Background

The need for timely care and reasonable image has prompted research into novel ways of improving patient access to specialty care in a more expedient yet effective fashion. One such method is the adoption of a virtual consultation service such as an electronic consult (eConsult).

Traditional means of referral—consultation typically requires an initial patient visit with the specialist, specialist recommendation, and subsequent follow-up with a primary care provider. In many cases, this process incorporates lengthy wait times and multiple copay expenses for the patient, all in an effort to address a single problem.

In contrast, eConsults facilitate expedite primary care provider (PCP) access to specialist advice, while potentially eliminating the need for patient referral and scheduling to the pain clinic.

At our pain clinic, the eConsult tool serves to bridge the gap between primary and pain specialist care, while allowing for a means to document the interventions of clinical pain specialists (CPs) on veteran pain management.

Since its implementation in June 2013, pain eConsults have provided an avenue for PCPs to query clinical pain specialists regarding opioid dosing conversions, drug tapering regimens, drug screen interpretation, recommendations for opioid and non-opioid medication options, and the Florida prescription drug monitoring program.

Methods

Data were gathered via a retrospective review of the Computerized Patient Record System (CPRS) for all eConsults placed between July 1, 2013 and December 31, 2013.

A VA-validated feedback assessment questionnaire was modified and employed to gauge provider satisfaction with the tool using predetermined endpoints.

An audit collection and methodology was carried out in accordance with HIPAA standards for patient confidentiality.

This evaluation was part of an ongoing quality assurance program approved by the local research project committee. IRB approval was not required for the conduct of this project.

Objectives

- To evaluate the adoption of the eConsult program by PCPs for pain management at the West Palm Beach Veterans Affairs Medical Center (WPB VAMC) pain clinic
- To assess the utilization of, and satisfaction with, the eConsult tool from the perspective of PCPs
- To facilitate interventions of clinical pain specialists (CPS) on the gap between primary and pain specialist care, etc.

Data Collected

| TABLE 1 — Number of eConsults placed per month |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Jul             | Aug             | Sept            | Oct             | Nov             | Dec             |
| % (n/N)         | 9 (27/288)      | 7 (21/288)      | 8 (23/288)      | 22 (63/288)     | 23 (67/288)     | 30 (87/288)     |

Results

A total of 288 eConsults were placed to the pain management clinic over the pre-specified six-month period. Of these, the most common reason for consulting the pain clinic was to query the Florida prescription drug-monitoring program (PDMP), accounting for 27.3% of all consults placed (Table 1). Nearly half (47.7%) of the eConsults placed originated from neighboring community-based outpatient clinics (CBOCs). The average time spent answering each consult was 24.8 minutes. Seventy-six percent of the recommendations made were accepted and implemented (Figure 1). Only 8% (19 out of 233) of recommendations made were implemented, not implemented, partially implemented, or unimplemented (Table 2). The most frequently cited by PCPs as the most important factors determining their satisfaction with eConsults.

Conclusion

Over a 50% increase in the utilization of the eConsult tool for pain management was observed only 4 months after implementation, and over a 200% increase by month seven. PCPs were highly satisfied with the tool overall, but most importantly the timely access to pain specialist intervention afforded by its use. Majority (75%) of the providers questioned indicated that they would recommend use of the tool to their colleagues.

Acknowledgments

This presentation has been approved by the Scientific Advisory Committee as part of the facility’s ongoing performance improvement efforts, as defined by VHA Handbook 650-19.