

Sa1031 — 2020

Poster of Distinction

AGA

ENHANCED E-CONSULTS AT A FEDARALLY QUALIFIED HEALTH CENTER**Health-Care Delivery and Disparities and Quality***Health Care Delivery and Policy (Practice Management, Reimbursement, Access to Care, Policy)*

Presented on Saturday, May 2, 2020 12:30 PM

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Electronic consults (e-consults) are conducted by specialist providers, asynchronously using a digital platform, to provide guidance to a referring provider without need for a face to face clinic visit with the patient. The referring provider then communicates the recommendations with the patients. This has been shown to improve access to specialty care and decrease clinic wait times. However, in current models, specialists provide recommendations to the referring physician alone and seldom communicates directly with the patient. Requests for e-consults are at the discretion of referring providers, leading to underutilization of e-consult capabilities. We introduced an enhanced gastroenterology (GI) e-consult process at a large Federally Qualified Health Center to further improve quality and efficiency of GI care. GI providers reviewed every outpatient referral and that provider or GI nurse communicated directly with the patient when it facilitated and expedited care, for example when patients were directly scheduled for procedures or when more history is needed to make appropriate recommendations.

Methods

All new outpatient GI referrals were evaluated from Sept 6 to Nov 27, 2019. Each referral was reviewed by an attending gastroenterologist leading to one of three outcomes: endoscopy appointment without clinic appointment, clinic appointment only, or recommendations sent to referring provider via the electronic health record without endoscopy or clinic. During the e-consult, patients were directly called by the physician or nurse as needed to obtain information to help in decision making. If a patient could not be reached on three calls on separate days within 1 week of referral, a clinic appointment was made to ensure patient was not lost to care.

Results

A total of 759 e-consults were performed during the study period of 58 working days (mean of 13 referrals/day). Indications for referral are listed in table 1. Of these, 215 (28.3%) were further scheduled for a clinic appointment (mean of 3 clinic appointments scheduled/day). 289 (38.1%) referrals were scheduled directly for endoscopy without a clinic visit (mean of 5 endoscopies scheduled/day). Clinic visit was avoided in 535 (70.5%) of the patients (table 2). For 60% of referrals, the patient was called by the e-consult team, with the physician speaking to the patient in 156 (21%) of referrals. A majority (66.5%) of e-consults were completed in under 10 minutes of physician time. Average time between placement of gastroenterology referral and first completion of e-consult was 0.72 days.

Conclusions

An enhanced e-consult protocol where GI specialists reviewed every outpatient referral and called the majority of referred patients led to an avoidance of a large proportion of unnecessary clinic visits as well as streamlined endoscopy visits.

Table 1. Indications of e-consults

General GI	458 (60.3%)
Abdominal pain	116 (15.3%)
Blood in stool (overt)	79 (10.4%)
Heartburn	46 (6.1%)
Dysphagia	43 (5.7%)
Colon cancer screening/surveillance	119 (15.7%)
Hepatology	120 (15.8%)
Cirrhosis	54 (7.1%)
Abnormal liver enzymes	44 (5.8%)
FOBT positive	66 (8.7%)

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Table 1. Indications of e-consults

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Table 2. Outcomes of e-consults

Avoided clinic visit	535 (70.5%)
Scheduled for procedure without clinic	289 (38.1%)
Recommended against endoscopy	118 (15.5%)
Scheduled in clinic	177 (23.3%)
Scheduled in clinic because could not contact patient	38 (5%)

Table 2. Outcomes of e-consults

Disclosure: Z. Tang: No Conflicts; C. Soon: No Conflicts; S. Dubois: No Conflicts; D. Agrawal: No Conflicts;
