

ACCESS

IMPROVEMENT

CONVERSATIONS • CONNECTIONS • RESOURCES



The eve of Canada's 150th birthday is a time to reflect and to celebrate. In 1867 our founders, full of hopes and dreams for this new country, could not have imagined how far we would come in all ways but especially in terms of medical technology.

In this issue we celebrate three specific advances: Electronic referrals are now a reality as new funding affords a provincial roll-out **READ MORE**; getting advice from a medical specialist is a mouse-click away and very well received **READ MORE**; and now we can envision a **complete** provincial electronic health record through one convenient portal with the launch of Community Information Integration. **READ MORE**

It truly is a time to celebrate the achievements and to imagine the next 150 years.

eReferral

eReferral Version 4.4 Upgrade

Look for these great enhancements coming July 2017



If you would like some training:
email ehhealthsupport@cgi.com

or

Call the e-Health support line
1-855-643-8649 (Toll Free)

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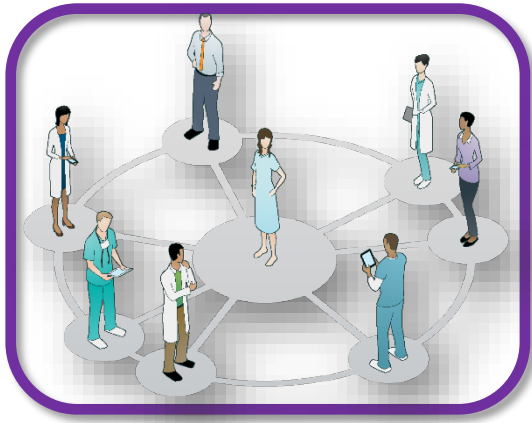


More Specialties: To Go Live with eReferral Advice

The eReferral project team is recruiting specialties with a view to numerous go-lives starting this fall. [SEE TARGET DATES](#)

accessIMPROVEMENT aims to start the conversations, make the connections and share the resources that improve Alberta's referral experience. If you'd like to share your access improvement story, we'd like to spread the word. [GET IN TOUCH](#) with us to learn how.





Ready... Set... Go! eReferral Gets Funding

It has been an exercise in patience to be sure but now it is full steam ahead for the newly expanded eReferral project teams in Calgary and Edmonton. eReferral which includes both Advice and Consult Requests, is set to roll out across Alberta and will expand to include an increasing number of specialties over the next year and through to 2019.

Automating Alberta's referral process has been a passion for Director Jodi Glassford since joining the Provincial Access Team back in 2011. The vision of a fully integrated automated referral system, that enables all referrals, supports service choice, offers transparent wait times, real time referral tracking and closed-loop communication is now becoming a reality, thanks in large part to her calm tenacity.

Work began on the Request for Proposals (RFP) almost 6 years ago followed by a successful Limited Production Roll out (LPR) in 2014. What was learned from the 2014 LPR was that participants not only endorsed the system, they clearly wanted it to expand to include all specialties.

For the LPR receiving sites the focus has mainly been on receiving Consult Requests, however further work between primary and specialty care highlighted that for some conditions a face-to-face consult may not be required when a quick query on management is all that is necessary. In October 2016 Nephrology province wide began receiving Advice Requests. Primary care users can log in to Netcare, pose a question to a specialist and receive advice for their patient within a 5 day period. Primary care users and

specialists alike are pleased with the eReferral Advice Request system (see *News from the Field* in this issue).

With funding in place all systems are go for the eReferral Project Team: eReferral Advice Request is available **now** via the Netcare portal; work is nearing completion on the eReferral standard consult form and specialty recruitment is underway. There is much to do and much to celebrate!



FAQ



Frequently Asked Questions

Why provide advice electronically?

Many of our health services focus on emergent and urgent patients so non urgent patients tend to wait for face to face specialty appointments that they may or may not require.

Advice requests focus on specialists providing advice to physicians for non-urgent questions. They support patients and providers in the community by reducing the time waiting for specialty care and possibly prevent a referral from entering the system. If a face to face consult is required the patient may be better prepared and may initiate treatment prior to the appointment.

How does it work?

The requesting physician logs into Alberta Netcare, finds their patient, creates an advice request, selects where to send the request, describes the question, attaches any pertinent documents and then submits the request.

The receiving specialist logs into Alberta Netcare, sees there is a request, responds and attaches any pertinent documentation and sends the response back. *This usually takes about 10 minutes.*

The requesting physician logs into Alberta Netcare, sees the response on their eReferral My Referrals dashboard, reads the response and can download the

response in PDF for their EMR if desired.

Where else has advice request successfully been done?

The largest Canadian example is the Champlain BASE eConsult service. This advice service has been in place since 2010 and has responded to 20,000 requests and avoided over 8,000 referrals for face to face appointments. www.champlainbaseeconsult.com

Can eReferral advice request be billed for?

Advice requests can be billed by the sender (\$32.43, eConsult 03.01R) and the responding clinician (\$76.27, eConsult 03.01O)

How long does the specialist have to respond to the advice request question?

The responding specialist has 5 days to respond with guidance on how to treat the patient, if a referral is required or if additional information is required. The eReferral team will prompt the responding specialist if a response has not occurred.

What other groups currently receive eReferral advice requests?

Advice requests can be submitted to nephrology, hip and knee joint replacement and medical and radiation oncology for breast and lung cancer. Edmonton Zone Urology will start receiving advice requests in September 2017 and then an additional 12 groups will start in October 2017.

How do specialty services sign up to respond to advice request or get more information?

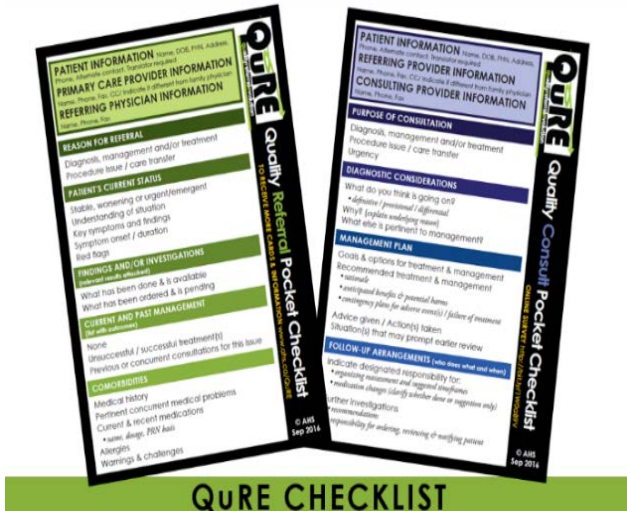
eReferral is looking for specialty services to respond to electronic requests for advice through Alberta Netcare starting in October 2017. For each specialty service we are looking for 1-2 specialists with excellent communication skills who have a passion for helping others.

Please contact: Jodi.Glassford@ahs.ca or Veronique.LeSaux@ahs.ca

Check out our website: www.albertanetcare.ca/ereferral.htm

Need more QuRE Cards?

REFERRAL & CONSULTATION CARDS



QuRE CHECKLIST

Contact Faye Osioy:
faye.osioy@albertahealthservices.com

AHS forms consolidated to support CIS

Barb Kathol, Senior Program Officer, Clinical Information Systems

All clinical forms are being consolidated to prepare for the Clinical Information System. To support this, all requests for new/revisions of clinical forms will be denied, unless:

- the form has a province-wide implementation plan
- an exception request is made and approved

There are more than **100,000** different forms in use across AHS. This process will help standardize clinical processes and reduce risk.

Questions?

email: FormsManagement@ahs.ca
[Forms webpage](#) | [FAQ](#)



What We Are Reading

From Alberta:

Better Healthcare for Albertans: A Report by the Office of the Auditor General of Alberta

http://www.oag.ab.ca/webfiles/reports/Better_Healthcare_Report.pdf

From UK:

eHealth Ireland eReferral

<http://www.ehealthireland.ie/Strategic-Programmes/eReferral>

The BMJ – Moving care out of hospital is unlikely to save money

<http://www.bmj.com/content/356/bmj.j1046>

From USA:

<http://www.medicalnewstoday.com/articles/317096.php>



News from the Field: Advice Request Users Tell Their Stories

The eReferral Advice Request module was rolled out in July 2014 to include hip and knee joint replacement surgeons and medical/radiation oncologists providing advice. In October 2016 Nephrology went live so perhaps a temperature check is now in order. When I spoke with Advice Request users across the province a definite theme emerged. It was a recognition that Advice Request is a tool that provides efficiency, convenience and great benefit to all involved; the patient, the clinician, clinical staff and the specialist. To a person, all alluded to the hope that more specialties would participate.

Calgary physician Dr. Joan Knight (pictured above) is effusive in her evaluation, "eReferral Advice Request is a secure, comprehensive, efficient and cost effective service that I would urge all doctors and all specialties to use." When asked about the benefits she stated, "Specialist visits have absolutely been avoided. It reduces referrals and provides more comprehensive patient care by incorporating the specialists' advice in managing the patient."

Dr. Knight's view that Advice Request reduces referrals is not misplaced. In Ottawa, an automated advice request system (*Champlain BASE eConsult Service*) has been in place since 2011. The results are nothing short of extraordinary. The Ontario solution has determined that in instances where a referral was originally contemplated and advice request was utilized, in a whopping 40% of cases an unnecessary

referral was avoided. One can imagine the supplementary benefits in terms of reducing queues, wait-times and cost savings across the system.



Amela Daw is a Referral Coordinator at the Slave Lake Family Care Clinic. She appreciates the savings for her patients, “We have used it primarily for nephrology advice and it is a great way to save time and travel expenses for our patients living in remote areas.” I asked her about her experience using the system itself. She said, “It is fast, effective and incredibly easy to use. In addition to Advice Requests, I am trying to send every possible referral via eReferral to show my team that it isn’t a scary process.”

Dr. Islam Elawadly, an Emergency Medicine physician at Swan Hills cites the positive impact Advice Request has for his patients. “A timely reply with a management plan reduces unnecessary tests and anxiety for my patients. All of this is conveniently documented on Netcare,” states Dr. Elawadly.

Nephrologist, Dr. Sophia Chou has fielded questions at the receiving end of the Advice Request equation. She sees the value adding up, “eReferral Advice Request leads to fewer nephrology referrals, thus allowing us to see patients at higher risk of kidney failure in a timely fashion.” Dr. Chou, like Dr. Elawadly cites reduced patient fear as a direct benefit to providing advice in a timely fashion, “It avoids unnecessary patient anxiety while waiting for a consult with a nephrologist. Often these patients are triaged to a routine or elective appointment, meaning they wait between 3-6 months to see a nephrologist, only to be told that they are fine.”

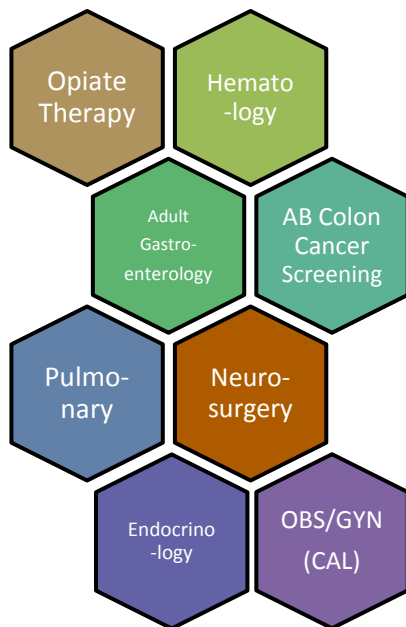
The hope of eReferral Advice Request users for more specialties to go live

on Netcare is soon to be realized. With the funding in place (see article *Ready...Set...Go!* in this issue) for eReferral to be scaled up across the province the eReferral project team is engaging specialties with a view to numerous go-lives starting this fall. Some of these include: Urology, Adult Gastroenterology, Opiate Therapy Treatment, Hematology, Ophthalmology, Alberta Colorectal Cancer Screening Program, Neurosurgery, Pulmonary, Endocrinology, Dermatology, OBS/GYN and Cardiology. More specialty engagement will take place over the next few months.

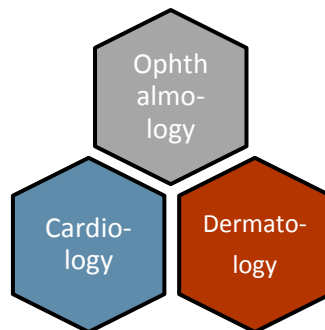
Questions? Contact: Jodi Glassford, Access Improvement
Jodi.Glassford@albertahealthservices.ca or (403) 629-1739

eReferral ADVICE REQUESTS

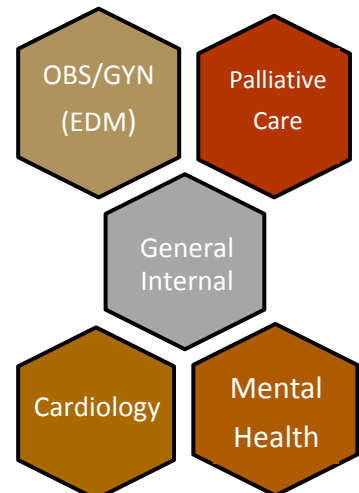
Targeted Go-Live
October 2017



Targeted Go-Live
November 2017



Targeted Go-Live
Early 2018





Community Information Integration: CII Goes Live

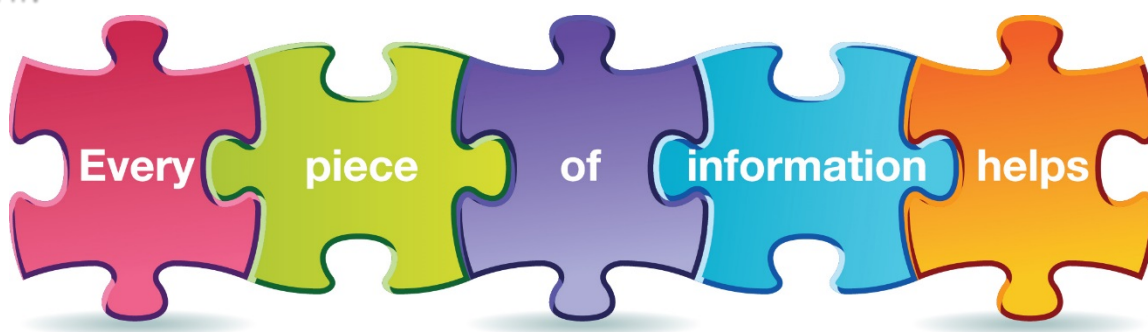
Sir Francis Bacon famously penned “Ipsa scientia potesta est” or “knowledge itself is power”. That sentiment is never more apt than when we refer to the patient health record. With full knowledge, a healthcare provider has all the tools and the power to provide care with the assurance of knowing they have the complete picture of the individual’s status. Wait a minute. Is that possible?

Martin Tailleir is pleased to tell you that it will become increasingly so with the June 2017 launch of **Community Information Integration (CII)**. Tailleir is the Executive Director of Alberta Health’s Strategic IMT Services Branch and sponsors the project that aims to address the present information gap associated with such unfortunate negative outcomes as patients [Greg Price](#) and [Baby Sadie](#). “There has been a very large shift in terms of recognition of the need to share information. Much integrated health work has been done in the last year to collect and share information as our collective responsibility to the patient. It is important that we serve our patients better by sharing more broadly,” says Tailleir.

The primary goal of the CII project is to improve Albertan’s continuity of care across the health system through better access to primary care and community information. CII will close the knowledge gap by tapping into the wealth of information cloistered in community clinics and primary care records throughout the province. Until now the data sitting in clinic EMRs was not visible to providers outside of the primary care location thereby impeding the patient’s continuity of care. With the collaboration of private clinicians,

community clinics and initially 5 EMR vendors, the CII project opens the shutters by extracting and integrating primary care patient data and making it available in the form of Community Encounter Digest reports and consult reports via the Alberta Netcare Portal.

Once known as CI2N or Community Information to Netcare, CII changed its name to reflect the broadened scope of the data analytics and most importantly the potential utility for clinicians. Tailleir credits the Project's Clinical Advisory Group for the evolved thinking around making the data clinically relevant.



There is excitement building around the insight that there is value to the contributors because they will get high value clinical and practice management reports back from the analytics applied to the extracted data. Tailleir agrees, "With broader sharing of information we can take the collected data and leverage it for analytics purposes and apply it to creating policy and process."

CII has contracted Health Quality Council of Alberta (HQCA) to independently evaluate and inform the Project as to the value of the information shared. Though there are no mandatory data elements across the EMR landscape, great care has been applied in selection of the 78+ data elements to be extracted. Tailleir believes the Project may highlight both the variances and commonalities in EMRs and perhaps have the added benefit of driving standardization.

The CII Project has adopted a novel approach to move the plan forward. "The key is that we are taking an agile and iterative approach. We are not waiting

for the solution to be 100% before deploying it. Part of our process is to apply learnings along the way. This differs from some instances in the past where opportunities have been missed by waiting until the solution was flawless. We recognize it's not going to be perfect but that it will evolve and all participants will benefit and the solution will continue to improve," says Tailleir.

Accessing and integrating information from the community can only empower healthcare workers across the system to provide the best possible outcome for their patients. Knowledge, as they say, truly is power.



Questions? Contact: Martin Tailleir, Project Sponsor
Martin.Tailleir@gov.ab.ca or (780) 415-1427

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