Improving Equitable Access to Specialist Advice in Long Term Care Through eConsult

OLTCC Conference 2019 Practical Pearls in Long Term Care Workshop 203/303-19 October 26, 2019 1:00 - 2:00 pm AND 3:30 - 4:30 pm

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Introduction to Presenter















Disclosure of Financial Support

- This program has received financial support from the Centre for Learning, Research and Innovation in Long-Term Care at Bruyère in the form of program funding from the Ontario Ministry of Health and Long-Term Care.
- Potential for conflict(s) of interest
 - Dr. Celeste Fung is the Medical Director of St. Patrick's Home of Ottawa, which received financial support to pilot the service that will be discussed. She did not receive any financial support as an individual.
- Mitigating Potential Bias
 - N/A



Supporting eConsult in Long Term Care

The Ontario eConsult Centre of Excellence is leading the integration of eConsult services into the long-term care sector in partnership with the Ontario Centre for Learning, Research and Innovation in Long-term Care at Bruyère.

Goal: To improve specialist access for all LTC residents across Ontario through eConsult

A collaboration between:

- Ontario eConsult Centre of Excellence
- Centre for Learning, Research and Innovation in Long-term Care at Bruyère
- Bruyère Research Institute
- Champlain BASE[™] eConsult service
- Winchester District Memorial Hospital
- St. Patrick's Home of Ottawa







Workshop Objectives

At the end of this workshop, participants will be able to:

- 1. Describe how eConsult can improve equitable access to specialist advice for residents residing in long term care.
- 2. Describe how eConsult can support clinicians providing care to residents in long term care.
- 3. Outline practical strategies for implementing eConsult into existing workflows in long-term care.



Workshop Material

- eConsult Information Package
 - eConsult Fact Sheet for primary care providers
 - Long-Term Care Frequently Asked Questions Sheet
 - Long Term Care Infographic
 - Quick Start Postcard
- Please share the material in the information package with your colleagues and the providers working in your long-term care home



Systemic barriers to accessing specialist care

- Long Wait times
- Availability
- Appointments and scheduling

Barriers to access for residents in LTC

Patient Factors

- Average LOS 18 months
- Limited ability for residents to participate in consultation
 - cognitive barriers
 - physical barriers (w/c bound, lift transfers, incontinence)
 - responsive behaviours
 - need for care attendant if informal supports unavailable
 - frailty of informal support/caregivers

Provider Factors

- Accessing directory of specialist for consultation
- Collegiality
- Time invested for value of information gained
- Efforts to maintain continuity of care



Barriers to access for residents in LTC

Infrastructure Factors

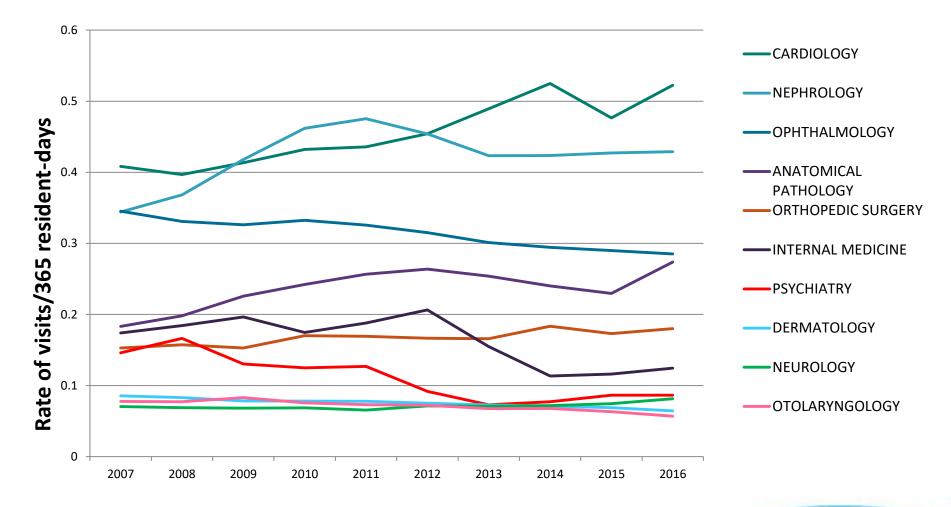
- Weather
- Distance
- Office space inaccessible/inappropriate for LTC residents
- Clerical support to arrange appointments and communicate with resident/families

System Factors

- Transportation cost covered by resident/family
- Unreliable, inaccessible public transit
- Wait times can exceed life expectancy; time consuming process from referral to appointment
- Lack of central referral center
- Efforts to maintain continuity of care



Specialist Visits Outside the LTC Facility

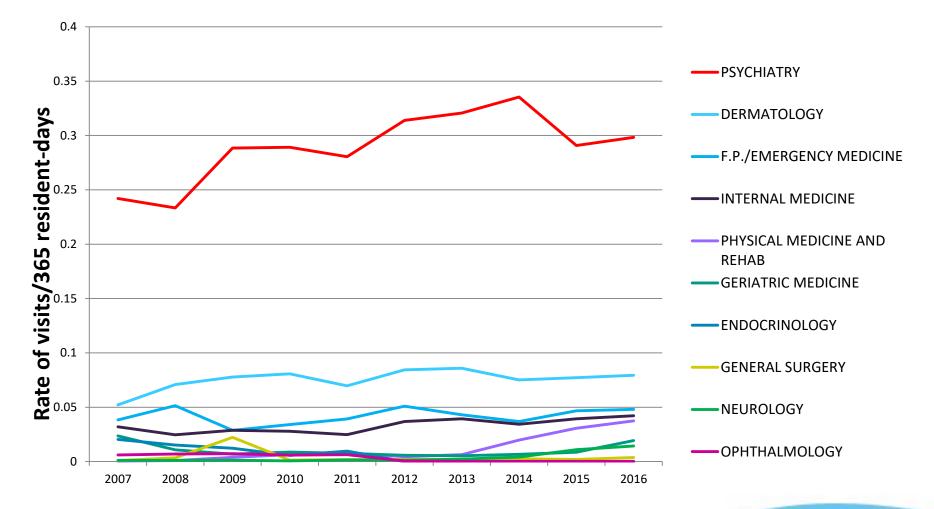


Data source: Institute for Clinical Evaluative Sciences (IC/ES) and the QUILT Network



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Specialist Visits Inside the LTC Facility

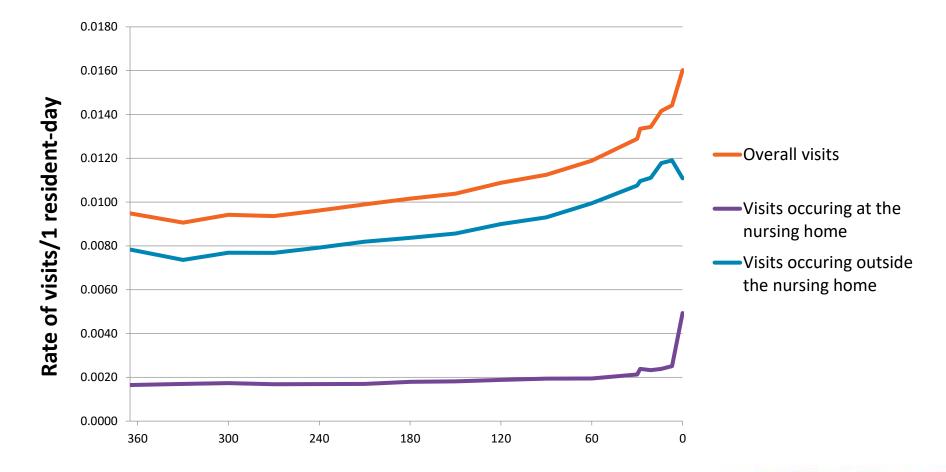


Data source: Institute for Clinical Evaluative Sciences (IC/ES) and the QUILT Network



econsult BASE™ Ontario eConsult Centre of Excellence

Rate of Specialist Visits in the Last Year of Life among Residents who Died in LTC



Data source: Institute for Clinical Evaluative Sciences (IC/ES) and the QUILT Network



Consult BASE™ Ontario eConsult Centre of Excellence

Questions to Participants

Have you heard about eConsult?

Have you registered for eConsult?

Have you submitted a LTC case through eConsult?



... over a cup of coffee



Champlain BASE Consult

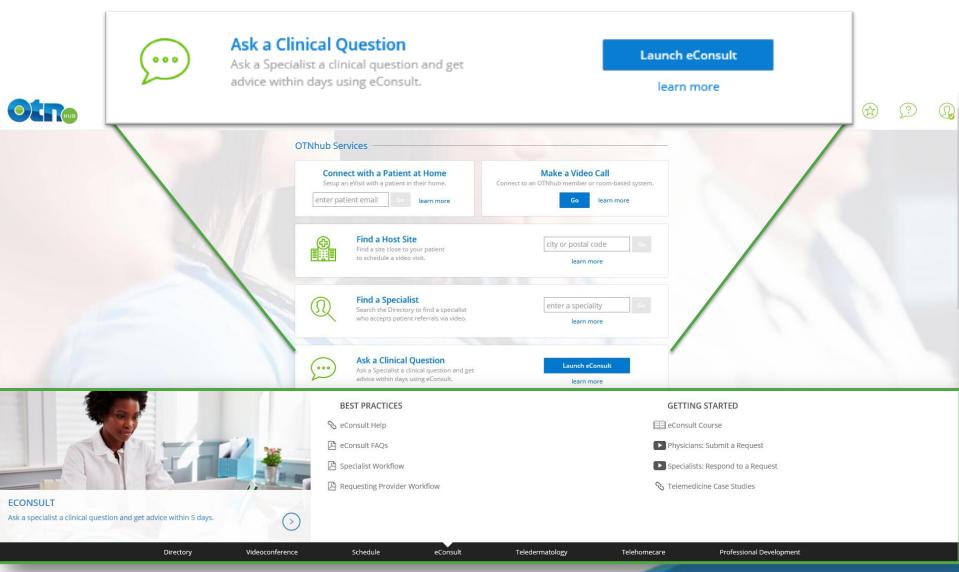


What is eConsult?

- Asynchronous, electronic communication between providers
- Patient-specific question directed to a specialist
- May result in patient not needing a face-to-face visit with a specialist



Demonstration of eConsult



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Case Example - Dermatology

eConsult Dialogue

Day 1 PCP asks:

"Elderly patient with a new lip lesions X 6months and increasing in size. Approx 3-4mm, smooth. Non tender . Your thoughts on differential and urgency of biopsy are appreciated.

Impact of eConsult

Detailed question with image sent to Dermatology

Day 2 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..." Response within 1 day with educational tips about identifying type of lesion



Case Example - Dermatology

eConsult Dialogue

Day 10 21:36 PCP asks an additional questions.

"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 OHIP."

Impact of eConsult

Opportunity to ask additional question

Educational opportunity and efficient redirect to most appropriate specialist for this patient



Provincial BASE[™] Managed Specialty Groups (n=92)

Addiction Medicine

- General
- Opioid

Allergy & Clinical

Immunology

• General & Pediatrics

Anesthesiology

Cardiology

- General & Pediatrics
- Cardiac Surgery
- Electrophysiology
- Inherited Heart Rhythm
 Disorders
- Pediatrics General Cardiology
- Pediatrics Electrophysiology
- Pediatrics Inherited Heart Rhythm Disorders

Concussion

Dentistry

Pediatric

Dermatology

• General & Pediatrics

Diabetes

Endocrinology

- General & Pediatrics
- Diabetes

Environmental Health

Gastroenterology

• General & Pediatrics

Genetics

- Medical Genetics
- Pediatric Medical Genetics Geriatrics
- Care of the Elderly
- Frailty Management
- GeriMedRisk
- Medication
- Psychiatry

Gynecology

- General & Pediatrics
- Gynecologic Oncology
- Urogynecology

Hematology

General & Pediatrics

Hepatology

General & Pediatrics

HIV

- General
- Psychiatry

Infectious Diseases

- General & Pediatrics
- Internal Medicine

Nephrology

• General & Pediatrics

Neurology

- Epilepsy
- Headaches
- General & Pediatrics
- Neuromuscular
- Neuroradiology
- Neurosurgery
- Stroke

Obstetrics

Orthopaedics

- General & Pediatrics
- Spinal Surgery

Otolaryngology

- ENT
- Head & Neck Surgery

Pain Medicine

Palliative Care

Pediatrics

- General
- Allergy & Clinical Immunology
- Cardiology
- Dentistry
- Dermatology
- Electrophysiology
- Endocrinology
- Developmental
- Gastroenterology
- Hematology
- Hepatology
- Infectious Diseases
- Inherited Heart Rhythm Disorders
- Neonatal/Perinatal
- Medical Genetics
- Nephrology
- Neurology
- Oncology
- Orthopaedic Surgery
- Psychiatry
- Urology

Physical Medicine & Rehabilitation

Psychiatry

• General (English & French)

Surgery

General

Surgerv

Spinal

Thoracic

Vascular

Thrombosis

Transgender

Medicine

Urogynecology

Oncology

• General & Pediatrics

• Male Fertility/Sexual

*as of July 26th, 2019

Urology

Head and Neck

Orthopaedic Surgery

• Pediatric Orthopedic

Neurosurgery

Plastic Surgery

• Developmental/Behavioural

• General (English & French)

• Medically Complex

Developmental/Behavioural

- Medically Complex
- Pediatrics
- Perinatal
- Sleep Medicine

Public Health Psychiatry

Pediatrics

Perinatal

Respirology

General

General

Sleep Medicine

Sleep Medicine

Inflammatory Arthritis

Rheumatology

Osteoporosis

Sleep Medicine

Psychiatric

Respirology

Medications, Mind, Mobility and More

Geriatrics *

- Medications (Deprescribing)
- Mind (Dementia, Delirium)
- Mobility (Falls and Near Falls)
- GeriMedRisk
- Chronic pain
- Psychiatry
- Wound Care
- Neurology
- Parkinson's Care Coordination
- Dementia and Cognitive Neurology



Question to Participants

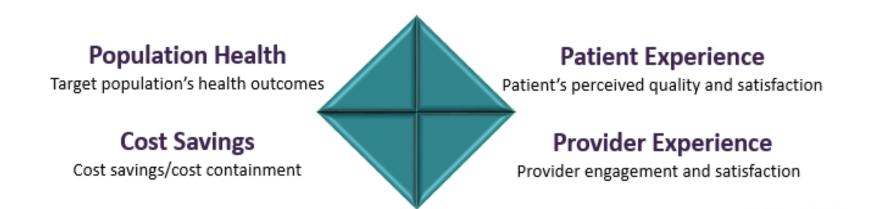
Thinking of your own LTC residents and families and considering the case example and available specialties, can you think of a case where eConsult may have been effective?

Can you think of an eConsult you've submitted on behalf of a resident in LTC that was effective?



What is the evidence to support eConsult?

Quadruple Aim for Health System Reform



¹Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med.2014;12(6)573-6.



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Better population health*



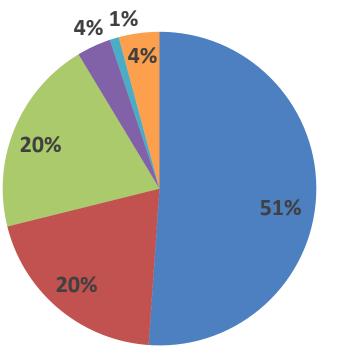
Reach

- In Champlain LHIN, 11/1000 people receive an eConsult per year. Across Ontario would be 140,000 eConsults per year
 - Patients unable to go to a
 specialist appointment can still
 receive advice/care particularly
 important for patients having
 complex circumstances (for
 example, those living with special
 needs, dementia, frail elderly, lack
 of transportation, remote ...)



Impact of eConsult on Access

- Specialists responded to eConsults in a median of 1 day (Improved access)
- 71% of cases did not require a face-to-face specialist visit (efficient, coordinated care)
- In 4% of cases, eConsult prompted a medical referral (patient safety)



- Referral was originally contemplated at this stage but now avoided
- Referral was originally contemplated and is still needed
- Referral was not originally contemplated and is still not needed
- Referral was not originally contemplated, but eConsult process resulted in a referral being initiated
- There was no particular benefit to using eConsult in this case

Other

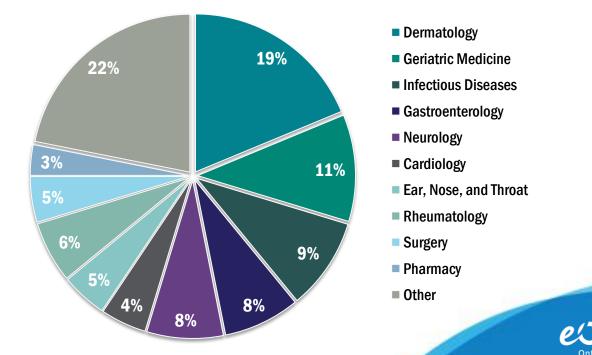
*Based on Ontario eConsult Service survey data for April 1st, 2018 to March 4th, 2019



n=13,119

Impact of eConsult in LTC

- 629 LTC cases have been submitted across Ontario (as of June 30, 2019)
- 91% of eConsults provided LTC providers with advice for a new or additional course of action*
- 70% of cases were resolved without the need for a face-to-face specialist visit*
- A wide distribution of specialty groups are being accessed by LTC providers*



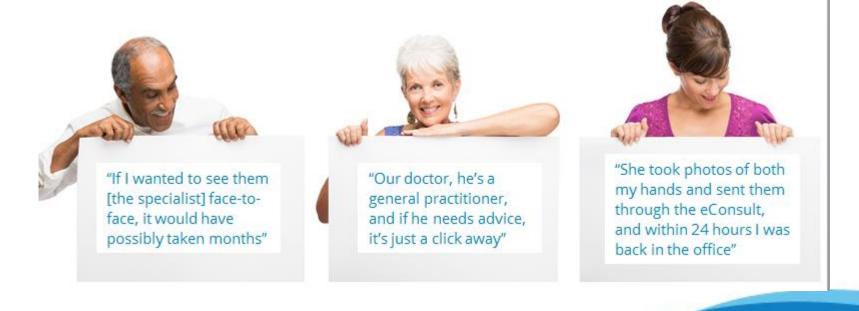
*Based on first 125 cases submitted in the Champlain LHIN.

Patient Perspectives

What do patients think of eConsult?

We spoke to patients whose providers used eConsult in their care:

100% agreed that eConsult is an acceptable way to access specialist care¹
87% thought the service was useful in their case¹
83% would ask their provider to use eConsult on their behalf in the future¹



¹Joschko, J., Liddy, C., Moroz, I., Reiche, M., Crowe, L., Afkham, A., Keely, E. (2017). Just a click away: exploring patients' perspectives on receiving care through the Champlain BASE™ eConsult service. Family Practice, 35(1), 93–98.



Caregiver Perspectives

"I fully support the introduction of eConsult as an important tool to support diagnostic management in the long-term care sector, particularly with respect to meeting the information management needs of LTC homes in rural areas and the North."

Jim LaPlante, Caregiver, Feb. 2018

"eConsult would provide an extremely valuable service to residents by helping to connect their primary care providers with specialists."

Deanne Houghton, Caregiver, Feb 2018





What do Physicians and Nurse Practitioners in LTC Say?

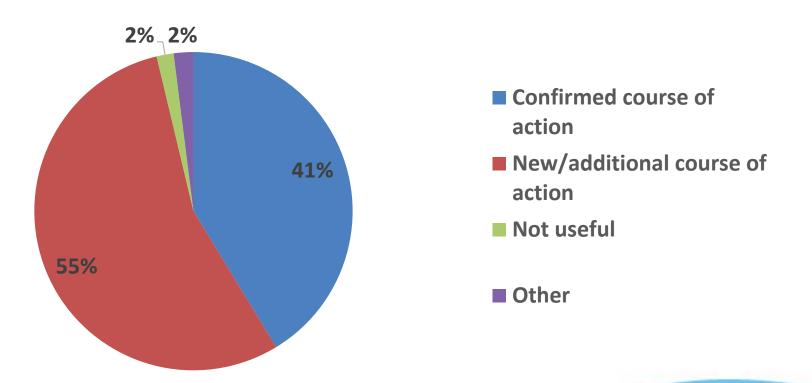
- Patient is in long term care and was unable to leave the facility. The eConsult potentially avoided an ER transfer.
- Helped this elderly woman from having to travel several hours to see a specialist unnecessarily.
- This is SUCH a helpful service for my patient population who are mostly homebound in the end-stages of their lives but who infrequently have dermatologic issues that are impacting their quality of life.
- Great service. This just saved me a consult and the patients family from a big headache.
- Dr. X was most helpful in guiding immediate next steps for this patient. He also provided a great learning experience for me. (NP)
- My plan was to reassure the family that no action is required and I think that advice will have much more weight since it is backed by a specialist. Thank you. (NP)



n=13,119

Impact of eConsult on PCP Course of Action

- Specialists responded to eConsults in a median of 1 day (Improved access)
- 96% of cases confirmed a course of action or initiated a new/additional course of action (efficient, coordinated care)



*Based on Ontario eConsult Service survey data for April 1st, 2018 to March 4th, 2019



Lower Costs



Across specialty groups, the service cost a weighted average of \$47.35/case versus \$133.60/case for traditional referrals

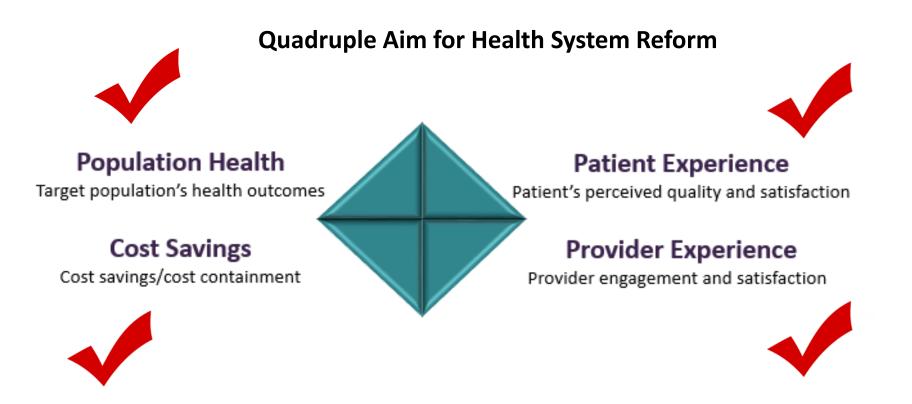
- Accounting for societal factors (e.g. cost of avoided referrals, reduced patient travel/lost wages) nets additional savings of \$11/eConsult¹
- Impact of other indirect costs (e.g. avoided tests/visits, better health outcomes associated with shorter wait times) are being explored

¹Liddy C, Drosinis P, Deri Armstrong C, McKellips F, Afkham A, Keely E. What are the cost savings associated with providing access to care through the Champlain BASE eConsult service? *BMJ Open* 2016 Jun;6(6):e010920



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What is the evidence to support eConsult?



¹Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med.2014;12(6)573-6.



eConsult is available to you now!





LTC Provider Perceived Value

Positive

- Improved access
- Avoided resident transfer
- Time saved
- Cost reduction
- Increased confidence in course of action
- Facilitate continuity of care
- Ease of use

Negative

- Previous specialist experience
- Patient complexity
- Limited scope
- Urgency of clinical question vs. clinician time
- New workflow and systems



LTC Sample Case Dermatology

PCP Question

• [Elderly patient] w/ hx of dementia and [PCP lists other chronic conditions], wheelchair bound requiring lift transfer residing in LTC w/ hx of [skin conditions]. Patient and family describe history of the attached image skin lesion noted centrally on low-back progressively accumulating scaly-type keratotic material over last 4 months. [PCP provides picture and detailed description of lesion, suggests Bowen's as possibility]. This patient is very frail and arranging transfer for further assessment or procedure would be quite challenging. If any in-home treatments could be considered as a first step, the patient and family would surely appreciate this option. Your assessment and recommendations are truly appreciated. Thank you!

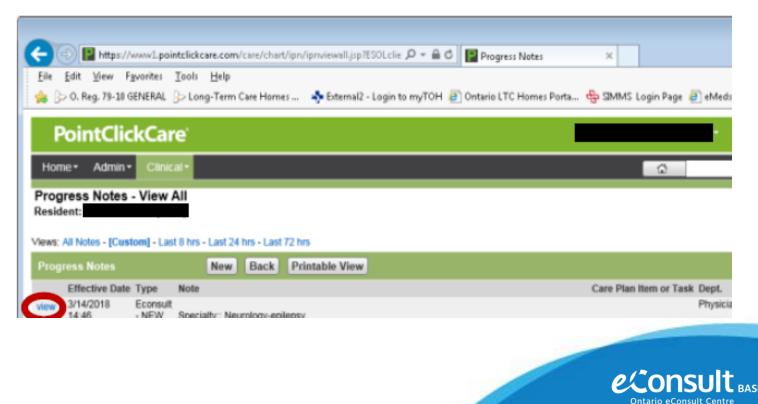
Specialist Response

The raised portion of this lesion has a "cutaneous horn" appearance. I agree with you that Bowen's Disease (Squamous Cell Carcinoma in-situ) is a possibility. A skin biopsy would provide a histological Dx re. Bowen's or a Squamous Cell carcinoma no longer insitu. However if a biopsy is problematic in this setting, I suggest the following: The lesion is too large and raised for cryotherapy; try [medication 1] for 3 weeks. This will cause a brisk inflammatory reaction if the lesion is Bowen's disease. This may be painful and the treatment may have to be stopped after 2 weeks. Then treat the area with [medication 2] to decrease the inflammation.



Implementing eConsult at St. Patrick's Home of Ottawa

- Used a whole home approach and registered all providers
- Integrated eConsult into PointClickCare and using delegates to maintain existing clinical workflows



of Excellence

Implementing eConsult at St. Patrick's Home of Ottawa

🥔 Progress Notes - Internet Explorer			
Phttps://www1.pointclickcare.com/care/chart/ipn/newip	n.jsp?ESOLclientid=92227		■
New Progress Note			
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Type: Econsult - NEW	~	^	
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Care Plan Item or Task:		🔍 clear	
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Specialty:			
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			e Consult BASE
			Ontario eConsult Centre

What does the delegate do?

Clinic referral/admin staff work with the eConsult system on behalf of providers to:

- Retrieve new eConsult request from EMR and create a new case in the eConsult system
- Get notified of specialist having responded
- Access the response
 - Add it to patient chart in the EMR
 - Notify PCP of new information that needs to be reviewed
- Per PCP instruction
 - Submit follow-up information/question to continue the case, or
 - Get closure survey input to complete the case



Question to Participants Please discuss how eConsult could be integrated into your home's workflow?

- Please take 5 minutes to discuss and brainstorm with the people near you
 - You may use the paper and markers to record your thoughts
- Each group will be asked to report back to the main group (5 minutes)
- Please:
 - Be specific
 - Identify the challenges in your home and region; what would you need to facilitate this process?
 - Tell us your story



LTC Sample Case Endocrinology

PCP Question

[Elderly patient] now residing in long term care due to progressive dementia. Hx of vertebral fracture and hip fracture while taking [medication 1]. Continues to ambulate independently with a 4ww and likely at high risk for future fall and potential fracture.
 [PCP gives CrCl reading]. [Patient] is unable to tolerate swallowing pills whole. LTC guidelines from 2015 suggest [medication 2] may be beneficial for fracture prevention. Transfers for outpatient appointments have become increasingly challenging due to frailty. Could you recommend which treatment might be best in this frail ambulating [patient]?

Specialist Response

Thanks for the eConsult. The history of fragility fractures puts this patient in the severe osteoporosis category. If [patient] has no history of radiation, malignancy in the bone, hyperparathyroidism or hypercalcemia, then [medication 3] could be a treatment option. This is the only medication we have approved for osteoporosis therapy that targets osteoblastic activity to build new bone. It is expensive though (about \$1000/month for up to 2 years) and it is not covered by Ontario Drug Benefit. It is administered SC on a daily basis. A simpler and cheaper treatment option would be [medication 2], and it should still offer significant benefit in terms of fracture protection. [Specialist gives suggested dose.] In this patient's case, the cost of [medication 2] should be covered [by ODB].



Summary

- eConsult enables improved access to specialist advice, which improves resident care and decreases cost and burdens to residents, caregivers, and the home
- eConsult improves care coordination and collaboration between clinicians
- eConsult can be easily adopted by LTC providers and integrated into individual homes' existing workflows
- Your physicians and nurse practitioners can sign up for eConsult today!



Contacts

- For more information or questions about eConsult, please contact Dr. Celeste Fung at <u>CelesteFung@stpats.ca</u>
- Physicians and nurse practitioners can get information on how to sign up by contacting <u>eConsultCOE@toh.ca</u>
- Visit our website <u>https://econsultontario.ca/</u>



Thank you!

