Resident Consult Training: What Every Provider Needs to Know About Consults

Earliest Appropriate Date (soon to be renamed Clinically Indicated Date CID): Earliest Appropriate Date is a required field in the consult order dialog. This date should be when the patient should be seen. This date should never be pushed into the future because of lack of any resources like clinic availability or as a form of triage.

SENDING PROVIDERS

Submission of Consult Orders:

- **Consults** should only be submitted after any pre-requisite labs, tests, or treatments have been provided as outlined in consult order templates or service agreements.
- **Face to Face consult:** The traditional type of consult which should be completed in accordance with the CID.
- **Future Care Consult:** For services where the consult/procedure is not needed within 90 days, a separate consult called Future Care consult must be used. (Examples: colonoscopy, PFT, Echo, sleep study)
- **E-Consults:** Consult question is answered through a chart review, telephone call, or secure messaging interaction without a face to face examination.
- **Urgent consult requests** should always contain documentation of direct provider to provider contact.

Mistakes to Avoid:

- **Don't** order a new consult if an existing one is already in place for the same issue.
- **Don't** order a new clinical consult for a patient already established with a given service if all that is needed is a f/u appointment for a consult that has already been completed.
- **Don't** order a consult without carefully reading and adhering to any prerequisite requirements.
- **Don't** order an in person consult without first confirming that the patient is willing to have the consultation.

RECEIVING PROVIDERS

Dispositioning of Consults. Pending consults should be dispositioned within 7 days.

- **Receive** If patient is to be scheduled to be seen face to face, the consult should be Received with scheduling instructions entered.
- **Discontinue**. Consult request may be discontinued if 1) Consult is a duplicate or inappropriate, 2) Consult was sent to the wrong service, 3) Patient has died, 4) patient is already established, 5) Consult has been superseded by Non-VA Care or Veterans Choice appointment.
- **Cance**l. Consults should only be cancelled under the limited circumstances where the ordering provider did not ask an appropriate consult question or if the Clinically Indicated Date field needs to be corrected. The ordering provider may then resubmit the consult with appropriate information without having to start over.
- Do Not change the status of a Consult to SCHEDULED from within CPRS. Instead the SCHEDULED status should be a result of linking an appointment to the consult in Vista.

Completing a Consult:

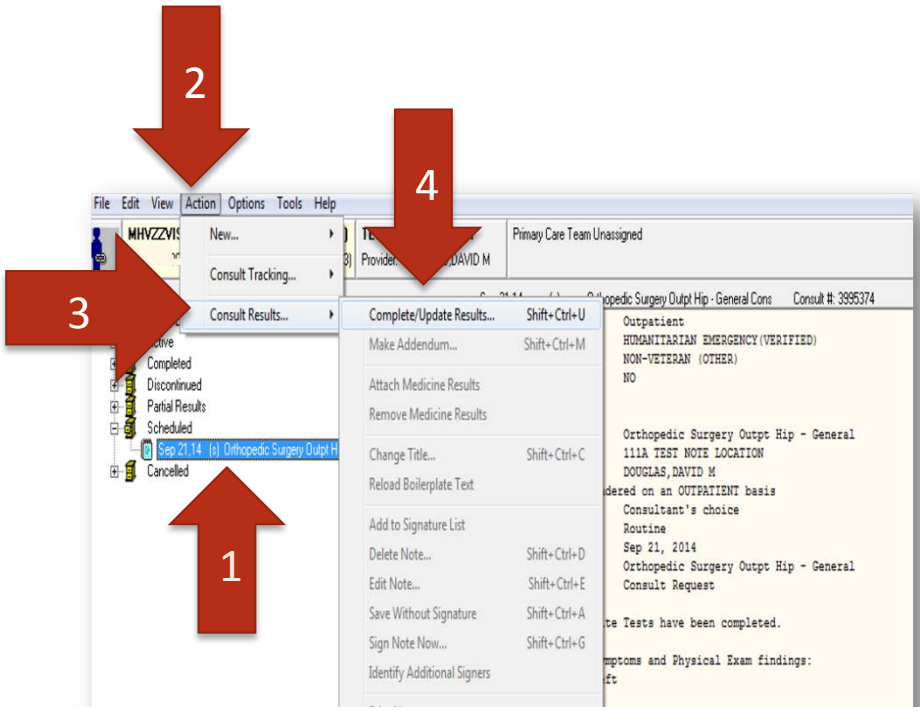
Once a consult is scheduled there are 2 ways to link the note to the consult: One from the Consults Tab and the other from the Notes Tab. On the Notes Tab, select an appropriate Consult note title. **Be on the lookout for the "Not a consult title" warning meaning the note title you have selected will not complete the consult.**

Completing via E-Consult: Do not address an e-consult merely with a comment, instead, on the consult tab select Action, Complete/Update Results. Then choose an E-consult clinic [New Visit], link your note to the consult, and complete the encounter form. This will provide Workload credit. If the consult request is titled e-consult and if the consultant feels that an in person consult is required, then forward the E-consult to the appropriate Service in the Consult tab. If pre-requisite tests or treatments have not been obtained, then the consult should be answered as an e-consult with instructions to obtain the prerequisites. **Any consult request may be completed as an e-consult at the discretion of the consultant if they feel a face to face visit is not necessary. E-consults are encouraged because they result in a faster resolution of the consult.**

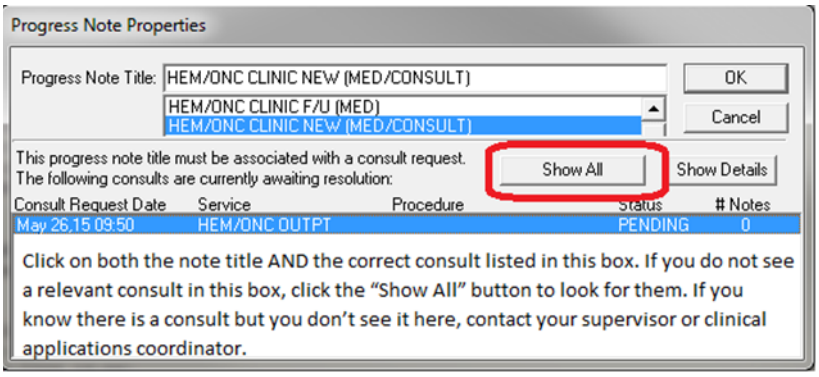
Mistakes to Avoid:

- **Don't** forget to determine whether the patient you are seeing has an open consult and don't choose a note title that will not close the consult.
- **Don't** leave an unsigned note in CPRS linked to a consult if a patient cancels or no-shows the appointment

How to link your note to the consult from the CONSULTS TAB



How to link your note to the consult from the NOTES TAB



If you as the provider are unable to complete a consult or cannot see a consult that you know has been ordered then contact your supervisor or a clinical applications coordinator.

Discontinuing Consults:
Consults may be discontinued if the patient does not respond to the minimum scheduling effort of 2 phone calls, 1 letter, followed by a 14 day wait of no response from the patient. Consults may be discontinued if the patient refuses the service, has multiple cancellations or no shows, if the patient is deceased or when an in-house consult is superseded by a Non-VA care consult or Veteran's Choice.

Cancelling Consults: Consults should only be cancelled under the limited circumstances where the ordering provider did not ask an appropriate consult question or if the Clinically Indicated Date field needs to be corrected. The ordering provider may then resubmit the consult with appropriate information without having to start over.

What Every VA Resident Needs to Know About Consults

The content of this document was adapted from the PowerPoint file used in TMS Course #24762

Ordering a Consult

Specialty services may require additional information or testing prior to scheduling a consult. This can be customized at the institutional level

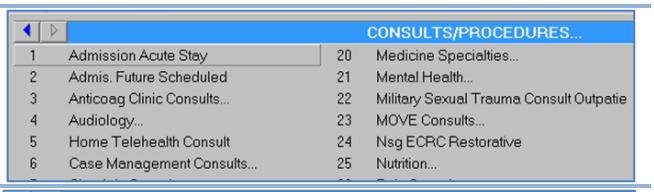
Send Appropriate Consults with Requisite Pre-work

- Care Coordination Agreements are developed collaboratively between primary care and specialty care to guide the appropriateness, prerequisites, use of e-consults *(see page 8)*, and other information on care management.
- Consult templates guide Care Coordination Agreements and include pre-work requirements.

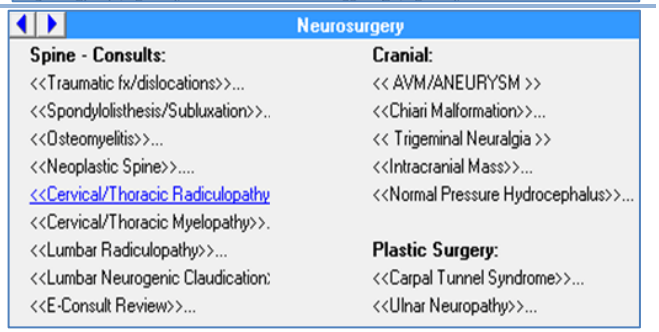
Mistakes to Avoid when Ordering a Consult:

- **DO NOT** order a new consult if an existing one is already in place for the same issue.
- **DO NOT** order a new clinical consult for a patient follow up of patients who are already under the care of the consulting service. Alternatives to a new consult request include an e-consult, an administrative consult *(a request is for transfer of care between providers where the only necessary response is acceptance or acknowledgement of the referral)*, or text orders.
- **DO NOT** order a consult without carefully reading and adhering to any prerequisite requirements such as imaging, labs or treatments.
- **DO NOT** order an in-person consult without first discussing it with the patient and confirming that the patient is willing to have the consultation.

Consult Order Menu Example



In this Neurosurgery example, there are links to different types of neurosurgery consultation as well as a link to clinical practice guidelines that may be of use to the ordering provider and may eliminate the need for the consult to be ordered.

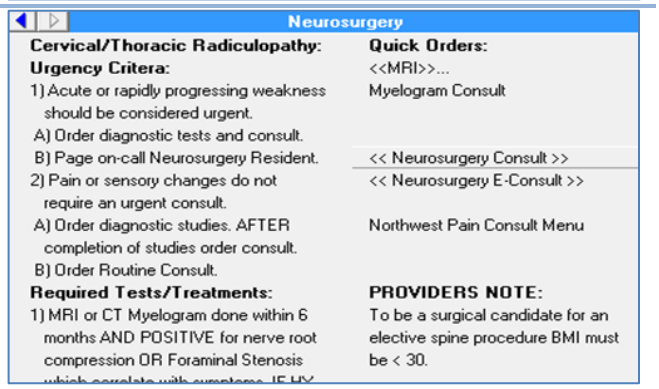


Urgency, Appropriateness and Pre-Requisites

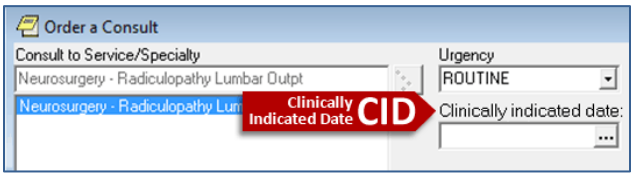
This page of the order menu provides guidance on tests, treatments, and contraindications that should be considered prior to submitting a consult.

MRI is a prerequisite for this neurosurgery consult and must be completed prior to neurosurgery consultation.

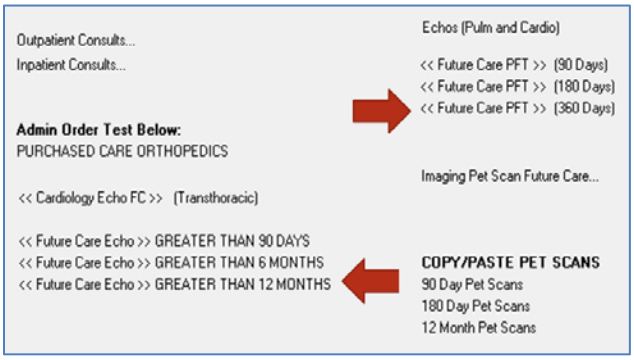
Six weeks of physical therapy is also a prerequisite and needs to have been documented prior to ordering the consult.



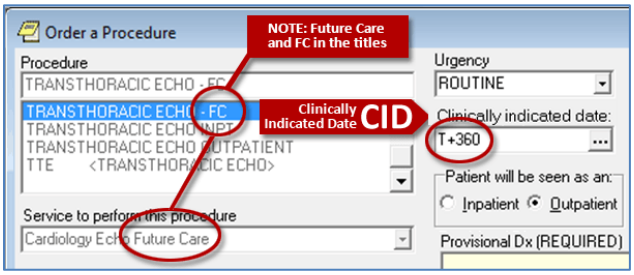
Clinically Indicated Date (CID) will replace Earliest Appropriate Date as title of this data field in consult orders.
The CID should reflect when the patient should be seen. This date should ***never*** be pushed into the future due to lack of resources such as clinic availability.



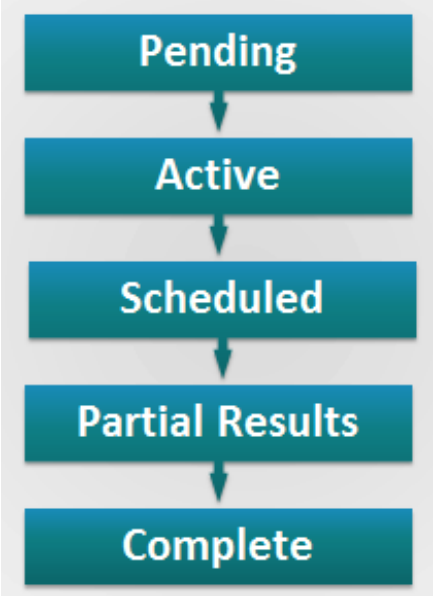
Use the Consult Package for Future Care Consults.
Some consults are needed in the future. In this order menu, **Future Care Consult** examples include echocardiograms, pulmonary function tests, colonoscopy and PET scans that are needed in 6 months to a year. For example, if an echocardiogram is needed as a 1 year follow up, the **Clinically Indicated Date** field is set to **T+360** days.



- If a consult is needed more than 90 days into the future, a **Future Care Consult** should be ordered with a **CID** that corresponds to date when the consult will be needed.
- **DO NOT** use **Recall Reminder** software and **Electronic Wait List (EWL)** for **Future Care Consults** needed more than 90 days out.
- A **Future Care Consult** is not needed for patients who are already established in a clinic.
- **Future care Consults** should never be used to address access issues in clinic, surgery, etc.
- **Future Care Consults** can be tracked separately from other clinical consults so may remain in Pending status and can be scheduled closer to the time when the care is needed.
- Once the **Clinically Indicated Date** is reached, **Future Care Consult** is tracked along with other clinical consults.
  (Clinical Procedure Future Care Consults would be tracked with other Clinical Procedure Consults.)



Viewing the Status of a Consult:



Consult Status Life-Cycle

- A newly signed consult order will result in a consult with a status of PENDING.
- No consult should remain in PENDING status more than 7 days. Prosthetics and Future Care Consults are exceptions to this rule.
- A PENDING consult that is received which will be in ACTIVE status. ACTIVE status means efforts are underway to schedule the Consult appointment.
- An ACTIVE status is not required if the consult appointment is scheduled in less than 7 days or if the consult is completed in less than 7 days. *(Not all sites use active status)*
- SCHEDULED means the consult has been linked to an appointment by the scheduling clerk.
- PARTIAL RESULTS is the status that results from a consult note being initiated but not yet completed.
- COMPLETE is the status that results from linking a note to the consult or administratively completing the consult.

How to get Consult out of PENDING status within 7 days:

(No Outpatient consults should remain in PENDING status more than 7 days.)

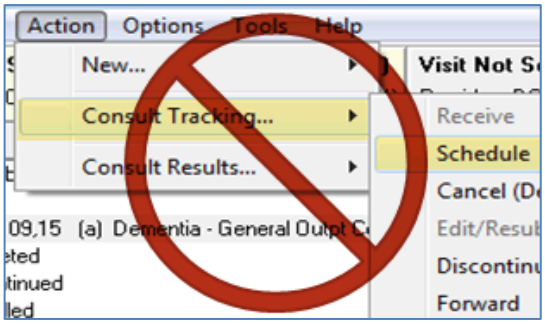
- **Receive** the consult (undergoing triage or awaiting scheduling).
- **Schedule** the consult (by the scheduling clerk linking the appointment to the Consult).
- **Forward** the consult to the appropriate service.
- **Complete** the consult: Clinical Note, or Administrative Action, or E-Consult.
- **Discontinue**: This option is used by the scheduling clerk in the service or an attending physician. The option is used when the consult is received by wrong service; or when patient miss two consecutive appointments from the same consult request; if the patient does not respond to minimum scheduling effort of 2 phone calls, a letter and 14 days; when service is no longer needed; when patient refuses service; when patient is deceased; when duplicate consult is submitted; when patient is already an established patient (must be accompanied with a comment regarding when the appointment is scheduled), or when the consult has been superseded by non-VA care or Veterans Choice.
- **Cancel**: Used by receiving service when the ordering provider did not provide sufficient information or ask an appropriate consult question. Please note that sending service has access to re-submit consult and consult will retain the original request date.
- **Check with your attending** for site specific policies and resident expectations.

A consult should only be changed to SCHEDULED by the <u>scheduling clerk</u> linking an appointment to the consult.

The receiving service <u>should not change a consult status to SCHEDULED in CPRS</u>.

The receiving service should ask for the appointment to be SCHEDULED in accordance with the Clinically Indicated Date. Consults should be changed to a status of SCHEDULED by linking the appointment to the consult during the scheduling process.

DO NOT change consult status to SCHEDULED
by using the CPRS Tab
Action > Consult Tracking > Schedule

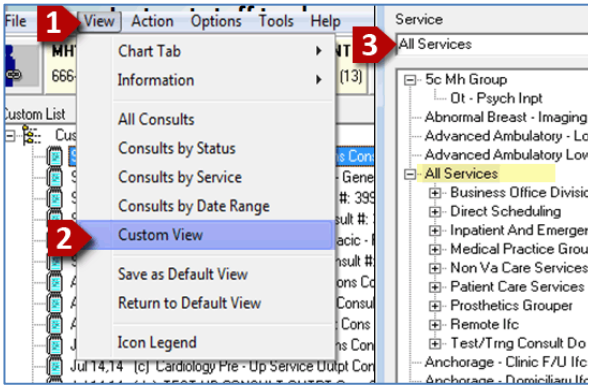


Creating an Optimal Consult View

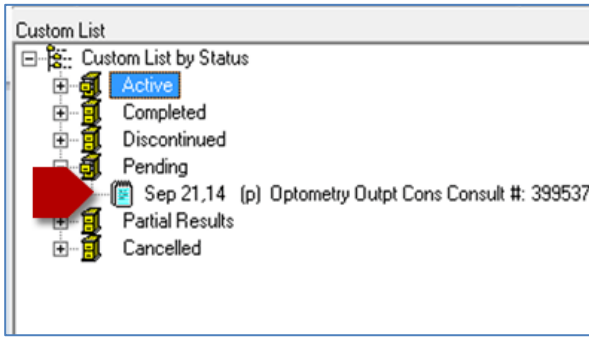
Select the Optimal Consult View
for a Consultant to Avoid Missing an Open Consult

Within the Consults Tab

1. Click on **View**
2. Click on **Custom View**
3. Highlight **All Services** on the left
4. Group by **STATUS** on the lower right
5. Click **OK** button
6. Click on **View** again
7. Save as **Default View**



Now the consults are organized by status such that ACTIVE, PENDING, SCHEDULED, or PARTIAL RESULTS consults can be easily found by opening up the yellow file cabinets.

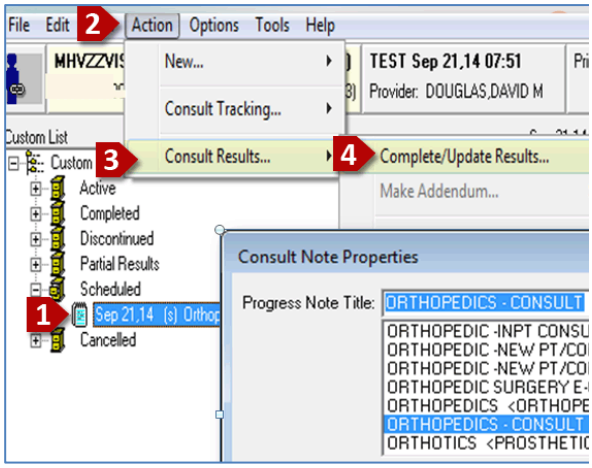


Completing a Consult or E-Consult

Consult Tab Method to link your note to the consult.

When the appointment date arrives, and the consultant is ready to write a NOTE, there are 2 methods to link the NOTE to the consult: One from the Consults Tab and the other from the NOTES tab.

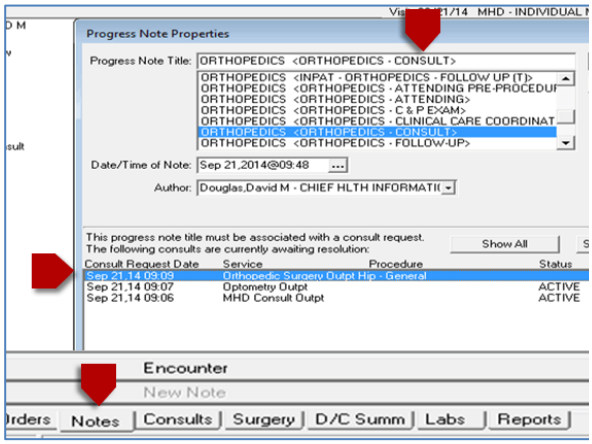
Using the Consults Tab to close the consult is the PREFERRED method.



Notes Tab Method

On the Notes Tab, select an appropriate Consult note title.

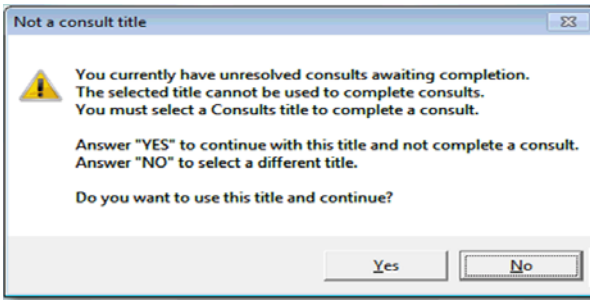
Notice how the open consults that this provider is able to complete will display at the bottom of the progress note selection dialog once a consult note title is selected.



Completing a Consult (continued):

WARNING- NOT A CONSULT TITLE
You are choosing a note title
that will not complete the consult

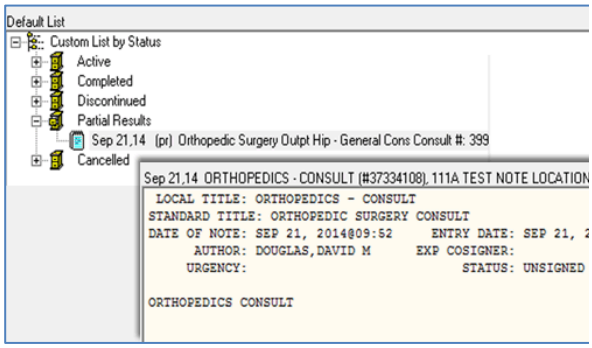
Be on the lookout for this prompt because it is warning them that the **note title** they have chosen will not complete the consult. If they have an open consult on this patient, they should choose NO, and then choose a note title that will complete the consult.



When this note is signed,
the status will change to COMPLETED.

A note that has been started but not yet signed will display PARTIAL RESULTS.

When it is signed, the consult will become COMPLETE.



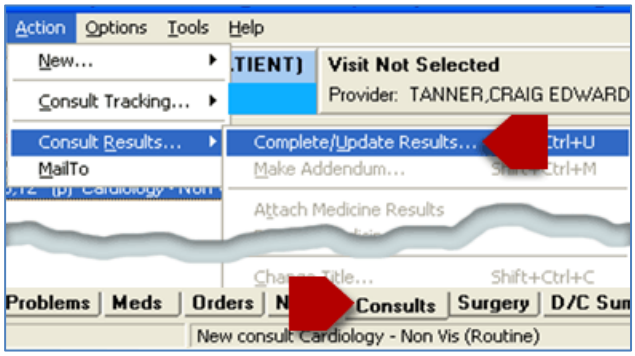
How could this process FAIL?

- A consultant is not set up to be able to complete the consult. *Consultants have to be set up in VistA to complete specific Consults. A **Clinical Application Coordinator/Health Informatics Specialist (CAC/HIS)** can fix this problem if it occurs.*
- No prompt has been set up. *CAC/HIS can set up a prompt for providers to see open consults when they create a CPRS progress note.*
- Consultant bypasses the prompt and writes an ordinary progress note. *Consultants may need to be trained or reminded how to link notes to the consult.*
- An appropriate note title has not been set up. *In rare instances, an appropriate note title has not been set up.*
- *A CAC/HIS can fix this problem if it occurs.*
- *Your attending can help you fix these problems.*

E-Consults

An E-Consult is an approach to provide clinical support from provider to provider. The consultant provides a documented response without an in-person visit by using information presented in the consult request or contained in the patients chart.

COMPLETING an E-Consult



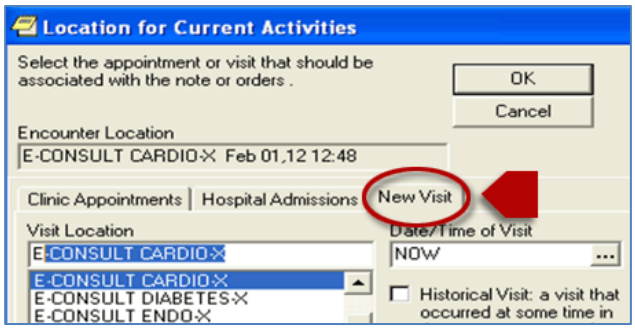
COMPLETING an E-Consult

Start by Selecting a **New Consult Note.**

Select New Visit.

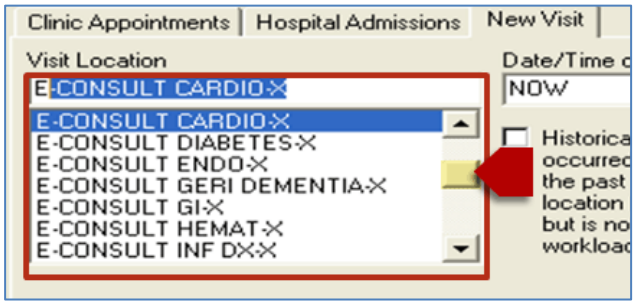
Clicking **New Visit** is what will allow you to link and E-consult to the appropriate E-Consult clinic (New Visit] and complete the encounter form.

This will provide Workload credit for this E-consult. If the consultant feels that an in person consult is required, then forward the E-consult to the appropriate Service in the Consult tab.



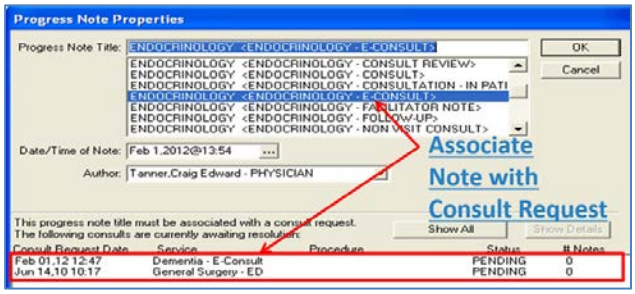
Choose E-Consult for Your Specialty.

If you type E-Consult into the **Visit Location** box, you should be able to scroll down to the E-Consult clinic for your specialty.



Choose & Associate Consult Note with Consult Request.

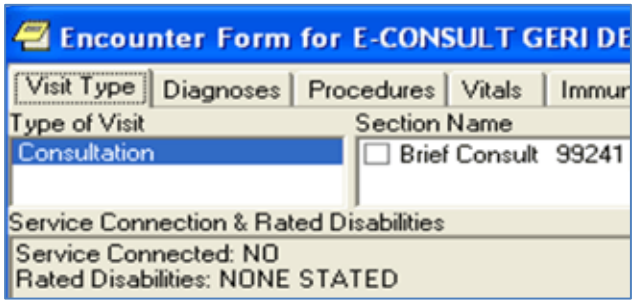
Choose a consult note title that has your specialty and then E-Consult.
Link this consult note to the consult.
Note: The consult does not have to have E-Consult in its title.



E-Consults (continued)

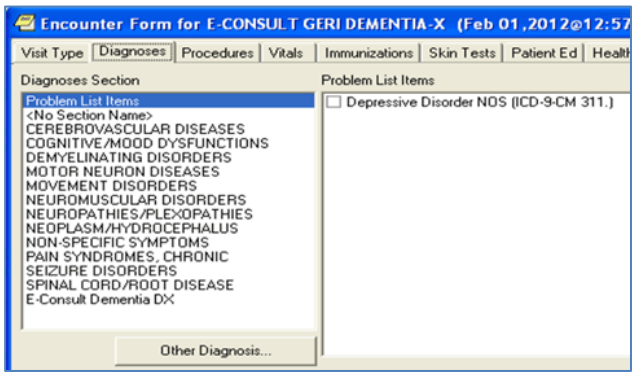
When Note is Finished,
Complete Encounter Form.

E-Consult clinics should bring up special encounter forms.

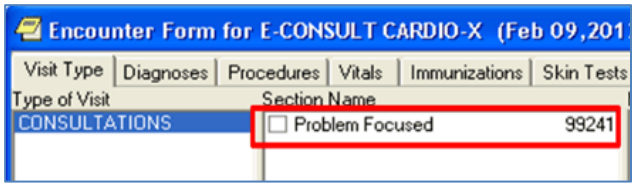


Choose Diagnosis.

Like other encounters,
a diagnosis must be entered.

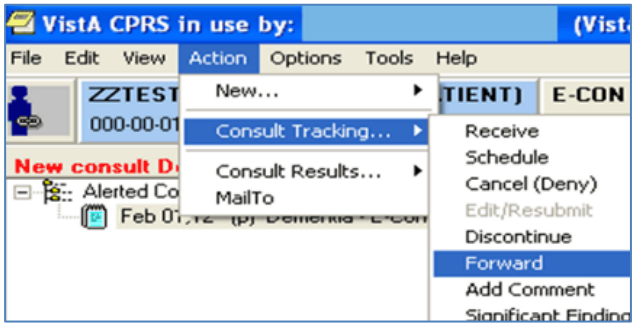


Some Specialties May Say "Problem Focused".



Face-To-Face Consult
ACTION > CONSULT TRACKING > FORWARD

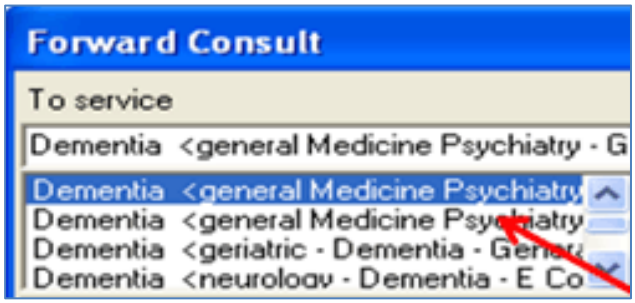
This is used at sites where an E-Consult is an option for the ordering provider. At sites where only the receiving service determines if an E-Consult is indicated, this step is not needed.



Choose appropriate service (but not E-Consult)

Enter COMMENTS if needed.
Now consult can be SCHEDULED via usual route

This allows an E-Consult to be forwarded to an in-person consult. This process would not apply at sites where ordering providers cannot order E-Consults.



Discontinuing Consults

Consults may be discontinued after 2 consecutive scheduled missed appointments by the patient (no-shows) or if the patient does not respond to the minimum scheduling effort of 2 phone calls, 1 letter, followed by a 14 day wait of no response from the patient. Consults should not be discontinued or cancelled after the first no-show unless the patient has refused the service because this will prevent a rescheduled appointment from being linked to the consult. Consults may be discontinued if the patient is deceased or when an in-house consult is superseded by a Non-VA care consult or when the either the veteran, caregiver or Third Party Administrator (TPA) notifies VA that the veteran has been scheduled into a Veteran's Choice Appointment.

Cancelling Consults

Consults should only be cancelled under the limited circumstances of cases where the ordering provider did not ask an appropriate consult question.

Consult Status Definitions

- **Unreleased:** Consult order has not yet been signed.
- **Pending:** A consult order has been signed but consult has not yet been scheduled or otherwise acted upon by the receiving service. Consults should NEVER remain in a Pending status for more than 7 days. Exceptions are Prosthetics and Future Care Consults.
- **Active:** A consult has been accepted by the receiving service but appointment has not yet been scheduled or rescheduled.
- **Scheduled:** An appointment with the consulting service has been made.
- **Partial Results:** A consult note has been initiated, but not yet signed by the consultant or that has been generated through a machine interface.
- **Complete:** A clinical note or administrative action has completed the consult process.
- **Cancelled:** A consult order has been cancelled by the consult service without being acted upon.
- **Discontinued:** An order to discontinue a previously requested consult order.