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# H. 723, eConsults, and Federally-Qualified Health Centers

Bi-State Primary Care Association, 2/4/2020

Federally-Qualified Health Centers (FQHCs) have an opportunity to benefit from many different telehealth platforms. These notes focus on the particular application of eConsults, which would be facilitated by passage of H. 723 and which are an area of particular interest for FQHCs across the country.

eConsults improve patient care by providing a convenient system for primary care providers to work with specialists offsite to determine which conditions require specialist treatment and which can be treated in the primary care setting. A provider who is unsure of treatment for a particular complaint will document the issue and engage a specialist to offer an opinion. That is true with or without a telehealth platform. Without a telehealth solution, the next step is scheduling a meeting between patient and specialist. These referrals often require patients to schedule weeks or months into the future, travel potentially long distances, deal with insurance coverage for the specialist, and take time off work, schedule childcare, or otherwise rearrange their daily lives for the visit. Our providers report that this time lag and patient burden often results in skipped appointments. It is not a small number of patients affected. For example, the 2019 VPR / Vermont PBS rural life survey found that 30% of Vermonters had experienced travel to their non-primary doctor as a significant problem in the last year. At the same time, the Green Mountain Care Board this summer reported that long wait times for specialist visits continue to present access to care issues across our hospital system. We need a new option.

With an eConsult telehealth system in place, the primary care provider documents a complaint, refers it to a specialist, and that specialist reviews the documentation without the patient present. This system allows for a quick referral and turn around (within 48 hours) in which the primary care provider receives next steps. Basic categories of reply include:

- Can be treated in the primary care setting, with a suggested treatment plan.
- Requires a specialty referral but to a different specialist, with the suggested referral.
- Requires a specialty care appointment, in which case the referral for an in-person visit is made.

Approximately 70-percent of the time the problems can be treated in the primary care setting. This percent changes depending on how long the eConsult system has been in place at the organization, as primary care providers learn how to better identify issues that require referral.

Connecticut was the first state to pilot eConsults with an emphasis on FQHCs. They have a list of 43 different specialties for whom they've determined it's an appropriate system. A recent study published in Health Affairs magazine found an average savings of $82 / month for Connecticut Medicaid patients using the eConsult system.

Bi-State Primary Care Association has spoken with colleagues in New York, Connecticut, and Maine about these systems, in addition to reviewing materials from platform providers that emphasize work with FQHCs and other safety net providers. From these conversations, we believe that in addition to the straightforward measures of avoiding unnecessary specialist visits and saving money, eConsults offer several other general advantages for participants.

Patients have an extremely high acceptance of eConsults. Because the connection is provider-to-provider these platforms do not require any action on the patient's part or introduce new technology into the visit experience. They emphasize the primary care provider relationship and keeping the medical treatment close to home with that provider. Through reducing unnecessary specialist visits, they offer a convenient option to patients with a much faster turn around time. Patients retain a right to a specialist referral, so those patients who wish to see a specialist in person can still do so (satisfaction studies find this is a rare occurrence).

eConsults offer relative ease of implementation from a technology perspective. Broadband availability becomes less of a barrier – these systems do not require the bandwidth for live video feeds, and the communication is from one health care provider to another, not from site to a patient's home or other community location. Also, eConsult platforms integrate with existing specialist referral systems and EHRs so providers do not need to learn new technology skills. A PCP sends a referral out, the provider with specialized skills in the relevant area reviews and sends back a treatment plan directly into the EHR. This might be a workflow change, but not a technology change.

Our colleagues additionally report that these consulting systems are helpful learning tools for physicians reviewing conditions where they lack experience and for non-physician staff, such as PAs and NPs. Providers at all license levels have reported that they consider eConsults part of their professional development. As we search for ways to recruit primary care providers to rural locations, particularly younger providers, it is critical that they do not feel isolated or pressured to make medical decisions without the full support of other, experienced health care professionals. eConsults can facilitate these connections in a rural setting.

Bi-State Primary Care Association supports the work the Vermont Legislature has done in the past to expand our use of telemedicine. Previous initiatives have focused on real-time connections between providers and patients, essentially recreating an in-person visit. This work has been valuable, but it's only one piece of what is possible. It is important to adopt telehealth as its own suite of valuable tools that *augment* what we can accomplish in-person, not simply view it as a replacement for in-person patient-provider visits. By introducing a tool such as eConsults we can reduce unnecessary referrals, help our patients receive treatment sooner, lower patients' travel burden, reduce the risk of forgoing treatment, shorten wait times for patients who require specialist treatment, and save money for both the individual and the system overall. By doing business differently, everyone can benefit.

H. 723 will bring us a step closer to eConsults and other effective store and forward tools.

# Bi-State Primary Care Association

## Serving Vermont & New Hampshire

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**Our vision is healthy individuals and communities with quality health care for all.**

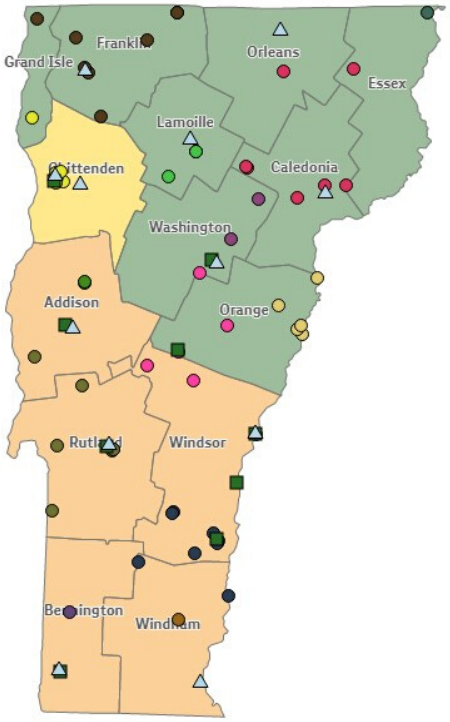
Our members include Federally Qualified Health Centers, clinics for the uninsured, rural health clinics, Planned Parenthood clinics, and Area Health Education Centers in Vermont and New Hampshire.

Since 1986, Bi-State has provided technical assistance, data analysis, workforce development, policy leadership, and collaborative partnerships at the regional and federal levels.

In Vermont our members have 88 sites in all 14 counties.

Our members serve 1 in 3 Vermonters, who made over 800,000 visits in 2018.

We serve 41% of VT Medicaid enrollees, 38% of VT Medicare, and the majority of uninsured Vermonters




Numbers reflect 2018 UDS data

# Spotlight On: Telehealth

Telehealth is a critical tool for rural regions to respond to health care needs. The ability to deliver services remotely allows us to reduce transportation burden on patients, offer flexibility to clinicians with long commutes, share expertise across health care providers, offer professional development opportunities to our workforce, reduce stigma, connect with younger generations, and in some cases provide services that wouldn't be possible without technology, such as remote patient monitoring.

So, what is telehealth? Most definitions recognize four general categores of care:

### Telemedicine

Live video interactions between patients & their providers.

### Store & Forward

Patient information shared between two providers for evaluation, not a live feed.

### Remote Patient Monitoring

Also called telemonitoring. Monitoring physiology and/or behavior for review by providers.

### Mobile Health

"mHealth", sometimes included in Store & Forward. Patients & providers exchange medical information, not through a live feed.

It is important to note that even if a service is recognized as part of “telehealth” that does not mean it is reimbursed by every (or even any) payer. Two other important terms are **Originating Site,** which is where the patient is, and **Distant Site**, which is where the provider is.

# Telehealth in Vermont

The Center for Connected Health Policy provides an up to date overview of all state Medicaid & Commercial payer rules: cchpca.org

For Vermont Medicaid, any service delivered through a live video feed that is equivalent to a face-to-face meeting is reimbursed as if it were in-person, with a small facility fee available for the site hosting the patient. Vermont recognizes the home as an originating site and does not distinguish between urban and rural geography. All states reimburse for live video feed telemedicine, although some may place more restrictions than Vermont.

Vermont reimburses for Store and Forward, although only for teledermatology and teleopthalmology. 18 states have laws to reimburse for store and forward, 14 have implemented reimbursement. Not every state restricts for specialty or for the same specialties as Vermont. Vermont reimburses for Remote Patient Monitoring (RPM), restricted to a Congestive Heart Failure diagnosis. 24 states recognize RPM, 22 have implemented reimbursement. Vermont does not recognize mHealth specifically, but includes asynchronous provider-patient connections in Store & Forward.

Medicare reimbursement has greater limitations than Medicaid or commercial payers, and many of the restrictions are specific to FQHCs. A major limitation experienced elsewhere in the country is a geographic restriction to a rural originating site. Our two urban FQHCs participate in the ACO for their Medicare population, and so are exempted from this restriction through the ACO Next Generation waiver. However, this waiver does not address our other significant concern, reimbursement for services as a Distant Site, which are currently not allowed for any FQHC.

**When Vermonters can't access health care they need, 31% say difficulty reaching the location is a significant factor.** This is more than the national average, where only 23% said travel was a barrier to care**. Even when we remove specialists, nearly 10% of Vermonters have trouble traveling to their regular primary care location. Telehealth can help.**

Data from 2019 VPR / PBS and Robert Wood Johnson Foundation Rural Life Surveys

# Reimbursement Is a Barrier to Telehealth

All telehealth programs have an initial cost to set up, whether it's equipment, clinician training, integrating into workflow, helping patients understand telehealth, or simply technical support to ensure everything flows smoothly. The ultimate benefits of the program, plus assistance from outside groups and grants, can help offset these costs. However, disparities in reimbursement rates often make telehealth a net loss for FQHCs and small rural providers. Changes that could help include:

## Expand Specialties Reimbursed for Store & Forward By VT Medicaid

We recommend adding teledentistry, which matches practices in other states, and exploring an expanded "eConsult" list that allows broader access to specialists and experts for reviewing medical information.

## Expand Diagnoses Eligible for Remote Patient Monitoring Under VT Medicaid

Other states, such as NY and Maine, do not place diagnosis restrictions. We recommend following their experience to remove VT restrictions.

## Find a Solution for Medicare Distant Site Exclusion of FQHCs

Medicare does not reimburse FQHCs clinicians for providing telehealth services. This outdated rule in no way reflects how FQHCs utilize telehealth today & inhibits care for the 39% of VT Medicare patients using FQHCs.

## Review the Economics of Telehealth for Vermont Providers & Payers

We believe that opening up telehealth reimbursement policy can increase quality of care without increasing costs for payers, and that enough national & local data is available to predict fiscal impacts of different policies.

**Nationally, in rural communities, 46% of FQHCs provide a telehealth program (NACHC, 2018). From 2015 to 2018 there was a 340% increase in physicians adopting telehealth and the majority of remaining physicians said they were likely to begin (American Well, Telehealth Index).** Telehealth is important to the future of health care, and it's important that we get the framework right to develop this resource for primary care providers.