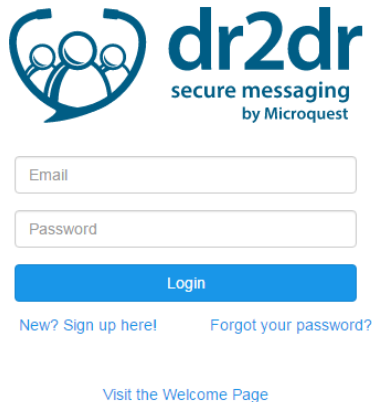


eCASE in 4 Steps – Primary Care Providers

***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 link 'Visit the Welcome Page' is centered at the very bottom.

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.

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: Mav 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: Mav 26, 1:25 PM

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

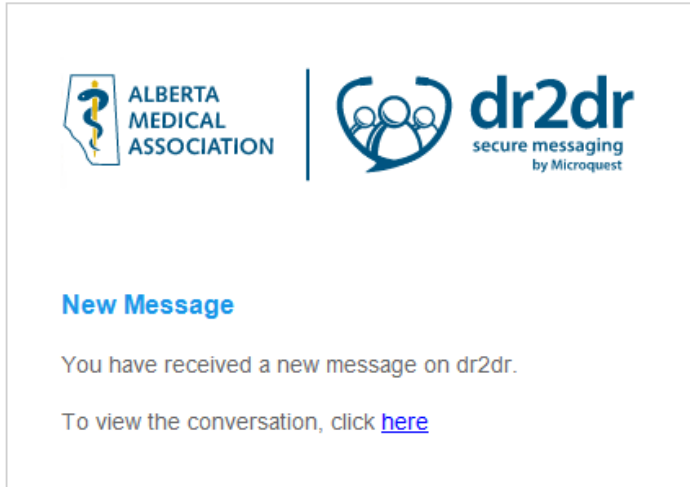
Hi there,

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**

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.

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 Mirafab - 10:38 AM

 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 displays a print dialog on the left side of a web browser window. The dialog includes a 'Print' section with 'Total: 1 page' and a 'Save' button circled in red. Below this is a 'Destination' section with a 'Save as PDF' button also circled in red, and a 'Change...' button. Other options include 'Pages' (set to 'All'), 'Layout' (set to 'Portrait'), 'Paper size' (set to 'Letter'), 'Margins' (set to 'Default'), and 'Options' (with 'Headers and footers' checked and 'Background graphics' unchecked).

The main content area shows a message conversation titled 'START OF CONVERSATION' dated 1/29/2017. The sender is 'Dr. Nico Mirafitab' and the recipient is 'Jane D., (156 KB)'. The message text reads: '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,'. A response from 'Nico Mirafitab - 10:38 AM' follows: '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.' A 'NICKI Ordano' button is visible at the bottom of the message.

- 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.