

E-Consultations: A Potential Response to Viral Challenges

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Dear Editor,

The COVID-19 pandemic has posed huge challenges for our health service and Infectious Diseases Specialists have been at the forefront of tackling these unprecedented challenges. Ireland has amongst the lowest appointments of Infectious Diseases specialists per head of population in the European Union¹ and yet it has been demonstrated in multiple infection domains that input from infectious diseases specialists improves outcomes for patients².

In settings where on-site access to specialty input is limited, electronic consultations (e-consults) have been proposed as a method of delivering specialist input. An e-consult is an 'asynchronous consultative communication between clinicians occurring within a shared electronic health record or secure web based platform'³. E-consults can potentially improve access to specialty care and reduce appointment waiting times for those who require in person review. In the current era they can also reduce the face to face healthcare exposure of a single patient and thus also potentially reduce COVID-19 risk. Within the realm of infectious diseases, two recent studies have evaluated this intervention.

In their retrospective cohort study, Monkowski et al⁴ assessed the impact of an inpatient infectious diseases telemedicine consultation on hospital and patient outcomes. They found a reduction in length of stay and reduction in the number of days of antibiotics used in patients who received e-consult. Tande et al⁵ looked at the introduction of an asynchronous e-consults service between their tertiary referral centre and two other sites within their hospital group. They found a reduction in 30-day mortality associated with utilisation of infectious diseases e-consults in their propensity matched case control study. These findings suggest that e-consults can provide an innovative way to improve patient outcomes and ensure specialty care is available throughout all sites within a healthcare system.

Could we utilise this approach as one way of increasing specialty delivered care within the HSE? Unfortunately, COVID-19 has not been the only challenge posed to our healthcare system this year. The ransomware attack has plunged HSE information technology (IT) systems into disarray. However, it has also highlighted some key issues with our IT infrastructure. We do not have a universal electronic patient record across our hospitals. Thus 'consultative communication'³ between clinicians/patients across different sites is far more challenging. Many HSE hospitals have different radiology and clinical laboratory interfaces, yet another barrier to safe sharing of patient information to allow collaborative care across different clinical sites.

These challenges present an opportunity for innovation. Whilst the need for an increased number of infection specialists in Ireland is clear; I believe a universal electronic health record within our hospitals would allow us to better utilise these specialty resources and ultimately improve outcomes for our patients.

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