UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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November 16, 2015

Re: Medicaid Services Received Through an Indian Health Service/Tribal Facility

We are writing in response to your request for public comments regarding the proposal to change the circumstances under which 100% federal funding would be provided for the care of a Medicaid beneficiary who is under the care of the Indian Health Service/Tribal Facility. The proposal suggests that if a Medicaid beneficiary were referred by a clinician practicing in an Indian Health Service or at a Tribal Facility that the service provided by the consultant who is not working for the Indian Health Service or at a Tribal Facility would also be reimbursed with 100% federal funding.

This proposal has the potential to help the Indian Health Service and Tribal Facilities to achieve the Secretary's delivery system reform goals of better care, lower cost, and improved health for a historically underserved population. In most safety net health care delivery systems, access to high quality specialty consultative services is a major barrier to high quality care. To maximize the potential benefit of this proposal we recommend that the federal government establish expectations for performance and accountability for this increased investment in the care of Medicaid beneficiaries. Our recommendations for how to do this outlined below are based on our combined experience of almost 50 years of practicing in the health care safety net at San Francisco General Hospital and our success over the past decade of improving the primary care and specialty care interface using an electronic referral and consultation service. While our setting is not identical to that in the Indian Health Service or to Tribal Facilities, San Francisco General Hospital has historically faced many of the same challenges of providing access to high quality specialty consultative services for its Medicaid and uninsured patients.

We believe that in order to ensure that the enhanced federal payment will contribute to an improvement in Medicaid beneficiaries access to and quality of care, CMS should expect the referring practitioner at the Indian Health Service/Tribal Facility (1) to generate referrals in a way that incorporates best practices including pre-consultative guidance from specialist consultants regarding recommended diagnostic testing or initial therapeutic trials prior to a face-to-face visit, (2) to communicate referral requests via an electronic health record that meets standards for meaningful use, (3) to capture the recommendations made by the specialist consultant in the Medicaid beneficiary's electronic health record, and (4) to be responsible for reviewing and taking appropriate action on the specialist consultant's recommendations and incorporating the recommendations of the specialist consultation into the Medicaid beneficiary's care plan maintained in an electronic health record. Importantly, the Indian Health Service/Tribal Facility and participating specialist consultants should develop shared expectations for what constitutes an appropriate referral and reasonable specialist consultant response

times. Without this level of expectation and accountability there is a risk that the act of referring Medicaid beneficiaries by practitioners in the Indian Health Service or from a Tribal Facility could create incentives that promote a high volume of specialist consultations which are not necessary rather than high value, coordinated care for Medicaid beneficiaries.

There is a growing consensus of what constitutes best practices in the referral and communication patterns between primary and specialty care practitioners. Much of this is captured in an emerging model of the patient-centered medical home neighbor.[1] Some of the key aspects of what is expected of specialist consultants in this model are to:

- Ensure effective communication, coordination, and integration with PCMH practices in a bidirectional manner to provide high-quality and efficient care
- Ensure appropriate and timely consultations and referrals that complement the aims of the PCMH practice
- Ensure the efficient, appropriate, and effective flow of necessary patient and care information
- Effectively guides determination of responsibility in co-management situations
- Support patient-centered care, enhanced care access, and high levels of care quality and safety
- Support the PCMH practice as the provider of whole person primary care to the patient and as having overall responsibility for ensuring the coordination and integration of the care provided by all involved physicians and other health care professionals.

Some of the ways that have been identified for increasing the value of specialist consultative services is to establish a means for a referring practitioner to obtain pre-consultative guidance from a potential specialist consultant about the appropriateness of a potential referral. In many environments, including the one in which we practice at San Francisco General Hospital, this takes the form of an electronic request generated by the primary care practitioner to the specialist consultant informing the specialist consultant about the potential referral.[2] This request is generated through the electronic health record and it incorporates relevant clinical data elements into the request, which can assist the specialist consultant to determine whether the referral is appropriate for his or her area of expertise. The consultant provides pre-consultative guidance to the referring practitioner about whether the referral is needed and if so what the timing should be for it. All of this is communicated and captured in a shared electronic health record as are the recommendations made by a specialist consultant if the patient is actually seen.

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[1] The American College of Physicians. The Patient-Centered Medical Home Neighbor. 2010.https://www.acponline.org/advocacy/current_policy_papers/assets/pcmh_neighbors.pdf

[2] Chen AH, Murphy EJ, Yee HF. eReferral- A New Model for Integrated Care. N Engl J Med 2013;368:2450-2453.

While it may not be practical to expect practitioners in the Indian Health Service or in Tribal Facilities to always have access to the same electronic health record as their specialist consultants, there are other ways to produce the same benefits. In order to generate the 100% federal match for specialty consults furnished to Medicaid beneficiaries referred by practitioners in the Indian Health Service or in a Tribal Facility, the referring practitioner and the specialist consultant should either be on the same electronic health record, have interoperable electronic health records, jointly participate in a health information exchange, or have some other electronic referral and consultation platform that enables communication and attachment of specialist consultation notes and diagnostics.

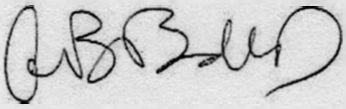
The proposed policy envisions a care coordination role for the Indian Health Service/Tribal Facility provider who generates the referral. Through the establishment of the chronic care management (CCM) code, CMS has indicated that best practices surrounding care coordination require that the practitioner furnishing these services be using an electronic health record that meets the standards for meaningful use. Another important aspect of the CCM payment code which is relevant in the context of the proposed payment changes for specialist consultation services generated in the Indian Health Service and in Tribal Facilities is the establishment and maintenance of a care plan among members of the health care team and with the patient. A care plan should incorporate recommendations from specialist consultants and be sharable among members of the care team via an electronic health record. It would be consistent and appropriate in establishing a new payment policy for Medicaid beneficiaries referred from Indian Health Service/Tribal facilities for specialty consultation services to expect that the Indian Health Service/Tribal Facility would be responsible for discussing the recommendations generated by the referral with the Medicaid beneficiary, to incorporate as appropriate these recommendations into the Medicaid beneficiary's care plan, and to maintain this care plan in an electronic health record which can be shared electronically with members of the care team.

One final consideration, which is not mentioned in the proposed policy change, is the payment approach that should be followed if a consulted practitioner refers the beneficiary to another specialist consultant. If a policy objective related to the enhanced federal share paid for specialty consultations generated by a practitioner in the Indian Health Service/Tribal Facility is to ensure care coordination, then we would recommend that the 100% federal commitment to these specialty consultations be limited to those referrals directly generated by the practitioner in the Indian Health Service/Tribal Facility. This could be accomplished by having the consulted practitioner recommend to the practitioner in the Indian Health Service/Tribal Facility that another specialist be consulted, but unless the practitioner in the Indian Health Service/Tribal Facility generates the additional referral using the processes described above, the care may not be coordinated and therefore it should not be reimbursed with 100% federal funds. We recommend that the Indian Health Service/Tribal Facility should be the central hub for all referrals.

If the standards for referral and specialty consultation we have outlined here are followed, we believe that not only should the federal government implement the policy to provide

100% federal support for the specialty consultation service for Medicaid beneficiaries, but that the payment rate for the service should be consistent with the payment rate which is provided in the Indian Health Service/Tribal Facility. The Indian Health Service/Tribal Facility Medicaid payment rate will help to ensure access to high quality specialty consultative services and is consistent with the proposed payment policy's goal of supporting coordinated care beyond the physical walls of the Indian Health Service/Tribal Facility.

Sincerely,



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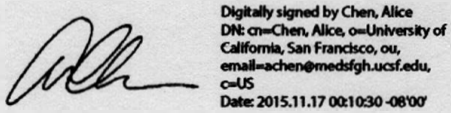

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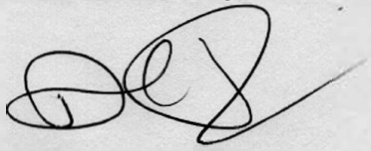

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