



# eConsults versus Traditional Consults: Provider Perception and Satisfaction

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## BACKGROUND

Accessing specialty care is a significant problem across many health care systems due to increased wait times, cost, and travel burden faced by patients (Liddy, Drosinis, & Keely, 2016). This can be detrimental to overall patient health, as it results in delays in establishing diagnoses and treatment plans that could be potentially life saving (Liddy, Afkham, Drosinis, Joschko, & Keely, 2015). Primary care providers (PCPs) have also reported dissatisfaction related to increased time between provider communications, leading to unnecessary duplicate testing and poor patient outcomes (Liddy, Drosinis, & Keely, 2016). Electronic consults (eConsults) have more recently been implemented as a means of improving access to specialty care; however, little research has been done to identify provider perception and satisfaction.



## PURPOSE

The purpose of this evidence-base project was to review the literature to evaluate and compare electronic specialty consults (eConsults) to traditional, face-to-face specialty consult's in terms of provider perception and satisfaction in order to make practice recommendations regarding the use of eConsults.

## METHODS

The project was conducted following the steps of the EBP process leading to high quality healthcare and best patient outcomes outlined by Melnyk and Fineout-Overlook (2015). Specifically, we 1) cultivated a spirit of inquiry, 2) asked a burning clinical question in PICOT format, 3) searched for the best evidence to answer the PICOT question, 4) conducted a rapid critical appraisal of the studies found from the search, 5) evaluated and synthesized the evidence, and 6) determined if there was enough valid and reliable evidence to make a recommended practice change in clinical practice.

## RESULTS

- CINAHL, MEDLINE, and Cochrane databases were searched for this synthesis with dates ranging from 2009-2016.
- The simultaneous use of search terms *eConsults* and *specialty care* yielded 22 results. Initial inclusion criteria was the use of eConsults by humans in the United States, but was expanded to include international studies due to limited results. 10 met inclusion criteria. After further review, 7 were found to be relevant to the question. Rapid critical appraisal was then performed.

Author/Year	Number of Participants	Type of Study	Level of Evidence <sup>4</sup> /Strength <sup>3</sup>	Major Intervention	Major Finding
Augstman, et. al (2009)	63 PCPs and 21 specialists	Single cross sectional	Level V- Moderate	Use of eConsult to assess provider satisfaction.	73% PCP felt eConsult provided good care, 65% felt it was cost effective, 81% felt it was time efficient, 67% felt it was less disruptive, 5% felt it did not provide good medical care.
Kim, et. al (2009)	368 PCPs	Single cross sectional	Level V- Strong	Use of eConsults in safety net settings.	71.9% reported eConsults improved overall clinical care.
Liddy, et. al (2015)	137 PCPs	Mixed Method	Level VI-Strong	Chaplain Base eConsult system, data collected b/t 4/11-12/13.	91% PCPs report high value of service for patients. 93% PCPs report high value of service for themselves.
Liddy, et. al (2016)	36 studies	Mixed Method	Level I- followed PRISMA Level V-Moderate	eConsult system versus traditional specialty consult.	Majority of providers and patients expressed satisfaction.
Rodriguez, et. al (2015)	15 VA patients, 15 VA PCPs, and 4 VA specialists	Qualitative	Level VI-Strong	eConsult program in VA, data collected 12/09-08/10.	Patients and providers satisfied due to timeliness and improved communication.
Vimalanda, et. al (2015)	27 articles	Systematic review and Mixed Method	Level I- followed PRISMA Level V- Moderate	Use of generic eConsult system in US and internationally.	70-95% PCPs reported high satisfaction.
Wasfy, et. al (2014)	27 PCPs and 30 patients	Expert Opinion	Level VII- Weak	Use of eConsult system versus traditional cardiology consult.	All providers reported helpfulness of eConsult.

- Currently there are no practice guidelines for electronic consults or traditional consults.

## CONCLUSION

So far, research is favoring PCP's perceptions of eConsults as a cost effective and well-perceived modality. However, the research is limited, as the implementation of eConsults is a newer process and not widely used across healthcare systems. Therefore, the data is limited to studies utilizing small sample sizes and lacking rigor. These findings identify research opportunities to rigorously explore the effects of eConsults on healthcare costs and clinical patient outcomes. As America's healthcare system shifts its focus towards increasing access to care, reducing healthcare costs, and improving health, understanding more about the long-term implications of eConsults is warranted.

### References

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