



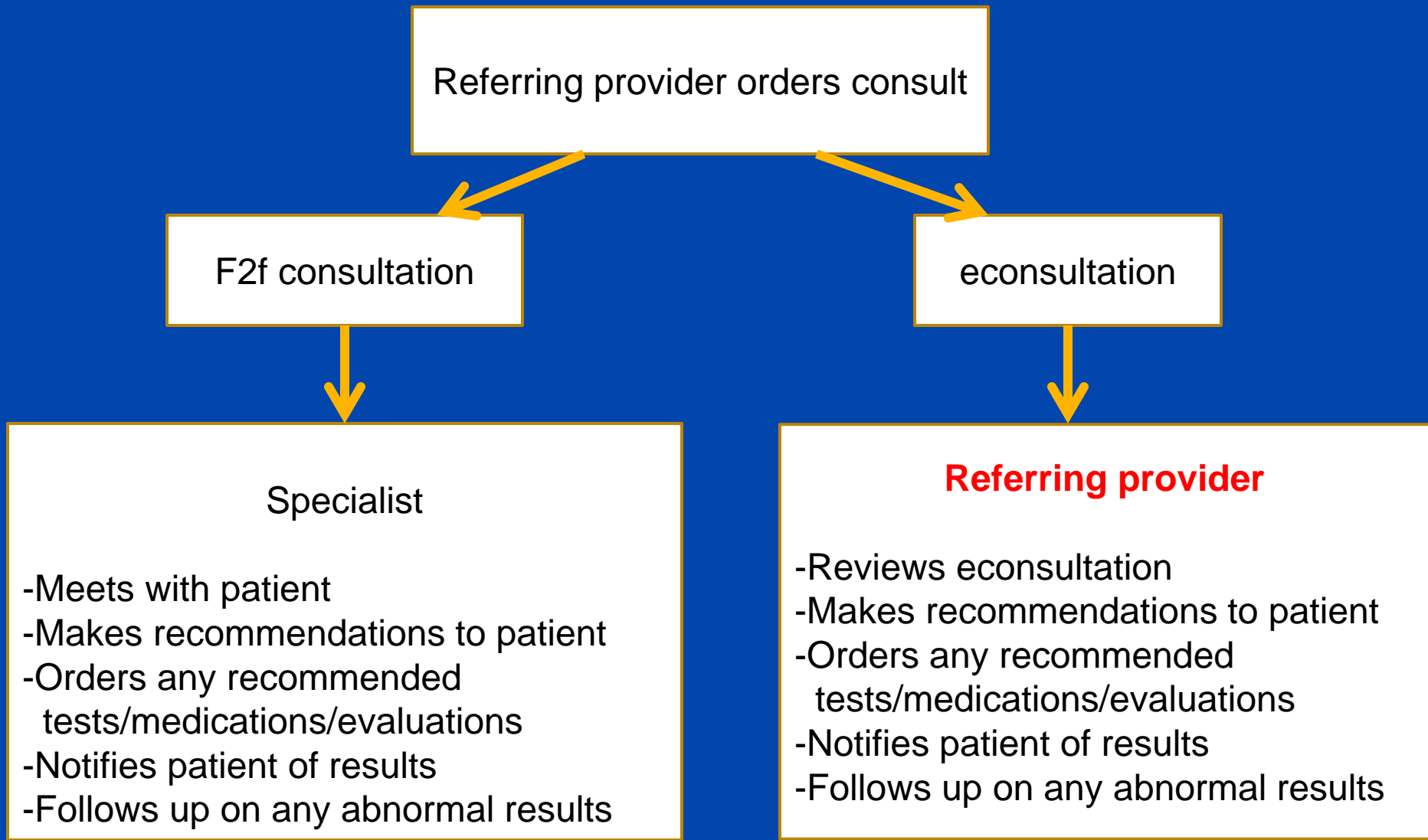
Econsultation: what is the impact on the referring provider?

Jennifer Pecina, Fred North
Mayo Clinic
Rochester, MN USA

- No conflict of interest to disclose

Econsultation definition

- asynchronous text based communication between healthcare providers



Methodology

- All econsults ordered by primary care providers Jan 2012-June 2013
- Randomized by econsult specialty
 - 20 from specialties $\geq 5\%$ of total econsults
 - 10 from specialties $\geq 2\%$ to $< 5\%$ of total
- Manual record review performed of 220 econsults

Methodology

Manual record review for:

- Type of recommendations made
- Notification of recommendations
- Completion of recommendations

Methodology continued

- Type of recommendations made
 - Laboratory
 - Procedure
 - Medication (changes in /discontinuation of or new medications)
 - Physical therapy
 - Referral for specialist f2f visit
 - Explicit
 - Conditional

Methodology continued

- Type of recommendations made continued
 - “other” (lifestyle, dietician)
 - Nothing needed (none of the above)
 - Test surveillance
 - Multiple possible options of proceeding given

Methodology

- Notification
 - Was it done?
 - Who did it?
 - How was it done?

Methodology

Recommendations

- Completely followed
- Partially followed
- None followed
- Not applicable (no recommendations given)

Results

Econsult Specialty	Number of econsults (% of total)
Spine Center	147 (14%)
Gastroenterology & Hepatology	145 (14%)
Endocrinology	120 (11%)
Cardiovascular Diseases	115 (11%)
Neurology	75 (7%)
Hematology	68 (6%)
Pediatric and Adolescent Medicine	66 (6%)
Nephrology & Hypertension	61 (6%)
Psychiatry & Psychology	50 (5%)
Obstetrics and Gynecology	38 (4%)
Pulmonary & Critical Care Med	38 (4%)
Rheumatology	29 (3%)
Infectious Diseases	26 (3%)

Distribution of econsulting specialists comprising $\geq 2\%$ of total

Results

- Ordering provider
 - Family Medicine 142 (64%),
 - Primary Care Internal Medicine 59 (27%)
 - General pediatrics 19 (9%)

Recommendations

Econsult recommendations	N (%)
Medication	78 (35%)
Lab	64 (29%)
More than one option of proceeding	56 (25%)
F2F conditionally recommended	48 (22%)
Test surveillance type/interval	39 (18%)
F2F explicitly recommended	38 (17%)
No recommendations/reassurance	33 (15%)
Other	31 (14%)
Procedure	29 (13%)
Imaging	27 (12%)
Physical therapy	12 (5%)

Results

- Patient Notification
 - Present 192 (87%)
 - Performed by
 - Providers 120 (63%)
 - Nursing staff 72 (37%)

Results

Method used for notification	All N=220 N (%)	Provider notified N=120 N(%)	Nurse/assistant notified N=72 N (%)
Telephone	115 (52%)	44 (37%)	71 (99%)
Patient portal	46 (21%)	45 (37%)	1 (1%)
Face to face visit with referring provider	22 (10%)	22 (18%)	N/A
Letter	9 (4%)	9 (7%)	N/A
No notification found	28 (13%)	N/A	N/A

Method of notification

Results

Econsult recommendations completed	N (%) (N=187)
All	146 (78%)
None	19 (10%)
Partial	11 (6%)
Partial: patient declined some	8 (4%)
None: patient declined all	3 (2%)

No evidence of notification may not mean on notification

- 25 e-consults WITH recommendations but NO evidence for notification
 - 14 (56%) all recommendations completed
 - 9 (36%) none
 - 2 (8%) : some

Limitations

- Retrospective
- Work may be done that is not recorded in EHR
- Did not include work that would result from abnormal results from recommended tests
- Did not measure time to complete notification/recommendations

Conclusions

- Work required from referring providers (and team) that is not part of traditional f2f consult
- Consider incentives for referring providers to coordinate this care (financial, time)



Questions & Discussion