Champlain BASE Service: Building Access to Specialists through eConsultation

Dr. Erin Keely
Chief, Division of Endocrinology and Metabolism
The Ottawa Hospital

Dr. Clare Liddy
The Ottawa Hospital Academic Family Health Team
Bruyère Research Institute

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• “It’s the new hallway consult.....we used to have the doctors lounge and the coffee room, that’s falling away because we don’t have time for that any more. This is sort of the coffee room/lounge of the future....”

‘I love this service’
Outline

• Background
• Development and implementation of our eConsultation service
• Evaluation of impact of the service
• Sustainability and expansion phase
  • Key Success Factors
  • Provincial and National Collaborations
Champlain BASE Project: Building Access to Specialists through eConsultation

A collaboration between:
- The Ottawa Hospital (TOH)
- The Bruyère Research Institute (BRI)
- Champlain Local Health Integration Network (LHIN)
- Winchester District Memorial Hospital (WDMH)

Funding:
- TOHAMO AFP Innovation Fund
- Champlain LHIN
- e-Health Ontario
Median Wait between Referral by GP and Treatment

Waiting Your Turn: Wait Times for Health Care in Canada, 2010 Report x 33

Graph 5: Median Wait between Referral by GP and Treatment, by Province, 1993 and 2010

Source: The Fraser Institute’s national waiting list survey, 2010; and Waiting Your Turn, 1997
In 2007, 3 million Canadians reported seeing a specialist for a new condition the preceding year.

*Values rounded to the nearest thousand with the exception of hip and knee replacements, which were rounded to the nearest 10.

Development of e-consultation service

Initial meeting with PCPs and develop e-form

Launch proof of concept with 5 specialties

Privacy Impact & Threat Risk Assessments done, CMPA contacted

Ongoing feedback and evaluation from users

End of proof of concept: Data collection and evaluation

Pilot phase

Now in a sustainability and expansion mode

Fall 2009
January 2010
Spring 2010
March 2011
April 2011
June 2012
Champlain BASE-eConsult service

- Leverages secure regional collaboration space (Sharepoint)

- Template prompts for key information and may attach additional information

- Consult assigned to appropriate specialist, email notification sent

- Specialist reply within a week or less - options:
  - Specific reply to question
  - Request more information
  - Recommend a formal referral (along with any tests, etc., to be completed beforehand)

- Allows for iterative communication between PCP and specialist
Evaluation- Mixed methods design

- Qualitative study of proof of concept phase
  - Developed and implemented system with physician participants
  - In-depth evaluation with initial users – interviews and focus groups

- Ongoing system utilization evaluation (Phase 2)
  - Number, types of e-consult
  - Time to response
  - Impact survey including avoidable referrals
Building access to specialist care through e-consultation

Clare Liddy, Margo S. Rowan, Amir Afkham, Julie Maranger, Erin Keely

ABSTRACT

Background: Limited access to specialist care remains a major barrier to health care in Canada, affecting patients and primary care providers alike, in terms of both long wait times and inequitable availability. We developed an electronic consultation system, based on a secure web-based tool, as an alternative to face-to-face consultations, and ran a pilot study to evaluate its effectiveness and acceptability to practitioners.

Methods: In a pilot program conducted over 15 months starting in January 2010, the e-consultation system was tested with primary care providers and specialists in a large health region in Eastern Ontario, Canada. We collected utilization data from the electronic system itself (including quantitative data from satisfaction surveys) and qualitative information from focus groups and interviews with providers.

Results: Of 18 primary care providers in the pilot program, 13 participated in focus groups and 9 were interviewed; in addition, 10 of the 11 specialists in the program were interviewed. Results of our evaluation showed good uptake, high levels of satisfaction, improvement in the integration of referrals and consultations, and avoidance of unnecessary specialist visits. A total of 77 e-consultation requests were processed from 1 Jan. 2010 to 1 Apr. 2011. Less than 10% of the referrals required face-to-face follow-up. The most frequently noted benefits for patients (as perceived by providers) included improved access to specialist care and reduced wait times. Primary care providers valued the ability to assist with patient assessment and management by having access to a rapid response to clinical questions, clarifying the need for diagnostic tests or treatments, and confirming the need for a formal consultation. Specialists enjoyed the improved interaction with primary care providers, as well as having some control in the decision on which patients should be referred.

Interpretation: This low-cost referral system has potential for broader implementation, once payment models for physicians are adapted to cover e-consultation.

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Qualitative Findings: Ease of Use

- Most specialists and PCPs reported that they spent less time using e-Consultation than traditional methods for patient consultations and that the system was easy to use:

  - “...it is pretty straightforward. I typed in my consult and sent it off”

  - “I was absolutely satisfied with the type of information, the clarity of it and especially the timeliness of it”

  - “everything was attached because to see it right there you don’t have to call them up and ask them for more”...

  - What I reported as having spent on e-Consultation was much less than (usual consult) that. Nothing more than 20 minutes...”
Qualitative Findings: Perceived Benefits for Providers

- **Reduced wait times:**
  “...in our clinic sometimes we struggle to get in the urgent consults within a timely manner just because the wait times are getting longer, not just for the non urgent but also for the urgent clinic appointments...reducing wait times can be associated with less stress to [us] and so forth”

- **Improved interaction between providers**
  “So I think the more we interact with each other and communicate with each other I think we have a better understanding of where each other is coming from...”

- **Education/knowledge translation for PCPs:**
  “...it provides vehicles for some feedback to family docs/education to let them know how we deal with things so that maybe they can feel more confident dealing with things themselves”
Current Status – Primary care providers

- 848 cases in total
- 219 PCP’s registered (20% in region)
- 157 MDs, 42 NPs, and 20 delegates
- over 39 clinics in 23 different geographical areas in Champlain
- One clinic outside of Champlain LHIN
Current status – Geographic Reach

Smiths Falls (SE LHIN)
Current status – 20 specialty services

- Cardiology
- Dermatology
- Nephrology
- Neurology
- Endocrinology
- Pain Medicine

- Internal Medicine
- Thrombosis
- Hematology
- Palliative Care
- Psychiatry
- Radiology

- ENT & Head/Neck Surgery
- Diabetes Education
- General Pediatrics
- General Surgery
- OB/GYN
- Pediatric Hematology/Oncology

And Pharmacy and Urology (latest services added in Feb 2013)
Specialty Distribution (848 Cases)

- Dermatology: 19%
- Endocrinology: 13%
- Neurology: 9%
- Hematology: 9%
- Internal medicine: 8%
- OBS/GYN: 8%
- Cardiology: 7%
- General Pediatrics: 6%
- Nephrology: 5%
- Rheumatology: 5%
- Psychiatry: 3%
- Thrombosis: 2%
- ENT: 2%
- Radiology: 1%
- Pediatric hematology/oncology: 1%
- Pain Medicine and Anesthesiology
- Diabetes Education
- Palliative Care
Specialist response interval from receipt of request:

- Median (ie, half the case were responded to in less than): 0.8 days
- Average: ~2 days
- 90th Percentile (ie, 90% were responded to in less than): 5.8 days
- Fastest response: 6 minutes! (Neurology)

* Based on data from 400+ cases processed through August 2012
Impact of e-Consultation on Referral

42% of cases led to a referral being avoided

N=848 cases

1. Referral was originally contemplated but now avoided at this stage
2. Referral was originally contemplated and is still needed - this eConsult likely leads to a more effective visit
3. Referral was not originally contemplated and is still not needed - this eConsult provided useful feedback/information
4. Referral was not originally contemplated, but eConsult process resulted in a referral being initiated
5. There was no particular benefit to using eConsult in this case
6. Other (please comment)
Patient Value

- Eliminate travel to specialist
- Dramatically reduce wait time
- Appropriate treatment starts quickly, avoids deterioration
- Reduced anxiety
- 91% as high or very high value

Overall value of the eConsult service in this case for patient (848 Completed Cases) AVG.: 4.57/5
Clinical Value

- Direct access to specialist expertise (pcp)
- Highly valued advice in a timely manner (pcp)
- Good educational value – opportunity for dialogue (both)
- Reduction in unnecessary visits and wait (sp)
- Much more effective communications
- 93% rated it as high or very high value

Overall value of the eConsult service in this case for PCP (848 Completed Cases) AVG.: 4.63/5
Lessons Learned – Key Success Factors

• Start small (proof of concept) and keep going

• Small but committed team with “different lenses” and different strengths

• Keep it simple and fast with minimal technical glitches

• Specialists and PCP’s in same community of practice

• Physician engagement a priority- needs hands-on, high touch approach
Lessons from eConsult-Physician Engagement

- eConsultation Service has been a huge success when it comes to physician engagement:
  - Primary Care providers seeking us out to see how they can participate
  - Specialists asking to join
  - Physicians recruiting physicians/specialists
  - Physicians hearing good things through word of mouth

- Some key reasons/lessons:
  - Physicians involved in planning & definition of the service at the outset
  - Keeping it simple (joining, training, operation, support)
  - Responsiveness (to support needs and suggested improvements)
  - Devoting more time/resource to those eager and enthusiastic (as opposed to those resistant or focused on the “empty half”…)
  - “Mandatory”, but short, training/orientation
System level barriers and facilitators

- Lack of organization of care delivery amongst specialists
- Remuneration - no existing payment structures to support change in care delivery
- Liability issues - Duty of care
- Patient privacy - Patient Health Information and Protection Act
- Time and workflow - 50% < 10 minutes
Provincial Expansion

- Ongoing partnership with 3 other LHINs for both eConsult and eReferral
- 3 Key aspects for implementation
  - Local physician champions (PCP and Specialists)
  - Supported Infrastructure
  - Project Management /administration of service
Future Opportunities

• Enhance physician engagement through expansion of service
• Offer to remote regions (eg. Nunavut)
• Expand the service to include follow-up “visits”
• Implementation of eReferral as an extension of eConsult
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- Contact Information
  - Dr. Erin Keely
    ekeely@ottawahospital.on.ca
  - Dr. Clare Liddy
    cliddy@bruyere.org
  - Amir Afkham,
    amir.afkham@lhins.on.ca