eConsult for Patients Requiring Specialist Consultation: Clinical Effectiveness, Cost-Effectiveness, and Guidelines
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About CADTH: CADTH is an independent, not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs, medical devices, diagnostics, and procedures in our health care system.

Funding: CADTH receives funding from Canada’s federal, provincial, and territorial governments, with the exception of Quebec.
Research Questions

1. What is the clinical evidence regarding the use of eConsult for patients requiring specialist consultation?

2. What is the cost-effectiveness regarding the use of eConsult for patients requiring specialist consultation?

3. What are the evidence-based guidelines regarding the use of eConsult for patients requiring specialist consultation?

Key Findings

Three systematic reviews, one randomized controlled trial, 31 non-randomized studies, and six economic evaluations were identified regarding the use of eConsult for patients requiring specialist consultation. No relevant evidence-based guidelines were identified.

Methods

A limited literature search was conducted on key resources including OVID Medline, the Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic studies, and guidelines. The search was also limited to English language documents published between January 1, 2014 and April 4, 2019. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

<table>
<thead>
<tr>
<th>Population</th>
<th>Any patient who requires consultation from a specialist</th>
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<tbody>
<tr>
<td>Intervention</td>
<td>eConsult (e.g., eConsultation, electronic consultation, remote consultation)</td>
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<tr>
<td>Comparators</td>
<td>Q1-2: In-person specialist consultation, real-time telehealth consultation</td>
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<tr>
<td></td>
<td>Q3: No comparator</td>
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<tr>
<td>Outcomes</td>
<td>Q1: Clinical evidence (e.g., increased compliance with treatment or reduced burden of illness, changes, in access to care, wait times, or time to completion for a clinical encounter)</td>
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<td>Q2: Cost-effectiveness</td>
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<td></td>
<td>Q3: Guidelines</td>
</tr>
<tr>
<td>Study Designs</td>
<td>Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines</td>
</tr>
</tbody>
</table>
**Results**

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, economic evaluations, and evidence-based guidelines.

Three systematic reviews, one randomized controlled trial, 31 non-randomized studies, and six economic evaluations were identified regarding the use of eConsult for patients requiring specialist consultation. No relevant health technology assessments or evidence-based guidelines were identified.

Additional references of potential interest are provided in the appendix.

**Health Technology Assessments**

No literature identified.

**Systematic Reviews and Meta-analyses**


**Randomized Controlled Trials**


**Non-Randomized Studies**


**Content Analysis**


**Economic Evaluations**


https://www.mdpi.com/2227-9709/3/2/8

PubMed: PM27338880

PubMed: PM25980707

Guidelines and Recommendations
No literature identified.
Appendix — Further Information

Non-Randomized Studies – Management of Recommendations


Qualitative Studies


Environmental Scans

See: Table 3 and Table 9


Review Articles


Additional References


PubMed: PM23216832