

Champlain BASE Project

Building Access to Specialists Through eConsultation

Training Document

Primary Care Providers and Staff Manual

A Collaboration...



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Building Access to Specialists

Through EConsultation

Introduction

The Building Access to Specialists through EConsultation application is to assist Primary Care Providers and Specialists to utilize e-communication for consultation and referral purposes. The eConsultation application will ultimately reduce the number of clinic referrals, improve access to Specialists, will result in fewer visits for individuals requiring formal consultation and ensure information is sent back to the Primary Care Provider in a timely manner. High levels of satisfaction for providers participating in the initiative are also expected.

This guide will explain the Building Capacity for Specialized Services Through eConsultation to Primary Care Providers and their staff.

Primary Care Providers

1. Logging On
2. Opening an eConsultation
3. Completing an eConsultation: Step by Step Instructions
4. Notifications
5. Viewing a recommendation
6. Additional Information
7. Accepting a referral
8. Completed request
9. Reply satisfaction survey
10. End of study survey
11. Troubleshooting tips
12. eConsult support

Primary Care Providers

1. Logging on

- A short cut will appear on the Primary Care Provider's desktop. Double click to access the SharePoint environment. If the short cut is not visible, open a web browser window and type the following in the address box: <https://www.lhinworks.on.ca/eforms/eConsult/>
- If you have logged into a SharePoint site before, enter your existing **User Name**, **Password**, and **Language** and select the **Submit** button.
- If you haven't logged into a SharePoint site before, you will need to register using the **Online Self Registration Tool**. Go to : <https://www.lhinworks.on.ca/sites/selfservice/> and enter the following username and password:
- You will then get to the following registration screen:

Champlain LHIN Community:
Account Registration

First Name *

Last Name *

Account Name

Organization *

Job Title *

Description

Postal Code *

Prof. E-mail Address *

Phone *

Chief Project *

By checking the box below, you agree to the following statements:

This website is provided as a secure forum for health care professionals to exchange information and discuss issues. Information on this site should not be considered objective medical advice, but as the opinions of the contributors. Because medicine is not static, and one situation may differ from the next, the authors, editors, content experts, planners, expert reviewers, sponsors and publishers cannot assume responsibility for any actions taken based on information contained herein.

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I agree to the above statements.

- If you haven't logged into a SharePoint site before, you should expect this yellow bar to appear at the top of your browser screen:

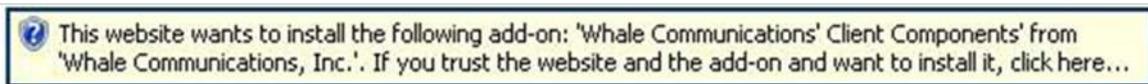


Figure 1a: ActiveX Pop-up

- Right click on this bar.
- Click "Install ActiveX" and follow the prompts that allow ActiveX to install. When prompted, select "Trust this site ALWAYS" for future convenience.
- If you do not see the yellow bar above and instead see the screen below, then you likely do not have the necessary permissions to install ActiveX.

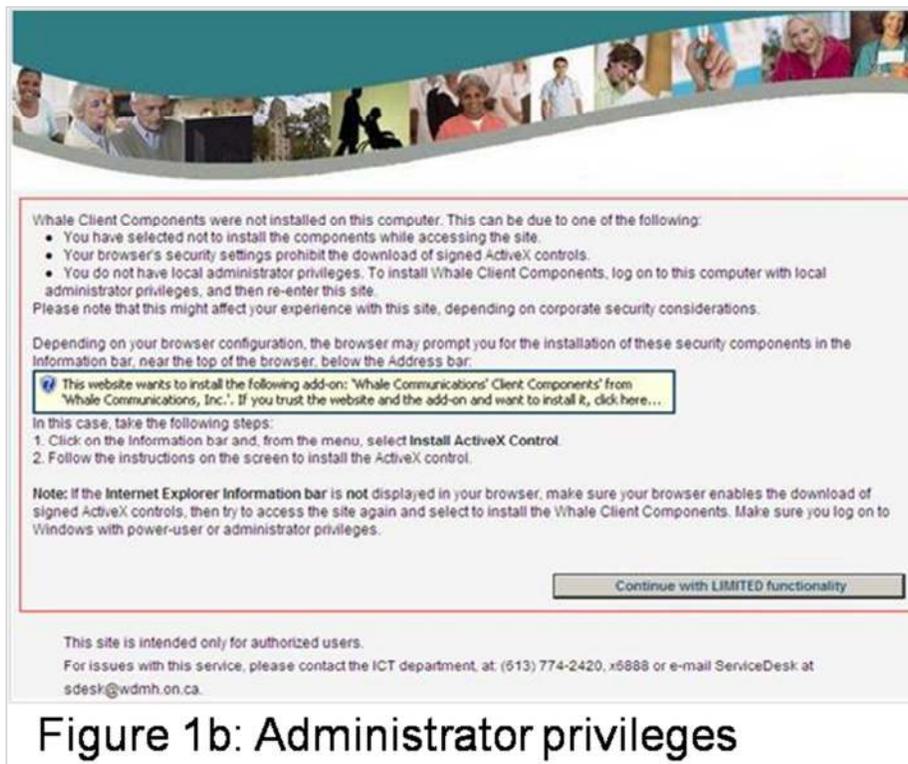
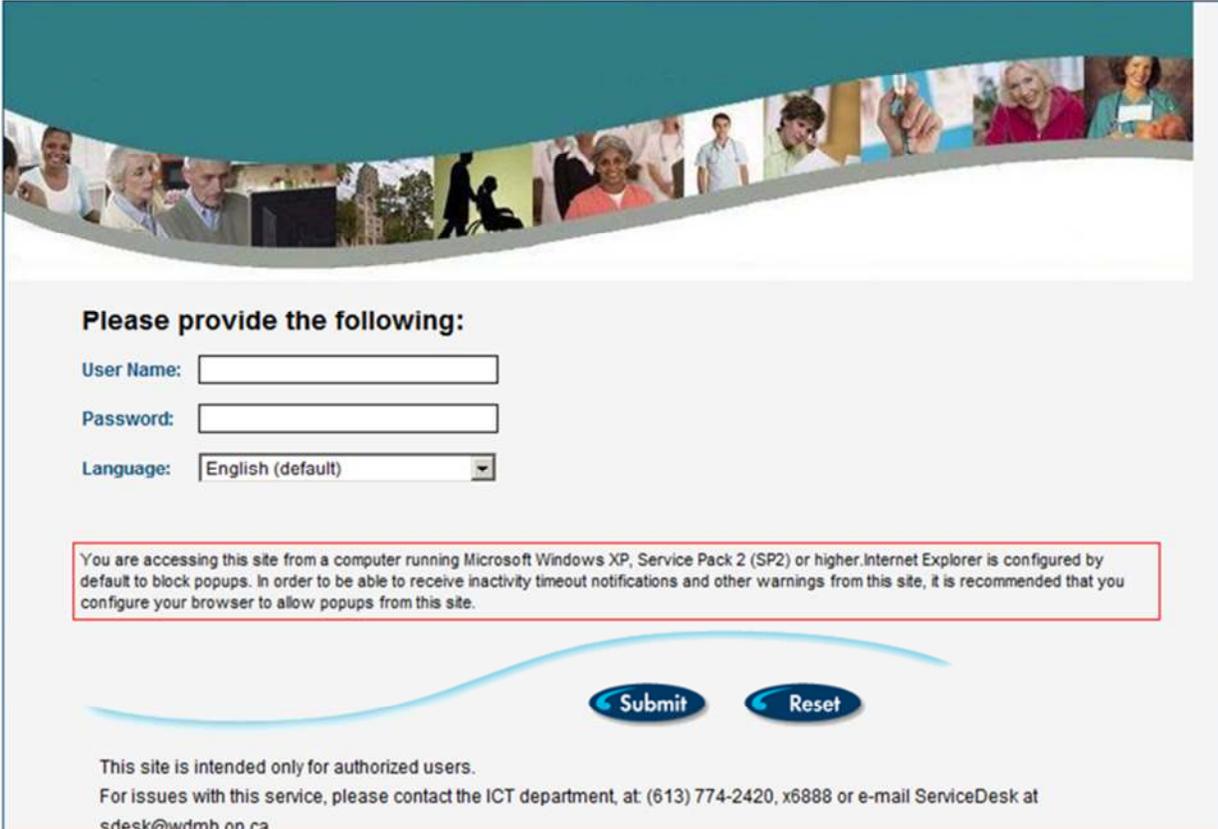


Figure 1b: Administrator privileges

- If this screen appears:
 - Contact your organizations' service desk

- Ask your service desk representative to go into your computer with administrative rights and allow the ActiveX installation.
- In the meantime, you may click on “Continue with LIMITED Functionality” on the bottom right corner of your screen. This option permits you to use all the features of eConsult.
- If you are successful in downloading ActiveX, the following screen should appear



Please provide the following:

User Name:

Password:

Language:

You are accessing this site from a computer running Microsoft Windows XP, Service Pack 2 (SP2) or higher. Internet Explorer is configured by default to block popups. In order to be able to receive inactivity timeout notifications and other warnings from this site, it is recommended that you configure your browser to allow popups from this site.

This site is intended only for authorized users.
For issues with this service, please contact the ICT department, at: (613) 774-2420, x6888 or e-mail ServiceDesk at sdesk@wdmh.on.ca.

Figure 1c: Login screen

- Enter your pre-defined **User Name**, **Password**, and **Language** and select the **Submit** button.
- You will be required to change your **Password** when you use the application for the first time.
- Your new password must have at least **eight (8) characters** including:

- One uppercase letter
 - One lowercase letter; and
 - A number or symbol
- Keep your username and password in a secure location.
 - If you are logged on, but not actively using the site for approximately 10 minutes, the system will log you out. Login again with your username and password.
 - If you exceed three attempts to log on, this screen will appear:

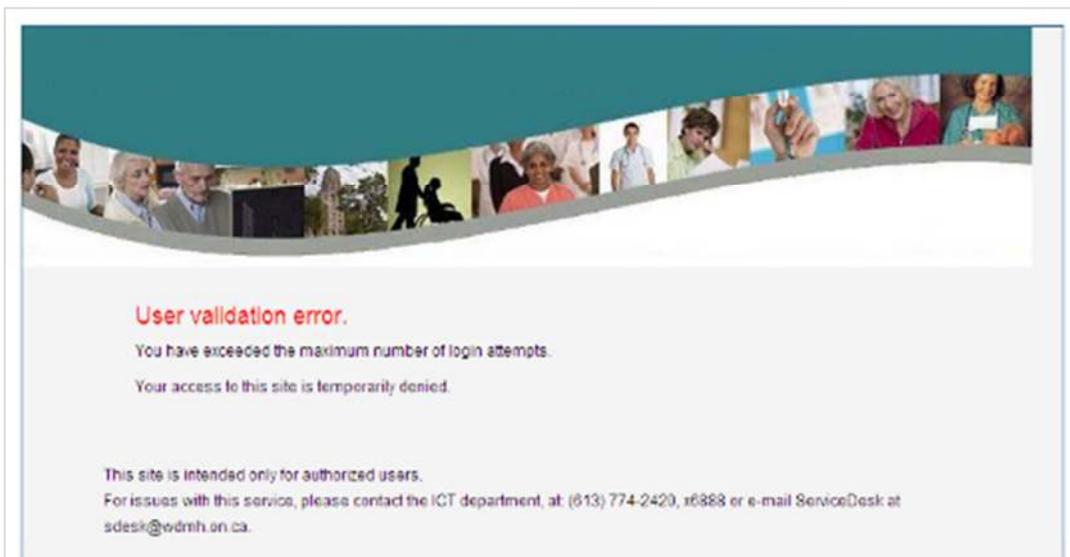


Figure 1d: Exceed maximum number of login attempts

- Close your current browser window, wait a few seconds and open a new session.
- Re-enter your login information.

2. Opening eConsult form

- Click on **Create eConsult** on the left hand side of the screen to open a form.

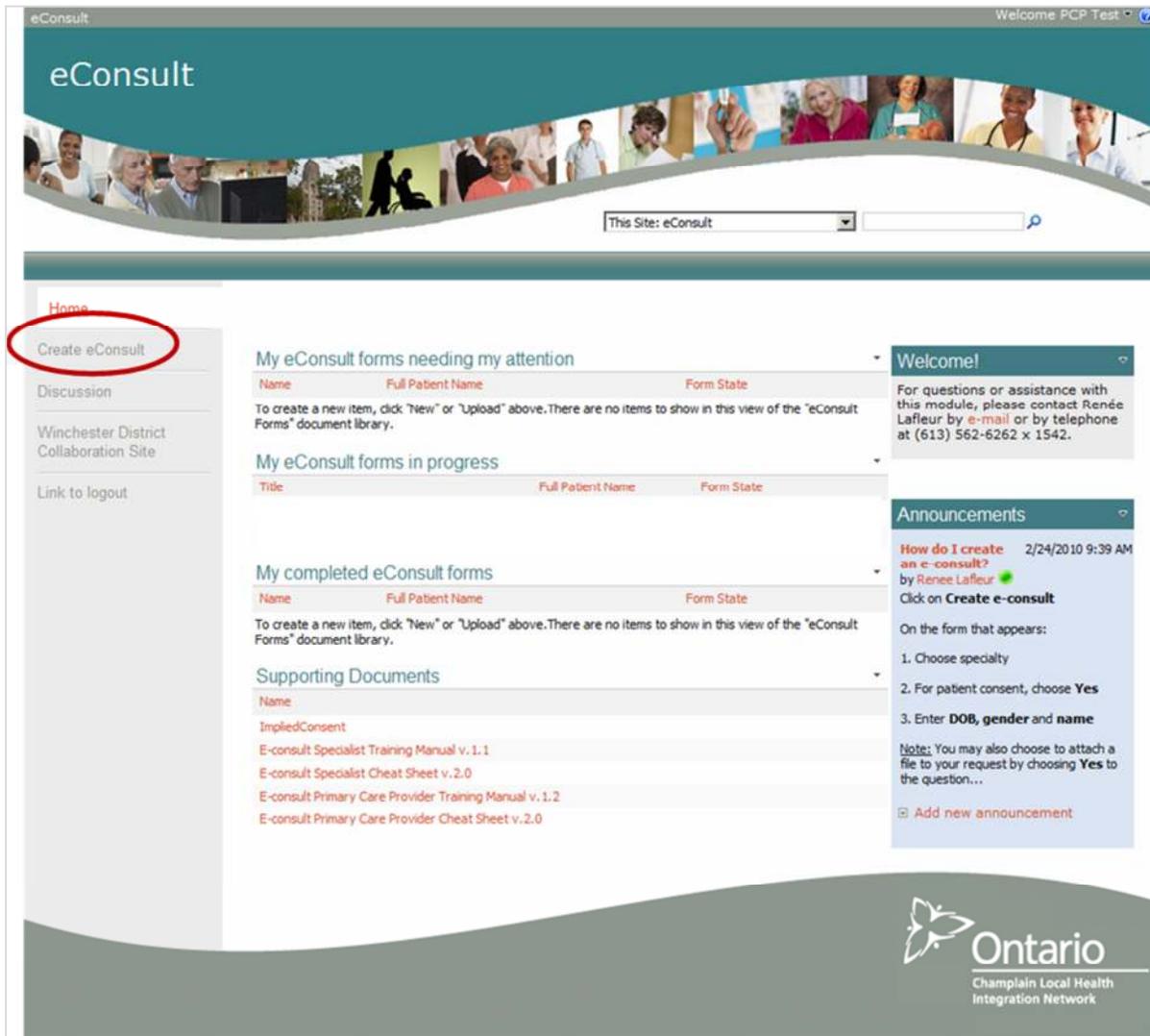


Figure 2: e-consult Homepage

3. Completing an eConsultation: Step by Step Instructions

- Complete the form by filling all required information, Step by Step. The mandatory fields are marked by a red star (*).
- **Step 1- Date:** Today's date will automatically appear. Please verify that it is the correct date. If not, use date picker to change to today's date.

- **Step 2 - Consultant:** Select a specialty to which this eConsult is to be submitted.
- **Step 3 – Patient Information:** Please enter patient's information. If the patient has given consent for the Primary Care Provider to create this eConsult, choose **YES** from the drop-down menu. You must choose **YES** for the form to be sent, otherwise, the **SAVE and SEND** button will be disabled at the end. Please provide any additional information that would assist the specialist to make an informed recommendation.

State: Requester: Unsubmitted
Version 3.49

e-Consultation Pilot Project

NOTE: -The system will log you out after **20 minutes** of inactivity - you can **save** your information at any point by clicking on the save button
 -It may be necessary to **submit twice**, the form will automatically close when the form has been successfully submitted.

Primary Care Provider

Today's Date: **October 19, 2010**

Consultant

Please Select Consultant Specialty. *

Patient Information

Does the patient consent to this eConsultation?

* * *
Date of birth
(dd /mm/ yyyy)

* Select...
Gender

*
Given Name

*
Surname

Pertinent information concerning the patient that will assist the consultant to assess the case properly and ultimately generate an informed recommendation.

Please provide information concerning the patient in the space provided below (i.e. allergies, nutrition, social history). Note that you can also attach electronic files to this request, in which case the text below will be complementary to the attachments(field will automatically adjust to amount of text).

Figure 3a: e-consult form – Steps 1-3

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- If you desire to attach electronic files to your eConsult, choose **YES** from the drop-down menu, and attach any relevant documents by clicking on “**Click here to attach a file**”. If not, choose **NO**.

Would you also like to attach relevant electronic files to this request? Yes

If the answer is **YES**, please upload documents here and use the text field below to identify each document that is uploaded. (Examples of documents may include: Electronic Medical Record, Laboratory Results, Radiology Results and Imaging Results).

Click here to attach a file Click here to attach a file Click here to attach a file Click here to attach a file

Figure 3b: Attach files

- **Step 4 – Consultation Request:** Please type in your question in the blank space provided at the bottom of this section. If possible, please include the elements suggested at the top of the section (i.e. Reason for consultation, etc.). **N.B.** A clearly formulated question will assist the consultant in providing a clear recommendation.

Consultation Request

Consultation request should include the following elements (if applicable):

- Reason for consultation
- Specific treatments already prescribed
- Suggestions for possible treatments (i.e. I would like to optimize current treatment; I am inquiring about an alternative approach to the problem)

Please type request in the space provided below (field will automatically adjust to amount of text).

N.B. A clearly formulated question will assist the consultant in providing a clear recommendation.

Save

Figure 3c: e-consult form – Step 4

- **Step 5 – Primary Care Provider Information:** Your contact information is automatically entered. Please ensure that your information is correct. It is possible to delete the text in the field and change your contact information.

Primary Care Provider Information

Please ensure that your contact information is correct.

User ID: [] Primary Care Provider Name: []

Street Address: [] City/Municipality: [] Province: Ontario [v] Postal Code: []

Telephone: [] Facsimile: [] E-Mail: []

Request Submission

Request is to be processed in 1 week on:
 October 26, 2010

A notification will be sent to [] when:
Please verify your email address

- Recommendation is made
- Consultant requests additional information
- Consultant requests appointment for referral

Save and Continue Working Save and Close Save and Send

Figure 3d: e-consult form – Step 5

- **Request Submission:** Please note in the dark green section the date of completion for this eConsultation. Specialists will try to respond to all eConsultations within 7 days.
 - You may wish to **Save and Continue Working** on this eConsult or
 - **Save and Close** and submit at a later time or
 - **Save** and **Send** the eConsult.
 - You may access a saved eConsult by going to the eConsult homepage under the heading **“My eConsult forms needing my attention”**. Click on the desired form, which is identified by the date of creation under the **“Name”** column (See Figure 2, p. 8).

4. Notifications

- Please verify that the email address in the eConsult form is correct.
- A notification email will be sent to the desired email address when:
 - A recommendation is made by the specialist
 - Additional information is required
 - A referral is suggested

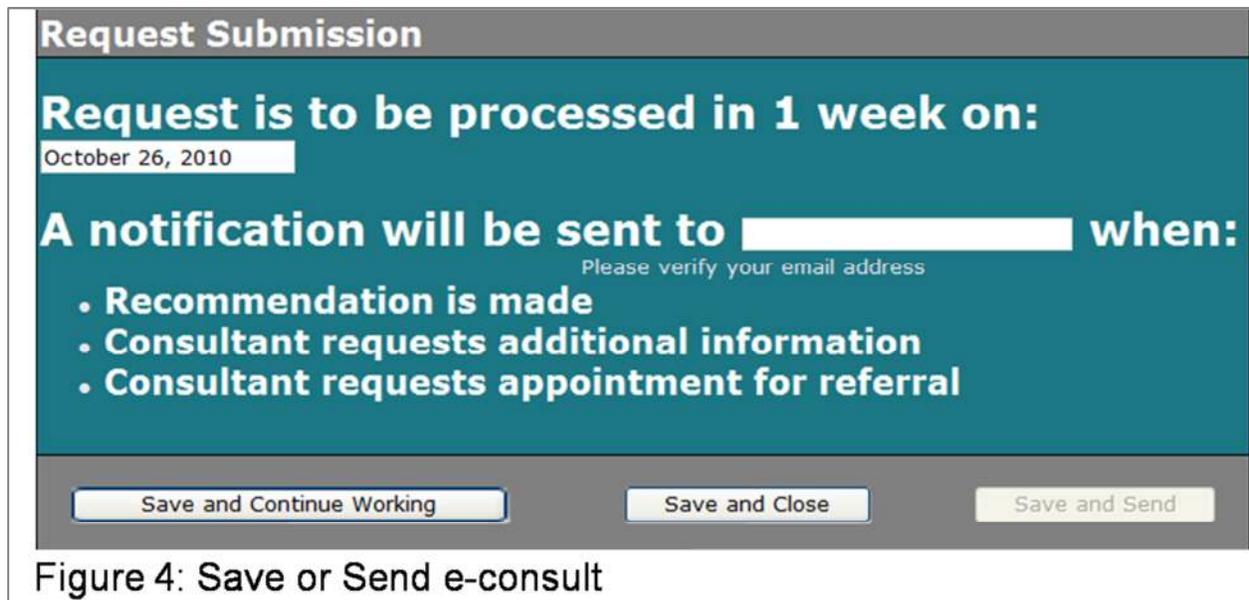


Figure 4: Save or Send e-consult

5. Viewing a recommendation

- Once a specialist has reviewed your request, you will receive an email notification. The sender's address is: nintex@hinworks.on.ca. Please verify your junk mail folder regularly for eConsult recommendations. **Do not reply to this email address.**
- A short cut will appear in the notification email. Click on the link to access the eConsultation through the SharePoint environment. You will need to login with your **User Name** and **Password**. If you have trouble logging in, please refer to troubleshooting tips on page 27 of this document.

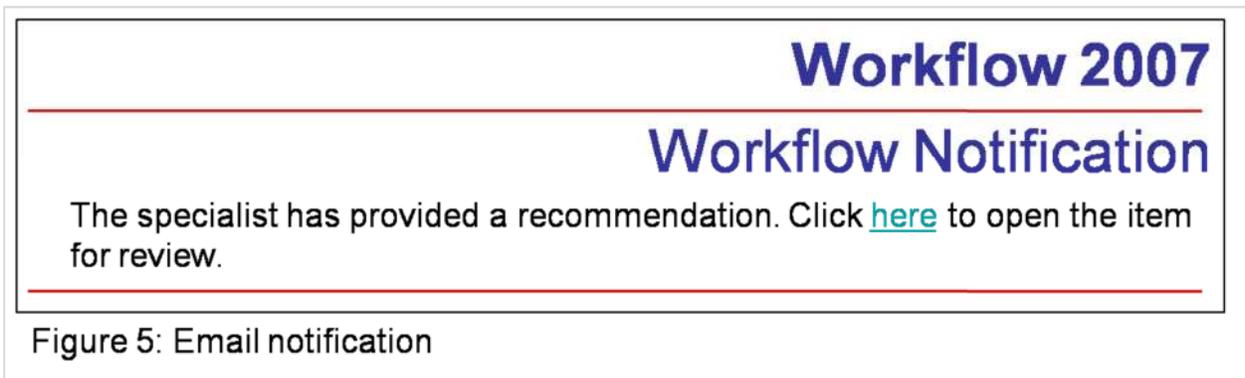


Figure 5: Email notification

- To view the response from the specialist, scroll down in the **Specialist Recommendation Form** and view response that is located in the section entitled “**Specialist Response:**”
- If you are satisfied with the response to your inquiry, you may “**Save and Continue Working**” or close the eConsult by selecting the button: “**Close eConsult**”.

6. Additional information

- If the specialist requires additional information, clarification on the recommendation or if you wish to pose an additional question.
- Information that was previously entered is greyed-out to indicate that it is non-editable (Figure 6a).

Primary Care Provider More Information

Date the Request was Submitted: **October 19, 2010**

Primary Care Provider Information

Tel: Fax:
Email:

Patient Information

03 05 1997	Male	Testing	Tester
Date of birth (dd/mm/yyyy)	Gender	Given Name	Surname

Attached files:

<input type="button" value="Click here to attach a file"/>	<input type="button" value="Click here to attach a file"/>	<input type="button" value="Click here to attach a file"/>	<input type="button" value="Click here to attach a file"/>
--	--	--	--

Specific Question

For your initial eConsult request:
This is my consultation request

Figure 6a: Additional information

- Any text entered by the specialist will appear in blue font in the text box entitled: **"The specialist has asked for more information"**. The specialist may have attached documentation for your reference (Figure 6b).

Specialist's Response

The specialist has asked for more information:
This is the information that I need you to provide.

The specialist may have also attached the following files:

Click here to attach a file Click here to attach a file

Figure 6b: Additional information

- You may wish to:
 - Continue with this eConsult by choosing **“YES”** in the drop-down menu and type your response in the text box provided or attach any documents that the specialist has requested (Figure 6c).

Do you want to continue with this eConsult? Yes

Please type the response to specialist's request in the space provided below (field will automatically adjust to amount of text).

Would you like to include attachment(s) that you feel would be beneficial to the Specialist? Yes

You may also attach documents that were requested by the specialist here (please use text box below each file to identify the type of document):

Click here to attach a file Click here to attach a file Click here to attach a file Click here to attach a file

Figure 6c: Additional information

- You may also choose to decline to send additional information and close eConsult by choosing “**No**” in the drop-down menu. This may occur if the patient’s situation has been resolved or the patient is no longer under your care. If this is the case, please provide a reason for closing eConsult in the space provided (Figure 6d).

Do you want to continue with this eConsult? **No** ▼

If you do not want to continue with this e-consult, you can decline; but please, provide a reason:

Save and Continue Working Decline and Close e-consult

Figure 6d: Additional information

- You may wish to **Save and continue working** or you may wish to **Decline and close** eConsult.
- You may access a saved eConsult by going to the eConsult homepage under the heading “**My eConsult forms needing my attention**”. Click on the desired form, which is identified by the date of creation under the “**Name**” column (See Figure 2, p. 8).

7. Accepting a referral/Scheduling an appointment

- If you receive a notification email from the specialist with a suggestion of having a face-to-face referral, click on the link in the notification email to access the eConsult. You will need to login with your **User Name** and **Password** once again.
- After reviewing the specialist’s comment for recommending a referral, you may wish to:
 - Accept a referral and close eConsult. In this case, the eConsult will be closed and prevent any further inquiry. You may contact the specialist directly through your normal lines of communication (i.e. phone, fax) to make an appointment for your patient (Figure 7a).

Referral Request

The specialist has provided the following comment:

Would you like to proceed? Yes

Yes, make a referral and close eConsult

Figure 7a: Referral request

- Decline a referral but pose an additional question. This may occur if the case is not urgent or if the patient refuses to travel to see the specialist (Figure 6b).

Referral Request

The specialist has provided the following comment:

Would you like to proceed? No

You do not wish to proceed with a referral but you require additional information or wish to ask another questions.

Please pose your inquiry space provided below:

You do not wish to proceed with a referral at this time, and wish to close e-consult.

Figure 7b: Referral request

- o Decline a referral and close eConsult. This may occur if the patient's situation has been resolved or the patient is no longer under your care (Figure 7c).

Referral Request

The specialist has provided the following comment:

Would you like to proceed? No

You do not wish to proceed with a referral but you require additional information or wish to ask another questions.

You do not wish to proceed with a referral at this time, and wish to close e-consult.

Please indicate why below:

Save

No referral, and close eConsult

Figure 7c: Referral request

8. Completed request

- The completed request demonstrates the exchange in a chronological order and is greyed-out to prevent any loss of information. Any attachments are listed in the order as they would have appeared during the exchange.
- The following example is for a Primary Care Provider that was requested to provide additional information (Figure 8a and 8b).

Completed Request

Version 4.0

ID:

State: Submitted

Date:

10/18/2010

Dates

Submitted Date: Response Date:

Primary Care Practitioner Information

Primary Care Practitioner Name

<input style="width: 95%;" type="text"/>			
Street Address	City/Municipality	Province	Postal Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Telephone	Facsimile	E-Mail	

Patient Information

<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/>	<input style="width: 60px;" type="text"/> <input style="width: 20px;" type="button" value="Select..."/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of birth (dd /mm/ yyyy)	Gender	Given Name	Surname

Attachments:

Image 1:

Image 2:

Image 3:

Image 4:

Figure 8a: Completed request

The requester also has provided the following additional information concerning the patient.

The requester has also attached the following documents concerning the information that was requested.

Attachments:

Image 1:

Image 2:

Image 3:

Image 4:

Figure 8b: Completed request

- The final outcome of the exchange can be found at the bottom. The various possible outcomes are:
 - The specialist has asked for more information:
 - The specialist has provided the following recommendation:
 - The specialist has provided the following reason for a referral:
 - The specialist may have also attached the following files:
 - The request was cancelled prior to completion (Figure 8c).

Specialist

Consultant Name

Street Address

City/Municipality

Province

Postal Code

Telephone

Facsimile

E-Mail

Outcome

The request was cancelled prior to completion.

Close

Figure 8c: Complete request

9. EConsult reply satisfaction survey

- Once the eConsult is closed, you will receive an email notification alerting you to complete an online survey regarding your satisfaction with the eConsult reply.

e-Consultation Reply Satisfaction Survey v.1.0					
Please read and then answer each question carefully. Thank you for your participation.					
1. Please select the option that best reflects your level of satisfaction.					
<i>A. After reviewing this consultation reply, how satisfied are you with the...</i>					
	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
1. Information provided in the consultation reply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Clarity of the consultation reply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Organization of the consultation reply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Timeliness of the consultation reply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Length of the consultation reply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Documentation of recommended follow-up arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Rationale for recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Educational value of consultation reply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Overall helpfulness of the consultation reply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 9a: Reply satisfaction survey

2. Please type your response in the spaces provided below. Text box will adjust to amount of text.

A. *What changes would make this consultation reply more useful?*

B. *Please provide any further comments/feedback on the e-consultation service/reply.*

Click Send to Submit Survey

Send

Thank you for your feedback.

Figure 9b: Reply satisfaction survey

10. End of study survey

- Once the eConsult Pilot Project is complete (March 2011), you will receive an email notification alerting you to complete an online survey regarding the eConsult process.
- As the eConsult project is still in its proof of concept phase, it is important for the research team to receive feedback to ensure that we keep improving the process.

e-Consultation End of Study Primary Care Provider Survey

Please read and then answer each question carefully.
Thank you for your participation.

1. Have you used the e-consultation service?

2. If you answered YES to question #1, please proceed to question #6.

3. If you answered NO, please select all that apply:

- No appropriate patients in the time frame
- Too cumbersome of process
- Would take too much time
- Did not feel it would be valuable
- Did not feel comfortable sharing patient information through SharePoint
- Did not feel comfortable using consultants available through e-consultation service
- Other (please specify)

4. What would have made it more likely for you to use the e-consultation service?

5. Please provide any other feedback on the e-consultation project/service.

6. Please select the option that best reflects your level of satisfaction.

A. With respect to the e-consultation process...

Figure 10a: End of study survey

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	n/a
E-consultations are a feasible way to improve patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The e-consultation process was a faster way to provide advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compared to the current consultation-referral system, an e-consultation system has the potential for me to save time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The e-consultation process can be integrated into my clinic workload without difficulty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The e-consultation process improved the relationship I have with consultants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was comfortable providing advice through an e-consultation. Most of the time I had enough information to delivery quality care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The e-consultation process should be expanded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SharePoint has facilitated the e-consultation process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SharePoint was user friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Please type your response in the spaces provided below. Text box will adjust to amount of text.						

Figure 10b: End of study survey

A. *What changes would you suggest for the e-consultation process/service?*

B. *What barriers do you envision for other primary care providers to participated in an e-consultation service?*

C. *Please provide any further comments/feedback on the e-consultation service.*

Click Send to Submit Survey

Send

Thank you for your feedback.

Figure 10c: End of study survey

11. Troubleshooting tips

Issue	
	The application is not opening.
Possible Solutions	
	<ul style="list-style-type: none">• Verify that your internet connection is working.• Verify that your browser permits pop-ups. In your browser toolbar go to Tools > Pop-up Blocker > Turn off Pop-up Blocker• You may be asked to install Active-X.

Issue	
	I cannot logon.
Possible Solutions	
	<ul style="list-style-type: none">• Ensure you are entering the correct username and/or password. Your User Name should be in the following format: firstname.lastname. Confirm with the eConsult support team if necessary.• Ensure caps lock is off. Passwords are case sensitive.• If you attempted to logon 3 times and failed (i.e. entered the wrong username and/or password 3 times) your account will be locked. You need to contact the eConsult support team and have your account unlocked.

Issue	
	I cannot open a new eConsult form
Possible Solutions	
	<ul style="list-style-type: none">• Ensure that the eConsult homepage is displayed in your browser.• Click on “Create an eConsult” on the left hand side of the screen. See Opening an eConsult on page 2 and follow the step-by-step instructions on page 3• If you still have trouble opening a new eConsult form, contact the eConsult support team.

Issue	
-------	--

	I cannot open an existing eConsult form
Possible Solutions	
	<ul style="list-style-type: none"> • You may access a saved eConsult by going to the eConsult homepage under the heading “My eConsult forms needing my attention”. • Click on the desired form, which is identified by the date of creation under the “Name” column (See Figure 2, p. 8). • You may only select a form if it is written in red or marked New! • If the form is written in black, it means that the eConsult has not been assigned to a specialist OR the specialist has not sent a response

12. eConsult support

Hotline
Please follow the automated instructions. The following questions are necessary for the support team to assess your technical difficulty properly and respond in a timely manner.
Dial: (613) 774-6536
Greeting: Welcome to the LHINWorks technical support hotline. To report your issue, answer the following questions. After answering each question, please press #.
<ol style="list-style-type: none">1. First, what is your name?2. Next, what is your number and e-mail address in which to reach you at?3. Next, what organization do you work for?4. Next, what is your role within the organization?5. Next, what is the site you are trying to access?6. Next, what is the issue you are experiencing?

Email
Please type eConsult Support in the Subject box
Address: sdesk@wdmh.on.ca
When describing your problem, please include the following elements into your inquiry:
<ol style="list-style-type: none">1. First, what is your name?2. Next, what is your number and e-mail address in which to reach you at?3. Next, what organization do you work for?4. Next, what is your role within the organization?5. Next, what is the site you are trying to access?6. Next, what is the issue you are experiencing?

Thank you for using eConsult