**BACKGROUND**

Accessing specialty care is a significant problem across many health care systems due to increased wait times, cost, and travel burden faced by patients (Liddy, Drosinis, & Keely, 2016). This can be detrimental to overall patient health, as it results in delays in establishing diagnoses and treatment plans that could be potentially life saving (Liddy, Afkham, Drosinis, Joschko, & Keely, 2015). Primary care providers (PCPs) have also reported dissatisfaction related to increased time between provider communications, leading to unnecessary duplicate testing and poor patient outcomes (Liddy, Drosinis, & Keely, 2016). Electronic consultations (eConsults) have more recently been implemented as a means of improving access to specialty care; however, little research has been done to identify provider perception and satisfaction.

**METHODS**

The project was conducted following the steps of the EBP process leading to high quality healthcare and best patient outcomes outlined by Melnyk and Fineout-Overlook (2015). Specifically, we (1) cultivated a spirit of inquiry, (2) asked a burning clinical question in PICO formulation, (3) searched for the best evidence to answer the PICO question, (4) conducted a rapid critical appraisal of the studies found from the search, 5) evaluated and synthesized the evidence, and 6) determined if there was enough valid and reliable evidence to make a recommended practice change in clinical practice.

**RESULTS**

- **CINAHL, MEDLINE, and Cochrane databases** were searched for this synthesis with dates ranging from 2009-2016.
- The simultaneous use of search terms eConsults and specialty care yielded 22 results. Initial inclusion criteria was the use of eConsults by humans in the United States, but was expanded to include international studies due to limited results. 10 met inclusion criteria. After further review, 7 were found to be relevant to the question. Rapid critical appraisal was then performed.

- **Currently there are no practice guidelines for electronic consults or traditional consults.**

**CONCLUSION**

So far, research is favoring PCP’s perceptions of eConsults as a cost effective and well-perceived modality. However, the research is limited, as the implementation of eConsults is a newer process and not widely used across healthcare systems. Therefore, the data is limited to studies utilizing small sample sizes and lacking rigor. These findings identify research opportunities to rigorously explore the effects of eConsults on healthcare costs and clinical patient outcomes. As America’s healthcare system shifts its focus towards increasing access to care, reducing healthcare costs, and improving health, understanding more about the long-term implications of eConsults is warranted.

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**REFERENCES**