

# Opinion

## Specialist Participation in e-Consult and e-Referral Services: Best Practices

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### Abstract

*Electronic consultations (eConsults) and referrals (eReferrals) are being implemented to improve access to specialist care. As eConsult and eReferral services rely on a roster of engaged specialists for their success, careful attention must be paid to how the term “specialist” is defined, what criteria inform specialist recruitment, and how quality of specialist responses can be monitored and maintained. Key considerations, informed by our personal experiences, review of best practice documents, international frameworks of specialists roles and competencies and a focused small group discussion among providers, health service planners and researchers for each of these important elements is discussed. Individuals participating in services should receive clear expectations around their role and responsibilities and be provided equitable access assuming they meet the necessary requirements. Training and feedback should be provided to ensure timely, quality responses. Paying attention to these key elements will reduce confusion, frustration and disengagement amongst specialists and ensure high quality responses.*

**Keywords:** e-consult, e-referral, specialist guidelines, telemedicine

### Introduction

Access to specialty advice remains a barrier to effective health care. Emerging digital health technologies have begun to change the referral-consultation process between primary and specialized care. Two such technologies are e-consult, a secure platform allowing primary care providers (PCPs) and specialists to communicate asynchronously about a patient's care, and e-referral, a system that automates the referral

process to specialized services, and may or may not include e-consult capabilities. A growing body of evidence has shown that e-consult and e-referral services improve access to specialist care, deliver high rates of patient and provider satisfaction, and lower costs.<sup>1-3</sup>

As e-consult and e-referral services rely on a roster of engaged specialists for their success, careful attention must be paid to how the term “specialist” is defined, which criteria inform specialist recruitment, and how quality of specialist responses can be monitored and maintained. In this commentary, we provide an overview of key considerations on these issues, informed by our personal experiences as the cocreators of an e-consult service alongside a review of best practice documents, international frameworks of specialists roles and competencies (Royal College of Physicians and Surgeons of Canada CanMEDS), and a focused small group discussion among providers, health service planners, and researchers held at a national e-consult/e-referral forum on November 1, 2018.

### Key Considerations

#### DEFINING A SPECIALIST

Every e-consult/e-referral service must identify how they define a specialist, which specialists/specialties the service will include, and what requirements specialists must meet to participate. A straightforward definition of a specialist is to include anyone who has completed training in a specialty/subspecialty recognized by a national credentialing organization. However, some clinical specialties (e.g., transgender) lack a means of formal recognition, and instead refer to clinicians who have developed an above-average level of expertise in the area, limits their practice to particular patient type, and are recognized as experts by patients and their peers. In addition, nonphysician specialists such as advanced practice nurses, pharmacists, social workers, and psychologists are desirable additions to many e-consult/e-referral services, but do not receive specialist accreditation. Where available, formal certification is desired, but flexibility on including and appropriately naming less formal expertise may be required.

#### DETERMINING WHICH SPECIALISTS TO INCLUDE

To succeed, e-consult/e-referral services must offer prompt access to specialists who are experts in their field and

**Table 1. Core Competencies Relevant to e-Consult/e-Referral Services Based on CanMEDS Framework**

ROLE	DESCRIPTION
Medical expert	Practice medicine within their defined scope of practice and expertise. Scope of practice of specialists should be considered in how information is organized and presented to referring providers.
Communicator	Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy. The "medical encounter" is different with an e-consult as no direct patient interaction occurs.
Collaborator	Work effectively with physicians and other colleagues in the health care professions. e-Consult and e-referral services are opening up communication channels between providers. Collegial informative replies will improve collaboration. Being aware of resources available in the patient's community will provide opportunities to highlight other providers who may be able to assist in care.
Leader	Contribute to the improvement of health care delivery in teams, organizations, and systems, and engage in stewardship of health care resources.
Health advocate	Respond to the needs of the communities or population they serve by advocating with them for system-level changes in a socially accountable manner.
Scholar	Engage in the continuous enhancement of their professional activities through ongoing learning.

enthusiastic about participating in the service. Participation should thus not be universal, but limited to those candidates who want to join and can contribute to a successful service. An ideal specialist:

- is a member of his or her professional organization in good standing (where applicable),
- has appropriate medical protective insurance,
- is comfortable with technology,
- can integrate the service into his or her workflow,
- completes onboarding activities (e.g., registration and training) promptly,
- meets privacy and documentation requirements, and
- is committed to providing timely collegial educational responses (particularly for e-consult services).

Whichever criteria are adopted for specialist selection, it should be clearly stated. Avoid excluding specialists unnecessarily.

Other factors affecting specialist recruitment are the number of specialists/specialties and their location of practice. The menu of specialties offered should reflect the needs of the community. As the gatekeepers of health care, PCPs see these needs firsthand, and their input should be sought regularly to guide the onboarding of new specialty groups. Maintaining regional communities of practice by connecting PCPs with specialists from their own regions is ideal where possible, although specialists from other regions can help fill gaps in local care, particularly for smaller communities.

The number of specialists required for a given specialty will depend on its demand. Specialists should receive enough

**Table 2. Key Elements of an e-Consult Reply**

NO.	ELEMENT
1	Current up to date advice that is evidence based where applicable.
2	Advice that is helpful and educational, including rationale or evidence for recommendations.
3	Patient-specific recommendations rather than general guidelines.
4	Each question is addressed.
5	Specific recommendations. For example, including cost and availability of tests or treatment that is recommended, doses/titration of recommended medications.
6	Recommendations that include anticipatory guidance such as which key features would prompt further workup (i.e., red flags) and what to try next if recommendations are not effective.
7	Specific advice as to when a face-to-face referral would be indicated.
8	Recommendations that are actionable by the requesting provider (e.g., local resources) are available if needed.
9	Clear organized responses that ensure key information is easy to find.
10	A professional and supportive tone that invites further back and forth communication where appropriate.

e-consults to avoid disappointment or become out of practice with the service, but not too many to effectively manage within the expected timeframe.

Lastly, the decision on which specialists to recruit is different in cases wherein an e-referral service becomes the only way to access one or more specialty groups. For instance, the Los Angeles Department of Health Services made its e-consult service the default pathway for all referrals, allowing specialists the option to respond with an e-consult instead of accepting an in-person referral. In such cases, all specialists will need to participate in some way.<sup>4</sup>

### QUALITY ASSURANCE FOR SPECIALIST REPLIES

When implementing an e-consult/e-referral service, it is important to establish clear standards for the quality of specialist responses, and ensure these standards are upheld. Typically, standards of care are determined by the provider's professional college. However, as new models of care, e-consult/e-referral services require their own standards, which should be clearly articulated to users through training, individualized feedback, and continuing professional development. National or other regulatory bodies can also provide guidelines useful to determining core competencies, such as the CanMEDS framework developed by the Royal College of Physicians and Surgeons of Canada (*Table 1*).<sup>5</sup>

Although consultation letters sent postreferral in the traditional referral-consultation process can provide a template for preferred e-consult responses, the two forms of communication are not entirely analogous. Consultation letters serve to summarize what the specialist gathered during the face-to-face visit and potentially offer next steps for both parties, whereas an e-consult reply is based solely on the material provided by the PCP, who remains the most responsible provider and is ultimately charged with deciding whether or not to action the specialist's advice (though responding specialists have nevertheless entered a duty of care for the patient). As such, specialists should expect referring PCPs to provide necessary information about the patient's problem, the clinical question to be answered, patient details, and relevant investigations, treatments, and medication. Specialists should also be able to request further information when needed, and recommend a referral in cases wherein they deem a face-to-face visit would be more appropriate. A tool developed by our team using a nominal group technique identified 10 key components of an effective e-consult reply (*Table 2*).<sup>6</sup>

### Summary

As new referral-consultation models evolve, each service must define who to include as a specialist, including discipline and certification requirements. Individuals partici-

pating in services should receive clear expectations around their role and responsibilities. When participation is mandatory to receive referrals, specialists within a region or institution should have equitable access assuming they meet the necessary requirements. Specialists should receive the training and feedback necessary to ensure timely quality responses. Without paying attention to these key elements, there is risk of confusion, frustration, disengagement, and poor-quality responses.

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