

eReferral

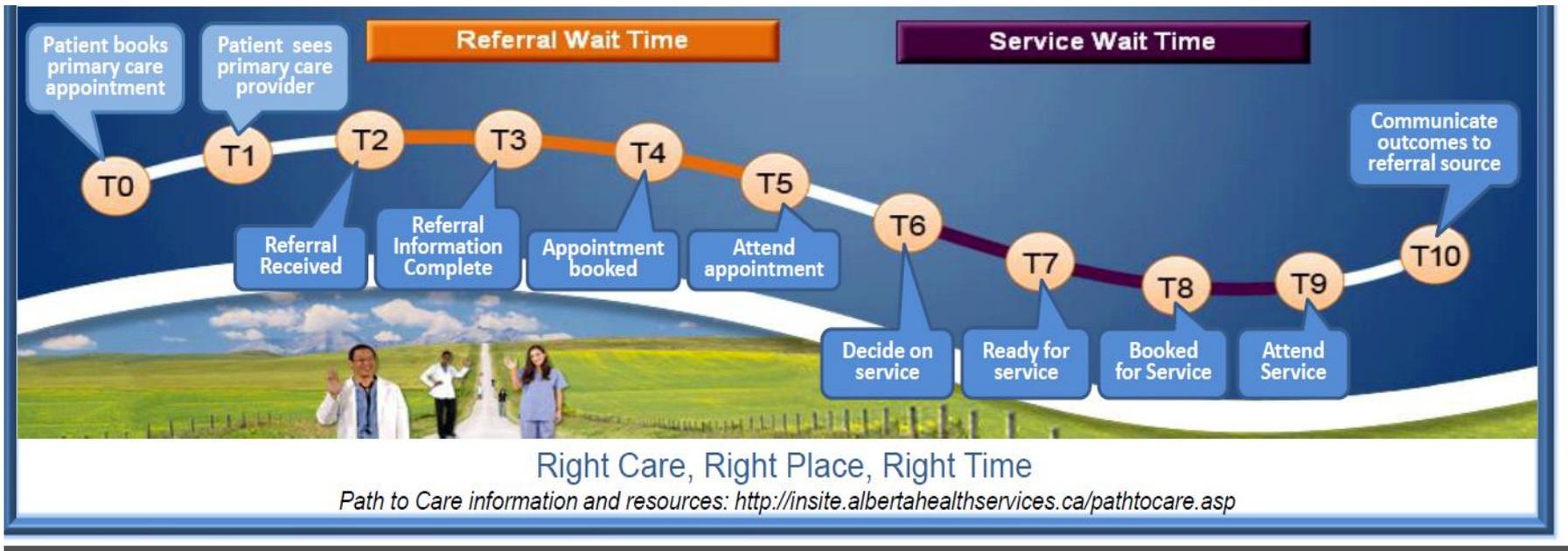
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eReferral

- 1 Overview
- 2 Early Learnings
- 3 Next Steps

Access Strategies for the Road



AHS Wait Time Policy

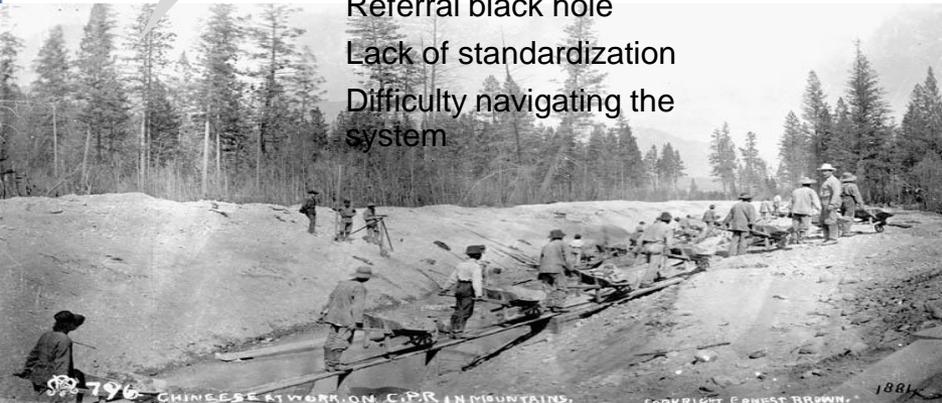
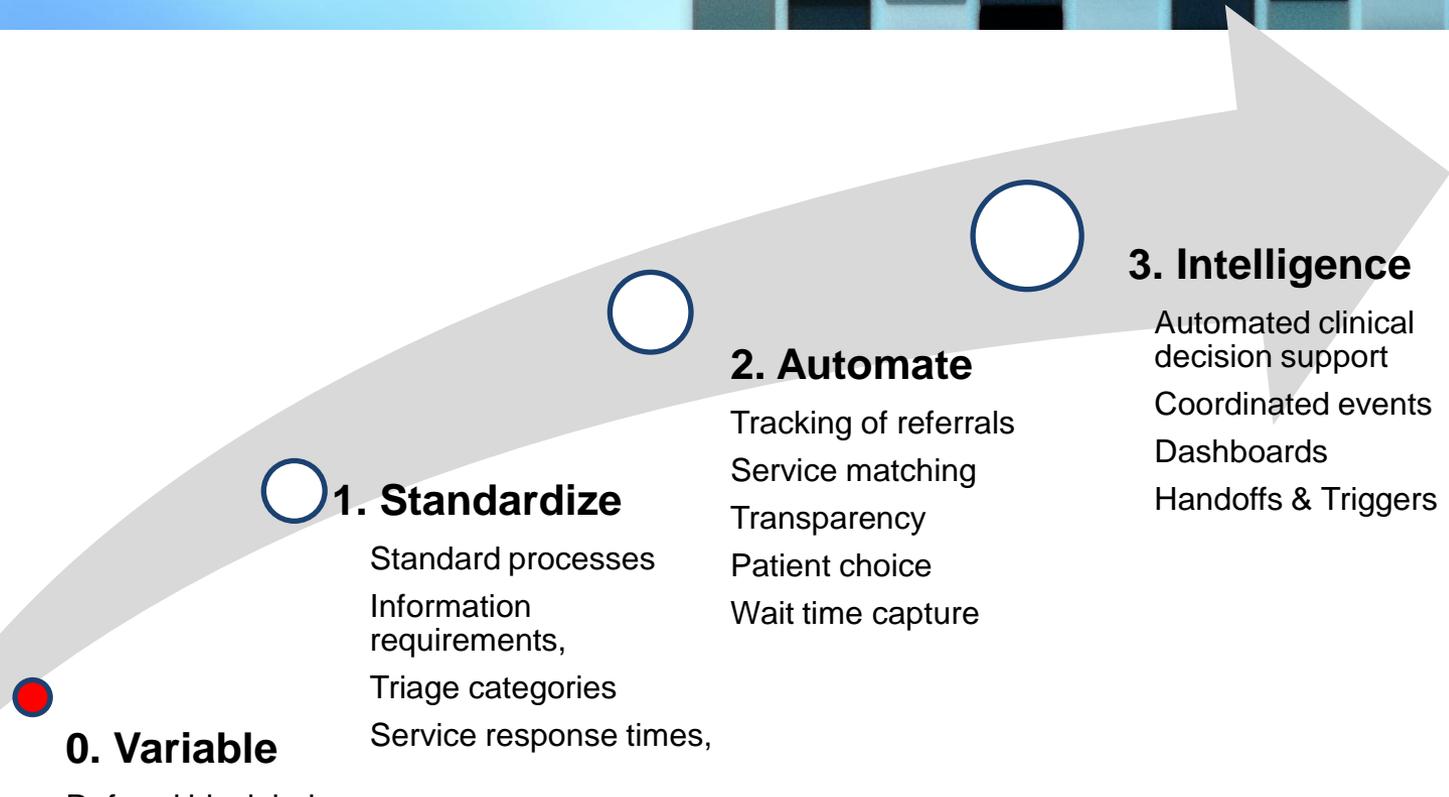


Referral standardization, and automation...

and the consistent use of accurate wait time data...

is foundational to improving timely, appropriate access to services

Timely access will help improve patient outcomes



eReferral

Bridge Care Islands

Netcare: 50,000 users
Auto-populates information
Health Services Catalogue
Provides wait times
Speeds up referral process

Send an advice or consult
Standard referral requirements
View referral history
Checks for completeness
Track referrals in real time



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- Medical and radiation oncology for Breast and Lung Cancer
- Hip and Knee Joint Replacement
- Numbers increasing over time
- Advice request being trialed
- Mixed impact: increase number of complete referrals, reduced wait times; duplicate process in some centers adds complexity



Automation – increases adoption of referral standards

User Training – importance of personalized approach

Communication – need for different/multiple communication strategies

Target High Referring Clinics – greater odds of sending referrals

Critical Mass – require more referral volume and specialties to drive usage. Value increases as content increases.

Integration – will prevent duplication of effort

Pediatric Gastroenterology	Nephrology
Adult Gastroenterology	Pulmonary
Urology	Rheumatology
Obesity	Diagnostic imaging
Breast Health	Head and neck surgery
Alberta Thoracic Oncology Program	Ophthalmology
Spine	Plastic surgery – facial deformities

- Continue to support eReferral adoption and pathway development
- Evaluate Limited Production Roll Out
- Secure funding and sponsorship to scale
- Roadmap: Scope, timing, options

