eConsultant: Improving GP access to specialist care for patients

What's new?

- 2020 has seen Mater eConsultant transform from an initial pilot trial to the translation phase with active operation now in 8 GP practices in rural/remote Queensland (WQPHN) and 6 in Brisbane South (BSPHN).
- Thank you to the Practice managers and 55 GPs who have jumped on board with the program. It has been great to hear the feedback from the GPs who have recognised the benefits to patients and practice. Practice staff have been a key to the rollout of the program and we would like to acknowledge their efforts in managing the IT, training, and data collection.
- We have some exciting data to date to share:

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Patient consults with GP who completes a request for advice (RFA)

GP sends eConsultant a RFA

eConsultant responds to RFA

Patients avoided a face-to-face visit in 87% of cases

Mean time for eConsultant to reply to GP: 2.1 days

Primary clinical problem of RFA:

- General Medicine 27%
- ENT, Urology, Gynaecology, Surgery 17%
- Cardiology 13%
- Neurology 3%
- Respiratory 3%
- Renal 7%
- Endocrine 10%
- Haematology 10%
- Musculoskeletal 17%

In 50% of cases RFA included multiple questions

RFA questions related to:

- Diagnosis: 40%
- Monitoring: 50%
- Management: 63%

Provider Feedback:

“Detailed responses to each clinical question significantly improved patient management”

“Without our patients needing to travel 800km or wait months for an appointment”
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Case Example

Day 1
Mavis Jones, a 75-year-old widow, who lives alone with Aniridia and is legally blind, PHx of epilepsy, asthma, idiopathic lymphoedema, polyposis coli. Paroxysmal AF since 2010. Normal ECG / regular PR >12 months. CHADSVASC score of 2. Severe Fe deficiency anaemia secondary to PR blood loss with normal scopes (Hb 76 NR110-160). Meds: Rivaroxaban / Digoxin for AF
GP has 3 RFA questions:
1. Appropriate to cease Rivaroxaban?
2. Replacement blood thinner needed?
3. Cease Digoxin as slow regular PR and N ECG?

Day 2
Physician responds asking if a capsule endoscopy has been considered. Suggests cease Rivaroxaban. CHADSVASC 2 and N ECG, so don’t substitute blood thinner and little evidence for aspirin in paroxysmal AF. Cease digoxin (little apparent benefit for rate control / prevention in this case). Notify if further queries / concerns

Day 4
GP discusses advice with patient at the follow up appointment.
Feedback from GP: “The Physician was very responsive to requests and helpful. All recommendations provided were acted on”

Your thoughts........

The general physician Mater eConsultant provides timely specialist input for adult patients with complex and chronic conditions and multiple comorbidities (requiring referral for specialist input i.e. meet Queensland Health category 1-3 referral criteria). We are keen to hear your views on the potential for expanding eConsultant to other specialities such as urology, paediatrics, gynaecology and obstetrics. Send us an email with your thoughts and practice needs, it would be great to hear from you.

Sending attachments with an RFA
Peta the practice manager from St George Medical and Dianne Sainty from WQPHN have been working hard to improve the features of an eConsultant RFA. If you wish to send correspondence with an eConsultant RFA there is an option to send a second message with only PDF attachments by right clicking on the little “m” symbol in the software taskbar and selecting “create new message (PDF)”.

Christmas and New Year
Our eConsultant will be on a break from 25/12 to 10/1. However do send RFA during this period as they will be answered as soon as the eConsultant is back on board on 11/1.

eConsultant in a nutshell
Professor Claire Jackson, Dr Narelle Fagermo our Mater eConsultant, and Dr Jos from Leichhardt Medical in Mt Isa have shared their experience with eConsultant on a video kindly edited by Paul Stone from WQPHN. You can view the video at: https://vimeo.com/441180658/6ece0d4cdd

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