

Virtual Care in the Safety Net: eConsult and Beyond

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Financial disclosures, conflicts of interest

- None

Presentation objectives





- After this presentation, participants will be able to:
 - ✓ Describe Virtual Care (VC) modalities
 - ✓ Understand Medi-Cal regulations regarding VC modalities
 - ✓ Describe the eConsult platform and its impact on patient and Provider experience



Definitions: virtual care (VC)

- “Virtual care” (VC) may encompass modalities also referred to as “telemedicine” or “telehealth,” and includes: store-and-forward encounters, the use of live video, remote patient monitoring, and mobile health (mHealth)
 - Patient-to-Provider
 - Provider-to-Provider

Definitions: virtual care (VC)

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

VC at IEHP





Patient-to-provider VC: telehealth

- The mode of delivering health care services and public health via information and communication technologies to facilitate a patient's health care while the patient is at the originating site and the health care provider is at a distant site to provide:
 - Diagnosis
 - Consultation
 - Treatment
 - Education
 - Care management
 - Self-management
- Combination of synchronous interactions and asynchronous store and forward transfers

Medicare and VC

Medicare VC guidance

- Limited to counties outside of Metropolitan Statistical Areas (MSAs), or
- Rural Health Professional Shortage Areas (HPSAs)



The screenshot shows the Medicare Telehealth Payment Eligibility Analyzer tool. At the top, there is a header for "Health Resources & Services Administration" and the URL "data.HRSA.gov". A search bar and "A-Z Index" link are also present. Below the header is a navigation menu with options: "Find Health Care", "Data", "Maps", "Tools", "Topics", and "About". The main content area is titled "Medicare Telehealth Payment Eligibility Analyzer" and includes the instruction: "Check if an address is eligible for Medicare telehealth originating site payment." The tool features a "Search Criteria" section with the following fields:

- Street Address: Address
- City: City
- State: (Dropdown menu)
- ZIP Code: ZIP Code

At the bottom of the form are "Search" and "Reset" buttons.



Medicare VC guidance

- CMS telemedicine modifiers
 - GQ: asynchronous encounters
 - POS 02: interactive telehealth (*formerly GT modifier!*)
- Defining “originating sites”
 - Physician or practitioner office
 - Hospitals (including critical access facilities)
 - Rural health centers
 - Federally Qualified Health Centers (FQHCs)
 - Skilled Nursing Facilities (SNFs)
 - Community Mental Health Centers (CMHCs)

Reimbursable Medicare telehealth services (CY 2018)

- Specific service types allowable, including but not limited to:
 - Psychiatric consultation (including family sessions), psychoanalysis
 - ESRD services
 - Neurobehavioral status exam
 - Medical nutrition services
 - Office/outpatient visits (new and established patients)
 - Hospital and nursing facility care (established patients)
 - Substance use counseling (tobacco, alcohol)
 - Annual depression screening
 - Critical care consults



Medi-Cal and VC



California context

- California state Assembly Bill (AB) 415 (2011) – paved the way for Medi-Cal VC reimbursement
- Highlights:
 - Removed limits on the settings where telehealth can be provided
 - Written informed consent from patients no longer required for telehealth (verbal okay)
 - Clarified credentialing for telehealth providers (could be performed by a brick-and-mortar facility)
 - Medi-Cal specific clarifications:
 - Medi-Cal could reimburse for VC
 - Medi-Cal would not require documentation of “care barriers” for Members to access VC/telehealth



Medi-Cal VC guidance

- Medi-Cal regulations authorize telehealth using “interactive communications” and asynchronous store and forward technologies
 - Interactive telecommunications must include, at a minimum, audio and video equipment permitting real-time two-way communication (*aligned with CMS*)



Medi-Cal VC reimbursement

- Originating site
 - “Originating site fee” (*does not apply to FQHCs due to PPS billing*) - \$22.94
 - “Transmission fee” - \$0.24 per minute
- Distant site
 - Professional fees billed by distant site Provider



Medi-Cal VC reimbursement

- Allowable service categories
 - Selected Evaluation and Management (E&M) services for patient visit and consultation
 - Selected psychiatric diagnostic interview examination and selected psychiatric therapeutic services
 - Teledermatology by store and forward
 - Teleophthalmology by store and forward (*retinal imaging*)
 - Teledentistry
 - Interpretation and report of X-rays and electrocardiograms performed via telehealth

**Provider-to-provider communications not reimbursable*



Medi-Cal VC reimbursement

- Limitations
 - Medi-Cal policy does not overtly allow the patient's home as an acceptable originating site
 - Policy references the presence of a Provider at the originating site (e.g., originating site Provider obtains verbal patient consent for the telehealth encounter)



Implementing VC in the safety net

Assessing System Readiness for VC

- Capabilities to consider for sites providing VC:
 - Patient interest!
 - Desktops or laptops with VC applications
 - Adequate broadband connection and speed
 - Private room or space to provide to patients
 - Provider champion with adequate training
 - Adequate staffing for coordinating virtual visits
 - Detailed assessment and understanding of current referral volume → translates into VC specialty success

eConsult



Multi-County eConsult Initiative



Problem: specialty access

- Patients
 - Long wait times
 - High rate of no shows
 - Need for multiple specialist visits
 - Linguistic and transportation barriers
- Providers
 - Partial/incomplete work up (poor use of specialist time)
 - Onerous referral system
 - Poor communication between PCP and specialist
 - Illegible and untimely notes
 - <60% of PCPs get report from specialist



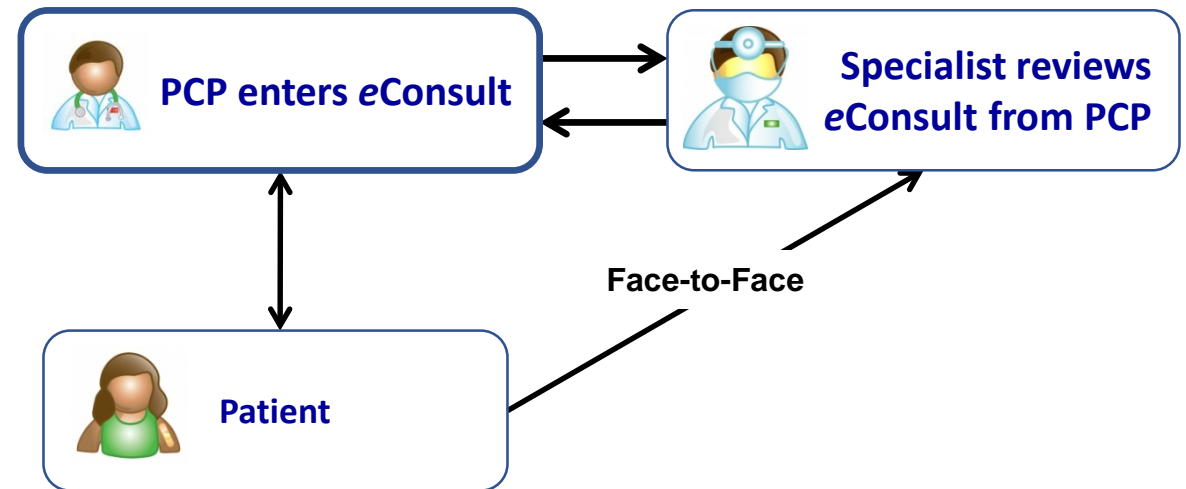
Solution: **MCeI** Multi-County eConsult Initiative

- Improves provider communication
- Expands primary care practice scope
 - Case-based learning
- Improves specialty access
 - More timely resolution of clinical issues
- Improves efficiency
 - Decreases unnecessary specialty care visits
 - Improves pre-visit work-up

*Findings based on success in San Francisco and Los Angeles County

eConsult

- Provider-to-Provider asynchronous electronic message exchange (including clinical question and related diagnostic data) initiated by the primary care physician (PCP) to a specialty reviewer (SR) physician
 - SR reviews data – can respond or recommend a face to face visit when necessary
- Replaces paper or electronic referral processes with a HIPAA secure application



For more information on eConsult research and publications:
<https://www.econsultie.com/lit-review-and-research/>

Evidence: impact of eConsult

Improves provider communication

Referral and Consultation Communication Between Primary Care and Specialist Physicians

- Systematic structures, tools, and processes for information creation, transfer, receipt, and recognition by the sending and receiving physicians are needed to assist medical practices
- Measures of “meaningful HIT use” and coordination of care include items that support, track, and confirm completion of each of these tasks

Evidence: impact of eConsult

Improves specialty access – more timely resolution of clinical issues

Longer-term impact of cardiology eConsults

- E-consults are an effective and safe mechanism to enhance value in outpatient cardiology care, with low rates of bounce back to traditional consults
- E-consults can account for nearly one-tenth of total outpatient consultation volume at one year within an accountable care organization and are associated with a reduction in traditional referrals to cardiologists

Impact of and Satisfaction with a New eConsult Service: A Mixed Methods Study of Primary Care Providers

- PCPs showed a high level of satisfaction with eConsult's quick turnaround time and quality of specialist advice
- The study illustrated advantages of using asynchronous virtual platforms to increase access to specialty care from a PCP perspective

Evidence: impact of eConsult

Improves efficiency

- Decreases unnecessary specialty care visits
- Improves pre-visit work-up
- Increased timely access to appropriate specialty care

A Safety-Net System Gains Efficiencies Through 'eReferrals' To Specialists

- Wait times for nonurgent visits declined in seven of eight medical specialty clinics by up to 90 percent during the first six months of use
- Expedited visits accounted for up to one-third of all visits in some specialties
- The percentage of referrals deemed inappropriate by medical and surgical specialists was cut by more than half



Multi-County eConsult Initiative

- Implementation now in **Phase 2**
- **Phase 1:** go-live of 20 primary care sites, with 12 specialties active
- Initial stakeholders
 - San Bernardino County – Arrowhead Regional Medical Center
 - Riverside County – Riverside University Health System
 - Inland Empire Health Plan (select IEHP Direct sites)





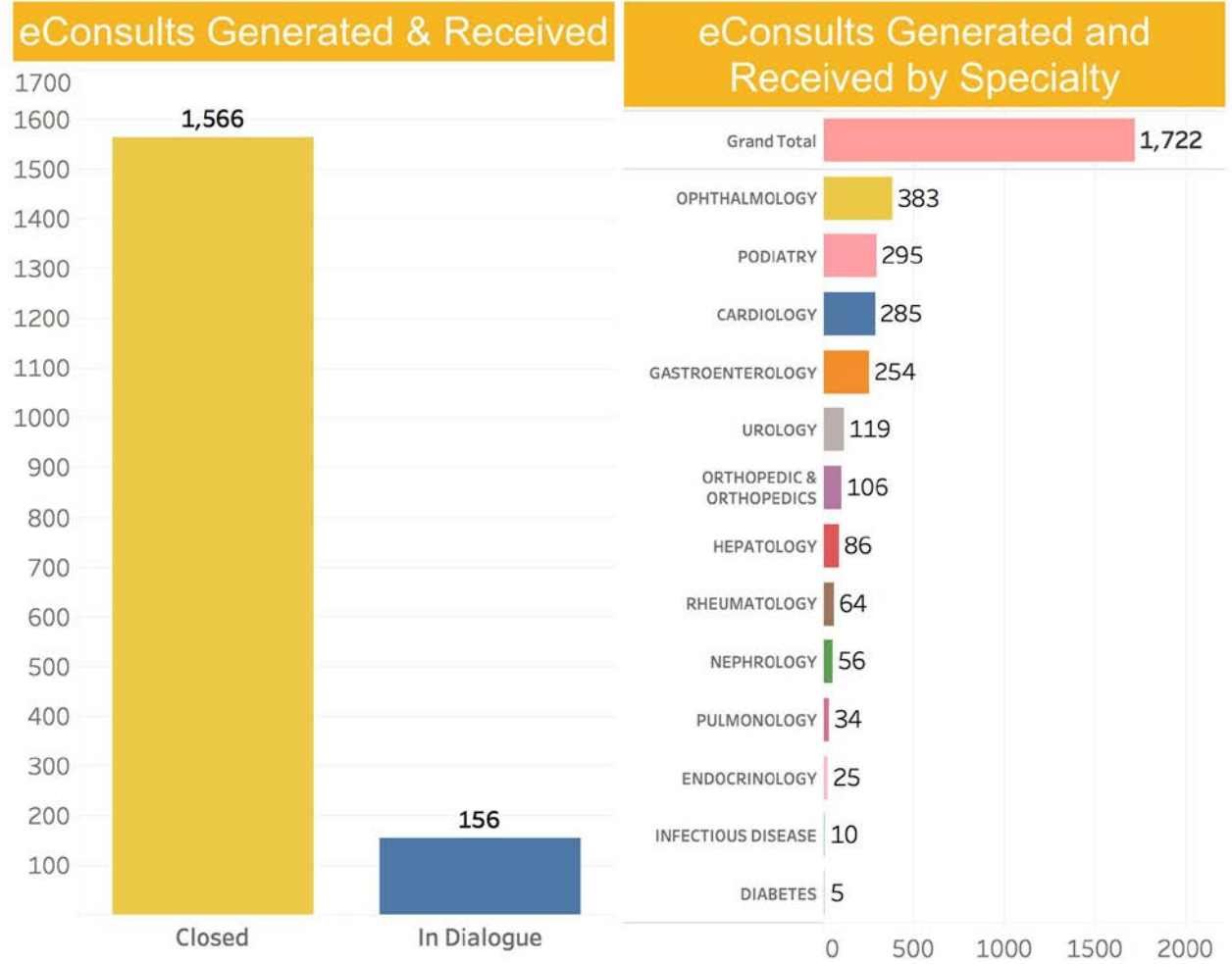
MC@I dashboard

Multi-County eConsult Initiative

Metric	Current Number
Clinic Sites	23 (2 ARMC, 10 RUHS, 11 IEHP)
PCPs/Residents	40/79
PAs/NPs	21
eConsults Closed/Received (w/ Drafts)	1,556/1848
Specialties	12
Specialist Reviewers	34

MCeI dashboard

Multi-County eConsult Initiative





Questions/open discussion

Thank you.

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