eReferral

Transforming Alberta’s Referral Experience

eHealth JUNE 3, 2015

Allen Ausford MD FCFP Clinical Professor
Faculty/Presenter Disclosure

Dr. Allen Ausford, FCFP, Clinical Professor

• Relationships with commercial interests:
  — Consulting fees
    • Alberta College of Physicians and Surgeons
    • Canadian Medical Protective Association
    • Alberta Health Services
    • Alberta Health
    • Orion Health
Disclosure of Commercial Support

• Potential for conflict of interest:
  — Due to his extensive clinical experience using Alberta’s Netcare system, Dr. Ausford received compensation from Orion Health to facilitate the physician user perspective during the development of the eReferral software.
  — Dr Ausford does additional consulting work with Orion Health
    • Demonstrations
    • Site Visits
    • Software Development
    • General Clinical / IT advice
    • Member of Northern Hemisphere Clinical Working Group
Mitigating Potential Bias

• The focus of this presentation is on the functionality of the eReferral software from a user’s perspective
• The information is presented with the purpose to inform others on lessons learned
Referral letters

Dear Doctor,
I am apparently referring this man to you. Unfortunately I can't find any records in the notes as to why, but I'm sure you will find out.

Yours sincerely with kind regards

GP Letter to an Outpatient Clinic:
Dear Dr W,
Regards Mrs X, Bradford-upon-Avon.
Please see and advise.

The letter got the following reply:
Dear Dr Y,
I have seen your patient and advise you to do the same.
Talk Agenda

Alberta Netcare enabled

Potential scope

Look & Feel

Features & benefits

Updates

Referral evolution

Goals

Key insights
Local Definitions

- **Electronic Health Record (EHR) = Alberta Netcare**
  - Mainly Patient Centric
  - Not always used with every patient encounter
  - Subset of pertinent *global* clinical information
  - Shared Information Tool (Information is usually pulled)
  - User: Read mainly

- **Electronic Medical Record (EMR)**
  - Mainly Provider or Facility Centric
  - Equivalent to the clinic paper chart
  - Detailed *local* clinical encounter information
  - Not Automatically Shared with other systems (Information is usually pushed)
  - User: Read / Write
Alberta Netcare (EHR/HIE)
Orion Health Suite

- Provider Portal
- EMR context launch
- Case management
- Pharmaceutical Information Network
- PAC system / Viewer
- Population Health dashboard

- List capabilities
  - ADT generated
  - Provider generated
- Messaging
- Resources and links
- Data integrity
- Enhancement request
- eReferral
Alberta Netcare Statistics

- 96% of dispensed medications
- 92% of all laboratory test reports
- 92% of diagnostic images and reports
- >200 million screens of information accessed by Alberta Health professionals
Alberta Netcare Statistics

Alberta Netcare Portal
Total Number of Users - April, 2014 (Total 35,639)

- Admin - 8,075 (23%)
- Physicians - 5,387 (15%)
- Residents - 2,244 (6%)
- Nursing - 11,203 (31%)
- Allied Professionals - 3,835 (11%)
- Supervisory/Management - 264 (1%)
- Other - 871 (2%)

Pharmacists - 3,760 (11%)
What is Path to Care

A provincial program aimed at improving the way we manage referrals and patient wait times.
eReferral Development

Clinical Design Team

- 9 Design Team meetings February-April 2013
- 12 Voting members
- 15 Support members
- Terms of Reference
- Guiding Design Principles
- Weekly telecom update/vetting meetings with broad group of potential users
- July 2014 Limited Production Rollout go-live
eReferral Development

Key requirements

– Province wide
– Leverage current Netcare data/platform
– Standardized form tools / Time efficient
– User Friendly / Team based
– Tracking / Triaging
  • Referrals
  • Wait times
– Health Services Catalogue enabled
What is it?

Features & Benefits

Simple.
Timely.
Personal.

track referrals. check for completeness. advice or consult. delegate authority. shared work. save drafts. view wait times. view referral history. accessible. searchable catalogue. leverage Netcare info.
LIMITED PRODUCTION ROLLOUT

breast cancer

lung cancer

hip and knee joint replacement

LOOK AND FEEL Health Services Catalogue

- Search terms are easily identified and can be used to funnel results.
- Often used search terms can be saved for future use.
- Items can be sorted by any heading.
- Search results are service matched by reason for referral.
- Wait times and referral acceptance information are available for every receiving provider.
LOOK AND FEEL

Reason for Referral & Request Type

Select a Form

Reason for Referral *
Hyp pain

Refer For *
Consult - Orthopaedic Surgery

Create

Save drafts

Track patient referrals throughout the system

Send requests for consultations and advice

Drafts

Selected Considerations | Creation Date | Referral Reason | Referring Provider | Created By | Request Type
--- | --- | --- | --- | --- | ---
Legg-Calve-Perthes disease | 20-Jan-2014 | | Dr. Allen E. AUSFORD | Twenty Training | Consult

In Progress

Received Date | Referral Reason | Referring Provider | Appointment | Triage | Elapsed Time | Approximate Wait Time | Request Type | Service Provider | Status | Status Reason | Last Modified
--- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | ---
03-Jan-2014 | Benign bone tumor | Dr. Giovanni E. COPPOLA | Alberta Hip and Knee Clinic | 3 weeks 6 days | 77 calendar days | Consult | | | Waitlisted | 3 weeks 6 days
23-Jan-2014 | Knee pain | Dr. Dennis K. WONG | Edmonton Musculoskeletal Centre | 6 days | 35 calendar days | Consult | | Waiting for Clerical Triage | 6 days
LOOK AND FEEL

Standardized Referral

Triage Requirements

Has the Patient or Guardian been informed of the diagnosis or Reason for Referral? *

- [ ] Attached
- [ ] Ordered

Tissue Pathology / Cytology *

- [ ] Attached

The following tests must have been completed within the last 28 days. Any tests that are older need to be reordered.

- Chest X-ray or CT *
  - [ ] Attached
  - [ ] Ordered
- Date Ordered *: 12-Feb-2014
- Location
- Abdominal Imaging US or CT *
  - [ ] Attached
- Bone Scan *
  - [ ] Attached

Laboratory tests *

- CBC with differential
- Renal function: Creatinine
- Liver function: ALT/AST, AP, Total Bilirubin
- Electrolytes: Calcium

- [ ] All available
- [ ] No tests available

Questions to assist triage

Standard requirements for triage

Ability to attach labs & images

Attachments

- Link Alberta Netcare Portal Laboratory Results
- Link Alberta Netcare Portal Reports

Comorbidities

- [ ] History of stroke
- [ ] Cardiovascular disease (e.g. prior MI)
- [ ] Respiratory disease
- [ ] Peripheral vascular disease (PVD)
- [ ] GI disease
- [ ] Renal disease
- [ ] Liver disease (e.g. Hepatitis B or C)
- [ ] Diabetes
- [ ] Rheumatologic disease (e.g. SLE, scleroderma etc.)
- [ ] Active infections (e.g. MRSA, shingles, TB, VRE)
- [ ] Cognitive issues
- [ ] DVT
- [ ] VTE

Any other concurrent medical problem

Requested Action *

- Cancer pain and symptom management
# LOOK AND FEEL

**Triage Dashboard**

### Multiple filter options for referral display

### Creates a common workspace for the triage team

### Calculates elapsed time since submission and shows provincial access targets

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB/Age</th>
<th>PHN/ULI</th>
<th>Review</th>
<th>Received Date</th>
<th>Referral Reason</th>
<th>Referring Provider</th>
<th>Submitted By</th>
<th>Response Target</th>
<th>Access Target</th>
<th>Elapsed Time</th>
<th>Request Type</th>
<th>Status</th>
<th>Status Reason</th>
<th>Last Modified</th>
<th>Last Modified By</th>
<th>Letter/Fax</th>
<th>Generate</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIMPSON, George</td>
<td>22-Jun-1930 (83 years)</td>
<td>425346114</td>
<td></td>
<td>03-Jan-2014</td>
<td>Non small cell lung cancer</td>
<td>Dr. Giovanni COPPOLA</td>
<td>Twenty One Training</td>
<td>2 business days</td>
<td>3 weeks</td>
<td>6</td>
<td>Consult</td>
<td>Waiting for Appointment</td>
<td>2 days ago</td>
<td>Twenty Six Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIMPSON, George</td>
<td>22-Jun-1930 (83 years)</td>
<td>425346114</td>
<td></td>
<td>03-Jan-2014</td>
<td>Locally advanced breast cancer</td>
<td>Dr. Giovanni COPPOLA</td>
<td>Eleven Training</td>
<td>2 business days</td>
<td>3 weeks</td>
<td>6</td>
<td>Consult</td>
<td>Information Provided</td>
<td>2 weeks ago</td>
<td>Twenty Seven Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTPOST, John Robert</td>
<td>11-Apr-1948 (65 years)</td>
<td>200196114</td>
<td></td>
<td>13-Jan-2014</td>
<td>Mesothelioma</td>
<td>Dr. Giovanni COPPOLA</td>
<td>Twenty Seven Training</td>
<td>2 business days</td>
<td>3 weeks</td>
<td>6</td>
<td>Consult</td>
<td>Waiting for Appointment</td>
<td>1 week ago</td>
<td>Twenty Six Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BLACK, Edvard</td>
<td>16-Jan-1912 (102 years)</td>
<td>101249034</td>
<td></td>
<td>13-Jan-2014</td>
<td>Knee pain</td>
<td>Dr. Giovanni COPPOLA</td>
<td>Twenty Seven Training</td>
<td>7 calendar days</td>
<td>8 weeks</td>
<td>-40</td>
<td>Consult</td>
<td>Waiting for Appointment</td>
<td>2 weeks ago</td>
<td>Twenty Seven Training</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>16-Jan-1912 (102 years)</td>
<td>101249034</td>
<td></td>
<td>13-Jan-2014</td>
<td>Non small cell lung cancer</td>
<td>Dr. Giovanni COPPOLA</td>
<td>Twenty Seven Training</td>
<td>2 business days</td>
<td>3 weeks</td>
<td>-5</td>
<td>Consult</td>
<td>Clinical Triage in Progress</td>
<td>2 weeks 2 days ago</td>
<td>Twenty Seven Training</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Recent referral stats

Hip and Knee Joint Replacement – 398
Lung Cancer – 156
Breast Cancer - 924
Update

Hip and Knee Joint Replacement

Feedback
• Some duplication of work with EMR
• Health Services Catalogue wait times extremely helpful
• Need more groups receiving referrals for it to be useful

Next Steps
• Enhance platform to allow for attachment of EMR generated forms instead of filling on form
• Increase awareness of hip and knee referral requirement through newsletter and other venues
• Focus training on large volume clinics
• Notifications
Update

Breast and Lung Cancer

Feedback

- *Once sending sites receive training they are using eReferral consistently*
- *Receiving sites appreciate that referrals are complete and legible*

Next Steps

- *Revised tumour referral requirements are complete with reduced requirements and provincial adjudication*
- *Train additional surgeons offices once secretaries have Netcare access*
Referral Evolution

Stages of Referral Evolution

- **Standardization**
  - Standard processes
  - Information requirements
  - Triage categories
  - Service response times

- **Automation**
  - Referral tracking
  - Service matching
  - Transparency
  - Patient choice
  - Wait time capture

- **Intelligence**
  - Reporting
  - Outcomes
  - Integration
  - IT system stability
  - Evaluation

- **Variability**
  - Lack of standardization
  - Difficult system navigation
Goals

Initially

• Support advice and consult requests
• Create one place for referrals to be created, submitted and tracked
• Transparency into services offered, wait times and where the referral is
• Patient centric approach
• Create simple reports i.e. # of referrals submitted by reason for referral

Long term

• Create critical mass
• Provincial referral requirements
• Track all care transitions
• Support research, resource planning
• Wait time reporting
• Integrate with all required systems (EMR, EHR, Scheduling, PHP)
KEY INSIGHTS

Work In Progress

- EMR generated letter
- Reporting
- Generic referral
- Advice request
- Secure messaging
- Consolidate directories
KEY INSIGHTS

Mixed impact

Automation = Adoption

Target user

Critical mass

Integration

Conversations
Communications

eReferral

Alberta’s Paperless Referral Solution

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THIS MONTH IN ACCESS IMPROVEMENT

eReferral has garnered more national exposure this month as the recipient of the Infoway e-Connect Impact Challenge Award, which rewards innovative teams comprised of health providers that use and symposium highlighted innovations in specialty areas that typically cause frustration for primary care physicians with regards to patient access. Topics delivered included gastroenterology, neurology, rheumatology and chronic

IN THIS ISSUE

Access Improvement this month

Quick Updates
eReferral is making headlines

Quality Referral Evolution

Mackid Symposium: Community
Questions