

**State of Maine
131st Legislature
Joint Standing Committee on Health and Human Services**

Testimony of Charles F. Dingman

Supporting

LD 361, " An Act to Increase the Reimbursement for Electronic Consultations Through Medicaid"

May 3, 2023

Representative Meyer and members of the Joint Standing Committee on Health and Human Services, I am Charlie Dingman I am a lawyer with the firm of Kozak & Gayer , and I am here today on behalf of Covenant Healthcare, the parent organization serving St Joseph Healthcare in Bangor, St Mary's in Lewiston, and various other health care providers in Maine Covenant has been actively involved in working with Senator Baldacci on this bill Thank you for the opportunity to present testimony supporting its passage in an amended form, hopefully with the concurrence of the Department

As you have already heard, this bill seeks to improve access to eConsults, an innovative solution to the difficulty for rural Mainers of obtaining timely, effective access to specialty health care when they need it As Senator Baldacci noted, Maine's Department of Health and Human Services has worked with St Joseph Healthcare and others to pioneer the deployment of eConsults to bring specialty services to patients who might otherwise not receive, or experience long delays in receiving, critically important access to specialists

In addition to the benefits noted in the sponsor's testimony, St Joseph Healthcare would also note that eConsults provide an important tool to address disparities in access to care for those with social or financial barriers that may prevent them from being able to take time off of work and travel long distances to access a specialist, who will most likely be located in one of the more urban regions of our State In addition to improving patient care outcomes and access to specialty care, eConsults have also been proven to reduce the overall cost of healthcare, because they often make it possible for a patient to receive the care they need from their PCP without need for a specialty visit Delays in care due to lack of access to specialists often result in other costly healthcare utilization (e g , Emergency Room use for addressing untreated symptoms) Such utilization imposes significant costs that can be avoided by improving timely access to specialty care through expansion of eConsults

You have received a letter from MaineCare Director Michelle Probert, opposing the bill, but I believe the Department will agree that we had a very productive meeting just yesterday to discuss their concerns about the bill and to begin a conversation about an amendment that might address those concerns while carrying out Senator Baldacci's purpose in presenting the bill, i e accelerating and sustaining the use of eConsults to remedy health inequities especially affecting rural patients Attached to my testimony is a proposed amendment of the bill that seeks to

achieve this balance. It recognizes a key objection expressed in Ms. Probert's letter by seeking to consider any MaineCare reimbursement remedy in a manner consistent with 22 M.R.S. §3173-J, the rate reform law described in her letter. It also addresses another key factor discussed yesterday and reflected in the letter -- the fact that MaineCare payments alone cannot sustain this initiative, and that consistent coverage of the service by all commercial payors is also a key factor.

Sandy Nesin, VP of Operations for St. Joseph Healthcare and also COO of Community Care Partnership of Maine, a network of primary care providers including St. Joseph and many community health centers across the State, has been a primary proponent of this bill and has extensive knowledge of the eConsult initiative in Maine. While Sandy could not be present today, she has prepared a helpful two-page summary of the case for adequate eConsult reimbursement, which I have attached to my testimony in addition to the draft amendment. I'm also including a third attachment, which summarizes the pilot program referred to in Ms. Probert's testimony, from the perspective of St. Joseph Healthcare.

I hope and expect that our dialogue with MaineCare will continue, and that we may well be able to present a draft to which the Department does not object by the time of the work session on this bill. I would be pleased to respond to any questions to the extent I am able, and to relay any that I can't answer to Sandy. Thank you again for your time and attention.

DISCUSSION DRAFT FOR AN AMENDMENT to

LD 361, "An Act to Increase the Reimbursement for Electronic Consultations Through Medicaid"

Amend the Title of the bill to read "Resolve, to Increase MaineCare Reimbursement for Electronic Consultations and to Ensure Access to Electronic Consultations for Commercially Insured Patients "

Strike the remaining text of the concept draft and substitute the following

Sec 1. Definitions. Resolved That, as used in this resolve, unless the context otherwise indicates, the following terms have the following meanings

- 1 "Department" means the Department of Health and Human Services
- 2 "Electronic consultation service" means interprofessional assessment and management services provided by a consultative physician or referral services provided by a treating or requesting physician or qualified health care professional, whenever those services are delivered via telephone, internet, or electronic health record
- 3 "Superintendent" means the Superintendent of Insurance in the Department of Professional and Financial Regulation

Sec. 2. Increase MaineCare Reimbursement for Electronic Consultations. Resolved. Notwithstanding any provision of law to the contrary, the Department shall promptly undertake an examination of the current MaineCare reimbursement rate for electronic consultation service, in a manner consistent with Maine Revised Statutes title 22, §3173-J, to determine whether the Medicare benchmark currently used for this service is appropriate and to consider whether a higher percentage of the benchmark should be used in establishing a revised rate The Department shall provide an opportunity for affected health care providers to participate in the examination required by this section and shall complete its examination and establish any appropriate rate increase no later than January 1, 2024

Sec. 3. Study Commercial Insurance Coverage for Electronic Consultations. Resolved: That the Superintendent shall conduct an analysis of whether current law governing telehealth services requires all commercial health plans to cover electronic consultation service and, if not, an analysis of the impact on premiums, if any, of requiring all health care insurance policies, contracts, and certificates executed, delivered, issued for delivery, continued or renewed in this State to provide coverage of electronic consultation service at rates no less than those paid by a commercial health insurer currently covering that service in this State The Superintendent shall submit a report of the findings of the Superintendent's analysis to the Joint Standing Committee on Health Coverage , Insurance, and Financial Services no later than January 1, 2024, and that Committee is authorized to submit legislation related to the report to the Second Regular Session of the 131st Legislature

SUMMARY

This amendment replaces the concept draft of the bill with a resolve to (1) direct the Department of Health and Human Services to increase electronic consultation rates paid by MaineCare to a reasonable level, ensuring that such services will be available to MaineCare members, and (2) to require the Superintendent of Insurance to study and report on whether current law requires commercial coverage of electronic consultation and, if not, the impact of requiring commercial insurers to cover electronic consultations at rates no lower than those paid by insurers currently covering this service in Maine. The Joint Standing Committee on Health Coverage, Insurance, and Financial Services is authorized to submit legislation in the next regular session related to the Superintendent's study.

The Case for Adequate Reimbursement for eConsults in Maine

Executive Summary

There is a significant disparity in access to specialty care for underserved patients in Maine, particularly for those residing in the most rural areas of our State. This disparity is costing the State millions of dollars due to delays in diagnosis, untreated chronic illness, and resulting increased emergency room use and hospitalization. Limited and inequitable access to specialty care is also a source of substantial frustration for both primary care providers and their patients. Maine's rural-dwelling population face even significant challenges to access due to the extremely limited supply of specialists in rural parts of the state. This briefing outlines an evidence based, high value and low risk solution that has been thoroughly studied and piloted in Maine and has been implemented in many other states.

The Need

Medicaid patients frequently present to community hospitals, community health centers ("CHCs") or federally qualified health centers ("FQHCs") and other safety net practices with highly complex medical concerns. It is well established that these patients have higher rates of complex chronic illness and overall poorer health status.

Published data supports the observation that there is a substantial unmet need for specialist care across the nation. A 2007 study of CHCs found that 25%, or one in four visits, resulted in a referral for specialty medical services that were not provided by the community health center. A more recent study in the "American Journal of Managed Care" found that 60% of CHCs surveyed reported significant difficulty obtaining new specialty care visits for their Medicaid patients.

Such limited access to specialty care creates a costly disparity for the most underserved patients within our state. This briefing paper recommends a proven solution to this disparity, a solution that will reduce significant wasted medical expenditures, and improve health outcomes for vulnerable populations.

eConsult Background and History

eConsults are digital exchanges of clinical information between primary care and specialty care providers that assist in coordinating patient care. These asynchronous exchanges are relatively low cost and easy to implement at scale. Previous studies have demonstrated that their routine use improves outcomes, reduces wait times, and eliminates unnecessary referrals. Between 2012 and 2016 researchers and clinicians from Community Health Center, Inc. (CHCI) in Middletown, CT and its Weitzman Institute, in partnership with the University of Connecticut and Connecticut's Department of Social Services (DSS), conducted a randomized, controlled trial showing the impact of eConsults on access, timeliness, quality and cost of care compared to traditional face-to-face referrals for patients with Medicaid. Results demonstrated that 69% of the eConsult referrals were resolved without the need for a face-to-face visit¹. After six months of follow-up, the overall per-patient cost to Medicaid in the eConsults group was \$480 per patient lower than in the face-to-face group². Additional economic analyses of eConsults, also conducted by the Weitzman Institute partnering with DSS, were published in Health Affairs³ demonstrating an \$81 per member per month savings for Medicaid when eConsults were used for just four common specialties. These results demonstrated conclusively that eConsults provided significant savings to the State's Medicaid program while improving access to specialty care for its patients.

¹ Olayiwola N, Anderson D et al, Ann Family Practice 2016

² Anderson D, Villagra V et al Am J Managed Care 2018

³ Anderson D, Villagra V et al Health Affairs 2018

Subsequent to these studies, Wertzman researchers obtained a grant that allowed the expansion of the eConsult program to Maine through a collaboration with Penobscot Community Health Center (PCHC), the FQHC serving the greater Bangor area and a community partner to St Joseph Healthcare. Between 2015 and 2020 PCHC was able to complete 921 eConsults in 8 common specialties. More than 90% of these consults prevented what otherwise would have been a face-to-face visit, saving patients time, travel, and money and improving the capability of the health center to provide effective care. Loss of grant funding resulted in a several-year hiatus at PCHC when no eConsults were available. The newly launched Maine eConsult Network, supported by grant funding from the Centers for Disease Control (CDC), is bringing the services to St Joseph Healthcare, and back to PCHC as well, along with offering the service to seven additional health centers across the state. However, a long-term, sustainable solution not dependent on grants is needed in order for all MaineCare patients to have access to this important service. While MaineCare has authorized reimbursement of eConsults, **the nominal per consult rate has not been sufficient to cover the costs of the services**, resulting in limited to no uptake in the state. eConsults require technology to enable the secure transmission of information between providers and requires time and effort from specialists to review clinical information and provide a detailed response. **Medicaid Programs in other states reimburse at substantially higher rates.**

In 2020, the Millbank Memorial Fund published findings on the effectiveness of eConsults, based upon the Medicaid Evidence-based Decisions (MED) Project, a research collaboration of 22 state Medicaid programs. This report, [Electronic Consultations \(eConsults\) A TRIPLE WIN FOR PATIENTS, CLINICIANS, AND PAYERS](#), concluded

- “There is a strong indication that the use of eConsults can increase access to, and make more efficient use of, specialty care without sacrificing patient or clinician satisfaction or increasing total costs of care. Moreover, initial reports suggest that the use of eConsults can actually lower total cost of care and can support better communication and relationships between primary care and specialty care clinicians.”
- “The use of eConsults holds promise for delivering health care services that are more patient-centered, reducing the need for face-to-face specialist visits and unnecessary testing and procedures, and reducing patients’ costs by minimizing travel time and costs, child care needs, and time off work.”
- “From a coverage perspective, the use of eConsults provides one solution to address access of care issues and reduce health care system inefficiencies and cost.”

There remains no doubt that MaineCare and its members could realize substantial benefits from the use of eConsults. These benefits are easily achievable by providing reasonable reimbursement coverage for these consults, in a manner similar to what has been done by several other state Medicaid Programs. This is an evidence-based, high value and low-risk solution that has been thoroughly studied and vetted. The data supporting eConsults is conclusive, and the case for Maine to increase reimbursement could not be clearer.

Thank you for your consideration,

Sandy

Sandy Nesin, Esq

Vice President, Operations

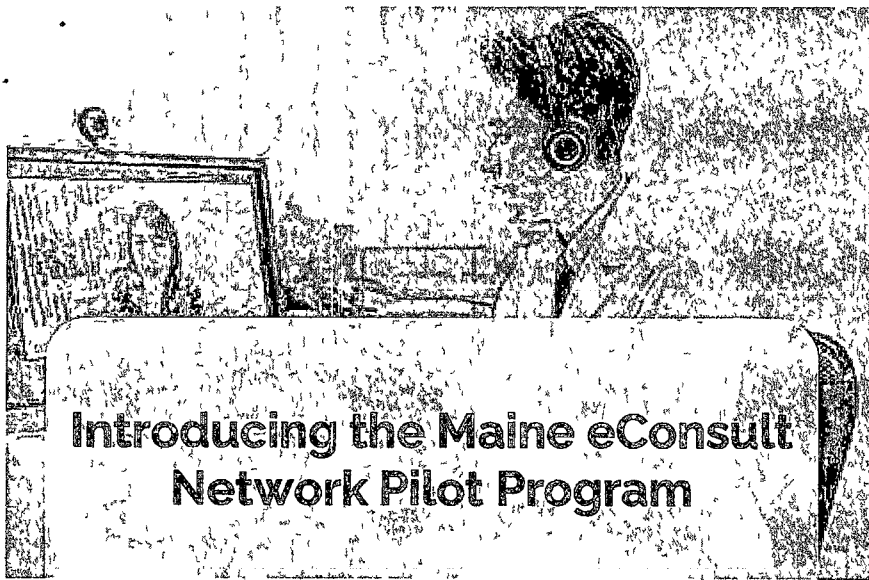
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Introducing the Maine eConsult Network Pilot Program

What is the Program?

The Maine eConsult Network Pilot Program is a one-year pilot facilitated by Medical Care Development, Inc (MCD) with the intent to establish the Maine eConsult Network (MEeCN) to support eConsults between primary and specialty care clinicians. The pilot will utilize a web-based system provided by ConferMED to allow primary and specialty care providers to securely share health information and communicate about patient care, ultimately reducing unnecessary specialty referrals.

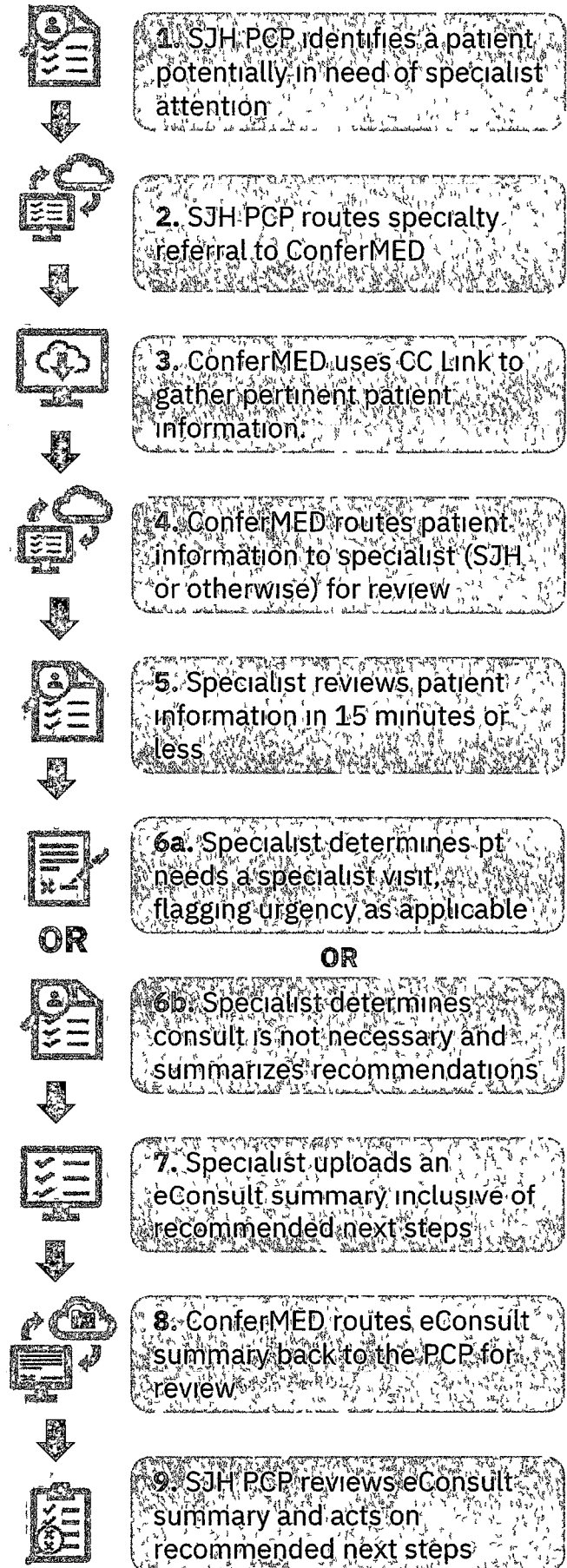
St. Joseph Healthcare (SJH) was selected for participation in the program among a competitive field of applicants. Funding for the program comes from the Maine Department of Health and Human Services (DHHS), made possible by allocation of a portion of a \$32 million grant from the Health Resources and Services Administration (HRSA).

Goals of the Program:

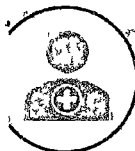
The overarching goal of the program is to reduce disparities and improve access to specialty care in Maine, particularly among rural populations. Further, the facilitators and funders of the program hope to:

- **The Patient Care Experience:** Improve Patient Care Experience and Access to Care, Improve outcomes
- **The Specialist Experience:** Support Specialists in seeing patients in need of Specialists care, and not those who can be cared for by their Primary Care Provider (PCP)
- **The Primary Care Provider:** Support PCPs in Management of Patients
- **Sustainability:** Improve Payer Support of eConsults to Drive Sustainability
- **Cost of Care:** Reduce the Overall Cost of Care

Pilot Process



Potential Benefits of Engagement For St. Joseph Healthcare



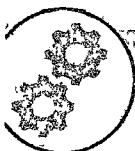
Population Health and Patient Outcome Improvement:

- Patient Experience
 - Timely access to care, and early intervention in addressing symptoms resulting in improved quality of life and improved outcomes
- Support of Primary Care Teams
 - Enhanced education and support of Primary Care Providers (PCPs) in self-managing issues without need for referral to specialists
 - Support for locally managed, comprehensive care to be provided by the PCP
- Costs
 - Reduced need for patients to incur expense and inconvenience of traveling to specialists
 - Reduced avoidable Emergency Department utilization, admissions, and readmissions that often result from delays in care



Improved Community Access to In-Demand Specialists:

- Enhanced access for the community to timely specialty consults
- Reduced wait times for specialty consults
- Improved prioritization of patients for specialty consults



Optimized Referrals to Specialty Care:

- Fewer unnecessary in-office visits



eConsult Example Gastroenterology Specialist

GASTROENTEROLOGY eConsult Request		Current Status	Submitted
Referral Information			
eConsult ID	Diagnosis:	ICD Code	
Status Submitted	Procedure(s):	Qty	
Dialog Status	Additional Notes:		
Email Dialog	Message to Referrer: If you have any questions or feedback on this consult, please email support@confermed.com		
Auth Number			
Decision Date, Appointment:			
eConsult Dialog If you would like to rate this consult please click here			
Date/Time	From: PCP Name	To: GASTROENTEROLOGIST	
<p>eConsult: Referral consult to GI regarding 34 yr old patient with loose stools. Patient reports cramping and chronic loose stools described as diarrhea. Patient has changed diet and now following vegan diet. Clinical history suspect for IBS with diarrhea.</p> <p>Would like guidance from GI in evaluation and treatment of IBS with diarrhea. What treatment options are for patient with IBS with diarrhea? Stool studies negative, no mucus in stool, IBS normal gluten sensitivity assay neg. Are there additional labs that I should order?</p>			
Date/Time	From: GASTROENTEROLOGIST	To: PCP Name	
<p>Diagnosis: 34 year old with abdominal pain and diarrhea</p> <p>First: Will assume no family history of colon cancer and that patient is average risk</p> <p>Second: Alarm signs will need to be ruled out such as rectal bleeding, occult blood in stools and weight loss.</p> <p>Third: Need to rule anemia, and would check sed rate to rule out possible inflammation and Crohn's Disease. Stool for fecal fat if stools are oily or clay colored.</p> <p>Next step is to rule out intolerance to short chain carbohydrates. 2-week trial of FODMAP diet or low FODMAP diet. FODMAP diet also rules out lactose intolerance as a cause. If all of above negative then can assume IBS with diarrhea.</p> <p>One option is to either treat patient or test patient for SIBO (small intestinal bacterial overgrowth). The test is a Lactulose Breath test. The treatment is 14 days of Rifaximin 600mg QID. Must use IBS with diarrhea as diagnosis to get Rifaximin covered by insurance.</p> <p>Other option is to just treat IBS with diarrhea with one of following regimens.</p> <ol style="list-style-type: none"> 1. Fiberol 100mg or 75 mg bid depending on severity. Cannot use if patient has gallstones, Cholecystectomy or pancreatitis history. 2. Probiotics. 3. Loperamide AD one tablet a day and titrate to relief. If everything above is unsuccessful then need colonoscopy to rule out Crohn's disease, lymphocytic or collagenous colitis. 			