Background

Access to specialty advice remains a barrier in the Canadian Health Care system. Over the last decade, novel solutions have emerged that aim to harness our increased connectivity in order to address barriers to care access. Two such technologies are electronic consultation (eConsult) and electronic referral (eReferral):

- **eConsult:** a secure, online platform allowing primary care providers (PCPs) and specialists to communicate asynchronously (i.e. not in real time) about a patient's care. PCPs may gain advice allowing them to treat the patient without initiating a face-to-face specialist visit.
- **eReferral:** a system, often integrated into an electronic medical record, that automates the referral process, and may or may not include eConsult capabilities.

During the eConsult/eReferral National Forum held on November 1, 2018, a group of PCPs, specialists, decision-makers, and patients from across Canada met to discuss issues affecting eConsult's spread and scale across Canada. Among these were two table-top sessions addressing the integration of eConsult and eReferral models into a single service.

Discussion Highlights

The following considerations emerged from the Forum regarding integration of eConsult and eReferral:

1) **Importance of integration**
   Participants emphasized the value of integrating eConsult and eReferral into a single service, with one participant noting: *"the Holy Grail is a fully integrated system with everything patient-centered and all of the data always updated and available to everybody who needs it."*

   - Participants saw eConsult and eReferral as inherently compatible: *"I'm very troubled that we operate an eConsult service and we don't operate the eReferral, [...] because for the provider and the patient it's essentially the same."*
   - Integration would help streamline workflows and improve efficiency: *"If we can start having some conversations on how to pull [eConsult and eReferral] together, I think it's better for patients, better for clinicians to drive that, that standardization, that workflow process, that efficiency gain."*
   - Further integration with EMRs was further cited as beneficial: *"when you can have eReferral integrated into the EMR then that's reducing on that workflow so significantly."*
   - Standardization is an ongoing challenge when trying to combine or streamline services, as users are often reluctant to embrace change: *"Everyone's in favor of standardization as long as you use their form."*

2) **Reconciling perspectives of PCPs and specialists**
   As PCPs and specialists see the consult process from opposite ends, participants noted that the two groups sometimes have different or competing views of how the service should work, which can lead to difficulties.

   - Vendors cited the competing preferences of PCPs and specialists as a challenge to service design: *"[PCPs] would like to take an old paper prescription pad and write 'see patient re: knee,' [while the*

specialist] would like to know War and Peace about that patient. And so you've got to find that middle ground and you know you've got it when both aren't really happy."

- Participating specialists noted that many referrals are incomplete and do not include the information they need to make a clear assessment of the patient.
- Specialists noted that this stems in part from a lack of training: *"[there is] no consistent curriculum [...] around what information should go on a quality referral."*
- Participating PCPs noted that the sheer volume of forms they are required to complete on a daily basis may contribute to the lower quality of responses. One physician noted that PCPs in their region complete on average 25 to 30 forms a day: *"That translates into somewhere between an hour and two hours pro bono work. Every day. [...]So the forms that come back incomplete may be because that was form number 29. And I really want to get home to supper."*
- Participants from both groups stressed the need for communication to ensure the perspectives of both parties are clearly understood.

3) Deciding if a case is an eConsult or an eReferral
Providers discussed the issue of who determines whether a case becomes an eConsult or an eReferral.

- PCPs saw eConsult/eReferral as an extension of the Patient-Centered Medical Home, and argued that making the PCPs the driver of referral decisions hewed closer to this model of care by *"empowering the [PCP] to decide whether something is an eConsult or an eReferral right from the get-go."*
- Specialists noted that an eConsult and an eReferral demand different amounts and types of information: *"I don't need to know their family history. Stuff that I would need to do an eConsult, I don't need in an eReferral. You just need to give me the basics. I need to get the patient in the room and sort it out."*
- PCPs expressed frustration at the idea of submitting all referrals as possible eConsults, as there are situations where they are certain a referral is needed. One PCP offered an example of a patient with a fracture *"[who] needs an orthopedic surgeon. I don't need an eConsult to affirm that with me. I just need to get this person to an orthopedic consult."*
- Participants decided that the preferred approach would be allowing PCPs to decide whether to submit as an eConsult or eReferral, while allowing specialists to respond with a suggestion for another approach when necessary.

Summary and Recommendations
The following suggestions emerged from the table-top discussions on eConsult/eReferral integration:

- Integrate and streamline the referral request process as much as possible to limit provider burden.
- Develop clear guidelines on what constitutes an effective eConsult/eReferral.
- Ensure the service is patient focused, and acknowledge that its purpose is *"really bringing expertise to the patient, not getting the patient to go to expertise."*
- Design forms that balance the needs of PCPs (e.g. streamlined process, minimal disruption) and specialists (e.g. sufficient information, clarity of patient issue). Consider creating prompts within the platform that identify what information is essential to include with an eConsult/eReferral.
- Provide clear examples and rationale for *why* certain pieces of information are important, as PCPs may be more likely to understand why they are dedicating time to the task: *"if you incorporate that into some of your thinking around forms, if you let them know why it's important that they have to fill in a special form, [...] they'll still not want to fill in the form but they'll probably do a better job of filling it in."*
- Ensure that the service does not eliminate clinical decision making at the PCP or specialist end.
- Minimize change where possible: *"the best form of change management is the least amount of change."*