

Providing timely patient care with confidence: A Benefits Realization case study on eConsult use in primary care

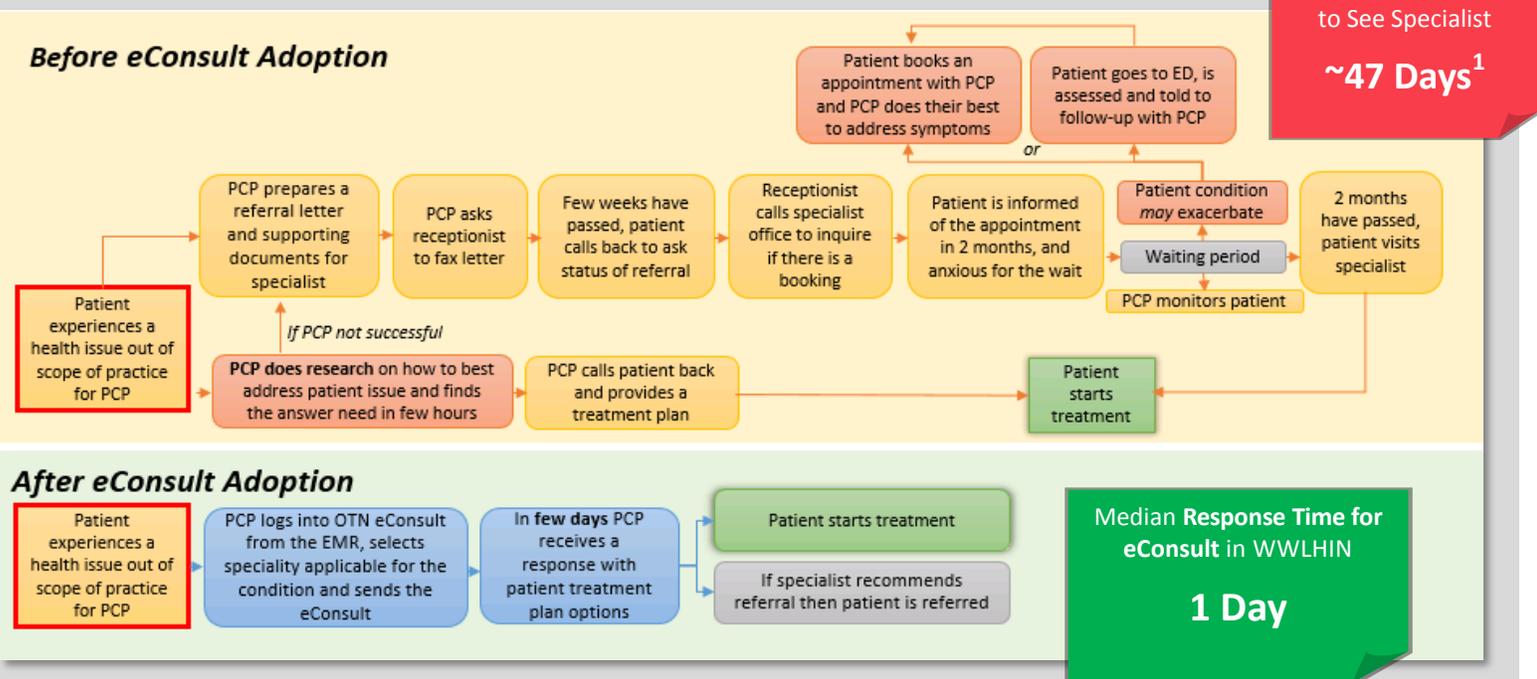
Background

The median wait time from primary care provider (PCP) referral to consultation with a specialist in Ontario is 6.7 weeks, and an additional 8.6 weeks from seeing a specialist to treatment.¹ The long waits are concerning as patients often “face the greatest wait-related risk at the earlier phases of care before disease has been conclusively diagnosed and a treatment plan established.”² For PCPs the referral process is known to be a common cause of frustration, with PCPs reporting difficulties in finding an available specialist, not receiving confirmation of receipt of referral, not being informed of appointment, and receiving no information for follow-up treatment.³ The availability of eConsult, an asynchronous communication between health care providers and specialists that occurs through Ontario Telemedicine Network (OTN), has been shown to be promising in addressing such issues.⁴

Dr. Lubitz, a PCP in Kitchener, Ontario, adopted eConsult in her practice in November 2016. She uses eConsult approximately twice a month to support timely patient care for issues outside her scope of practice that in the absence of eConsult would have resulted in conducting extensive research to support a treatment plan and perhaps making a referral for a specialist consult.

When patients present with issues outside the scope of practice for the PCP, eConsults facilitate timely access to experience-based specialist knowledge, increasing PCP confidence in developing a treatment plan, facilitating better patient outcomes and reducing the need for specialist referrals.

The figures below illustrate the process prior to eConsults adoption compared to after.



“A patient with a skin rash was frustrated with how long the rash was taking to resolve and wondered if something other than standard treatments can be done. I used eConsult to connect with a dermatologist, sent them a picture of the rash (taken with my cellphone) and asked if my diagnosis, treatment plan and time to resolution were accurate. The dermatologist reassured me that the diagnosis and treatment plan were appropriate. This allowed me to reassure the patient, and the patient felt better about the plan.”

Dr. Rebecca Lubitz, Andrew Street Family Health Centre

What were the benefits?

Increased...

- **patient satisfaction** and **confidence** in PCP
- **ability to have questions answered that would normally require great deal of research** for a problem that may not seem serious enough to warrant a referral, **saving the PCP time**
- **PCP confidence in the care plan**
- appropriate referrals received from PCPs
- **easy access to ~500 specialists** across Ontario, in over 100 specialties⁵
- **fast response** (2.5 days average in WWLHIN)
- PCP ability to **provide timely care** for patients, based on experienced-based knowledge from specialists

Reduced ...

- time to **treatment**
- likelihood of patient experiencing **negative outcomes** from progression of condition while waiting
- **patient anxiety** related to delay in treatment
- **referrals to specialist when PCP is unsuccessful at finding information** and a referral is seen as the best option at the time
- need to fax referrals, follow-up calls
- **number of patients** that PCP need to **follow up with, as they wait** for specialist visits
- patients **travel costs**

Case examples from a local PCP

Case #1. An immunocompromised transplant patient developed back pain. An X-ray suggested osteomyelitis and a follow-up MRI was concerning but not diagnostic. The radiologist suggested an MRI with a certain contrast agent to make a more definitive diagnosis, but the patient's specialist felt this agent was unsafe. The next steps in assessing whether this patient needed more aggressive treatment were thus unclear. Waiting to see an orthopedist for a non-specific imaging finding would likely have taken months, which could have put the patient at risk. An eConsult was sent to an orthopedic surgeon who suggested monitoring ESR (erythrocyte sedimentation rate) and CRP (C-reactive protein) inflammatory markers, which would likely rise if an infection was brewing. By suggesting a non-standard approach (monitoring inflammatory markers) to a common family medicine problem (back pain), the eConsult specialist provided an alternate and safe plan to monitor this patient that I, as a family doctor, would have been hesitant to follow and may have been difficult to justify without specialist support.

Case #2. A complex homebound palliative patient with angina and severe aortic stenosis (a narrowed heart valve) had uncomfortable and ongoing chest pain. Seeing a specialist in person was not an option, as this patient was not physically able to leave the house without the aid of expensive medical transport the family could not afford. Due to the patient's severe heart valve narrowing, certain medications like long acting Nitro, although standard in relieving angina pain, could dangerously drop his blood pressure and lead to falls or death, so I was hesitant to use this despite having few other options. The patient had long since declined surgical correction for the valve problem. I consulted a cardiologist via eConsult who agreed that long acting Nitro was reasonable despite the risks, since there were few other good options to make this patient comfortable. This reassurance from the cardiologist helped me reassure the family that I was indeed doing all that could be done. This specialist support provided the patient and family with some peace during a difficult time.

Program description



QBIC (Quality Based Improvements in Care) is a program hosted by the eHealth Centre of Excellence in the Idea Quarter of Waterloo, Ontario. The objective of QBIC is to improve

the health and wellness of Waterloo Wellington residents by supporting primary care clinicians to realize greater value out of existing ehealth technologies.

The program's highly qualified team of Change Management Specialists offer free ehealth coaching sessions and workshops to clinicians across the region, either one on one, or in a group. They also work with system partners — such as the Ontario Renal Network, Cardiac Care Network, and Centre for Effective Practice — to develop EMR decision support tools integrating best practices.

For more information on QBIC's range of services, please contact QBIC Program Manager Danika Walden, at Danika.Walden@ehealthCE.ca. A full catalogue can be found at: www.ehealthce.ca/QBIC.

Works cited

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If you have any questions or would like further information on this Benefits Realization (BR) case, please contact Lirije Hyseni, BR Lead at the eCE, at: Lirije.Hyseni@ehealthCE.ca

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