

Electronic consultation services

Tool to help patient management

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Wait times for patients to see a non-family physician specialist can be as long as 6 months. Often, these referrals are not required—43% have been deemed not medically necessary—and could have been managed through a telephone or in-person conversation between the primary care physician and the specialist.^{1,2}

Electronic consultation (e-consultation) services represent a new frontier in medical practice, creating a network for electronic communication between specialists and primary care physicians. Referring physicians can ask general or patient-specific questions of specialists who are able to communicate timely answers or request in-person consultations. **Box 1** suggests when an e-consultation is warranted. Furthermore, e-consultation services provide a record of all conversations, as they are electronically stored and documented.^{3,4}

In this paper we will discuss our experience with e-consultations using Consult Conduit (www.consultconduit.com), a secure online portal that facilitates communication between referring and consulting physicians. This particular e-consultation service is a user-friendly website that is easy to navigate and provides a platform for e-consultations on every medical and surgical subspecialty.

Primary care physician's perspective on e-consultations: Dr Stoller

After completing my medical training, technology became a valuable and necessary resource to communicate with colleagues, access electronic medical records, or search through online medical materials.

Now, after a year of practising as a primary care sport and exercise medicine physician in Toronto, Ont, I have incorporated an e-consultation service into my practice as well. As a new physician, it is impossible to know all the answers for the various medical conditions that present in the clinic. I have found e-consultations to be extremely useful in my clinical practice, as I am able to discuss more challenging or complex cases with my colleagues through the Internet. I find the ability to communicate with specialists quickly and efficiently via e-consultation very helpful in sorting through difficult cases that I see in the office. Through my computer or smartphone, I am easily able to ask for advice on appropriate imaging, treatment options, or the need for urgent surgical consultation. Electronic consultation services initiate dialogue between me and the specialist, such that I can ask follow-up questions if a patient's clinical status changes.

Box 1. E-consultations: When to consider and OHIP payment rules

When should you consider an e-consultation?

- Initiate an e-consultation with the intention of continuing the care, treatment, and management of the patient

What are the OHIP payment rules for e-consultations?

- Use of e-consultations is limited to the following:
 - a maximum of 1 use per patient per day;
 - a maximum of 6 uses per patient with any physician per year; and
 - a maximum of 400 uses per physician per year
- The consulting physician must provide an opinion or recommendation for patient treatment or management within 30 days from the date of the e-consultation request
- E-consultations are not eligible for payment to the referring or consulting physician in the following circumstances:
 - when the purpose of the e-consultation is to arrange for transfer of the patient's care to any physician;
 - when rendered in whole or part to arrange for a consultation, assessment, visit, or K-prefix time-based service, procedure, or diagnostic investigation;
 - when used primarily to discuss results of diagnostic investigation;
 - when a consulting physician renders a consultation, assessment, visit, or K-prefix time-based service on the same day or the next day following the physician-to-physician e-consultation for the same patient

E-consultations—electronic consultations,
OHIP—Ontario Health Insurance Plan.

Specialist's perspective on e-consultations: Dr Abouali

I began using an e-consultation service in the fall of 2013, shortly after I started as a staff orthopedic surgeon in a Toronto community hospital. I often found myself providing in-person consultations to patients with non-surgical pathologies that could be appropriately managed outside my office, a fracture clinic, or the hospital altogether. This resulted in longer wait-times for other patients who required services that I am most trained to perform.

After implementing e-consultations as part of my practice, I am now seeing a higher percentage of patients in my clinic who require surgical expertise.

At the same time, my service to non-surgical patients has not only been maintained, but the efficiency and timeliness with which I can manage them has greatly improved. With e-consultations, I can provide quick answers about patient cases to referring physicians during my down time, instead of having those patients wait several weeks to be seen in my office.

Being part of an e-consultation network in which I can securely communicate with referring physicians has enabled me to become a more effective provider while maintaining a high level of patient care.

Using e-consultations in Ontario

There is strong evidence to support the use of e-consultation services. An e-consultation program in California found that 46% of e-consultations did not require a face-to-face visit with a specialist. More important, the average wait time for a specialty appointment at the participating centres fell by 60%.⁵ An e-consultation study done in Ontario found similar improvements, with less than 10% of e-consultations requiring an in-person specialist visit.^{1,2} The use of e-consultations as a triage system to manage the appropriate flow of in-person consultations can potentially have a dramatic effect on specialist wait times. Ontario, being one of the first

jurisdictions to reimburse for e-consultations (**Box 1**), has the unique opportunity to be a leader in e-consultation services and should actively encourage their use and development. 🍁

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Competing interests

None declared

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