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DHCS leaders:

The Center for Connected Health Policy (CCHP) is writing in response to the request for comments on the proposed network adequacy standards for Medi-Cal managed care. We are pleased to see that telehealth is included as a modality to address our state's lack of specialty care under "alternative access standards."[i]

CCHP and State leaders have agreed that electronic consultation, often referred to as a form of "store and forward" telehealth, is a potential solution to building access to care in California. An electronic consultation is an asynchronous dialogue initiated by a physician or other qualified health care professional seeking a specialist consultant's expert opinion without a face-to-face patient encounter with the consultant. Electronic consults provided by consultative physicians include written report to the patient's treating/requesting physician/qualified health care professional.

CCHP appreciates the ongoing support DHCS is providing as we convene California providers, payers and patient advocacy organizations to expand the use of e-consult by leveraging existing programs and sharing early successes with the State. We encourage DHCS to acknowledge the potential electronic consults bring in addressing our timely access and network adequacy challenges through connecting patients with remote specialists. We ask that e-consults be considered as part of the process of obtaining specialty care, as they are not an alternative to be used only when providers have "exhausted all other reasonable options.[ii]"

Literature and pilot programs demonstrate that e-consult offers long term benefits and improvements for:

- Patients/Members: More timely access to specialty care, resulting in improved health outcomes; greater satisfaction a result of not having to travel and engage in unnecessary in-person visits.
- Primary Care Providers: Higher quality coordinated care and enhanced communication with specialists, ultimately expanding the knowledge and scope of practice of the PCP.
- Specialists: More efficient use of time as a result of decrease in unnecessary referrals
- Public/Private Health Plans: Increased ability to meet timely access requirements, while increasing the efficiency and reducing cost per patient.

CCHP has convened an Electronic Consult Workgroup of nearly 50 providers, payers and patient advocacy organizations focused on expanding the use of electronic consults across the state to increase access to specialty care. The workgroup has outlined the following key tenets of e-consult for California stakeholders:

- E-consult directly impacts patient and provider satisfaction. E-consult related surveys report overwhelming improved satisfaction from both patients and providers.
- E-consult is the standard of care. E-consult in no longer in pilot stage. There is a significant experience base that has demonstrated lasting results.
- E-consult improves access to specialty care and network adequacy. E-consults optimize face-to-face visits and satisfy specialty access standards. Improved access is demonstrated through:
    - Decreased wait times for specialty care
    - Decreased ”repeat” appointments
    - Decreased “no shows”
- E-consult promotes health homes and builds PCP capacity. Over time, E-consult is shown to expand the ability of the PCP to care for the patient, keeping him/her within the health home.
- E-consult is not an electronic referral. E-consult is separate and distinct from an electronic referral. The two processes should not be subject to the same regulatory requirements.

The workgroup grew throughout 2016, gathering support and focus for its efforts and will continue in 2017 to further progress in the following areas:

- Demonstrating pilot data to the State to show improved access and quality of care;
- Recognizing e-consult in timely access requirements, acknowledging care delivery through asynchronous provider-provider communications resulting in higher value in-person visits;
- Considering e-consult in network adequacy requirements; acknowledging managed care organizations’ efforts to expand access through the use of remote networks of specialists;[iii]
- Acknowledging that e-consult is Not Denial of Service, validating managed care organizations’ efforts to provide care at the appropriate setting at the appropriate time.

Numerous electronic consult pilots have grown across California in the past 10 years, with some now demonstrating significant improvements in specialty care consultation turnaround time. These pilots are now growing with district and public hospitals focusing on improving access as part of PRIME. Public hospitals and health plans work with their PCPs and patients to define specialty care shortage areas which align to those identified by the state[iv] and encourage PCP participation in e-consult as these providers seek to expedite access to care for their patients. Through the use of both local specialists (when available) and remote networks of specialists – most needed in rural regions of California – e-consult programs far exceed the requirement of delivering care “15 business days to appointment from request”[v] by providing the patient with expert advice within 24-48[vi] hours. The electronic consultation program at Zuckerberg San Francisco General (ZSFG) has resulted in a 50 percent drop in wait times at most of ZSFG's specialty clinics[vii]. When utilizing remote networks of specialists, response time is typically within 12 hours[viii].

In this time of uncertainty in health care, we know there will be no immediate improvement to our lack of access and coverage. Thank you for your innovative thinking in including e-consult and other telehealth modalities as you develop solutions to address our state's health care challenges.

Best regards,

[redacted]

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and members of the CCHP Electronic Consult Workgroup:

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[i] **4.10 Alternative Access Standards**
The Final Rule provides for exceptions to the standards in recognition of special situations. DHCS will develop an alternative access standards process for application by MCPs, MHPs, DMC-ODS, and DMC plans. Alternative access standards will only be approved in circumstances where the applying entity has exhausted all other reasonable options to obtain providers to meet either time and distance or timely access standards. Standards other than time and distance will be considered when the provider travels to the beneficiary and/or a community-based setting to deliver services. Other modalities such as telemedicine and pharmacy mail order will be considered for purposes of meeting requirements when reviewing these applications. In addition, seasonal considerations (e.g. winter road conditions) to time and distance standards will be made when necessary. (page 24)

[ii] Medicaid Managed Care Final Rule: Network Adequacy Policy Proposal, p. 24

[iii] These requirements are specific to time and distance and timely access. In addition, states must now annually certify networks to CMS demonstrating compliance with the state established standards and the adequacy of health plan networks to provide timely access to care for all Medicaid managed care beneficiaries...Time and distance means the number of minutes and miles from the beneficiary's residence when traveling to the provider type….Timely access references the number of business days from the date of request that an appointment must be available within for the type of service. (page 9)

[iv] The following tables lists the specialists for which network adequacy standards must apply:

Table 4. DHCS Core Specialists	
Cardiology/Interventional Cardiology	Nephrology
Dermatology	Neurology
Endocrinology	Ophthalmology
ENT/Otolaryngology	Orthopedic Surgery
Gastroenterology	Physical Medicine and Rehabilitation
General Surgery	Psychiatry
Hematology/Oncology	Pulmonology
HIV/AIDS Specialists/Infectious Diseases	

Time and distance requirements for specialists will be applicable to this list of specialists. These specialists are included in the DHCS core specialist list because they are most critically utilized by Medi-Cal beneficiaries. (page 16)
[v]

Table 6. Specialist Network Adequacy Standards *(For specialties listed in table 5)*		
Standard	**Current Requirement**	**Proposed Standard**
Time and Distance	Reasonable access	Based on county population size as follows: *Rural to Small Counties*: 60 miles or 90 minutes from the beneficiary's residence *Medium Counties*: 30 miles or 60 minutes from the beneficiary's residence *Large Counties*: 15 miles or 30 minutes from the beneficiary's residence
Timely Access (Non-Urgent)	KKA: 15 business days to appointment from request	Same as current requirement: 15 business days to appointment from request

(page 17)
[vi] Electronic Consultation Service Helped VA Hospital Cut Down on Unnecessary Office Visits. "The average time to consult completion was 1.6 days", Infectious Disease Advisor, June 19, 2016
[vii] "Electronic referrals streamline SF General care", San Francisco Chronicle, Victoria Tolliver, https://sfgh.ucsf.edu/sites/sfgh.ucsf.edu/files/documents/Electronic%20referrals%20streamline%20S%20F%20%20General%20care.pdf
[viii] https://rubiconmd.com/econsult-platform