



# **PHC Reflection on Telehealth Expansion During Covid-19**

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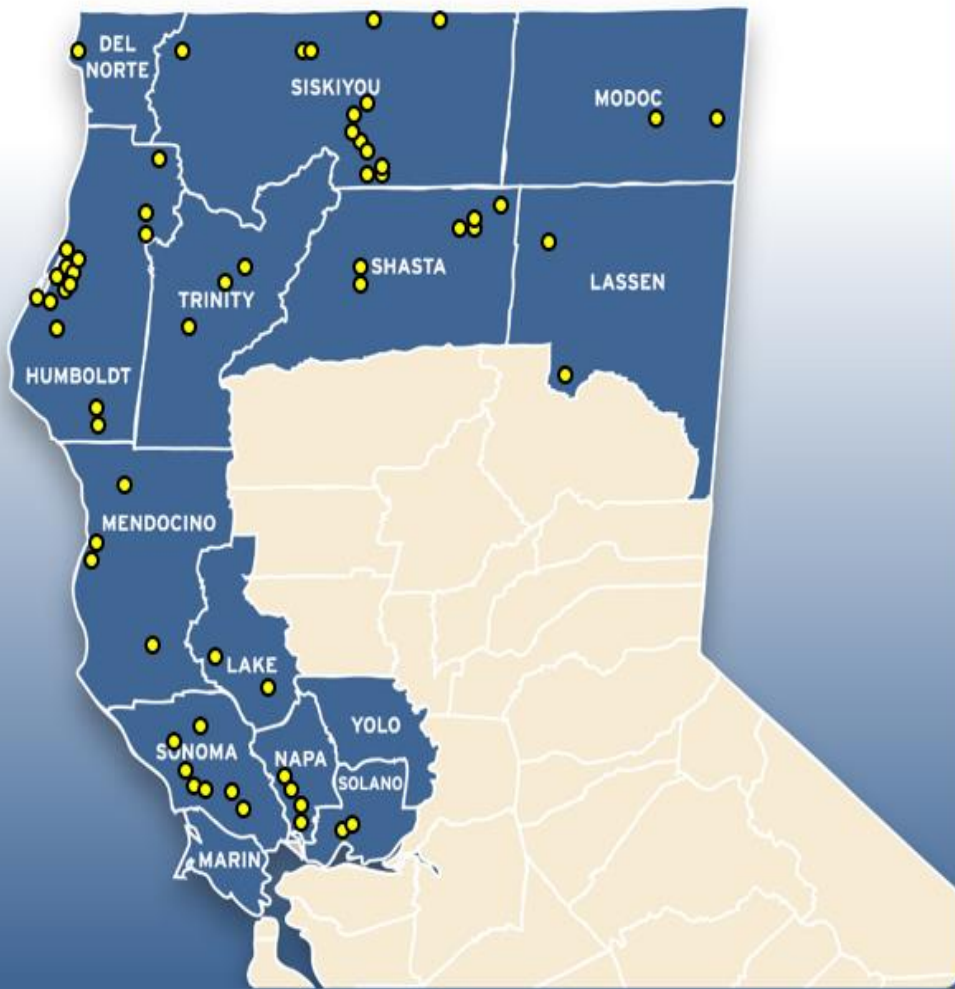
# Who Is Partnership HealthPlan of California

- Started in 1994
- Medi-Cal benefits payer (COHS plan)
- Contracted with state (DHCS)
- Non-profit
- Community based
- Roughly 580,000 members in 14 counties

**Mission:** To help our members, and the communities we serve, be healthy

**Vision:** To be the most highly regarded managed care plan in California

# Telehealth Program Footprint



- 12 Counties
- 32 Organizations
- 62 participating sites
- 32 Sites participating in video
- 54 sites participating in eConsult

# Specialty Care Access

## Barriers

Transportation and patient travel times

Economic challenges – Work, gas, child care

Unresolved patient health issues

Uncomfortable with new doctor

## Solutions

PHC supports Specialty Access via video and electronic consultation

PHC provides platform, training, financial resource assistance

## Outcomes

Allows real-time specialist visit

Reduces appointment wait times

Increased compliance

Eliminates need to travel

Treatment recommendations

Diagnosis through treatment plans

# Specialty Access through Telehealth

## PHC Telehealth Program:

- Contracted with TeleMed2U to provide a telehealth specialty network
- Contracted with Safety Net Connect to provide the eConsult platform
  - Specialty Network available to PCP's utilizing a secure HIPAA compliant system provided by PHC.
  - Specialist costs directly billed to PHC



# Current Telehealth Program Specialties Available

- Dermatology (E, V)
- Endocrinology (E, V)
- Gastroenterology (E, V)
- Infectious Diseases (E, V)
- Nephrology (E, V)
- Neurology (E, V)
- Nutrition (V)
- Pain Management (E)
- Palliative Care (E)
- Psychiatry (V)
- Pulmonology (E, V)
- Rheumatology (E, V)
- Urology (E, V)

E = eConsult

V = Video

# Telehealth Program Goals Going into 2020

## UC Davis Pediatric Pilot

- Look to launch before midyear 2020

## eConsult expansion

- Increase overall utilization
- More adoption of sites

## Open Scheduling

- Allow participating health organizations to join specialist schedule based on openings

## Exploring Direct-to-Member

# Shifting Gears During Covid-19

## Initial internal conversations

### Waiver 1135

- Relaxation of primary care rules for qualified visits or physicians

### Education of the network

- Billing for video or telephonic visits

### Other PHC strategies

- Explored DTM strategy
- Direct Specialty Care
- PCP QIP Grant – Virtual Care Video Visits



# Shasta Community Health Center Experience

## Organizational shift

Doxy.Me for primary telehealth encounters  
Redeployment of staff

## Patient Engagement

## Future Plans

Continued telehealth expansion with sustained policies

### **Working Well**

Blended strategy  
Detailed instructions for video visits

### **Not Working Well**

Coding issues given the different encounter types

# PHC Goals Post Covid

Continued 1135 flexibilities

Aligning internal policies with DHCS guidance

Encouragement of blended primary care model

Reduction of cost of care and time to care

Remote Patient Monitoring opportunities

# Questions or Follow Up

Contact:

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