

The Specialist Is Always In:

*The Story of
Champlain
BASE^(TM) eConsult*

Champlain BASE[™]
*e*Consult

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Canadian Foundation for
**Healthcare
Improvement**

Champlain BASE™ e CONSULT - the story

The Challenge

In Ontario, approximately 40% of all visits to a family physician result in a referral to a specialist¹. In 2009, when the Building Access to Specialists through eConsultation (BASE™) was initiated in the Champlain Local Health Integration Network (LHIN), patients with non-urgent health concerns were waiting over nine months to see certain specialties².

The Solution

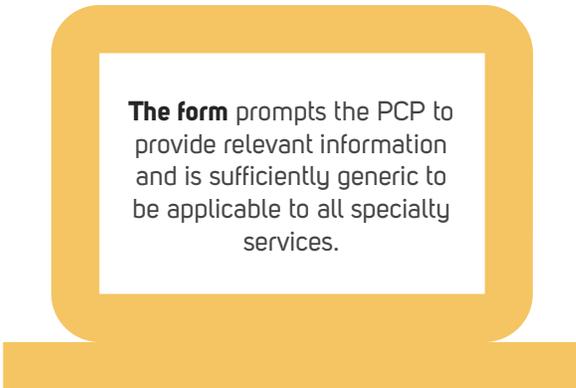
In the beginning...

The idea for BASE™ was founded in 2008 by a family physician, a specialist and a project manager who decided to address the excessive wait times to access specialist care. In addition to communication challenges within the usual referral process, they observed that some patients may not need to see the specialist at all if there was improved communication between their primary care provider and the specialist. Electronic asynchronous communication—sending and reading messages via an online network—emerged as the optimal solution, and BASE™ (or eConsult) was born.

Through a grant from the Ottawa Hospital Academic Organization Alternate Funding Plan, the BASE™ team was able to pilot its eConsult model with five priority specialist areas: endocrinology, nephrology, neurology and rheumatology, cardiology.

The eConsult service was built upon an existing secure web-based platform that was already being used in the Champlain LHIN by healthcare professionals.

Specialists were consulted on what would be an acceptable level of remuneration for this service. The agreed-upon rate for all specialties is \$200/hr pro-rated by their self-reported time spent.³



The form prompts the PCP to provide relevant information and is sufficiently generic to be applicable to all specialty services.

Growth of a good idea...

A broader pilot project was launched in 2011, with more specialties participating. An evaluation of this pilot in 2012 showed very positive feedback and revealed a strong interest in expanding this service to even more specialties. By 2016, the average wait for specialist advice through BASE™ was just two days.



The process is intuitive and aligns with a physician's usual workflow as much as possible.



The BASE™ concept has been so well received by both PCPs and specialists that the main source of its growth is through word of mouth.



Over **75%** of PCPs in the Champlain region have signed up to use eConsult.



There are currently **99** specialties with a total of **167** specialists participating.

How does it work?

1. A PCP electronically submits a non-urgent, patient-specific question to a participating specialty, attaching files as needed (digital images, test results, health histories)
2. The request is processed and assigned to an appropriate specialist, who is asked to respond within seven days and:
 - a. provide advice to the PCP for a course of action in treating the patient
 - b. request additional information* or
 - c. recommend a face-to-face referral⁺
3. After reviewing the response, the PCP can either ask a follow-up question* or close the case.

“ Thank you very much for your detailed and very helpful response. It is great learning for me and I have shared it with a couple of my colleagues as well!

Family Physician

“ This allows provision of timely and efficient care. The program should be markedly expanded.

Specialist

* Less than 15 percent of eConsult requests involve “back and forth” communication

⁺ If a referral is recommended, the specialist who sees the patient may not necessarily be the one who answered the eConsult request.



* as of Jan 31, 2017. (Source: http://media.wix.com/ugd/ac5147_e01f1b57d3a74f52afdbb81ff4875011.pdf)



Patients save \$83.49 on average, on average, by avoiding a face-to-face visit with a specialist, as measured by lost wages, travel and other associated costs.⁵



21, 935 cases completed

Monthly volume grew from **4 to 784** cases



86 specialty groups available

Keys to Success⁵

- √ Involve PCPs as early as possible
- √ Ensure that the new process is easy to incorporate into existing workflow
- √ Use existing IT infrastructure if possible
- √ Provide plenty of support for adoption of new technology
- √ Educate users on how to use the system
- √ Ensure there is sustainable funding for suitable physician compensation
- √ Engage local champions
- √ Secure participation from motivated, enthusiastic users who are committed to its success
- √ Obtain support from policy-makers
- √ Communicate with PCPs about this new service using many modes of contact, such as presentations at medical conferences, continuing education events, Grand Rounds, publication in journal articles and traditional media, and sharing success stories. Word of mouth works only if people know about it in the first place!

eConsult case examples

A 90-year-old resident of a nursing home is concerned about a new dark spot on her lip that is increasing in size. Her PCP examines her and considers a referral to dermatology. The current wait time for dermatology is 3-6 months. Instead, the PCP initiates an eConsult to dermatology.

Day 1: The PCP logs onto his eConsult homepage, attaches photographs of the lesion, and writes, "90-year-old with a new lip lesions x6 months and increasing in size. Approx. 3-4 mm, smooth. Non-tender. Your thoughts on differential and urgency of biopsy are appreciated".

Day 2: The specialist responds, "The most likely diagnosis for this blue-black papule on the left upper lip is venous lake. I do not have the benefit of palpating the lesions. A venous lake is soft, cystic, and has no enduration... [specialist continues with detailed teaching on examination of lesions and characteristics]".

Day 10 @ 21:36: PCP logs back into eConsult service and asks an additional question: "After re-examination the lesion is quite soft. The patient would like it removed for cosmetic reasons. Would you recommend referral to dermatology or plastic surgery given location?"

Day 10 @ 22:00: Specialist responds, "Venous lakes are best treated by laser therapy. I suggest Dr. X at XX clinic as she has the appropriate laser for this. Of course, there is a fee since not covered by public funds".

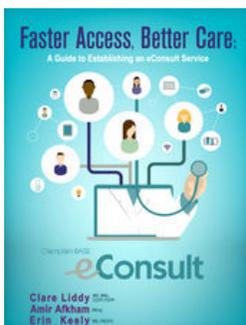
Day 11: PCP accepts recommendation, completes closeout survey about their experience, and the eConsult is closed.

“ I hate having to ask my son to take time off work for appointments and this eConsult saved me a visit. I think what you are doing with this service is very good for patients like me. **Patient** ”

Opportunity for Spread and Expansion

The Champlain BASE™ eConsult team are proving to be leaders in Canada and internationally, with an impressive number of partners actively engaged in spreading the BASE™ model across Canada and influencing decisions in the United States and other countries.

Currently, the service is active in two large health regions in Ontario and was launched in Newfoundland and Labrador in fall 2016. British Columbia, Alberta, Northwest Territories, Nunavut, Manitoba, and Quebec are all actively engaged in building business cases and strategies for rolling out services.



A free eBook, *Faster Access, Better Care*[±], has been recently published. It provides useful background information about BASE™ as well as guidance on how to pilot it.

An online presentation outlining the "[10 Steps to Establishing an eConsultation Service](#)"[§] is available as well.

[±] http://media.wix.com/ugd/ac5147_e1883e405b404d69967e9b7b5920cfb7.pdf

[§] https://www.cma.ca/Assets/assets-library/document/en/advocacy/10Steps_eHealthPresentation_final-e.pdf

Consider This ...

If eConsults became part of the normal practice for all PCPs across Canada and the 40 percent referral avoidance rate continued, the direct, indirect and potential cost savings to the healthcare system and to patients cannot be ignored.

For more information, visit the BASE™ website: champlainbaseeconsult.com.

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