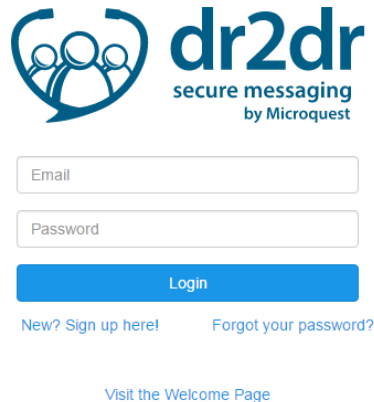


eCASE in 4 Steps – Primary Care Providers

***Remember, eCASE is to be used for non-urgent questions. The maximum turnaround time is one week, although answers are commonly provided within 2 days.**

Step 1 – Access the ‘dr2dr’ application

- Go to Dr2Dr website: <https://dr2dr.ca/login> or open the mobile application
(it is recommended that you save this address to the “Favourites” list in your browser)
- Enter your email and password



The screenshot shows the login page for dr2dr secure messaging by Microquest. It features a logo with three stylized figures in a circle. Below the logo are two input fields: 'Email' and 'Password'. A blue 'Login' button is positioned below the password field. At the bottom, there are two links: 'New? Sign up here!' and 'Forgot your password?'. A footer link 'Visit the Welcome Page' is also present.

Step 2 – Initiating an eConsult

- Click the Green “start a conversation” button in the top right corner of the center panel
- In the conversation box on the right side of your screen, **begin typing “eCASE” in the “To” field**; all participating ‘eCASE’ inboxes will be autosuggested.
- Type your question and all relevant background information in to the conversation box. **Be sure to include the patient’s date of birth, name, and PHN.**
- *Alternatively, you may generate a referral letter from your EMR, pose your question within that document, and attach it to the conversation.*
- Attach any relevant clinical documents such as diagnostic images or lab results.
- Send the message. You should receive a response within one week.

For questions or concerns call or email Nico Miraftab at 604-682-2344 ext. 66522

nmiraftab@providencehealth.bc.ca

Start a Conversation

Start a conversation

From: Nico Miraftab

To: ecase|

Title: eCASE Cardiology *Various*

- eCASE ENT *Various*
- eCASE General Internal Medicine (Rural) *Various*
- eCASE General Internal Medicine (Urban) *Vancouver*
- eCASE Neurology *Various*
- eCASE Ophthalmology *Various*
- eCASE Paediatrics *Vancouver*
- eCASE Rheumatology *Vancouver*

Status: Not Processed
Updated: Jun 7, 9:06 PM
Created: May 31, 4:11 PM

Status: Not Processed
Updated: Jun 5, 1:03 PM
Created: Jun 5, 1:03 PM

Status: Not Processed
Updated: May 26, 1:32 PM
Created: May 26, 1:25 PM

Status: Not Processed
Updated: May 15, 9:18 AM
Created: May 15, 9:11 AM

Status: Not Processed
Updated: Apr 7, 9:19 AM
Created: Apr 7, 9:19 AM

Status: Not Processed
Updated: Apr 5, 8:03 AM
Created: Apr 5, 8:03 AM

Hi there,

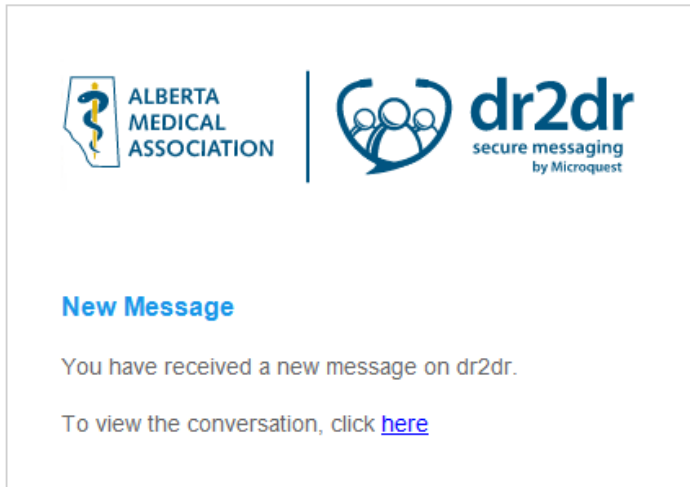
This question is about a woman that also had another lab from her labs from measures were performed in the last week. I'm unsure of what to make of her high Phosphorous, Creatinine and Serum Urea Nitrogen in relation to the persistent hypercalcemia - what would you recommend?

Attach patient **Add Attachments** Save As ^ Cancel Send

For questions or concerns call or email Nico Miraftab at 604-682-2344 ext. 66522
nmiraftab@providencehealth.bc.ca

Step 3 – Retrieving a Response and Integrating advice into the patient chart

- You will receive an email once the specialist has provided a response; click the link within this email to access dr2dr, or log in per Step 1.



- Proceed with a follow-up inquiry, if needed. You will receive another email upon specialist response.
- Click the printer icon in the top right corner when the conversation is open.

For questions or concerns call or email Nico Miraftab at 604-682-2344 ext. 66522


nmiraftab@providencehealth.bc.ca

Advice Requested



Not Processed

Attach Patient eCASE General Internal Medicine


Jane_D... (156 KB)

Hello,

I have a 25 year old woman that has exhibited fatigue and polyurea for the last 9 months. She has also had anorexia and unexplained weight loss of 12 pounds. Upon review of her labs from 9 months ago she had mild hypercalcemia but all her other tests were normal including glucose. See the attached labs that were performed in the last week; I'm unsure of what to make of her high Phosphorous, Creatinine and Serum Urea Nitrogen in relation to the persistent hypercalcemia - what would you recommend?

Thanks,

Nico MirafTAB - 10:38 AM

N

It looks like this patient has Sarcoidosis which is likely causing the hypercalcemia. To address this, prescribe 30mg oral Prednisone once daily and follow-up with labs in 1-2 months; if the hypercalcemia has not improved I suggest referring to a GIM specialist.

Nicki Ordano - 10:44 AM

✓ Nicki Ordano

B I U

Read Receipts

Send

Enter to send

- Choose either “Save to pdf.” or “Cute PDF Writer” to save a record of the consult.



The screenshot shows a print dialog on the left side of a browser window. The dialog has a 'Print' section with 'Total: 1 page' and 'Save' and 'Cancel' buttons. The 'Destination' section has 'Save as PDF' selected and circled in red, with a 'Change...' button below it. Other options include 'Pages' (All), 'Layout' (Portrait), 'Paper size' (Letter), 'Margins' (Default), and 'Options' (Headers and footers checked, Background graphics unchecked).

The main content area shows a secure message from Dr. Nico MirafTAB to Jane D. dated 1/29/2017. The message is titled 'START OF CONVERSATION' and discusses a 25-year-old woman with hypercalcemia. The doctor recommends 30mg oral Prednisone and suggests referring to a GIM specialist. The message is signed by Nico MirafTAB and Nicki Ordano.

- Save any pdf. files sent by the specialist separately. Integrate these into the patient’s file within your EMR – **remember to delete these files after to ensure patient confidentiality.**
- Integrate advice back into the patient chart within your EMR.

For questions or concerns call or email Nico MirafTAB at 604-682-2344 ext. 66522

nmiraftab@providencehealth.bc.ca