

# E-consult: Start It Up

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## INTRO

Demand for specialist services continues to outstrip hospital outpatient capacity. This is further fuelled by persistent budgetary constraints and workforce undersupply. Timely care access and patient safety are under threat.

**E-consultation** is an innovative digital service based on an alliance model between primary and secondary care that enables General Practitioners to obtain Hospital Specialist's inputs into their patients care plan without the need to refer the patient to the hospital<sup>1</sup>.

An **E-consult** is a personalized, outcome focused, clinical management plan, written by the Specialist in response to a GP referral or request for advice, that is appropriate to be managed in the primary care setting.

## OBJECTIVES

Our objective was to establish an e-consultation service for GPs who want remote input on their patients care from the Gynaecology team as an alternative to a referral for a face-to-face out-patient hospital visit.

### The core principles that underpin e-consultation.<sup>2</sup>

- 1) Privacy secured two-way digital communication platform
- 2) GP and Patient engagement and participation
- 3) Rapid response time and a cost & value effective service
- 4) Patient's safety firmly anchored by a robust triage process and regular audits

## METHODS

Two sets of consecutive referrals (n=5776) to the gynaecology outpatient service were retrospectively audited for:

**Efficiency:** number and process time for e-consults, effects on OPD capacity and attendance rates, O&G budget, and required changes in SMO tasks and scheduling of their clinical time.

**Patient safety:** acute admission and ED presentation numbers within 6 months after an e-consult; number of re-referrals after initial e-consults and their clinical outcomes.

**GPs' satisfaction** surveyed with an online questionnaire

**Patient's experience** was collected by personal face-to-face interviews.

All analysis was done by standard statistical methods using quantitative and qualitative data from hospital database records, questionnaires and interviews.

## CONCLUSION

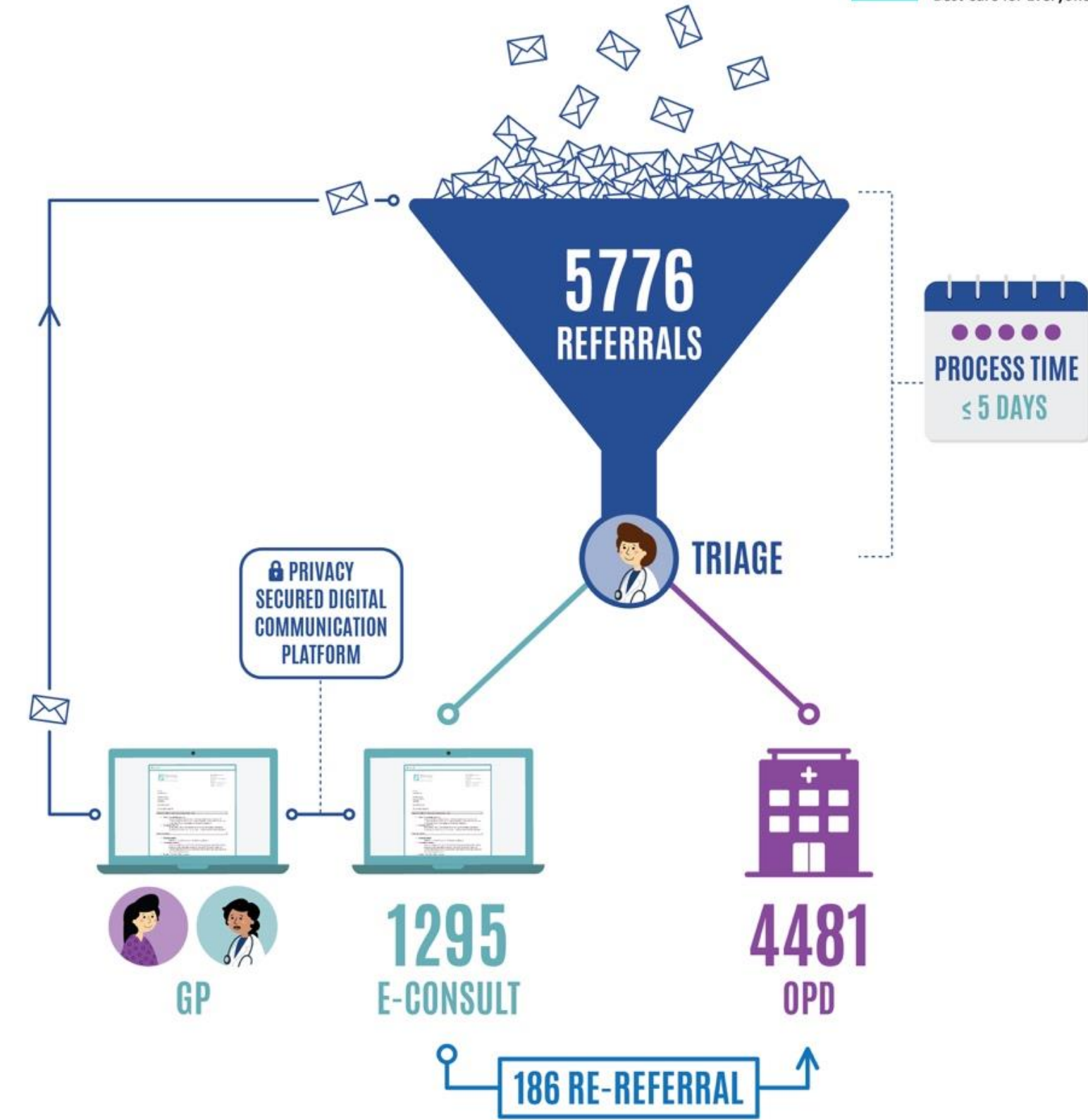
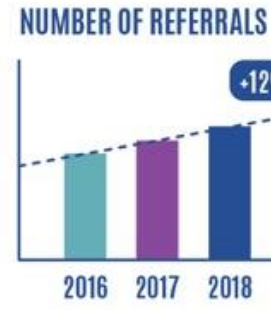
E-consultation is a novel digital service based on an alliance organisational model with a focus on strengthening coordinated care for the patient. It offers GP's rapid access to Gynaecologist's advice for personalized care plans for their patients without the need to refer the patient to the hospital.

E-consultation is safe, efficient, budget neutral and frees up a quarter of outpatient capacity, but requires a robust triaging & grading process. GP's highly appreciate e-consultation as it empowers them to manage patients in the community. Timely access to specialist input provides not only re-assurance for patients but also overcomes disutility factors of taking time away from work, traveling to hospital sites and arranging for child care.

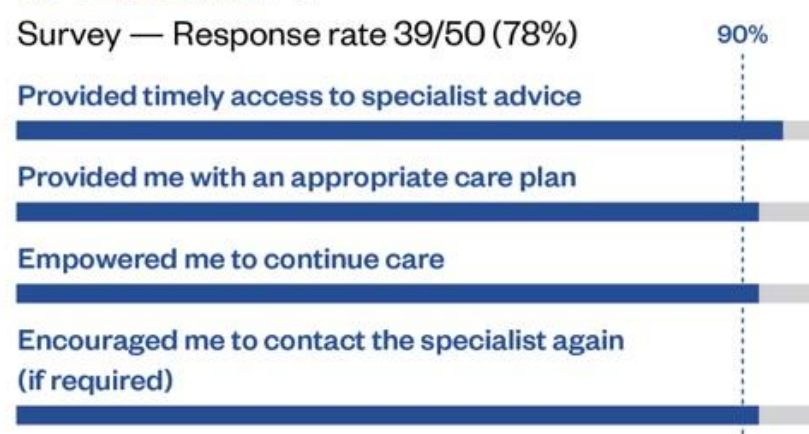
## REFERENCES

- 1) Vimalamanda VG, Gupte G, Seraj SM et al. Electronic consultations (e-consults) to improve access to specialty care: a systematic review and narrative synthesis. *J Telemed Telecare* 2015;21:323-30
- 2) Mann, R, van de Weijer, PHM. Adopting innovation in gynaecology: The introduction of e-consult. *Aust NZ Journal of Obstetrics Gynaecology* 2018; 58: 449-453

## RESULTS



### GP FEEDBACK



### PATIENT SAFETY: SAFE

No acute admissions/ED presentations within 6 months  
**Re-referrals:** no diagnosis that would have had a better outcome if diagnosed earlier

### PATIENT EXPERIENCE

- Interviews n=903; averages
- Time investment/OPD visit (transfers, OPD time) **3.5 hours (0.5-11.3) / PER VISIT**
- Personal Costs/OPD visit (transport, parking, child care) **NZD \$82.76 (3-398) / PER VISIT**

### EFFICIENCY

- 22.4% of all referrals triaged for an e-consult (1 in 4)
  - 14.4% of all e-consults were re-referred (1 in 7)
  - Process time — ≤ 5 days
  - OPD Capacity: **NEARLY A QUARTER MADE AVAILABLE**
- | TOTAL OPD       | FSA  | FU   | SLOTS | 1/2 DAY CLINICS |
|-----------------|------|------|-------|-----------------|
| Total Referrals | 5776 | 8490 | 14266 | 1783            |
| E-consults      | 1295 | 6587 | 11068 | 1383            |
| Re-referrals    | 186  | 6860 | 11527 | 1441            |
| Reduction       |      |      |       | 342             |
- 23.7%**
- OPD Attendance Rate: **IMPROVED**  
DNA (did not attend) rate dropped from 12% to 7%
  - O&G Budget: **BUDGET NEUTRAL**  
Deficit in FSA revenue compensated by cost savings

## NEW DEVELOPMENTS

| Clinician | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
|-----------|---|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Total     | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |