Welcome to the very first edition of eReferral/eConsult newsletter! In this issue, we introduce new members of the team, provide an update on our performance metrics and new eConsult Order, and highlight great e-consult summaries.

Introducing Delthia Mckinney

It is with excitement that we welcome Delthia Mckinney to the eReferral/eConsult team. Delthia will serve as the Program Manager and will supervise our coordinated approach to the implementation and expansion of the eReferral/eConsult programs within provider groups at UCSF, and between UCSF and external practices.

Delthia comes to us from Kaiser Permanente, where she served as Senior Consulting Associate. Please look out for emails from her regarding the eConsult program.

Our Progress- Metrics

Referrals managed ≤ 2 weeks of referral increased from 37% to 64%

Timely eConsult responses improves patient-centered care!
New eConsult Order

- We introduced a separate eConsult order last month to improve routing speed.
- This new eConsult order now is optimized for eConsults.

Irrelevant fields are gone, and the SmartPhrases for the specialty are readily available in a dropdown list. **Click F2 to select from the list.**

At the conclusion of the smartphrase, you will see another dropdown list (again, click F2).

Here, you indicate how the consultant should proceed if the question is deemed too complex for eConsult — schedule the patient for a visit or route back to you.

### eConsult Exemplars

**PCP'S E-CONSULT REQUEST**

I am referring ____ a 75 y.o. y/o female, to Allergy and Immunology for e-consult regarding allergy to aspirin. My clinical question: I have a 75 year old female with cardiovascular risk factors who is unable to take ASA, she develops shortness of breath if she does. Is it possible to desensitize pt to ASA?

**SPECIALIST'S E-CONSULT RESPONSE (Dr. Katherine Gundling)**

There are several different types of reactions to aspirin. The first is an IgE mediated allergy similar to what one might see with peanut food allergy or allergic asthma. The second is related to aspirin exacerbated respiratory disease (AERD), often accompanied by some combination of chronic sinusitis, asthma, NSAID class sensitivity, and nasal polyps. If she has sensitivity to other NSAIDS (except celecoxib) this would be a convincing diagnosis. The third is a hive like reaction.

The first condition can be desensitized, but we don't normally do it because there are virtually always other good options. The second can be desensitized, but the patient then needs to stay on indefinitely, usually at high doses depending on whether it is a treatment for the asthma/other conditions (lower doses maintain desensitization but do not treat AERD) The third condition does not usually respond to desensitization. Our clinic is unfortunately not set up for the second type of desensitization, but Josh Jacob's office in the east bay does it.
**PCP’S E-CONSULT REQUEST**

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

My clinical question: 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 multifoma premature ventricular complexes Rare ventricular couplets During symptoms of palpitations, there was sinus tachycardia with heart rate 105 to 112 bpm.

**SPECIALIST’S E-CONSULT RESPONSE (Dr. Atif Qasim)**

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 now.

For ectopic atrial beats we would start to consider them more seriously only if she were truly symptomatic, and suggest reducing caffeine or alcohol intake if that is an issue before considering pharmacotherapy with a beta blocker for example.

For ventricular ectopy, again we would watch for symptoms and if they are present consider a beta blocker after getting an echocardiogram to look for structural heart disease. While there is no exact number or % of extra ventricular beats that defines a cause for concern, once we start to see in the several percent range or if the patient is symptomatic with them, we suggest looking for the presence of structural heart disease with an echocardiogram as they may be a marker for such. In addition, in rare cases frequent PVCs (usually if >15-20% of beats) can actually be a cause of cardiomyopathy and in such patients we may follow serial echos to see if they have decrement in their EF before considering an ablation strategy.

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_eConsult Exemplars_

**eReferral/eConsults**

**Case Co-Management Meetings**

Dates: January 13, 14, 30
Specialty: Cardiology

*Please look out for emails regarding time and location.*