

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

eConsult for Patients Requiring Specialist Consultation: Clinical Effectiveness, Cost- Effectiveness, and Guidelines

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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

Population	Any patient who requires consultation from a specialist
Intervention	eConsult (e.g., eConsultation, electronic consultation, remote consultation)
Comparators	Q1-2: In-person specialist consultation, real-time telehealth consultation Q3: No comparator
Outcomes	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) Q2: Cost-effectiveness Q3: Guidelines
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines

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

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Non-Randomized Studies

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Guidelines and Recommendations

No literature identified.

Appendix — Further Information

Non-Randomized Studies – Management of Recommendations

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