

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117103](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117103)

Copyright: 

Poster Abstract

Electronic consultation as an essential implement for Continuity of Care

Jorge Casas Requejo, Continuity of Care Manager, Puerta de Hierro Majadahonda Hospital, Spain

M^a Ángeles Gómez Mateos, Continuity of Care Manager, EL Escorial Hospital, Spain

María Vicente Herrero, Continuity of Care Unity, SERMAS, Spain

Sonia García De San José, Medical Director, Puerta de Hierro Majadahonda Hospital, Spain

Marta Sanchez-Celaya del Pozo, Continuity of Care Unity, SERMAS, Spain

Correspondence to: **María Vicente Herrero**, SERMAS, Spain, E-mail: mvicenteh@salud.madrid.org

Abstract

Justification: In 2012 the electronics specialist consultant model was established to allow access to primary care specialties that can not be derived directly (Oncology and Hematology), and try to establish a channel of communication with those specialties most delayed the first consultation, which did not allow the family doctor solve diagnostic or therapeutic doubts with the necessary speed: internal medicine, pulmonology, neurology and rheumatology. Neurosurgery and Radiology in 2013 and incorporated in 2014 psychiatry and otolaryngology.

Methodology and Development: The electronic medical record Hospital Puerta de Hierro Majadahonda (Selene), allows the creation of an information-liaison in the history of the patient allows the primary care physician make an inquiry and get an immediate response (if necessary) by the specialist. The answer is included in the patient history as a record more.

The operation of the electronic consultation (EC) is the responsibility of the Computing Service. The implementation and dissemination to stakeholders and primary care services performed by the Directorate of Hospital / Healthcare Continuity Management.

Method and circuit: The PCP access the Electronic medical record Hospital (SELENE) the patient through an integrated button from the Computer Program for Primary Care. It makes a request for electronic consultation through the application.

1. The application consists of three tabs: Firstable Family Physicians filled form (default in many specialties) with his data and those aspects it considers relevant to the pathology to consult. It will make the referral. Once the information is sent completed consultation.

2. The request is transferred to the corresponding specialty. Then the consultant specialist to be displayed in your mailbox daily outstanding. This box must be checked daily. After reading the query, the response generated will join the second tab, answering questions encountered and

estimated cite case the patient in person. The EC accumulate in some bags of petitions in the Computer System Specialist Hospital where each consultant are reviewed on a daily basis. Commitment is to respond within 72 hours.

3. Once this tab is complete, the family physician or pediatrician may refer to his Inbox pending teleconsultations, read the response and should be taken for active consultation closed in the third tab with the comments that creates appropriate. The PC doctor closes teleconsultation. Commitment is to respond within 72 hours. Continuity Direct Assistance requests bag checks to ensure that deadlines are met.

This procedure leaves traceability Sr. Clinical Hospital, but not in primary care.

Results:

The total number of EC was:

- In 2012: 348,
- In 2013: 886
- In 2014 (January-June) 1602.

The most used are hematology, neurology, pulmonology.

In the first half of 2014 most used becomes Radiology.

In the survey of primary care professionals: tool known 86%, 75% use it and find it useful to 97% of respondents

The use of electronic consultations, referral to neurology as first consultation through the usual channels suffer a decline of 7.5% between 2012 and 2013. However, the number of preferred derivations.

Using EC in sleep apnea syndrome (pulmonology), 427 patients have been saved from 23,485 days late.

The use of CD 426 hematology patients resulted in a saving of 43,026 days standby

The use of EC in the study of sciatica and herniated cervical 224 patients has saved 10,976 days of waiting.

Valuation survey of family physicians is performed to study the degree of knowledge of the tool and satisfaction after the implementation of the first year (2013). You asked about new proposals for consultation. Assistive Primary Care Directorate enters his management contract using this tool to promote their increased use

Conclusions: Using this tool has a linear increase over three years.

In half of 2014 has doubled the use of electronic consulting in the previous year

Use Electronics consulting specialties that do not have direct access to primary care facilitates entry of the patient to the responsible service without having to go through other services. What is a clear improvement in the continuity of care.

Electronic Consultation reduce waiting times: The e-consultation is a direct communication between specialists in different fields. This causes a decrease in the initial consultation and convenience of the preferred reference.

The end result is that electronic consultant continuous improvement of patient care.

Keywords

integrated care; improving communication; telemedicine; optimize effectiveness; resolution capability in primary health care.

References

1. Kirsh SR1, Ho PM2, Aron DC3. Providing specialty consultant expertise to primary care: an expanding spectrum of Modalities. *May Clin Proc.* 2014 Oct; 89(10):1416-1426. doi: 10.1016 / j.mayocp.2014.04.016. Epub 2014 June 2.

2. Susan G. Straus, PhD¹, Alice Hm Chen, MD, MPH², Hal F. Yee, Jr., MD, PhD², Margot B. Kushel, MD², Douglas S. Bell, MD, PhD^{1,3}. Implementation of an Electronic Referral System for Outpatient Specialty Care. 2013

3. Len Rosenthal. L.A. Electronic Health Care Plan Specialist Consultations Reduce Unnecessary Referrals and Wait Times for Specialty Uninsured and Underinsured Appointments for Patients. 2012.

4. Kathryn Horner, Ed Wagner, and Jim Tufano. Electronic Consultations Between Primary and Specialty Care Clinicians: Early Insights. 2011.

PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>