



September 28, 2017

Overcoming Wait Times for Specialists Using eConsults

Panel

Anil Maheshwari, MD & OntarioMD Peer Leader Sunjay Gupta, MD

Cambridge, Ontario

Faculty/Presenter Disclosure

- **Faculty:** Anil Maheshwari, MD; Sunjay Gupta, MD
- **Relationships with commercial interests:**
 - **Grants/Research Support:** NA
 - **Speakers Bureau/Honoraria:** NA
 - **Consulting Fees:** NA
 - **Other:** NA
- **Disclosure of Commercial Support:** No commercial support
- **Conflict of Interest:** None
- **Mitigating Potential Bias:** No potential bias

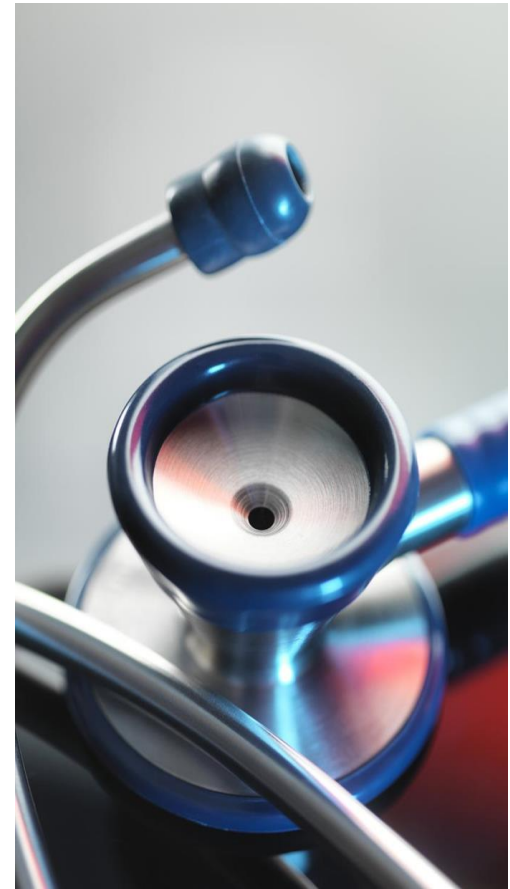
OTN eConsult on the Web-Portal

Available province-wide for physicians and nurse practitioners (alternate solutions available in MH, SE and Champlain LHINs)

The Challenge

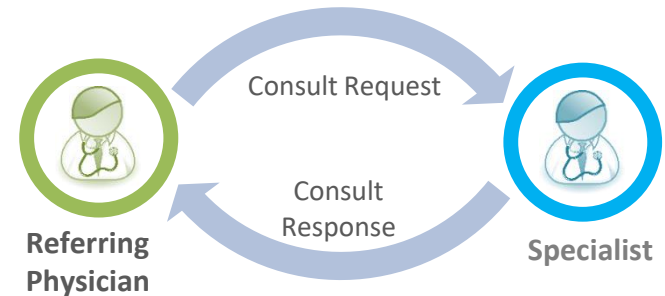
Recent studies show that Ontarians often **wait too long** and have to **travel too far** to benefit from a specialist's advice.

When a specialist's advice is needed, the **level of collaboration amongst providers varies greatly.**



The Solution

eConsult enables physicians to engage in a secured, electronic dialogue with specialists to manage patient care, without the need for patient visit with specialist.



Benefits

- ✓ Faster access to specialist advice
- ✓ Avoid unnecessary in-person specialist visits
- ✓ Improve care coordination and enable collaboration between clinicians
- ✓ More flexible and auditable than traditional phone calls, pages or hallway conversations

OTN eConsult – Web and EMR

Web access through OTN hub

The screenshot shows the OTN eConsult web interface. On the left is a sidebar with navigation options: 'Create Case', 'Referred Cases', 'Needs Attention', 'Waiting for Response', 'Completed', 'Cancelled', 'Drafts', 'Reports', and 'Search'. The main area is titled 'eConsult' and displays a list of cases. The selected case is titled '65 y.o. year-old female patient with thyroid nodule or goiter'. The case details include: Referred by OMD_REFERRER_DEMO2 DO_NOT_REFER, Specialist OMD_CONSULTANT_DEMO2 DO_NOT_REFER, Patient Patient XYZ, Female, 48 years old (OHIP number not available), and Case ID 5656877. The case history shows several updates: 'Case completed' (Mar 19, 2017), '4 y/o w/swollen toe' (Apr 18, 2017), '50 y/o female w/dysphagia to solids' (Apr 20, 2017), 'Test' (May 18, 2016), and 'submitted repeat case' (May 26, 2016). The main content area displays a consultation from OMD_CONSULTANT_DEMO2 DO_NOT_REFER provided on May 26, 2016, at 2:30 PM. The text of the consultation discusses the patient's history of thyroid disease and the need for further evaluation.

EMR access (currently available through QHR Accuro and OSCAR EMR)

The screenshot shows the Accuro Messaging interface. The window title is 'Accuro Messaging'. The subject is 'Test Case Jan 3' and the participant is 'Brook QHRSpecialist2'. The patient is identified as 'Michael Jackson'. The case ID is 5772871, and the status is 'Consult Provided 2 Participants'. The conversation history shows several messages: 'You: 53 year old patient is presenting cardiac arrhythmia. List of allergies are supplied. Suggestions on how to manage?' (3:12 PM), 'Brook QHRSpecialist2: Please provide frequency and additional symptoms.' (3:16 PM), 'You: Shortness of breath experienced after climbing three flights of stairs to apartment. Commencement was since having influenza last month. Otherwise, very fit, active 10 to runner.' (3:17 PM), and 'Brook QHRSpecialist2: This does not appear to be a cardiac related event. It is most likely associated with recent influenza. If the condition persists after three additional weeks, then contact me again.' (3:19 PM). The interface includes a search bar, a 'Start Conversation' button, and a 'Clear Patient' button.

OTN eConsult on the Web-Portal

Available province-wide for physicians and nurse practitioners (alternate solutions available in MH, SE and Champlain LHINs)

Create a New eConsult



Welcome Dr. Referrer Shah ▾

Directory

eConsult

Learn

Create Case



Referred Cases

Needs Attention

Waiting for Response

Completed

Cancelled

Drafts



Reports



Search

Cases That Need My Attention

Steve Shah Submitted Nov 18, 2015
Ankle pain
Consult provided

Steve Shah Submitted Nov 18, 2015
Chest congestion
Note added

Steveee Shah Submitted Nov 23, 2015
eye problem
Consult provided

Steve Shah Submitted Nov 23, 2015
retina images
Consult provided

Steve Shah Submitted Dec 15, 2015
Test - eConsult Response Time
Note added

Select a Specialist or Specialty Group



Welcome Dr. Referrer Shah ▾

Directory

eConsult

Learn

Create Case



Referred Cases

Needs Attention

Waiting for Response

Completed

Cancelled

Drafts



Reports



Search

Draft Cases

Dr. Referrer Shah

Draft case

Dr. Referrer Shah

Znojku Smrdicu mnogo smrde n...

Draft case

Dr. Referrer Shah

Test - eConsult Response Time

Draft case

Dr. Referrer Shah

Draft case

Dr. Referrer Shah

Draft case

*Referrer Dr. Referrer Shah, Audiology

*Specialist **Steve Shah, Alternative Healing Therapy**

Steve Shah, Alternative Healing Therapy, LHIN 1, Staging

Dr. Brian Test, Clinical Immunology and Allergy, LHIN 7, 105 Moatfield

Patient

*First Name Enter first name...

Middle Name Enter middle name...

*Last Name Enter last name...

*DOB YYYY-MM-DD

*Gender Male Female Other

*OHIP Enter patient OHIP number Version code

OHIP number not available

*Question Enter the clinical question...

Enter history of present illness and other relevant data (such as the laboratory tests) to help the specialist provide a more

Clinical Question & Supporting Information



Welcome Dr. Referrer Shah

Directory

eConsult

Learn

Create Case

Draft Cases

Dr. Referrer Shah

Draft case

Dr. Referrer Shah

Znojku Smrdicu mnogo smrde noge. Do...

Draft case

Dr. Referrer Shah

Test - eConsult Response Time

Draft case

Dr. Referrer Shah

Draft case

Dr. Referrer Shah

Draft case

Dr. Referrer Shah

Draft case

Dr. Referrer Shah

At what point / frequency would you con...

Draft case

*Referrer Dr. Referrer Shah, Audiology

*Specialist Steve Shah, Alternative Healing Therapy, Acton, LHIN 1, Staging

Patient

*First Name

Test

Middle Name

Test

*Last Name

Test

*DOB

1981-03-31



*Gender

Male Female Other

*OHIP

Enter patient OHIP number...

Version code

OHIP number not available

*Question At what point / frequency would you consider these to be 'abnormal'?

I am referring Test, a 23 y.o. y/o female, to Cardiology for evaluation and treatment of arrhythmia.

This young, healthy patient has been experiencing frequent palpitations for several years. She recently completed a 24h Holter monitor, the results of which I interpret as relatively normal but I was hoping to have further input from cardiology to ensure there is no cause for concern regarding atrial and ventricular ectopy (both of which occurred rarely).

At what point / frequency would you consider these to be 'abnormal'? The impression of the result is pasted below. Thank you!



High Priority

Draft Saved

Delete Draft

Send

A Specialist's View of the Request for eConsult



Create Case

Consults

Needs Attention

Waiting for More Info

Consult Provided

Consult Declined

Referred Cases

Needs Attention

Waiting for Response

Completed

Cancelled

Drafts

Reports

Search

Note added

Dr. Referrer Shah Submitted Dec 15, 2015
test - eConsult to group

Note added

Dr. Referrer Shah Submitted Dec 16, 2015
Test - Notes with attachments

Note added

Dr. Referrer Shah Submitted 15 days ago
test-clinical-question

New case submitted

Dr. Referrer Shah Submitted 13 days ago
bbbbbbbbbbbbbbbbbbbbbbbbbbbbbb...

New case submitted

Steve Shah Submitted 11 days ago
What?

New case submitted

Dr. Referrer Shah Submitted Yesterday
test time

New case submitted (Draft note)

Dr. Referrer Shah Submitted Today
test

New case submitted

Dr. Referrer Shah Submitted Today
At what point / frequency would you c...

New case submitted

At what point / frequency would you consider these to be 'abnormal'?



Referrer Dr. Referrer Shah

Specialist Steve Shah

Patient Test Test Test, Male, 34 years old (OHIP number not available)

Case ID 27740947

Provide Consult

Request More Info

Decline Consult

Dr Referrer Shah submitted new case

Feb 02, 2016 3:11 PM

I am referring Test, a 23 y.o. y/o female, to Cardiology for evaluation and treatment of arrhythmia.

This young, healthy patient has been experiencing frequent palpitations for several years. She recently completed a 24h Holter monitor, the results of which I interpret as relatively normal but I was hoping to have further input from cardiology to ensure there is no cause for concern regarding atrial and ventricular ectopy (both of which occurred rarely).

At what point / frequency would you consider these to be 'abnormal'? The impression of the result is pasted below. Thank you!

TSH 1.0, Hct 38.5, normal electrolytes. normal creatinine

Holter report: During the 24 -hour, 3-channel Holter monitor recording, the predominant rhythm was sinus at rates of 49 to 176 beats per minute (bpm); average 90 bpm. Rare premature atrial complexes Episodes of ectopic atrial rhythm Rare multiform premature ventricular complexes Rare ventricular couplets During symptoms of palpitations, there was sinus tachycardia with heart rate 105 to 112 bpm.

Specialist Selects 'Provide Consult'

Create Case

- Consults
 - Needs Attention
 - Waiting for More Info
 - Consult Provided
 - Consult Declined
- Referred Cases
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 - At what point / frequency would you c...
 - New case submitted

At what point / frequency would you consider these to be 'abnormal'?



Referrer Dr. Referrer Shah

Specialist Steve Shah

Patient Test Test Test, Male, 34 years old (OHIP number not available)

I have all I need to provide consult



Provide Consult



Request More Info



Decline Consult

Enter note...



Save as Draft

Send

Drag and drop files here

Dr Referrer Shah submitted new case

Feb 02, 2016 3:11 PM

I am referring Test, a 23 y.o. y/o female, to Cardiology for evaluation and treatment of arrhythmia.

This young healthy patient has been experiencing frequent palpitations for several years. She recently

Specialist Responds to Clinical Question

Create Case

- Consults
 - Needs Attention
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At what point / frequency would you consider these to be 'abnormal'?



Referrer Dr. Referrer Shah

Specialist Steve Shah

Patient Test Test Test, Male, 34 years old (OHIP number not available)

Case ID 27740947

- Provide Consult
- Request More Info
- Decline Consult

I see from the note that she is an otherwise healthy female who was seen for palpitations which are described as 1-5 beats, mostly asymptomatic and doesn't stop her from doing activity. The ~~holter~~ report shows rare PACs and PVCs but these did not occur during her noted symptoms of palpitations when she had just sinus tachycardia. PACs and PVCs therefore appear to be asymptomatic during this test.

These are commonly seen on monitoring in young individuals and are considered a normal finding. They were very rare and given they occurred at a very low frequency) here just 9 total PACs and 24 total ventricular ectopic beats in a 24 hour time period) without symptoms, we would just continue to watch for

Draft Saved **Send**

Drag and drop files here

Dr Referrer Shah submitted new case Feb 02, 2016 3:11 PM

I am referring Test, a 23 y.o. y/o female, to Cardiology for evaluation and treatment of arrhythmia.

This young, healthy patient has been experiencing frequent palpitations for several years. She recently

Specialist Indicates Time Spent on Consult



Welcome Steve Shah

Directory

eConsult

Learn

Create Case

Consults

Needs Attention

Waiting for More Info

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Consult Declined

Referred Cases

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test

New case submitted

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At what point / frequency would you c...

New case submitted

At what point / frequency would you consider these to be 'abnormal'?



*Time spent on consult: 16 - 20 minutes

I hope this helps

OK

Cancel

(OHIP number not available)

Provide Consult

Request More Info

Decline Consult

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Drag and drop files here

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Requesting Clinician Reviews Specialist Response

Create Case

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Needs Attention

Waiting for Response

Completed

Cancelled

Drafts

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Steve Shah Submitted Nov 18, 2015

Ankle pain

Consult provided

Steve Shah Submitted Nov 18, 2015

Chest congestion

Note added

Steve Shah Submitted Nov 23, 2015

eye problem

Consult provided

Steve Shah Submitted Nov 23, 2015

retina images

Consult provided

Steve Shah Submitted Dec 15, 2015

Test - eConsult Response Time

Note added

Steve Shah Submitted Dec 15, 2015

test - Reject eConsult

Consult declined

Steve Shah Submitted 13 days ago

aaaaaaaaaaaaaaaaaaaaaaaaaaaaa...

Consult provided

Steve Shah Submitted Today

At what point / frequency would you c...

Consult provided

At what point / frequency would you consider these to be 'abnormal'?

Referrer Dr. Referrer Shah

Specialist Steve Shah

Patient Test Test Test Male, 34 years old (OHIP number not available)

My clinical question has been answered. I want to mark the case as completed

Complete

Add Note

Steve Shah provided consult

Feb 02, 2016 3:21 PM

I see from the note that she is an otherwise healthy female who was seen for palpitations which are described as 1-5 beats, mostly asymptomatic and doesn't stop her from doing activity. The holter report shows rare PACs and PVCs but these did not occur during her noted symptoms of palpitations when she had just sinus tachycardia. PACs and PVCs therefore appear to be asymptomatic during this test.

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At what point / frequency would you consider these to be 'abnormal'? The impression of the result is pasted below. Thank you!



Requesting Clinician Adds Comment & Completes Consult

Create Case

Referred Cases

Needs Attention

Waiting for Response

Completed

Cancelled

Drafts

Reports

Search

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Ankle pain

Consult provided

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Chest congestion

Note added

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Consult provided

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Consult declined

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Consult provided

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At what point / frequency would you c...

Consult provided

At what point / frequency would you consider these to be 'abnormal'?



Referrer Dr. Referrer Shah

Specialist Steve Shah

Patient Test Test Test, Male, 34 years old (OHIP number not available)

Case ID 27740947

Complete

Add Note

Thank you very much, I was a bit concerned about the PACs and PVCs, but this appears to be ok based on your feedback. Thanks!

Complete

Steve Shah provided consult

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Dr Referrer Shah submitted new case

Feb 02, 2016 3:11 PM

I am referring Test, a 23 y.o. y/o female, to Cardiology for evaluation and treatment of arrhythmia.

Standard Prompt (Need for Referral)

The screenshot displays the Otnhub eConsult interface. On the left is a navigation sidebar with options: 'Create Case', 'Referred Cases', 'Needs Attention', 'Waiting for Response', 'Completed', 'Cancelled', 'Drafts', 'Reports', and 'Search'. The main area shows a list of cases for Steve Shah. The selected case is 'Ankle pain' with the status 'Consult provided'. A modal dialog box is overlaid on the case, titled 'Before you complete...'. The dialog asks: '*Do you need to send this patient for an in person appointment?' with radio buttons for 'Yes' and 'No' (selected). Below the question is a text input field labeled 'Enter comments...'. At the bottom of the dialog are 'OK' and 'Cancel' buttons. The background case details include a question: 'At what point / frequency would you consider these to be 'abnormal'?'. Below this, there is a 'Complete' button and a text area containing a thank-you message and a detailed medical note. The note describes a patient with palpitations, mentioning PACs and PVCs, and concludes that they appear to be asymptomatic. A second text area shows a submission message from Dr. Referrer Shah: 'I am referring Test, a 23 y.o. y/o female, to Cardiology for evaluation and treatment of arrhythmia.'

Consult Now Marked as 'Completed'



Create Case

- Consults
 - Needs Attention
 - Waiting for More Info
 - Consult Provided
 - Consult Declined
- Referred Cases
 - Needs Attention
 - Waiting for Response
 - Completed
 - Cancelled
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- Reports
- Search

Case completed	
Dr. Referrer Shah	Submitted Nov 19, 2015
qqqqq	
Case completed	
Steve Shah	Submitted Nov 23, 2015
eye problem	
Consult provided	
Steve Shah	Submitted Nov 23, 2015
retina images	
Consult provided	
Dr. Referrer Shah	Submitted Dec 15, 2015
Test - eConsult Creation	
Case completed	
Steve Shah	Submitted Dec 15, 2015
Test - eConsult Response Time	
Note added	
Dr. Referrer Shah	Submitted Dec 17, 2015
2015-12-17 2:03 TEST-QUESTION	
Case completed	
Steve Shah	Submitted 13 days ago
aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa...	
Consult provided	
Dr. Referrer Shah	Submitted Today
At what point / frequency would you c...	
Case completed	

At what point / frequency would you consider these to be 'abnormal'?



Referrer Dr. Referrer Shah

Specialist Steve Shah

Patient Test Test Test, Male, 34 years old (OHIP number not available)

Case ID 27740947

Dr Referrer Shah completed case Feb 02, 2016 3:23 PM

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Steve Shah provided consult Feb 02, 2016 3:21 PM

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I am referring Test, a 23 y.o. y/o female, to Cardiology for evaluation and treatment of arrhythmia.

This young, healthy patient has been experiencing frequent palpitations for several years. She recently completed a 24hr Holter monitor. The results of which list normal sinus rhythm but was beginning to have

OTN eConsult on OSCAR EMR

- Limited users on proof of concept (40 family physicians and specialists)
- Plans to expand to all EMRs by next fiscal (2018-2019)

How Does the Process Work?

Build: 14.0.0-2017082914550



OSCAR EMR Login

for external Wide Area Network access

Sign in

ONE ID ONE ID Login

Powered
by



KAI
INNOVATIONS

How Does the Process Work?

miDASH MRP DR. JEFF POLL GROUCH, OSCAR M 62 years 519-653-0001 Next Appt: [Help](#) | [About](#)

DI Report +

Preventions +

fd

TOBT ... 08-Sep-2017

-A-Typh-1 ... 31-Aug-2017

IGM ... 07-Jun-2017

HZV ... 26-Apr-2017

HZV ... 26-Apr-2017

Tickler +

True North and CMH Diagnostic Change Text ... 01-Jun-2017

Disease Registry +

CHRONIC BRONCHITIS* ... 06-Sep-2017

CORONARY ATHEROSCLEROSIS* ... 21-Jun-2017

CONGESTIVE HEART FAILURE ... 01-May-2017

TOBACCO USE DISORDER ... 17-Apr-2017

ACQUIRED HYPOTHYROIDISM* ... 01-Feb-1971

_ONG-TERM USE ANTICOAGUL ... 01-Feb-1971

Forms +

DN AR Enhanced ... 08-Aug-2017

ourke2009 ... 01-May-2017

ab Req 2010 ... 03-Mar-2017

Self Efficacy ... 25-Jul-2016

Self Management ... 25-Jul-2016

I2Diabetes ... 11-Jul-2016

eForms +

m-health : ... 28-Aug-2017

CMH - Adult - Here 24-7 Referral: ... 28-Aug-2017

Letter: Letter_Generic ... 24-Aug-2017

GRH - WW Breast Centre: ... 23-Aug-2017

Cambridge Cardiac Care Centre: ... 10-Aug-2017

MSK Centre: ... 09-Aug-2017

Documents +

... 13-Feb-2017

FEST ... 16-Jan-2017

FEST ... 29-Nov-2016

Lab Result +

Messenger +

re:hi ... 20-Oct-2016

ni ... 20-Oct-2016

Measurements +

CDM Indicators

INR Flowsheet

Hypertension Flowsheet

Diabetes Flowsheet

HT ... 167 10-Aug-2017

WT ... 130 10-Aug-2017

Consultations +

-Brantford-ENT ... 20-Jun-2017

Ml ... 03-May-2017

-Brantford-ENT ... 26-Apr-2017

-Brantford-ENT ... 26-Apr-2017

-Cambridge - Optometry ... 26-Apr-2017

-Cambridge - Dermatologist ... 26-Apr-2017

HRM Documents +

eConsult +

Demo of the eConsult Functionality 2(Cancell... 24-Mar-2017

Social History +

o 2

o 1

o sidkf:ajals:dkfla:kjfk:ask

falskjdf:asdj:kflajd

lasdj:flaskdj:flas;

askj:flaskj:flaskd

askjdf:askjdf:askj:flaskd

askjdf:askjdf:askj:flaskd

Medical History +

o fjsdklfs:flsdas f:ajsd:fos

o dasdasdsadas d

asd as d as d as

d asd as d as

d as d as d as

d as d as d as d as

dasdasdas d asd as d

Psychiatric +

o VC Dyslipidemia Jan 1/17

VC Discharge Jun 1/17

VC reopen

o Prefers monthly prostate checks by Dr. H Arora

o Travels naked in a garbage can

o Smells like rotten fish and ogre feet

o Is nausea green all the time

Allergies +

CIPRALEX -10MG ... 07-Jun-2017

PENICILLINS, COMBINATIONS WITH OTHER ... 06-Jun-2017

SEPTRA 400MG/80MG ... 23-Sep-2016

NO KNOWN ALLERGIES ... 12-Jul-2016

Medications +

AMOXIL CAP 500MG take 1 po daily 100d Qty:3...

ASA 325MG take 1 tab daily 90d Qty:90 Repe...

ALESSE 28 take as directed Qty:3 pkg Repeats:4

COUMADIN TAB 5MG Take as directed by doctor...

FLOVENT HFA 125MCG inhale 1 puff bid for 180...

VENTOLIN HFA 100MCG inhale 2 puffs qid prn ...

Other Meds +

write Rx for orthotics

Risk Factors +

Family History +

father existing CVD 55yrs

Unresolved Issues +

Resolved Issues +

Decision Support Alerts +

Episodes +

Health Care Team +

cean 397 Available notes have been downloaded

Search OSCAR Search Filter Calculators Templates

Psychomotor changes: "More than half the days"

Thoughts of being 'better off dead' or hurting self: ""Several days""

Ability to function: "Somewhat difficult"

Severity Score for @PHQ-9: 12
(5-8 minimal; 9-12 minor; 13-14 major; 15-19 moderately severe; 20+ severe)

Minor depression. Support, watchful waiting. If symptoms however are present for more than one month or there is severe functional impairment, consider active treatment.

GAD-7

Over the last 2 weeks:

1. Feeling nervous, anxious, or on edge "Several days"
2. Not being able to stop or control worrying "Not at all"
3. Worrying too much about different things "Several days"
4. Trouble relaxing "Several days"
5. Being so restless that it's hard to sit still "Several days"
6. Becoming easily annoyed or irritable "Over half the days"
7. Feeling afraid as if something awful might happen "Not at all"

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? "Somewhat difficult"

@GAD-7: 6 / 21
(5-9 mild; 10-14 moderate; 15+ severe)

Mild anxiety.

Further evaluation is recommended when the score is 10 or greater.

[Signed on 07-Sep-2017 15:14 by Amanda Holmes]

Editors: Holmes, Amanda;

Assigned Issues

Encounter Date: 07-Sep-2017 15:14 Rev 1
Enc Type: "face to face encounter with client"

Secure Ocean message sent by oscarUser on Mar 9, 2017 2:11 pm:
Check out this messaging platform.
BP: 120/80

Encounter Date: 09-Mar-2017 14:16 rev 4
Enc Type: face to face encounter with client

https://webaccess.gmcft.ca:8443/oscar/casemgmt/newEncounterLayout.jsp#

How Does the Process Work?

View eConsult

Print

Priority	Status	Created 6 months ago
ROUTINE	Cancelled	2017.03.24 12:45 -0400

Case 68044352

From Dr. Anil Maheshwari Phone : 519 623 4200

To ▶ OMD_CONSULTANT_DEMO1 DO_NOT_REFER Phone : 000 000 0000

Patient ▶ OSCAR GROUCH - male - 1955-06-15 - Born 62 years ago

Subject Demo of the eConsult Functionality 2

Comment

Comments

Comment notes added 5 months ago Cancelled by REFERRER Dr. Anil Maheshwari

Comment notes added 6 months ago More Info Requested by CONSULTANT OMD_CONSULTANT_DEMO1 DO_NOT_REFER

Dr. Maheshwari, Please provide additional data. i.e. severity and frequency. Thank you, Oscar

Comment notes added 6 months ago Submitted by REFERRER Dr. Anil Maheshwari

Example #1

Comment notes added 5 months ago **Consult Provided by CONSULTANT** Dr. Jamie GREGOR

The enzymes are minimally elevated and may be related to some fatty liver despite body habitus. They are not a contraindication to lipid lowering therapy. Review all medications and herbal supplements. Would suggest anti-HCV, alpha-1-antitrypsin, ceruloplasmin, ferritin, transferrin saturation, ANA, total IgG, ASMA, AMA as well as an anti-tTG (despite GFD) as sometimes mildly elevated enzymes are related to celiac disease (has he actually been diagnosed?)

Comment notes added 5 months ago **Assigned by TRIAGE** Linda Konkiewicz

Comment notes added 5 months ago **Submitted by REFERRER** Dr. Harpreet Arora

Dear Doctor, An otherwise healthy male had insurance physical. Liver function and cholesterol was elevated. Repeat was ordered with further work up. US of liver was negative. This is a young thin male that is on a gluten free diet and eats healthy. His dad has cholesterol issues. He doesn't do routine exercise. According to Framingham he will need to be on a statin in 5 years. No street drugs, no IV drugs. No tattoos. He doesn't drinking regularly, but some binge drinking 2-3 times a month. I was hoping to get advice on what to order next or does he need to see a specialist. Your advice is greatly appreciated.

Example #2

Comment notes added 4 months ago Consult Provided by CONSULTANT Dr. Janine McCready

As long as she has had 2 MMR vaccinations separated by 28 days there is no need to do additional MMR vaccine or check titres. Titres are not a reliable indicator of immunity for mumps. This means she may actually have some immunity and also means would not rely on titres for immunity and only acceptable form of immunity is either 2 documented valid doses of MMR or born prior to 1970. In her case she does not require any further vaccinations and nothing more to do. If she were to see a patient with mumps or suspected mumps she should wear appropriate personal protective equipment as a precaution. Thank you for consult. Janine

Comment notes added 4 months ago Assigned by TRIAGE Brenda Clark

Comment notes added 4 months ago Submitted by REFERRER Dr. Harpreet Arora

Dear Doctor Despite complete courses of immunization for MMR vaccine and boosters because she doesn't build immunity to mumps per labwork, how often do I booster as she states this has been an ongoing issue for her growing up. She is a internal medicine resident. Any suggestions. Thanks Dr H Arora

Title	Content Type	
2017050910180720170509100731348.pdf	application/pdf	Download

Example #3

Comment notes added 5 months ago Consult Provided by CONSULTANT Dr. Jeff Powis

Dear Dr. Arora, There is no oral antimicrobial regime that would be effective against the pseudomonas isolated. It is Ciprofloxacin resistant. Recurrent Otitis Externa rarely requires systemic antimicrobial therapy. Topical agents are usually effective in combination with microdebridement and removal of ppt factors. I would recommend referral to ENT for microdebridement. WRT topical agents if his TM is intact I would recommend Neomycin 0.35%, polymyxin B 10,000 units/mL, and hydrocortisone 0.5% otic solution AVOIDING PROMOTING FACTORS — Patient education regarding proper ear hygiene cannot be overemphasized. The adage 'don't put anything smaller than your elbow in your ear' to clean the ear canal is valuable advice. Patients should be told that the ear canal is self-cleaning and should not be cleaned with fingers, towels, cotton swabs, or other foreign objects. The ear should be protected from water during recovery from external otitis. This can be accomplished by placing a cotton ball coated with petroleum jelly in the ear canal while bathing. Patients with active external otitis should not swim. Ideally, patients should refrain from water sports for 7 to 10 days. Competitive swimmers may consider return at two to three days if pain has resolved and they wear well-fitted ear plugs. Hearing aids and ear phones should not be worn until pain and discharge have subsided. Prevention should be considered in patients with recurrent external otitis, particularly swimmers, immunocompromised hosts, and patients with a systemic dermatologic condition affecting the ear. Specific preventive measures for those who engage in water sports include use of ear plugs, shaking the ear dry after swimming, and blow drying the ear after water exposure (placing the blow dryer on a low setting 12 inches away from the ears). Drops containing alcohol and/or acetic acid help to dry the ear, prevent skin maceration, and re-acidify the ear canal, but it is unclear if any type of treatment prevents recurrence of external otitis. Hearing aids should be removed nightly and regularly cleaned. Regards,

Comment notes added 5 months ago Assigned by TRIAGE Linda Konkiewicz

Comment notes added 5 months ago Submitted by REFERRER Dr. Harpreet Arora

Dear Doctor, Patient was found to have recurrent Otitis Externa, ciprodex/locacorten were used prior to culture being done. Swab shows Pseudomonas. Please see attached cultures/sensitivities. Could you please make a recommendation of oral antibiotics. Your recommendation is greatly appreciated. Sincerely, Harpreet Arora MD

Example #4



Comment notes added 5 months ago **Consult Provided by CONSULTANT** Dr. Anatoli Freiman

Nevus & macular amyloidosis Observation Moisturise skin Reassess prn if changes

Comment notes added 5 months ago **Assigned by TRIAGE** Sinead Sally

Comment notes added 5 months ago **Submitted by REFERRER** Dr. Anil Maheshwari

Please comment on whether these back skin lesions needs a dermatologist consult. These are birthmarks and the patient's wife states that both are darkening. They do not look suspicious to me and patient and wife want to make sure they are not precancerous/cancerous.

Title

Content Type

IMG_7637.JPG

image/jpeg

[Download](#)

Appropriate eConsult Issues

- Dermatological issues - send a picture
- Quick medication questions (psychiatry)
- Questions on testing (GI)
- Reassuring patients

What Does the Future Hold?

- Establishing a local network (sub-LHIN/LHIN level)
- Good uptake by our local specialists
- Faster care for our patients
- Improved triaging

How Do I Sign Up for eConsult?

OntarioMD field staff are waiting for you in the vendor showcase room to answer your questions and to help you sign up for eConsult

OR

email: econsult@ontariomd.com for more information

Thank you!

Questions?