Feasibility of eConsult in Long-Term Care

The eConsultBASE™ service improves access to specialist care for patients by facilitating electronic communication between primary care providers (PCPs) and specialists.

More than 115,000 people in Ontario, Canada currently reside in Long-Term Care (LTC) homes.

Residents in LTC face an above-average need for specialty care; however, travel to external appointments is challenging.

This study aimed to evaluate the feasibility of implementing eConsult in LTC homes.

We conducted a cross-sectional study of all eConsults submitted by Long-Term Care (LTC) PCPs between January 1, 2018 and December 31, 2018 and we held four focus groups with early adopters of eConsult in LTC.

This study took place in the Champlain health region in Eastern Ontario, Canada.

How eConsult was implemented in LTC:
- Identified a clinician champion where possible
- Facilitated sign up of all PCPs in the home
- Assisted with setting up tailored workflows as needed
- Individual sign-ups by interested PCPs

Methods

Results

Impact on Need for Face-to-Face Referral:
- Referral now avoided: 42%
- Referral still not needed: 30%
- Referral still needed: 15%
- New referral initiated: 11%
- Other: 2%

LTC PCPs sent eConsults to 23 specialty groups.

The most frequently consulted specialty groups were:
- Dermatology: 19%
- Geriatric Medicine: 11%
- Infectious Disease: 9%

Specialists responded in a median of 0.6 days.

Specialists reported a median billing time of 15 minutes.

The average cost per eConsult case billed was $50.

The average cost per traditional in-person referral is $133.60.

Three main themes emerged from the focus groups:

- Contextual factors in LTC:
  - LTC homes are under-resourced, with limited IT and clerical support
  - Goals of care, complexity of transfers, and cost, limit referrals to specialists
  - Advice received after referral often does not align with goals of care or is not actionable

- Perceived value of eConsult:
  - Increased access to specialist advice
  - Ease of use
  - Avoided unnecessary transfers
  - Reduced costs
  - Improved ability to provide care that aligns with goals of care

- Considerations for implementation and adoption:
  - Limited resources in LTC
  - Due to the non-urgent nature of eConsult cases, it is difficult to prioritize use and workflow integration when time is limited
  - The number of LTC residents assigned to an individual PCP limits volume of eConsult cases

Impact

Our study demonstrates that it is feasible to implement eConsult in LTC settings.

More LTC homes and PCPs should consider adopting eConsult in order to improve equity of access to specialist advice for their residents.

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