

MO211

FORMALIZATION AND DEVELOPMENT OF A NEPHROLOGY ELECTRONIC CONSULTATION (ECONSULT) IN COVID-19 PANDEMIC

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BACKGROUND AND AIMS: Due to COVID-19 pandemic we must continue attending in our hospital consultations and, at the same time, avoid transfers and visit that involve risks to our patients. For this reason, we implemented new forms of care. Mainly electronic consultation (eConsult) using institutional email as way of contact between Primary Care Providers (PCPs) and nephrologist, trying to decrease in-person visit.

OBJECTIVE: To analyze the results of the creation in June 2020 of a Nephrology electronic consultation in our hospital.

METHOD: Retrospective observational study of eConsults made to our department, which serves a population of 200.000 people, with total of 9 primary care centers. The study period was June 10, 2020 to December 31, 2020. We have studied the number of eConsults, response time, type of consult made, problem resolution and subsequent follow up.

RESULTS: Of 141 workdays, in 61 days (43%) there was eConsult, total 80 eConsults, mean 1.3 and median 1 daily (range 1 to 3). All primary care centers used this communication way, as well as 50 PCPs. Median response time for eConsult was 1 day (range 1-4). 55% patient was male, mean age 70.8 years (SD 13.9) (range 16-95 years). 64% it was his first assessment for Nephrology. The most frequent causes of eConsult: increase of creatinine (41.3%), uncontrolled blood pressure (12.5%), sodium and potassium disturbances (11.3%), treatment adjustment (11.3%) and changes in previous appointment (8.8%). After assessment eConsult, to 55% of patients was treatment adjustment, 22.5% were converted to an in-person visit, 11% they didn't need any action but only 1 patient was referred to the emergency room. 44% patient is subsequent follow up by PCPs, 39% by nephrologist, 15% joint assessment PCP and nephrologist and 2% by other specialists. Only 2 patients (2.5%) made second eConsult.

CONCLUSION: The eConsult is an important help to PCPs to solve doubts quickly, avoid unnecessary the travels to hospital the patients, treatment adjustment above all in control of hypertension an ionic disturbance, and guide in handling of chronic kidney disease. The diffusion and empowerment of this type of consultation in a next future may decrease, partly, the usual saturation of face-to-face visit and optimize the patient population being seen by nephrologist.