Centre for Health System Reform & Integration
Building a Culture of Co-Creation in Research

Mater eConsultant: specialist advice in 2 days not 2 years.

eConsultant provides GPs access to specialist advice for adult patients (16 years and over). The request for advice is sent from the practice software and a reply will be received from an experienced specialist, within three business days using secure messaging.

The Mater **eConsultant** request for advice service includes **Endocrinology, Cardiology** and **Dermatology** for **adult patients (16 years and over).** Please email Michelle Tsai - michelle.tsai@uq.edu.au if the new Best Practice or Medical Director templates have not yet been uploaded to your practice software.

Feedback from a GP who recently used endocrinology eConsultant: "*Fantastic service and highly recommend. Smooth process. Clinician response was timely and detailed. Very much appreciate service.* **"**

Meet our eConsultants

A/Prof Karam Kostner is Director of **Cardiology** at Mater and has a particular interest in preventative cardiology and lipid disorders.

Prof David McIntyre trained in **endocrinology** in Australia and Belgium and is the Senior Staff Specialist in Endocrinology and Obstetric Medicine at the Mater and specialises in the medical complications of pregnancy.

A/Prof Jim Muir qualified as a specialist **dermatologist** in 1994 and is the Director of the Department of Dermatology at the Mater.

Answers to your frequently asked questions regarding eConsultant?

- eConsultant is available for public and private patients
- GPs charge patient at the same rate as would for generating a standard outpatient referral and the physicians time is funded by the Mater
- the eConsultant Request For Advice (RFA) template is auto-populated from the patient record in the practice software
- the exchange between the GP and the Mater eConsultant specialist is via Medical Objects secure messaging both ways
- the service provides a documented record, for both the GP and the Mater, of the eConsultant advice.

Training for new staff or need a refresher

Our eConsultant program is ongoing and we are happy to provide support to get you started – if you or a team member would like training via zoom or phone in the use of eConsultant please send a reply email with preferred dates and times to Dr Jenny Job – j.job@mater.uq.edu.au .

A Mater eConsultant training video is now available and includes a brief overview of eConsultant and a quick guide to sending an RFA to the Mater eConsultant. Please reply if you would like a copy.

Endocrinology eConsultant Case Study Example

Day 0	**GP consult - history and request for advice**: 75-year-old lady with known primary hypothyroidism. Recently transferred to my practice. Patient is taking both Levothryoxine (T4 - 100 mcg / day) & liothyronine (T3 - 20 mcg / day), on advice of Sydney endocrinologist. Recently, her TSH was suppressed to an undetectable level, so the

	liothyronine dose was reduced. The TSH has improved (now TSH 0.14 mU/L with Free T4 12) but is still below the reference range. The patient is reluctant to cease the liothyronine. Reason for seeking advice: Please advise regarding adjustment of thyroid replacement medication.
Day 1	**Advised Management Plan from Endocrinology eConsultant** Although there is no proven benefit for combining T4 and T3 supplementation in the treatment of hypothyroidism, some patients do feel symptomatically better on the combination. Then, the major treatment issue is how to maintain this "improved well-being", without over-treating the patient. In this case, I would not be too concerned regarding her current TSH of 0.14 mU/L as it is only mildly suppressed. However, given her age of 70 years, I would (if not already done) check a DEXA BMD and assess her cardiac status (ECG and Echo) as loss of BMD and mild tachycardia (rarely more serious cardiac arrhythmias or impaired cardiac function) are the major risks of overtreatment. In this case, I would suggest reducing the T4 dose to 75 mcg / day, continuing T3 at 20 mcg / day and repeating full TFTs including Free T4, Free T3 and TSH in around 6 weeks' time. I would suggest checking TFTs in the afternoon, as the measured serum FT3 may be misleading (falsely high) in the first few hours after T3 dosing. Some countries have a slow-release form of T3 available, but in Australia only immediate release T3 is available. My aim would be to have a normal range FT and FT3, with TSH between 0.5 and 2.0 mU/L (as well as a good symptomatic effect). Her ongoing monitoring should also follow this pattern – suggest repeat TFTs in 3 months and then every 4 - 6 months if stable.
Follow-up appointments	GP discusses advice with patient.

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