

E-consults increase access to specialty care, reduce need for face-to-face appointments

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According to research presented today at AcademyHealth's Annual Research Meeting, use by physicians of electronic consultations (e-consults) increases access to specialists' care for patients who often have the hardest time getting a specialist, including the uninsured, underinsured and those living in rural areas. E-consults leverage electronic health records or web-based platforms to streamline communication between primary care providers and specialists. Studies focused on four health systems in the U.S. and Canada highlight how e-consults can decrease wait times, improve clinical care and reduce the need for face-to-face appointments.

Ottawa-based family physician Clare Liddy, M.D., worked with colleagues to implement an e-consult program for non-urgent referrals in an effort to reduce patient wait times of up to six months for [specialty care](#). Five years later the program now offers 86 specialties, including dermatology, endocrinology, rheumatology and others. The service is used by 80 percent of providers in the region reaching about 15,000 patients.

Dr. Liddy's study evaluating the program found that the e-consult program dramatically reduced wait times, from months to an average of two days. The study also found that more than 60 percent of cases responded to through the e-consult platform did not require a face-to-face specialist visit. In fact, in 40 percent of cases, an unnecessary referral was avoided.

"Our region in Eastern Ontario includes about 1.2 million people with one major urban referral center and the outlying rural communities can be up to two hours away by car," said Dr. Liddy, the study's lead researcher and associate professor in the University of Ottawa's Department of Family Medicine. "From a patient perspective, avoiding an unnecessary face-to-face appointment can mean a significant savings."

The study found that the weighted average cost per e-consult was \$47.50 CAD, while a traditional face-to-face referral was \$133.60 CAD.

In another study, researchers evaluated the use of an integrated electronic referral and consultation program for patients who receive care in San Francisco's safety-net health care delivery system and found that 95 percent of e-consults were answered in three days, and 70 percent of [primary care](#) providers reported that e-consults improved their patients' clinical care.

"The limited network of specialists who care for uninsured and Medicaid patients combined with the recent expansion of Medicaid demands new models for timely, high-quality, cost-effective specialty care for the underserved," said lead study author Delphine Tuot, M.D., University of California San Francisco assistant professor of medicine at Zuckerberg San Francisco General Hospital. "The results of our study point to contributions to all three of those areas through e-consults."

In another study looking at internal referrals at Mayo Clinic Rochester, researchers found that in 83 percent of the cases, a face-to-face appointment was not needed following an e-consult. Lead study author Jennifer Pecina, M.D., of the Mayo Clinic Rochester, noted the program mirrors traditional processes for ordering a face-to-face visit. As specialists and primary care providers share one electronic medical record, all of the data that is available to the referring provider is

available to the specialists without requiring any data transfer.

Varsha Vimalananda, M.D., M.P.H., the panel chair and a health services researcher in the Department of Veterans Affairs, noted that e-consult uptake and spread has been rapid in the VA with nearly half of e-consults being made for patients who receive primary care in community-based outpatient clinics.

"Providers have long perceived the need for some type of formal, direct provider-provider consultation that can take the place of patient visits in less complex cases," said Dr. Vimalananda. "For relatively simple issues, e-consults are an excellent option. They are flexible in their form and implementation, so that they can be modified to fit the needs of diverse healthcare institutions."

Data from "Building Access to Specialists through E-consultation in Ontario, Canada," "Leveraging an Integrated Electronic Referral and Consultation System to Improve Access to Safety-Net Specialty Care" and "Internal e-Consultations Offer Increased Access to Specialty Care" will be presented in a session entitled "The Electronic Consultation (E-Consult) Model Increases Access to Specialty Care in Diverse Healthcare Settings" on June 26, at 10:30 a.m. ET, in room 210 of the Boston Hynes Convention Center. For more information about featured studies, please visit arm.academyhealth.org/attinfo/media.

Provided by AcademyHealth

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