauma-Informed Educator Training (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Youth Mental Health Academy (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response Pilots (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					Parent Support Video Series (DHCS)
Youth Peer-to-Peer Support Program (DHCS)					

School-Behavioral Health Partnership to Support Student Well-Being

Schools are a critical component of the ecosystem that supports the emotional, mental and behavioral health of California's children and youth. That's why the CYBHI includes:

- **New statewide fee schedule** for school-linked behavioral health services reimbursement from Medi-Cal and commercial health plans

- **Behavioral health workforce investments** including a focus on career pipeline programs and developing a **new Wellness Coach role**, as well as investments beyond the CYBHI in school-based and overall behavioral health workforce

- **Building infrastructure** through school-linked partnership and capacity grants

- **Scaling of evidence-based and community-defined practices**, with an emphasis on racial equity, prevention, early intervention

- **Supporting partnerships** between Medi-Cal managed care plans and LEAs through SBHIP

- **CalHOPE Student Services program that provides tools and learning community opportunities** for schools for SEL

- **Supporting Wellbeing, Mindfulness, and Resilience of Students** through new grants

- **Providing training on trauma-informed care** to educators, school personnel and childcare providers

- **Increasing access** to range of pre-clinical services and navigation to clinical services for students and families through new virtual services platform

About the CYBHI Fee Schedule – an [Introductory Video (YouTube)](#)

CYBHI Behavioral Health Virtual Services Platforms

DHCS

Virtual Services Platforms for Youth and Parents/Caregivers

Overview

In January 2024, DHCS will launch two statewide behavioral health virtual services platforms to provide free (regardless of payer), app-based behavioral health services and wellness supports for children and youth, ages 0-25, and their families.

DHCS is partnering with two vendors, Kooth (serving youth ages 13-25) and Brightline (serving parents/caregivers and children ages 0-12) to launch the digital tools.

Recent milestones

On August 31st, Kooth's app soft launched in two counties, Stanislaus and San Joaquin, to beta test the youth platform, which is live in the app store (CalHOPE Youth). During this period, Kooth will test the app features and capabilities with youth and obtain input from young people about the design, content, features and name of the app.

Currently being worked on

DHCS is finalizing its contract with Brightline, which will also launch in January 2024.

CalHOPE Youth
by Kooth

Live in app stores

Kooth has been transforming youth behavioral health care for over 20 years

We started with a demographic data analysis to build a picture of our core segments, and how we can best reach these groups.

Increased Access

No barriers

Safe space

Health equity

Early Intervention & Responsive Support

User agency

Person-centric

Strengths-focused

Therapeutic & Social Outcomes

Innovative

Outcomes
that youth want to achieve

Kooth by the numbers…

Over 10.8 million youth (10-25) have access

>1m hours professional support

400+ employees

Onsite team in California

Youth and adolescents self-determine the support they want and need in a safe space

Self Help

Content and Community

Virtual Support
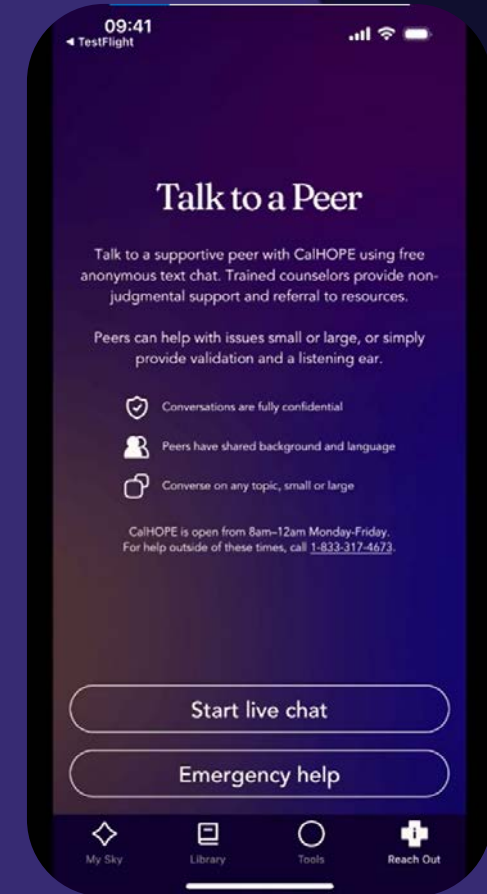
User centered development & design

- Users have been and will always be at the core of what we do and why we do it

- In 2023, we began extensive research and engagement with Californians, ages 13-25

- User feedback and insight drives our decision making
  - Color palette
  - Navigation
  - Type of tools offered etc.

Our soft launch in San Joaquin and Stanislaus counties is designed to help us better understand the needs of users and the schools and organizations that serve them.

We're asking districts to help promote the app as an additional support to young people beginning this September.

Access to Off Platform services

CalHOPE Youth will include catalog of off platform services and supports. Users will have the ability to search and find resources in their area or work with a coach to find resources that best suit their needs.

Requirement:
Will include services and supports available in all 58 counties, provide operational and access information, and will be regularly updated to ensure accuracy.

Collaborations with organizations like Trevor Project and CTL

Care Navigation to connect users with higher acuity clinical needs with the appropriate care

Guided support from Kooth Team makes it easy for organizations to bring the app to young people

Discovery

Our team learns about the organization's unique goals and needs, allowing us to tailor a personalized plan that perfectly aligns with their mission and objectives.

Awareness

Together, we ignite enthusiasm and raise awareness within the community about the profound impact of Kooth's behavioral health resources.

Ongoing Engagement

Young people actively embrace the app, and with our attentive approach, we'll continuously fine-tune our strategy to keep interest and engagement soaring.

Planning

Together, we explore meaningful solutions and schedule engaging events to captivate and support the young people they serve. We aim to equip the organizations with valuable insights on leveraging the app for improved well-being.

Enablement

We empower youth champions to spearhead positive change while providing organizational leaders the knowledge and tools to effortlessly integrate Kooth into their existing work.

Next steps

Request resources & personalized support:

Scan or visit:
go.kooth.com/19Iv

For Schools:
go.kooth.com/pIK6

For CBOs:
go.kooth.com/KJTF

Learn more or

share this opportunity

brightline

DHCS' partner in **providing mental health support** for children 12 and under in CA

Virtual mental health care for kids & families

Brightline Overview

Founded in Palo Alto, California by health care entrepreneurs Naomi Allen and Giovanni Colella, MD

Designed to address the pediatric behavioral health crisis and challenges across access, affordability, quality, and stigma

Nationwide support for children, teens, and caregivers through health plan and employer partners (60M covered lives, 500+ employers)

Brightline services as part of BHVS - *Free of cost to CA residents*

POPULATION SERVED

- Children 0-12
- Caregivers of children 0-12

NEEDS ADDRESSED

- Developmental milestones
- Social, emotional well-being
- Emotional regulation
- Sleep
- Sadness
- Anxiety/worries
- Disruptive behaviors
- School, work, or relationship stress
- Emotional distress (e.g., loneliness, social isolation, grief)
- Much, much more!

SERVICES PROVIDED

- **Coaching** - live and chat-based
- **Community forums** - moderated peer forums for caregivers to connect with one another
- **Digital resources** - topic-based and searchable articles, videos, podcasts, exercises, and assessments
- **Care coordination** - front door for all children, navigation to local resources to meet families' needs beyond the support Brightline provides
- Support in all Medi-Cal threshold languages
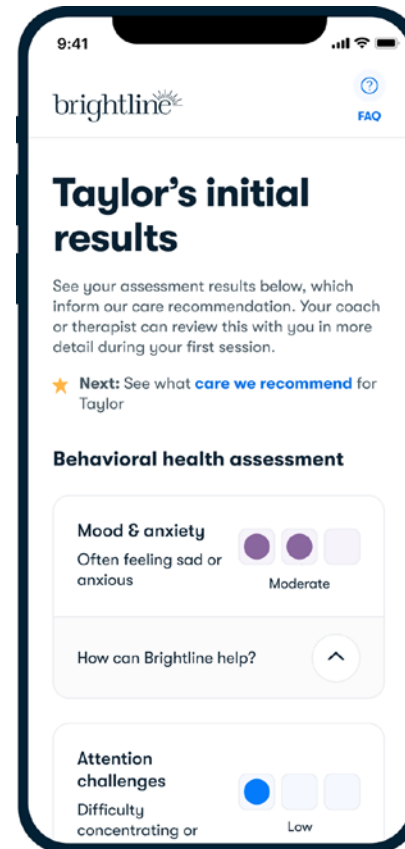
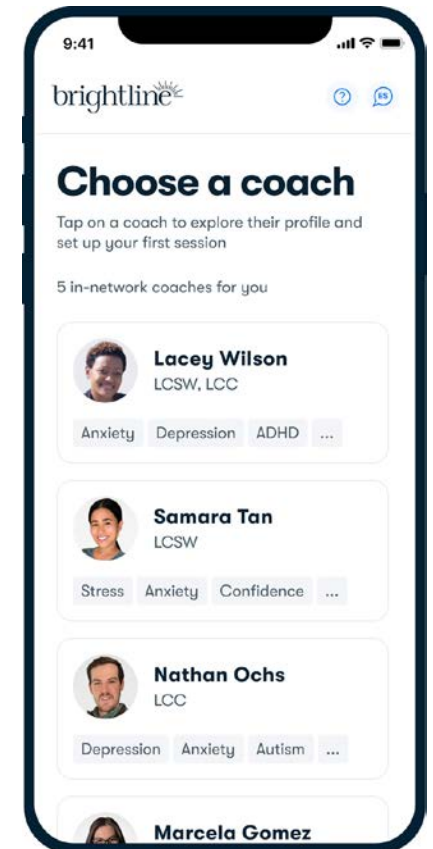# Mental health support powered by people, amplified by technology
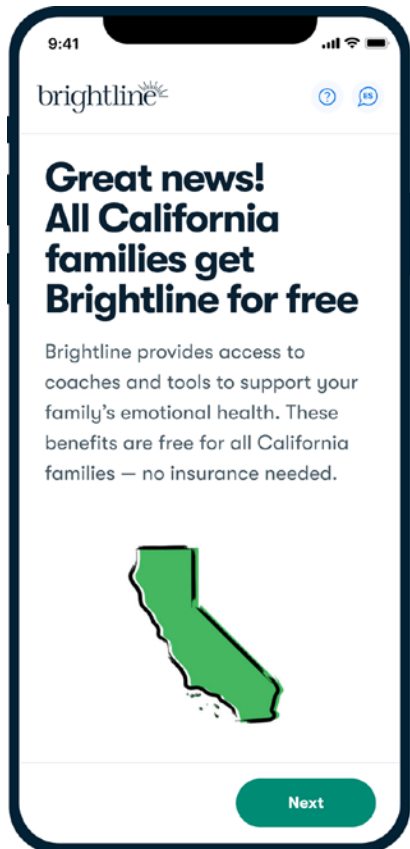
Program for California families
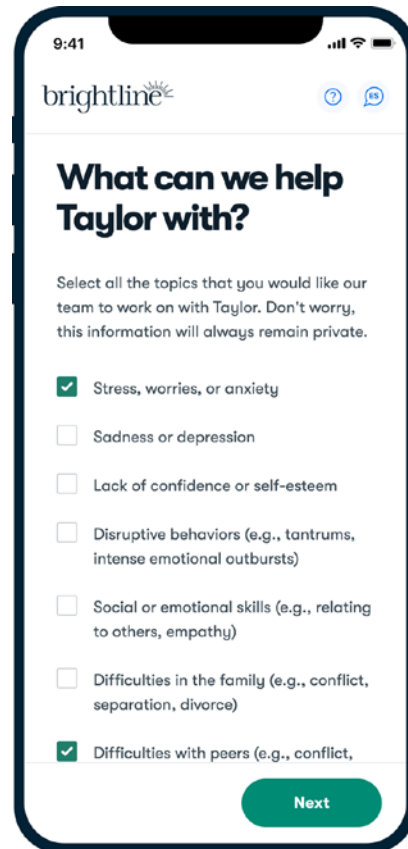
Upfront needs assessment

Results review & next steps
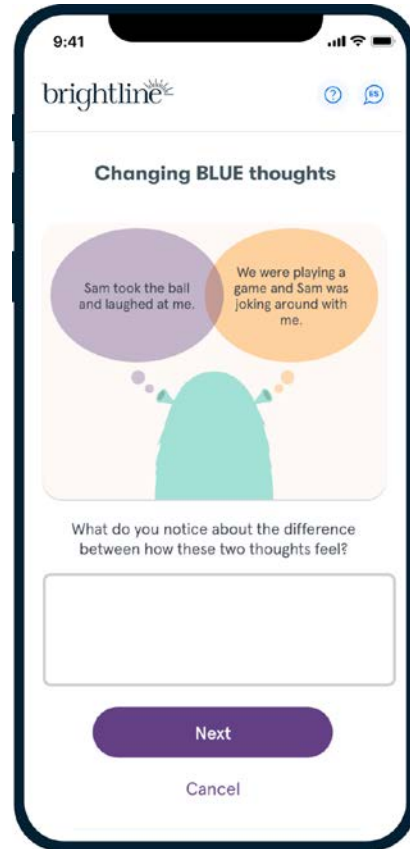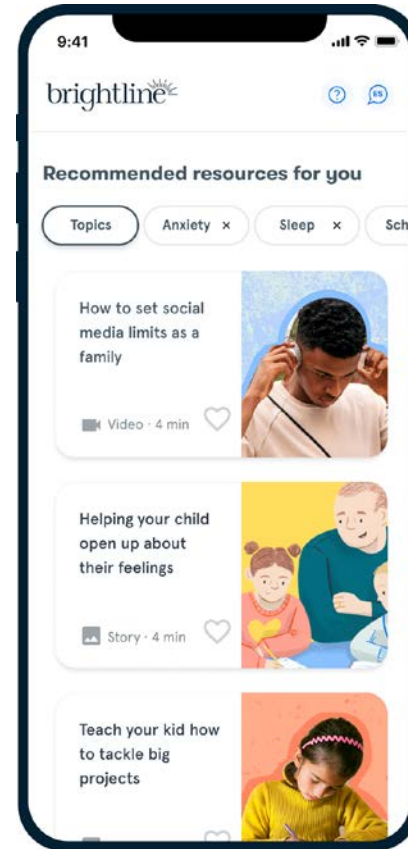
Coach selection

Mental health support powered by people, amplified by technology

Live sessions with dedicated expert coach

Digital exercises to support care

Tailored content recommendations

Coach chat for questions & guidance

Care Coordination services to connect members to other resources

| **Care Coordination Team** | A team of specialized coaches called "**Care Guides**" who are dedicated to supporting care navigation, including assessing **safety risk**, assessing for appropriate Brightline services, and/or making referrals to off-platform services as appropriate. |

| **Self-service repository** | A tool that caregivers use to **locate locally available resources**, including but not limited to mental health services and social services that are often closely linked to mental wellbeing (e.g., early childhood development, food, housing). **Affiliate network partners** will be featured in this application. |

| **Crisis resources** | A curated set of resources surfaced throughout the member experience, including:
• Suicide & Crisis Lifeline (988)
• Trevor project
• CalHOPE warm line
• CalHOPE connect
• Instructions to call 911 or go to the nearest emergency room in the need of more immediate assistance |

110

The platform affiliate networks will help ensure every child gets the right care at the right time
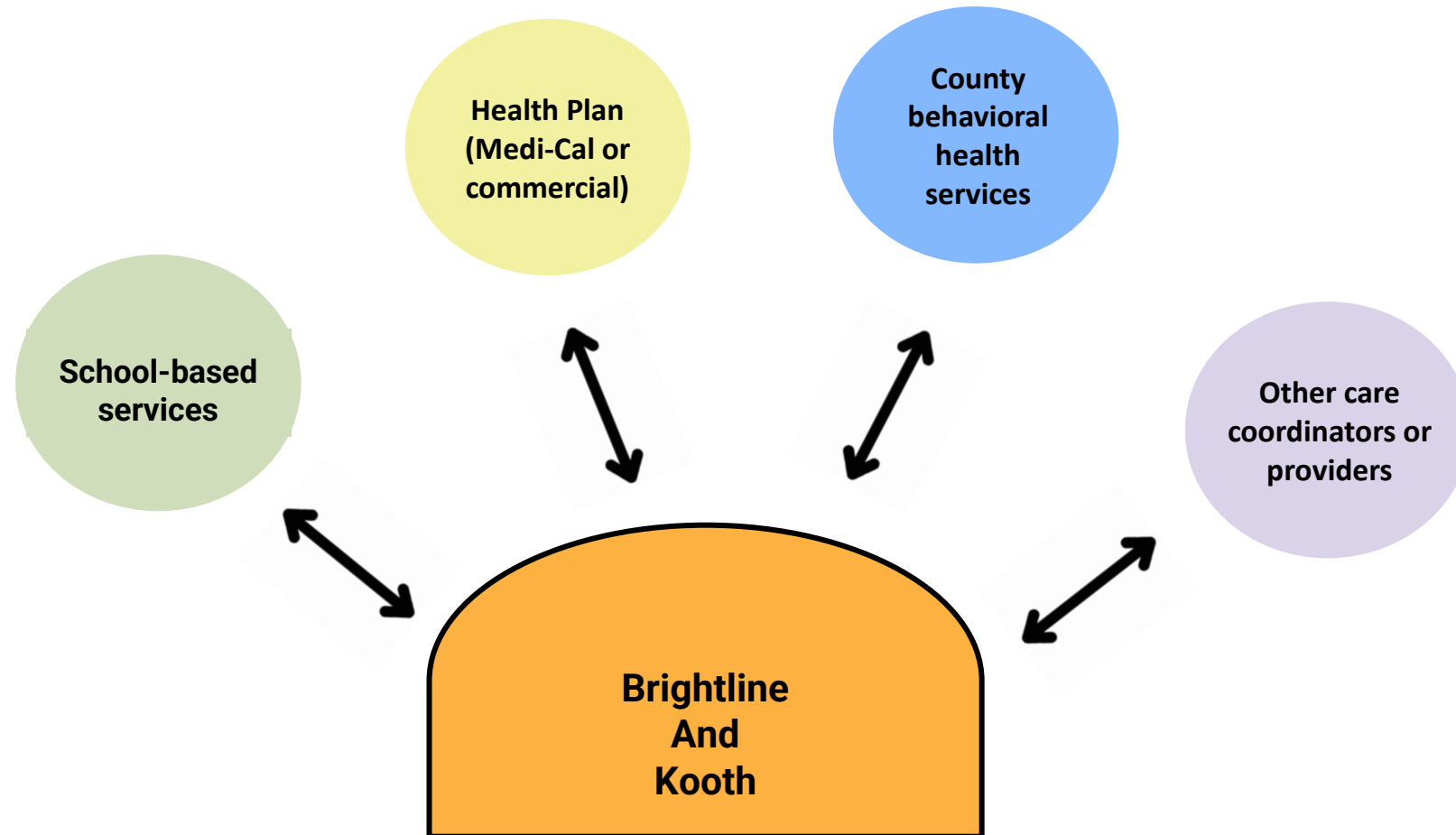
Statewide Behavioral Health (BH) eConsult Solution

Statewide e-Consult Solution

Overview

In January 2024, DHCS will implement a statewide e-Consult service for pediatric and primary care providers to connect with behavioral health providers. This will strengthen the workforce and improve the capacity of primary care providers and pediatricians to provide behavioral health treatment to children, youth, and young adults. DHCS is partnering with UCSF Child Adolescent Psychiatry Program (CAPP) to launch the service. To date, DHCS and UCSF have engaged extensively with leading experts on e-Consult services to inform the design of this statewide solution.

Recent milestones

UCSF completed a process to identify a technology-services vendor to support the statewide launch of the e-Consult service

UCSF met with Chapter 1 of the American Academy of Pediatrics to conduct a workshop and get input on the statewide e-Consult service
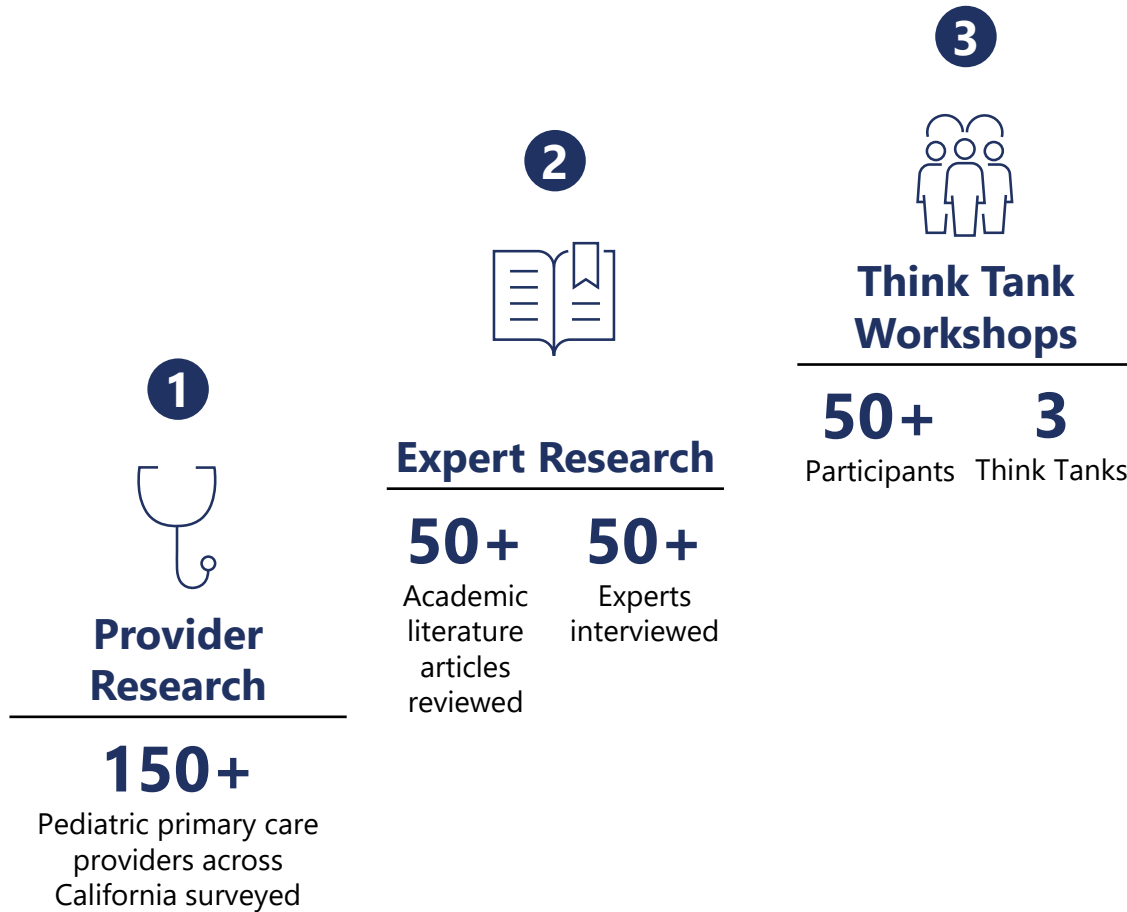
Currently being worked on

DHCS is finalizing its contract with UCSF

DHCS and UCSF are finalizing the launch milestones and product roadmap

Provider and stakeholder engagement and research

DRAFT AS OF 10/08/2023   NOT EXHAUSTIVE

Provider and stakeholder engagement and research . . .

1

Provider Research

150+

Pediatric primary care providers across California surveyed

2

Expert Research

50+
Academic literature articles reviewed

50+
Experts interviewed

3

Think Tank Workshops

50+
Participants

3
Think Tanks

1. _Academic Pediatrics_, 2017; 2. Think Tanks #1-#3, expert interviews with AAP, Expert interviews, Q1 2023, and PCP Survey (N=153)

. . . highlighted themes to consider for state-wide pediatric behavioral health consultation service

Extensive early engagement may be required to build PCP confidence in managing behavioral health (BH) needs, (e.g., pediatricians do not commonly inquire about, treat, or refer five of the most common behavioral, learning, and mental health conditions, except for attention deficit and hyperactivity disorder[1])

Set of complementary BH consultation services may drive engagement with asynchronous eConsults, (e.g., Warm Line, Telehealth Consultation[1], Care Coordination)

Near real-time provider onboarding to program with verifiable provider identification[1] and **ability to integrate notes into electronic health records** may **increase adoption & utilization** (e.g., current UCSF CAPP onboarding process takes ~1 week to complete & ~30% of enrolled providers have utilized services in the last year)

Providing pathways for patients to receive direct evaluation and / or longitudinal BH treatment is a critical PCP need (e.g., more accessible referral pathways, warm handoffs to community-based care navigation, and bridge care coordination for complex patients)[2]

Provider reimbursement and / or incentives are critical facilitators for engagement, (e.g., reimbursement at parity across locations and payors; quality metrics incorporated into managed care incentives)[2]

Challenges

Need for Pediatric Behavioral Health Consultation

Youth behavioral health conditions are prevalent in California and increasing in complexity and acuity, yet up to 80% of children and youth do not access care[1]

Many children first present to primary care with behavioral health needs[1]

PCPs are well-positioned to initially address mental health needs, but may lack sufficient training, skills and/or confidence to address these concerns[2]

Integrated care models, including eConsults & child psychiatry access programs, may increase mental health care access, yet ongoing barriers exist, including time & billing constraints, stigma, culture, and lack of health system buy-in[2]

How DHCS[3] and UCSF CAPP[4] partnership can improve youth behavioral health service access and outcomes by

Using technology to enable primary care providers (PCPs), high need providers, and schools to access youth behavioral health experts virtually

Building PCP capabilities through on‑the-job training

Developing a scalable, national model to transform PCP behavioral healthcare delivery

Delivering individualized first care outside of the emergency room for youth behavioral issues

Having more PCPs diagnose behavior health needs and provide timely, appropriate care

Objectives

1. American Academy of Child and Adolescent Psychiatry
2. American Psychiatric Association
3. Department of Health Care Services
4. University of California San Francisco Child and Adolescent Psychiatry Program

UCSF Child and Adolescent Psychiatry Program

DRAFT AS OF 10/08/2023   **NOT EXHAUSTIVE**

Current UCSF CAPP[1] offerings

UCSF CAPP launched in 2019 and currently provides the following services:

- Real-time, direct connect consultation
- One-time Reach-Out-&-Connect
- Continuing medical education
- Bridge Care Coordination
- Website resources for providers and caregivers

Current UCSF CAPP operations

- UCSF has approximately **1500 PCPs[2] enrolled** from **nearly 250 sites across 35 California counties**

- PCPs enrolled include **pediatricians, family medicine physicians, nurse practitioners and physician assistants, and OBGYNs[3]**

- UCSF CAPP anticipates the number of **enrolled PCPs and yearly consultations will increase significantly** through the partnership with DHCS[4]

UCSF CAPP is **working with a technology services vendor to support the development of v1 capabilities** to be launched by January 2024

1. University of California San Francisco Child and Adolescent Psychiatry Program
2. Primary care providers
3. Obstetrician Gynecologist
4. Department of Health Care Services

Source: DHCS, UCSF working sessions 2023; DHCS and UCSF input

Thank You!

Questions? Email: CYBHI@dhcs.ca.gov

DHCS

Mission

We promote pediatric mental health and wellness through consultation, education, resource navigation and innovation throughout California's communities

Vision

We are collaboratively transforming pediatric healthcare, in order to advance the health and emotional wellbeing for California's youth
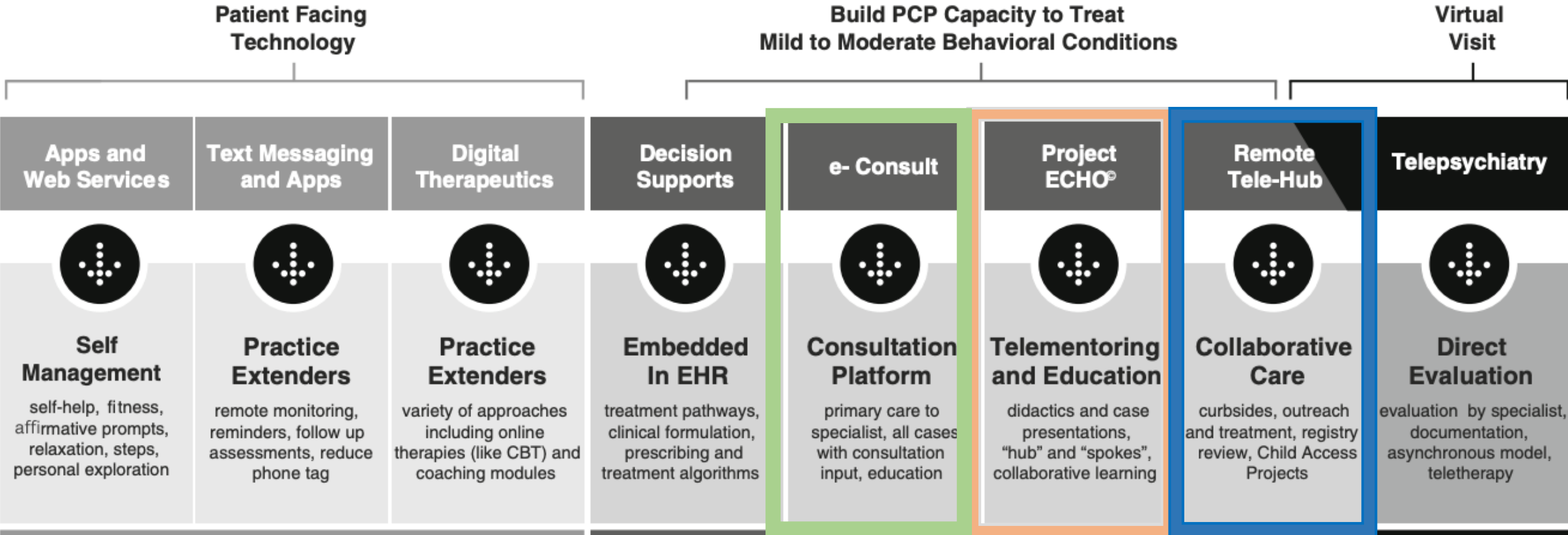
Values

We value equity, inclusivity, diversity, partnership, inter-professionalism, prevention, and stigma-free access to care for all

Connecting for Care

Continuum of technologically enabled behavioral health integration

Fig. 1 Technology-enabled behavioral health services in primary care

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
WWW.AACAP.ORG

CHA
CHILDREN'S
HOSPITAL
ASSOCIATION

AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

PROTECTING YOUTH MENTAL HEALTH

The U.S. Surgeon General's Advisory

2021

P 36:

US Surgeon General Dr. Vivek Murthy recommends
"Support integration of screening and treatment into primary care. For example, continue expanding Pediatric Mental Health Care Access programs, which give primary care providers teleconsultations, training, technical assistance, and care coordination to support diagnosis, treatment, and referral for children with mental health and substance use needs."[238, 239, 240]

Human Centered Design
Guiding framework CAPP
Used globally to develop
innovative health care
approaches

3 Phases:
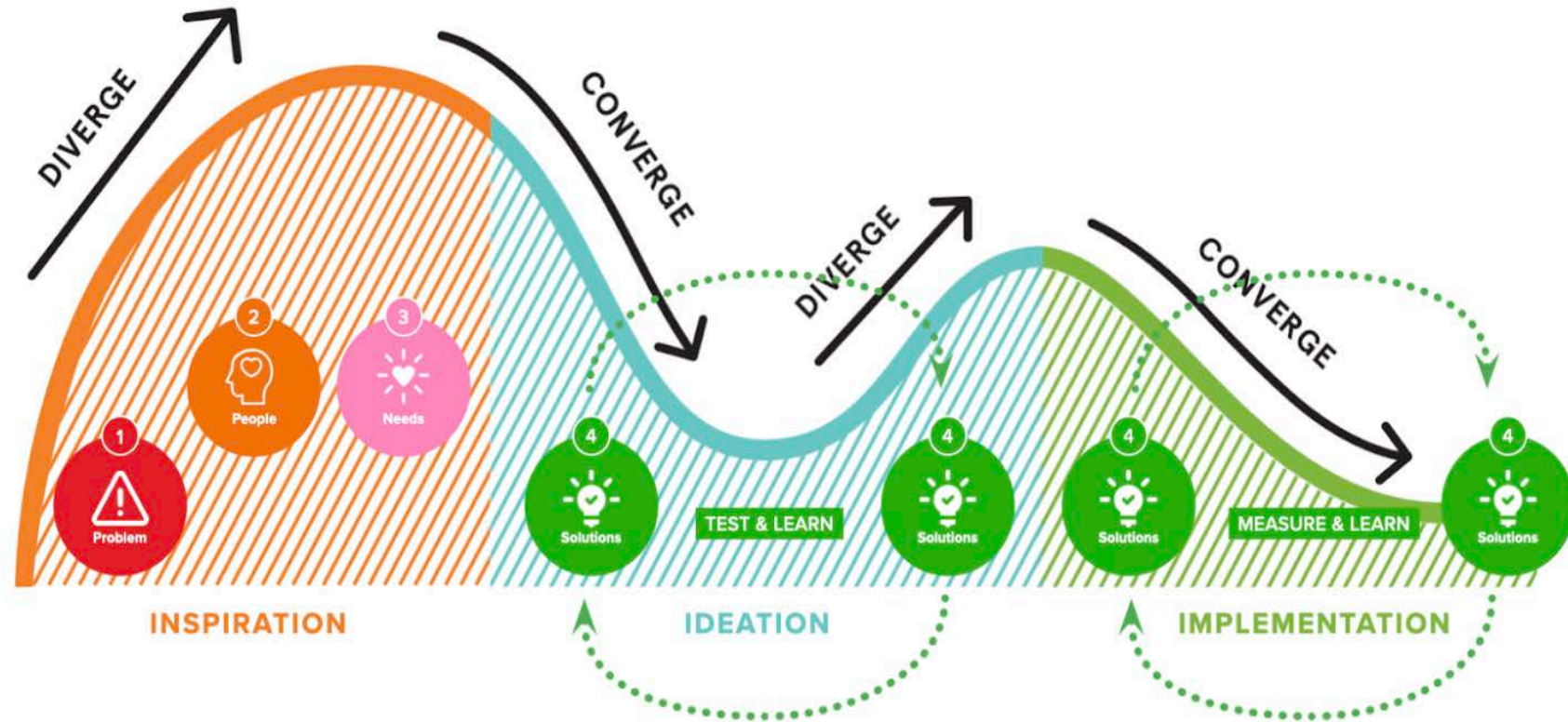
4 Guiding Principles:

Be **People-Oriented**: understand needs
Identify & solve the **underlying problem**
Take a **Systematic Approach**
Focus on **End Result**

Before Implementation

Desirable?
Feasible?
Sustainable?

https://sparksoftcorp.com/articles/hcd-process-creating-valuable-product-or-service.html

https://blog.adplist.org/post/what-is-human-centered-design

UCSF CAPP = Pediatric Mental Health Access Program that *increases access to pediatric mental health care via*
PCP DEVELOPMENT of Knowledge, Skills & Confidence in Managing Common BH Conditions

PCP-Consultation	Training & Education	Bridge Care Coordination
• Telephone warm line (real-time, direct consultation with psychiatrist) • e-Consult: asynchronous email consultation • Reach-Out-&-Connect ROC: specialty UCSF Psychologist consultation	• Continuing medical education on common pediatric mental & behavioral health conditions • School-based consultation and education • Website resources for providers and caregivers	• Educate PCPs on how to connect families to resources • Resource mapping
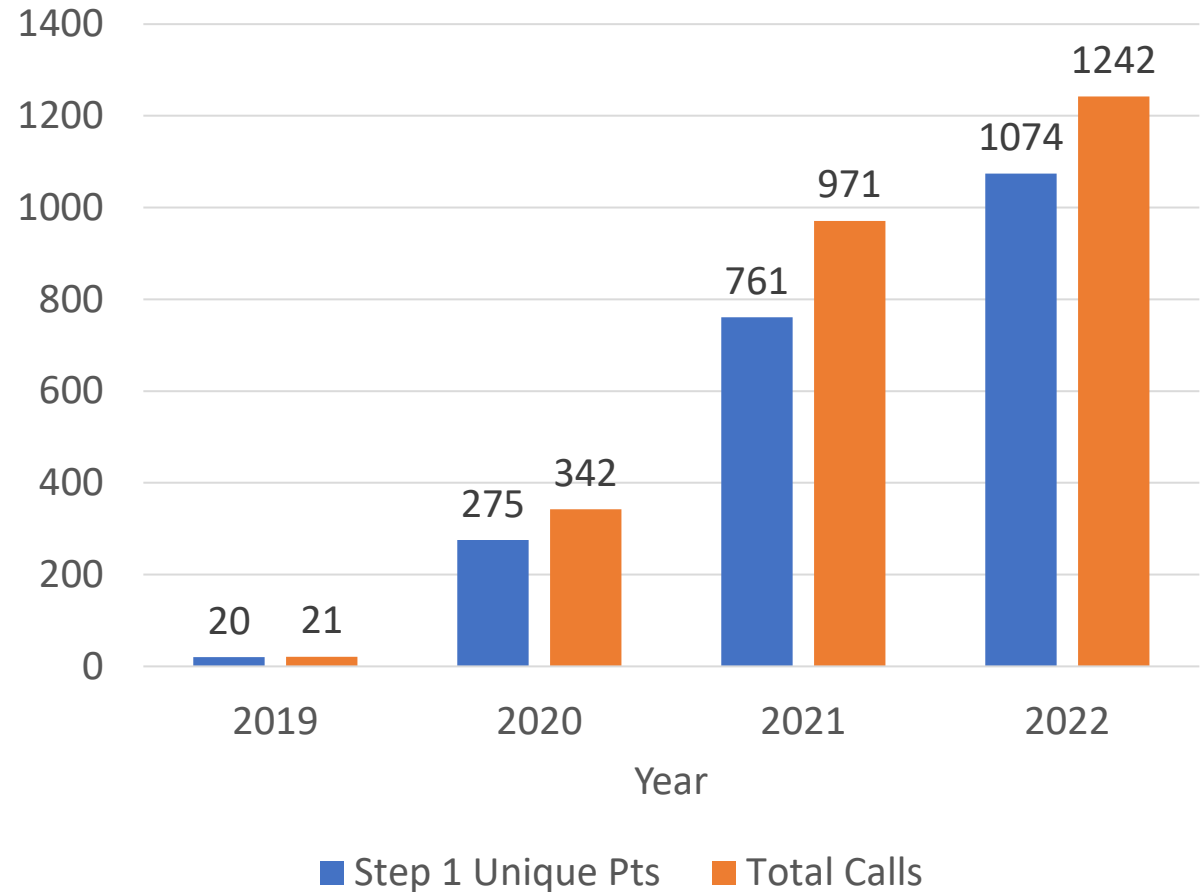
Enrolled PCPs & Practices

Enrolled Professions

- OB/GYN
- Pediatrician
- Internal Medicine
- Nurse Practitioners
- Physician Assistant
- SW
- Other
- Family Medicine

43%, 23%, 15%, 11%, 5%
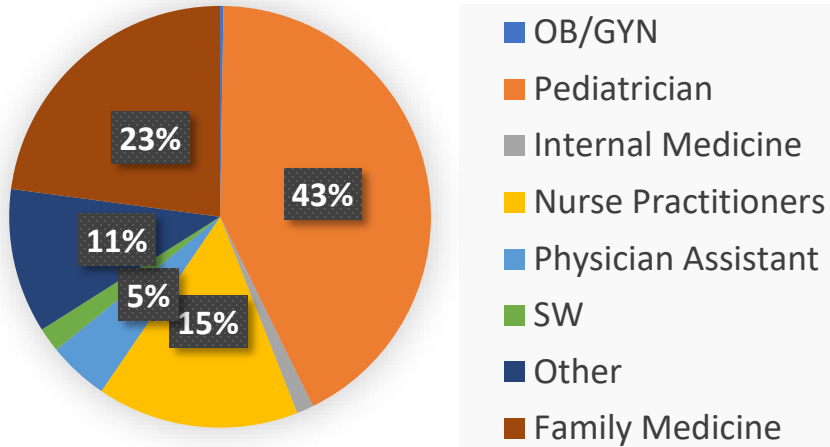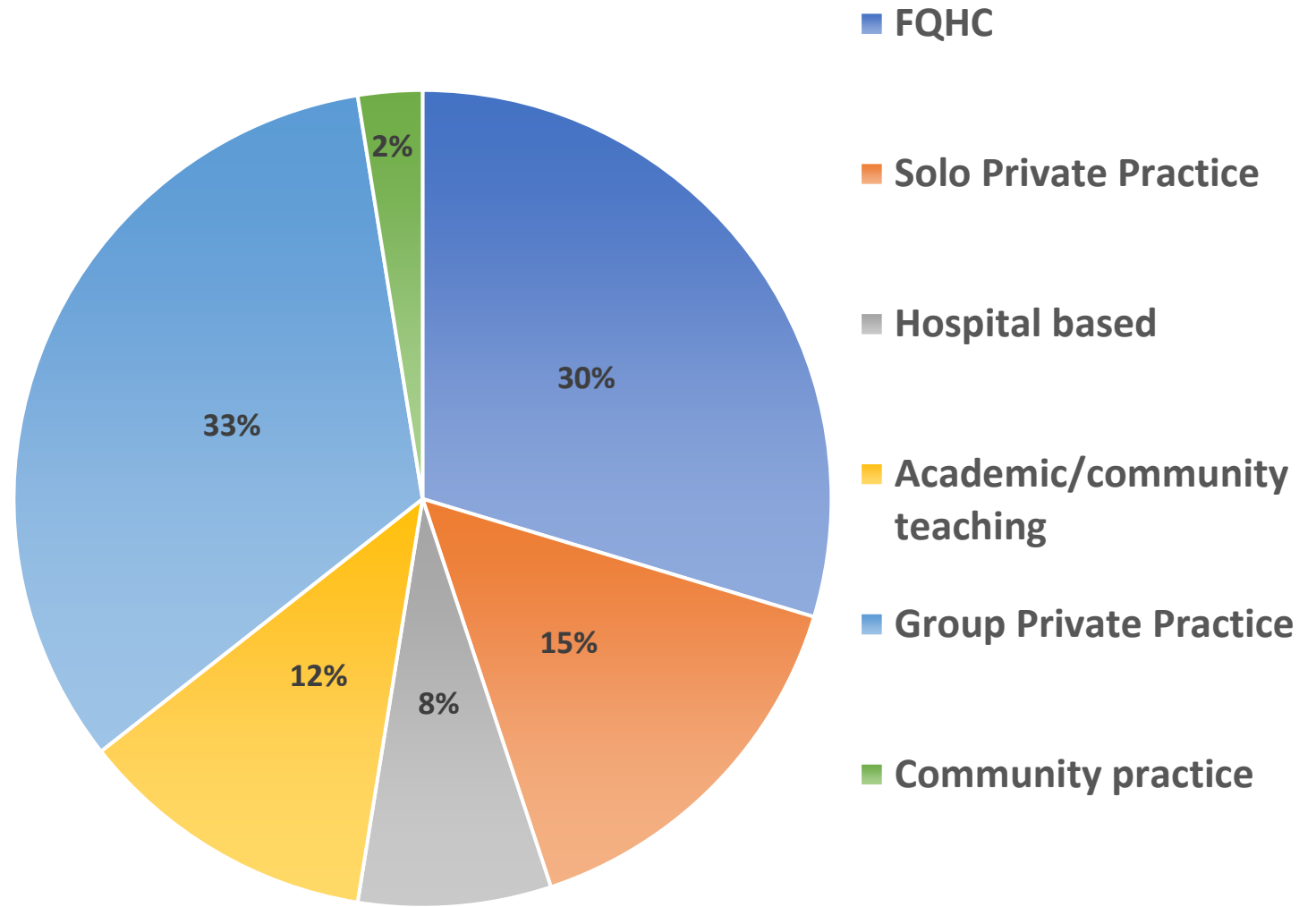
Utilization by profession

- Peds
- Fam Med
- OB-GYN
- Int Med
- NP

81%, 13%, 0%

Practice Setting

- FQHC
- Solo Private Practice
- Hospital based
- Academic/community teaching
- Group Private Practice
- Community practice

30%, 15%, 8%, 12%, 33%, 2%

CAPP Consult Questions & Diagnoses
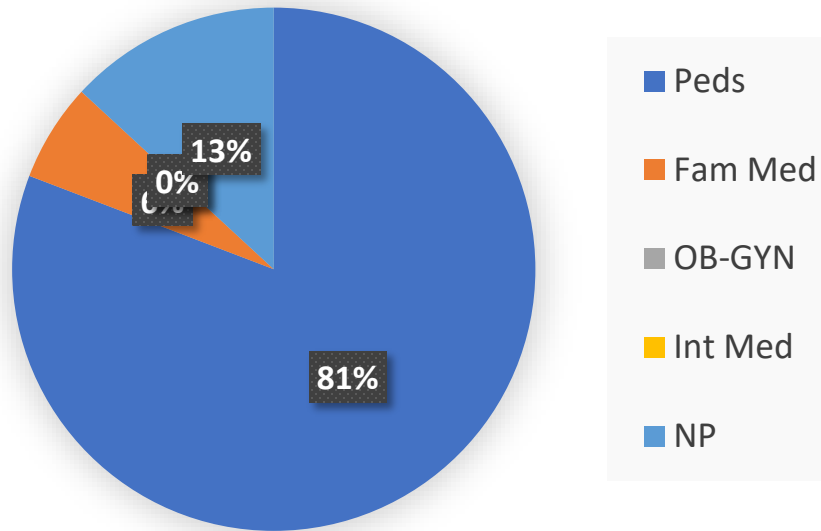
PRIMARY CONSULT QUESTIONS
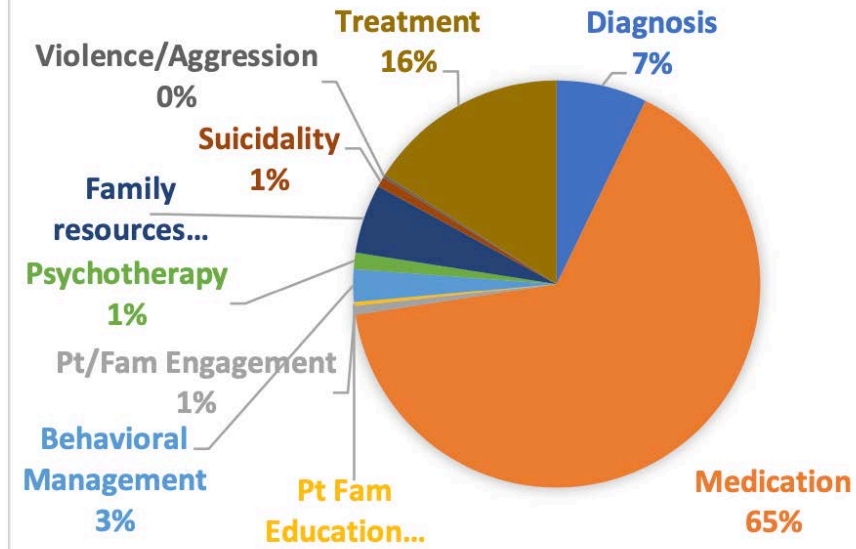
SECONDARY CONSULT QUESTIONS
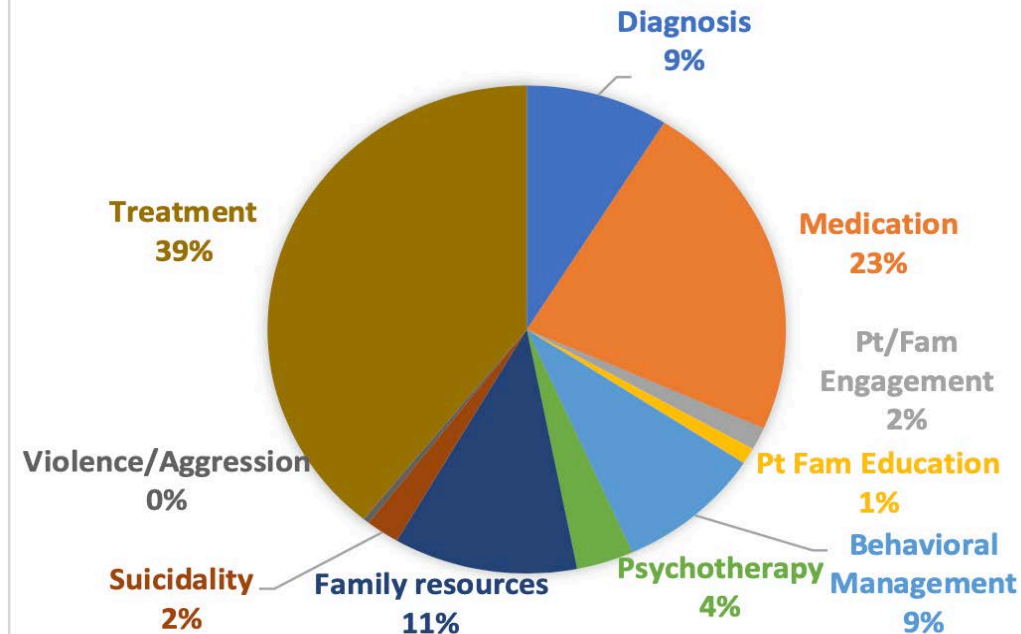
Diagnoses	Primary	Secondary
Anxiety Disorder	29.4%	34.8%
Depressive Disorder	24.3%	22.2%
ADHD	24.3%	11.4%
Substance-Related Disorder	0.5%	1.0%
Autism Spectrum Disorder	7.3%	3.7%
Trauma & Stressor-Related Disorder (e.g. PTSD)	4.3%	3.9%
Feeding & Eating Disorder	2.3%	2.3%
Suicidality or Self-Harm	0.6%	1.0%
Other	5.2%	6.6%

48% of consults involved 2 or more psychiatric diagnoses

In the past 2 years, how many times have you sent a patient to the emergency room for a mental or behavioral health concern?
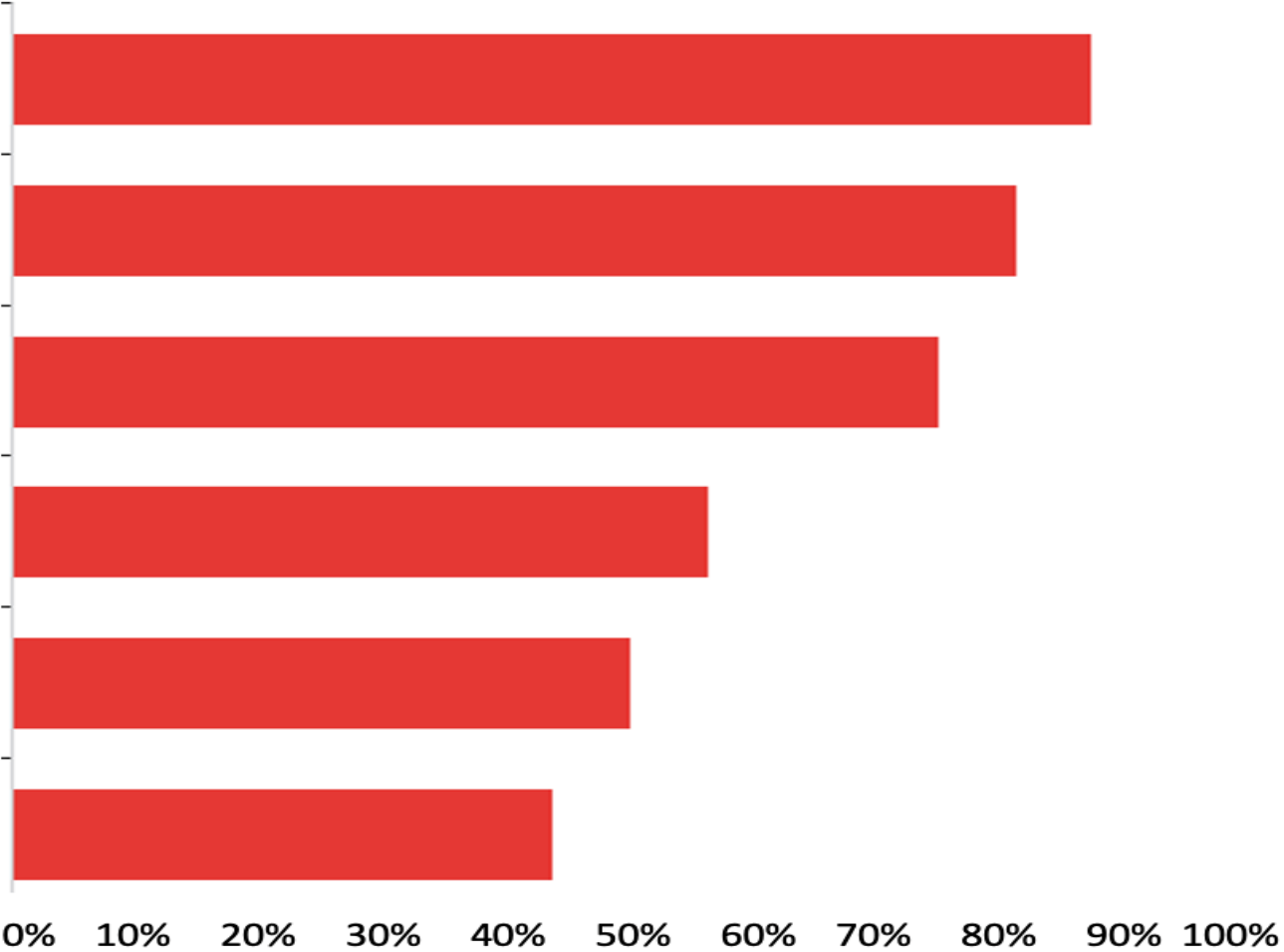

CAPP PCP Survey 2023
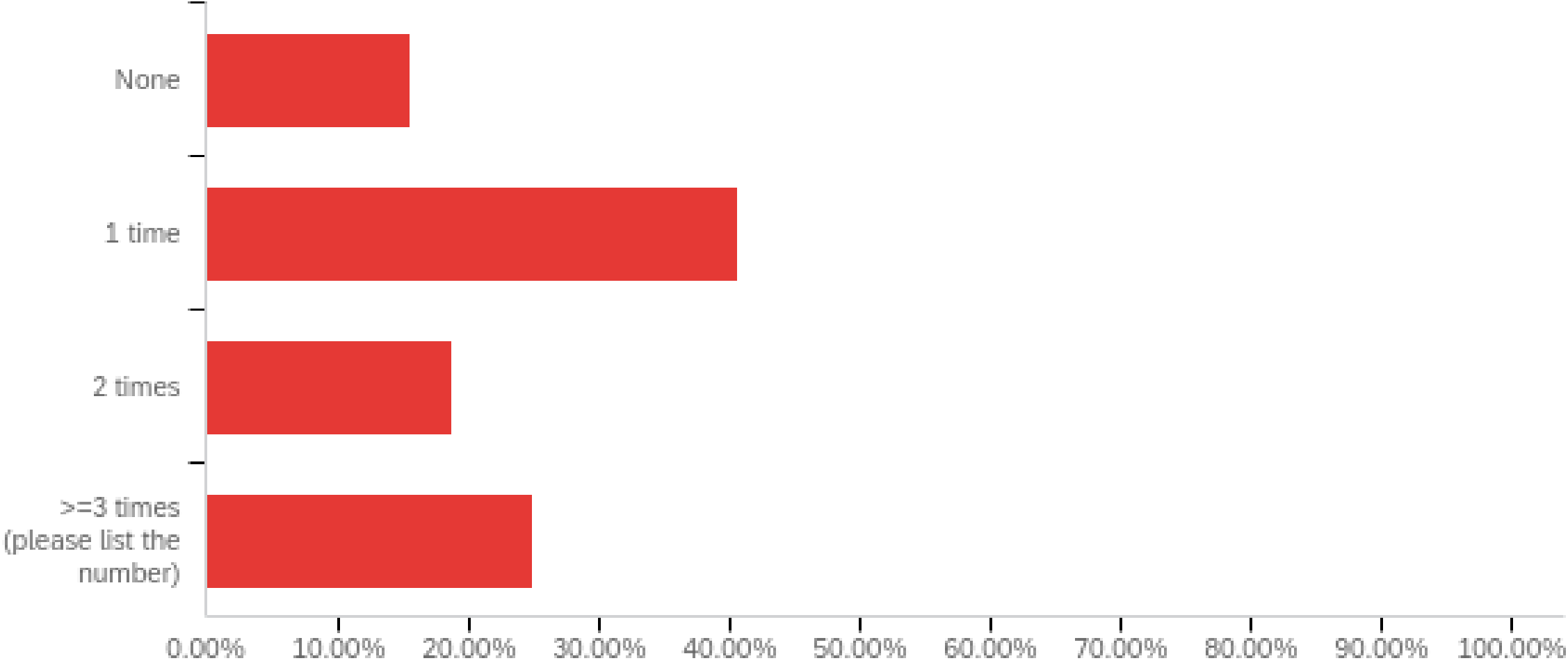
Consults since Jan 2022:	#	%
Can likely be managed within primary care	439	52.8
It is unclear if the patient can continue to be managed within primary care, with interim recommendations, but referral to specialty care if things worsen	148	17.8
Routine referral to specialty mental health, with additional 'bridge' recommendations that can be implemented until the time of appt	192	23.1
Urgent referral to specialty mental health	41	4.9
Other	12	1.4

Did receiving consultation lead to changes in any of the following areas?

CAPP PCP Survey 2023

Key Themes of 2023 PCP Survey & PCP Focus group

Facilitators

- **Champions** @ individual practice level

- **Relationship-building** between PCPs and consulting psychiatrists builds PCP **trust** and **confidence**

- Practice- & health-system level **leadership support** & prioritization of **measurement-based, whole-person care**

- Workflow integration

Barriers:

- Lack of **time**

- Lack of **comfort/education/experience**

- **Systemic mental health care access barriers**

- Billing/reimbursement challenges, especially in FQHCs

Draft Aims/ Areas of Inquiry

Aim 1: Describe the characteristics of providers, location & local resources, practice setting types, and patients served by CAPP

- How do CAPP services, care recommendations, and consultation outcomes vary according to these characteristics?

Aim 2: Examine trajectories of patients who receive care coordination to assist with linkage to specialty mental health and community resources

- How many families successfully link to recommended services?

- What are the facilitators & barriers to linkage?

- What are the individual, family, PCP, geographic and/or system of care factors?

Aim 3: Assess trends over time in PCPs' capacity to care for youth with behavioral health needs, stratified by PCP & practice characteristics

- Reason/complexity of consultation question

- Use of behavioral health rating scales, and

- Consultation outcomes (i.e., changes in the proportion of patients that can be appropriately managed within primary care, recommended for specialty MH care)

Outcomes Evaluation: Next Steps

Additional evaluation measures could include:

- Increases in PCP visit primary diagnosis – F code
- Changes in PCP prescribing
- Changes in PCP referral patterns
- Increased care linkage
- Changes in behavioral health ED visits and psychiatric hospitalizations

"*CAPP consultation helps to address Provider Burnout, so that you can keep your FQHC staff around, which is beneficial for everyone. I think if there is a pressure to see volume, you get compassion fatigue. You start feeling more unsure that you're actually making a difference, or how to really do that effectively. Having resources and tools available increases your feeling of confidence and willingness to keep trying and not to just send everybody to the emergency room. It makes you want to schedule that 2 week follow up appointment and squeeze them in.*"

Pediatrician & CAPP user, Fresno CA

California's **Child Youth Behavioral Health Initiative** Aims

Advance Equity

Designed for Youth by Youth

Start Early, Start Smart

Center around Children & Youth

Empower Families & Communities

Right Time Right Place

Free of Stigma
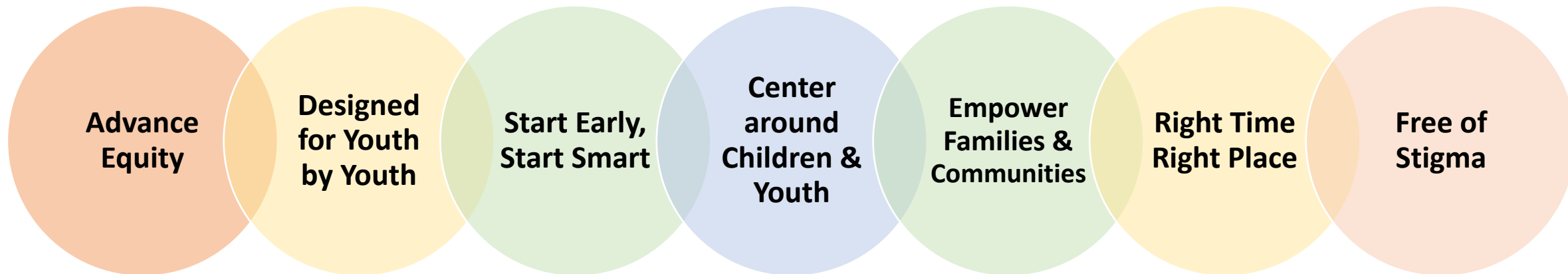
Behavioral Health Consult Platform Aims

Access	**Consultation**	**Connection**	**Equity**
Increase access to behavioral health care for children and youth 0-25 by building primary care provider workforce capacity to address behavioral health needs within primary care settings	Provide synchronous and asynchronous expert consultation and support for PCPs in the treatment of common behavioral health conditions affecting children and youth 0-25	Provide support identifying and connecting with local/telehealth behavioral and other necessary resources and support when indicated	Increase equity through dissemination of accessible, culturally responsive evidence- and measurement-based care, especially in rural & underserved communities

Vision for 2024

- Crispin Delgado, MPP, Executive Director, ITUP (Moderator)

- Jennifer Alley, Director of Government Affairs, CA Psychological Association

- Kelli Boehm, Government Affairs Advocate, Health Net

- Paul Giboney, MD, Associate Chief Medical Officer, Los Angeles County DHS

Next steps and thank you's

Mei Wa Kwong, JD

Center for Connected

Health Policy

Libby Sagara

BluePath Health

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