



PediatricCareNetwork.org

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August 7, 2023

To: Members of the Medical Services Board
CC: Chris Sykes, Medical Services Board Coordinator
Russ Zeigler, Operations Section

Colorado Department of Health Care Policy and Financing
303 E 17th Ave
Denver, CO 80203

Dear members of the Medical Services Board,

As pediatric primary care and specialty providers, we have been using eConsult systems to improve our patients' access to team-based care since 2018. We are pleased that the Department of Health Care Policy and Financing is adding coverage of eConsult services.

We believe that eConsult programs have the potential to improve access to specialty care. We also know that when more care is managed by a primary care medical home, health outcomes improve and total cost of care decreases.

Based on our experiences using eConsult systems, we request the following changes to the proposed rule, program development, and potentially the eConsult contract. We make these requests based on years of experience with eConsult programs.

We have determined that these are the key components of successful eConsult care:

- Allow payment for providers to use their current eConsult platforms
 - Or create a phase-in process by which payment shifts to the eConsult platform only after that platform provides the functionality required to be most successful
 - Rationale
 - Hundreds of practices have spent years adapting and improving their existing systems, many of which also serve requirements of commercial payers.
 - Asking practices to maintain two separate platforms risks inequity for Medicaid enrollees by funneling them to a different, less developed system.
 - We fear that providers may avoid participation or continue to provide unpaid eConsult services through their existing systems, which are more functional

- Align with CMS guidance to cover interprofessional consultation as a distinct covered service, reimbursed in alignment with Medicare, which pays fee-for-service on a set of covered codes
 - Rationale
 - Alignment with Medicare eases administrative burden for many primary care providers. In addition, fee-for-service reimbursement would attract more providers to the program by making these services more sustainable

- Determine the schedule for new Electronic Health Record system (EHR) interoperability by consulting with providers in an open, transparent, meaningful process
 - Rationale
 - Evaluations of our programs have demonstrated that interoperability with our EHRs has significantly reduced providers' administrative burden, which increases provider participation and broadens access for Medicaid patients

- Allow primary care providers to select the specialty care providers that would best meet their patients' needs
 - Rationale
 - eConsults are most effective when primary care providers are able to build relationships with the specialty providers who
 - Best know their patients
 - Understand their practice workflows, style, management and staff
 - Understand their patients' communities, resources, and supports

- Add these functions to the state platform:
 - Detailed information about specialists so that primary care providers can build relationships and refer to those that best meet their patients' needs
 - Bidirectional information flow to better coordinate care across settings
 - Rationale
 - Our current eConsult platforms have these functions, which we have found to be essential to ensuring that we can meet patient needs
 - Pediatric patients that need specialty care are also often experiencing health-related social needs. Specialty and primary care providers need to be able to communicate through the platform about supporting shared patients with additional services including social needs screenings and referrals, care coordination and resource navigation

With these components in place, we have been able to achieve remarkable results:

- 6 out of 7 of our first 2800 consults managed to avoid a more costly in-person visit
- Only 3.6% of patients needed to visit an emergency room in the subsequent 30 days
- E-consults were completed on patients referred from over 250 primary care providers on patients from 29 counties in Colorado, eliminating the need for countless hours on the road driving to academic medical centers for care
- Review of cases revealed no serious safety events over a more than two-year period
- Satisfaction from referring PCPs was high

We understand that the rule is now on the final consent agenda for the Medical Services Board meeting this Friday. We request that the Board remove this item from that agenda and open the rule up for discussion of our recommendations.

Thank you for your consideration.

Sincerely,
The Pediatric Care Network Medicaid Committee

