

2009-2010

Executive Summary

Background

Since 2000-2001 Victoria's Primary Care Partnerships (PCPs) have been progressing e-health. PCPs are continuing to improve electronic communication between agencies to support better coordinated care, which is central to obtaining positive outcomes for consumers.

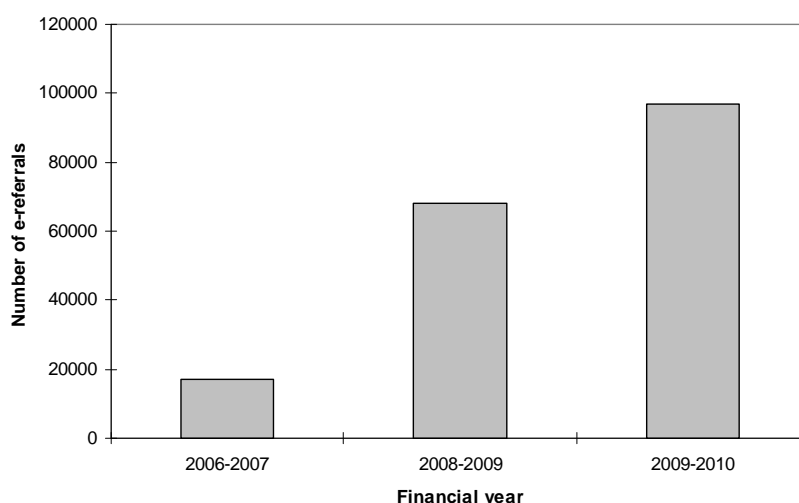
Service providers have highlighted that securely sharing consumer information with common business rules and standardised information systems has improved levels of efficiency and effectiveness. This has been particularly evident for supporting consumers with chronic and/or complex conditions who often require referrals to multiple services.

Key results for 2009-2010

Primary Care Partnerships (PCPs) annually report on electronic referral (e-referral) transactions along with other reports that indicate practice improvements for service coordination and integrated chronic disease management. This report provides a statewide analysis of the PCP e-referral reports.

- In 2009 -2010 there were a total of 96,909 e-referrals sent between services.
- There has been a 550 percent increase in the number of e-referrals sent in 2009-10 compared with 2006-2007.
- In 2009-2010 over 375 services sent e-referrals.
- Hospitals and health services were responsible for 5459 e-referrals for the month of June 2010 which was 42% of all e-referrals for that month.
- Gippsland and Barwon have high e-referral volumes. Late adopters have lower e-referral volumes however these figures are expected to significantly increase as agency e-referral practice becomes embedded.
- The results show that there continues to be a shift from paper based referrals to electronic e-referrals leading to improvements in efficiency and effectiveness. For example, the current provider of the government funded Personal Alert Victoria service received 3000 e-referrals for 2009-2010 out of a total of 5600 referrals. Other services such as Post Acute Care are showing a similar trend in terms of a growing number of referrals being made through secure e-referral.

Total e-referrals sent by financial year 2006 to 2010



Full report

Background

Since the Primary Care Partnerships (PCPs) strategy¹ commenced in 2000, agencies have been working in partnership together to improve consumers' experience of Victoria's health and human services system. There are thirty PCPs across Victoria. Each of the PCPs represents a specific region within Victoria and is made up of a diverse range of agencies including hospitals, community health, local government, district nursing, divisions of general practice, community service organisations and others.

Each PCP is funded to plan, implement and annually report against the following areas:

- Partnerships
- Integrated Health Promotion
- Service Coordination (includes e-referral)
- Integrated Chronic Disease Management

Report structure

This report is based on e-referral transaction data provided by PCPs as part of their annual reporting requirements. The structure of this report has changed. Previously three reports were provided. This report provides a consolidated view of state-wide and local level information.

The data used in this report is e-referral volume data and e-referral traffic data provided by individual PCPs. E-referral volume data is the monthly referrals received and sent for the financial year. E-referral traffic captures the organisation and service sending referrals and the organisation receiving referrals for the month of June.

The new e-referral report structure has been consolidated and improved given the greater importance the Department has placed on e-referral.

Recently e-referral was made a new departmental output performance measure² that is annually reported to Treasury. This new performance measure for 2011-12 is "to reflect the Government's commitment to increased transparency, quality and safety". The performance measure is the number of referrals made using electronic referral systems. The purpose is to indicate the level of participation of health and human services in securely sharing standardised consumer information.

What is e-referral?

E-referral for the purpose of this report is defined as "electronic information transmission to support the consented and secure exchange of information between organisations in the health and human services sector."

The "building blocks" on the next page provides additional details in terms of information and practice standards.

"The assessment team and team leaders at Moreland City Council use e-referral whenever possible especially now that many other local providers are also using Connecting Care. We also use e-referral for personal alarm referrals to MEPACS. At Moreland we are trying to move towards a paperless office so the ability to transfer client information through e-referral means less paper usage, faxing etc. Our client software package enables us to transfer client information easily and securely through e-referral. The e-referral system provides us with an acknowledgment that the referral has been received at the other end. In short – it's a paperless, fast, secure process."

Anna Marino – Assessment Services Coordinator, Moreland City Council

¹ <http://www.health.vic.gov.au/pcps>

² [http://budget.eyemedia.com.au/CA25783300199E40/WebObj/BP3Ch3DoH/\\$File/BP3Ch3DoH.pdf](http://budget.eyemedia.com.au/CA25783300199E40/WebObj/BP3Ch3DoH/$File/BP3Ch3DoH.pdf)

Building blocks to enable e-referral

Primary Care Partnerships (PCPs) have made a significant contribution to improved health outcomes for Victorians including improved coordination, consistency and continuity of care. The PCPs and the Department of Health have put in place the necessary building blocks to enable and evolve e-referral.

The building blocks have included:

1. **Local partnerships** to connect services and deliver service system improvements.
2. **Practice standards** to support improved coordination of services.
3. **Information standards** for collecting and sharing consumer health and care information with consent.
4. **Standardised information systems** for securely sharing consumer health and care information and up-to-date services information.

Building block 1 - local partnerships

All Primary Care Partnerships include hospitals and health services, community health, local government and divisions of general practice as core members of the partnerships. The range of agencies and sectors involved in PCPs is growing and diversifying. More than 1000 partner agencies involved in PCPs comprise health and community service organisations as well as other agencies such as police, schools and community groups.

Recent reporting results indicates that the diversified membership of PCPs is increasingly adopting shared practices to improve the coordination of services and better meet the needs of people with chronic and complex conditions.

The development and growth of e-referrals has not occurred in isolation. It has required strategic endeavours over many years. PCPs have been central to the development of e-referrals by implementing local governance structures and supporting practice change. PCPs have provided resources which in some instances has been the allocation of a project manager to support the change management process. Some PCPs have coordinated and supported the training of clinicians in the use of e-referral. PCPs will continue to take a lead role in the future development and promotion of e-referrals building on the work implemented over ten years.

Building block 2 – practice standards

Service coordination practice standards are defined in Victorian Service Coordination Practice manual³ and are based on the Better Access to Services: a policy and operational framework⁴.

The Victorian Service Coordination Practice Manual describes how PCP member agencies and associated agencies will implement Service Coordination and conduct business with clients in common.

Specifically the Victorian Service Coordination Practice Manual is designed to define practices in relation to:

- Articulate Victoria's Service Coordination vision and practice standards.
- Document clear expectations for service providers.
- Provide information about state-wide tools, resources and support available to services implementing Service Coordination.
- Guide the implementation of Service Coordination practices at a service provider level.
- Provide a resource for managers and service providers involved in Service Coordination.
- Improve the consumer journey and experience by implementing Service Coordination in a consistent, high quality manner.

3 <http://www.health.vic.gov.au/pcps/coordination/ppps.htm>.

4 <http://www.health.vic.gov.au/pcps/publications/access.htm>.

Building Block 3 - Information standards

The Service Coordination Tool Templates (SCTT) is a suite of templates developed to facilitate and support service coordination. The SCTT supports the collection and recording of initial contact, needs identification, referral and coordinated care planning information in a standardised way. Using the SCTT can improve communication, the recording of information generated by screening, information sharing and the quality of referrals and feedback between service providers. This can assist agencies to share relevant information, with consent, to support better outcomes for consumers.

In 2002 the SCTT was first implemented across the state. The SCTT has a continuous improvement cycle with reviews being undertaken every three years. To date there has been three reviews with new versions of the SCTT being delivered in 2006, 2009 and 2012. Since its inception the SCTT has replaced over 300 different tools used for screening, referral and coordinated care planning with a single set of information standards. The SCTT is used by more than 600 health and human services across the state with 90% of these services using them as part of secure electronic referral. The tools include a GP version, the Victorian State-wide Referral Form (VSRF), which is included in GP clinical software. In addition privacy information resources and a standardised consent form are available in over 40 community languages including "Easy English".

Building block 4 - standardised information systems

Since 2002-2003 secure e-referrals between Primary Care Partnerships member agencies has experienced significant growth.

Having all the building blocks in place has improved levels of efficiency and effectiveness for service providers by reducing duplication of information collected and client assessment and making it easier for clinicians to refer to multiple services.

The SCTT and the VSRF are currently embedded in over 30 software applications. This means that a service provider can use their own local client/patient information management software application to generate SCTT/VSRF and the information contained within it. This electronic version of the SCTT/VSRF information can then be shared using one of the several e-referral systems that are currently being used by PCP member agencies. This approach makes use of the client/patient data collected and stored on an agency's local client/patient information management software application. The local software application generates a standardised output (SCTT/VSRF) that can be printed, faxed and/or attached to an e-referral system. The receiving agency using electronic referral can then attach the SCTT/VSRF to an existing or new client record.

Agencies are able to access information about other services quickly and effectively by using an electronic service directory. Department of Health has developed the Human Services Directory as the core source of service contact information and a "single source of truth" – this means health and human services providers will only have to update information in one directory.

"Following the training I was eager to use e-referral and found the experience to be brilliant. It was quick, instant and I had notification that the referral was sent and opened. There is ease of the whole referral process rather than printing and faxing. I was keen to increase my own skills by offering to do the referrals for the staff and then pass on my knowledge."

Karen Richards – Nurse Unit Manager, District Nursing Service and Lower Hume Palliative Care Service, Seymour Health Service

"E-referral is the quickest, easiest way to make a referral, check status, attach additional information or simply receive feedback. It assists with smooth coordination into program areas and provides quality referrals externally or within the organisation. I would recommend this tool to anyone as our team couldn't be without it."

Belinda van der Hulst - Service Access Officer Latrobe Community Health Service

Key achievements and findings

At a state level there has been a substantial increase from 291 in 2005-2006, to over 375 in 2009-2010, in the number of services making e-referrals. In 2006-07 there were a total of 17,138 e-referrals being sent between services⁵. In 2008-09 a total of 68,296 e-referrals were sent between services. In 2009-10 a total of 96,909 referrals were sent between services. This represents a 550 percent increase in the number of e-referrals sent between the financial years 2006-2007 to 2009-2010. This growth in secure e-referral transactions has occurred each year and it is expected that growth will continue as current services increase their uptake of e-referral and additional services adopt consistent practice through the use of electronic tools for screening, referral and care planning.

Figure 1: Total e-referrals sent by financial year 2006 to 2010

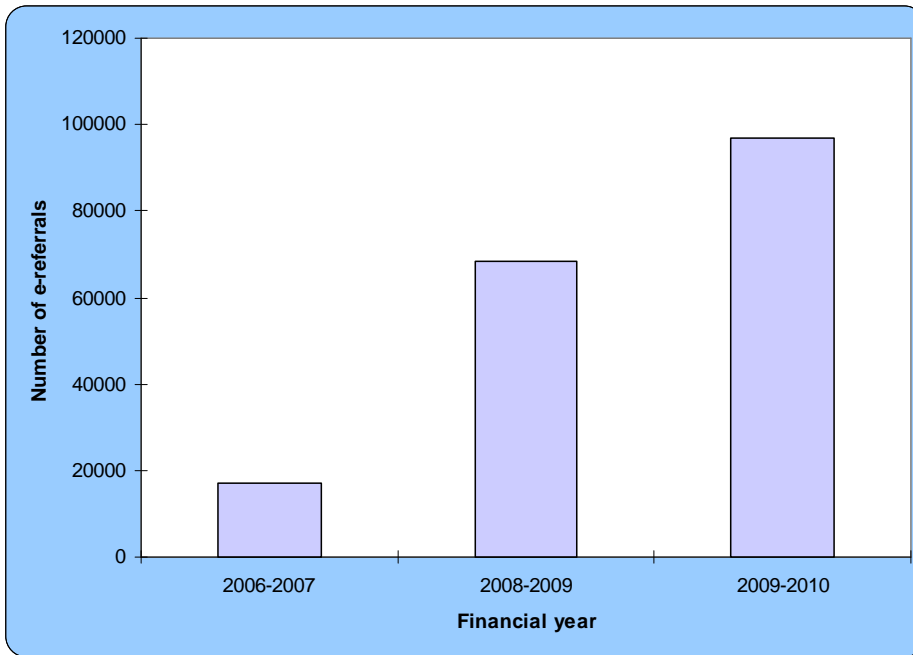
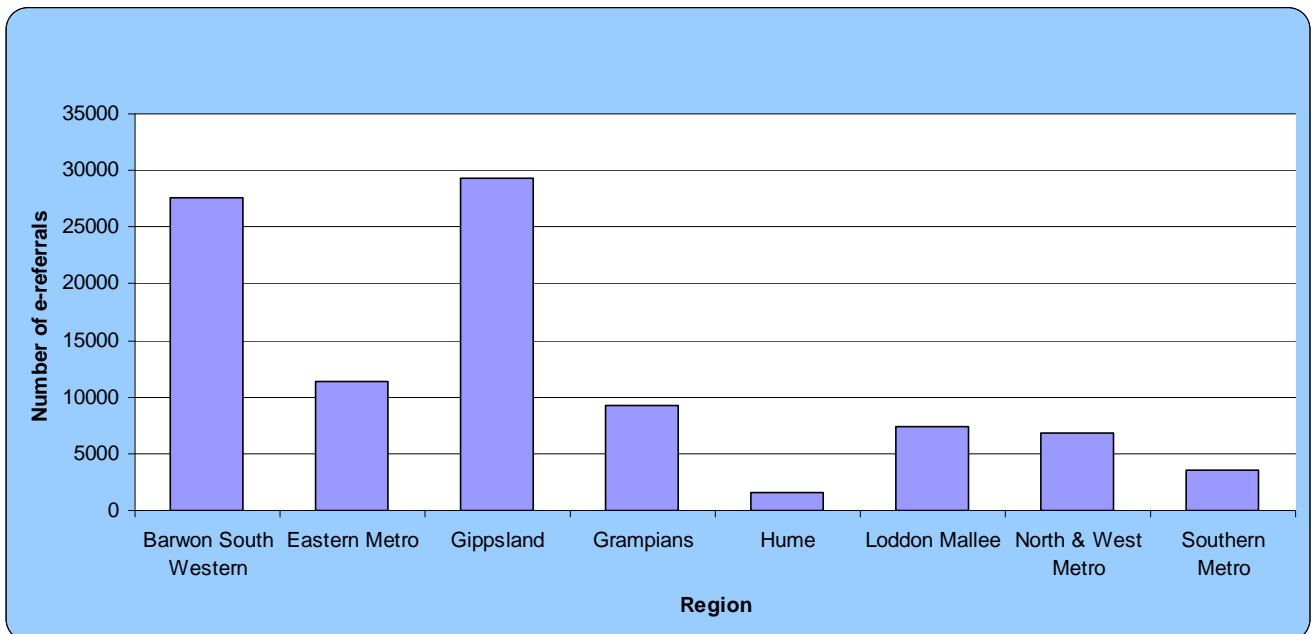


Figure 2: Total e-referrals sent by region for the financial year 2009-2010



⁵ Note that this figure was derived from a total figure for e-referrals sent and received.

The development of e-referral is an evolutionary process. As shown in figure 2, early adopters of e-referral are increasing the numbers of e-referrals year by year. Gippsland Region PCP member agencies sent 29,273 e-referrals and Barwon Region PCP member agencies sent 27,600 e-referrals which indicates relatively high e-referral volumes. Eastern Metro Region PCP member agencies sent 11,413 e-referrals, close to the average across all regions.

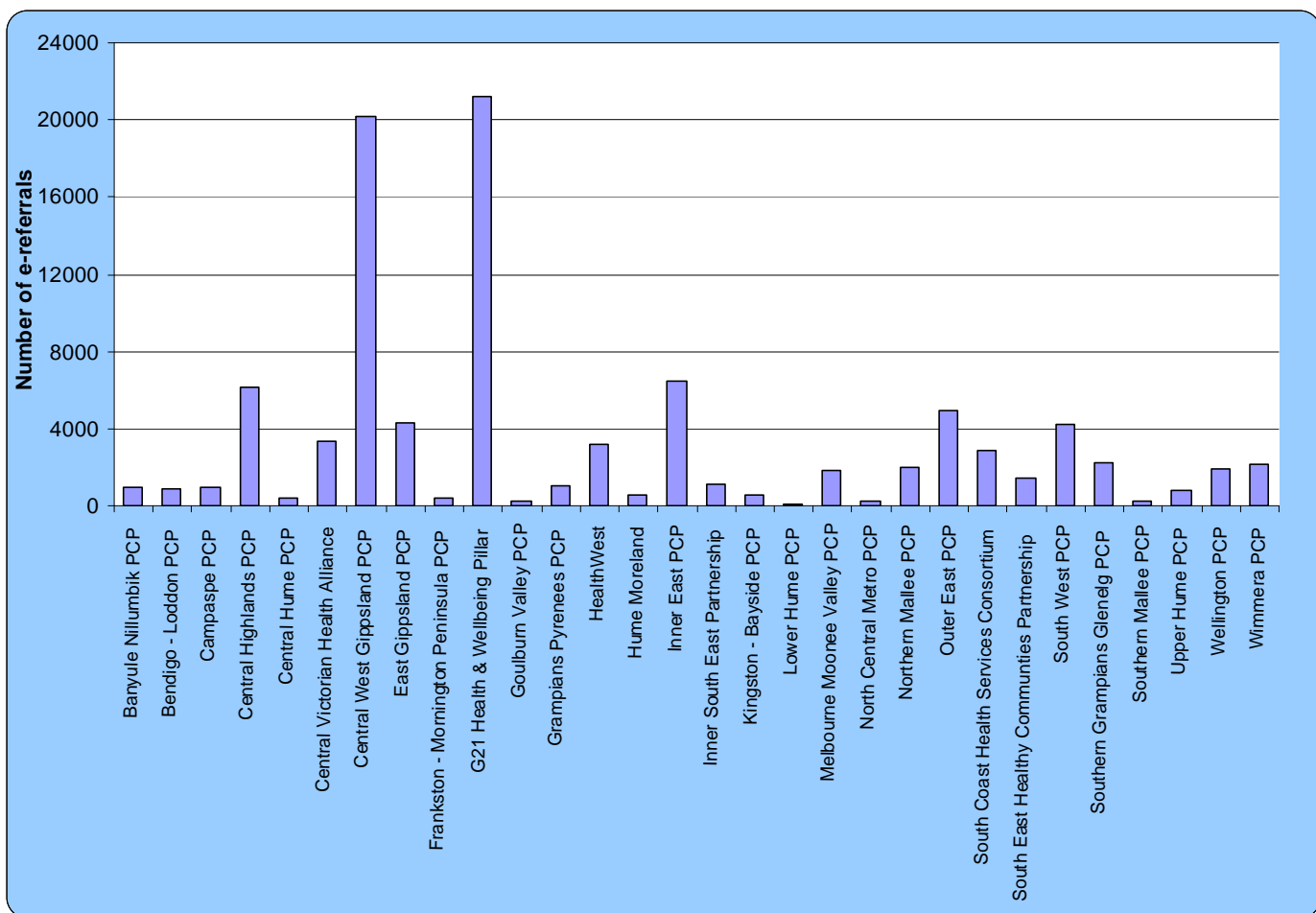
The variation in e-referral activity across regions is influenced by a number of factors including catchment size, number of organisations participating in e-referral, the rate of progress with service coordination reforms, the early adoption of e-referral, local leadership, support for practice change and the extent of investment in e-referral.

The PCPs in Hume region are late adopters of e-referral. The member agencies have been concentrating on improving the coordination of services and ensuring “hard-to-reach” clients experience a “no wrong door” to access services. Systems issues with secure messaging are being resolved with many agencies now receiving e-referral training. It is expected there will be significant increases in e-referral between hospitals, community health, local government and various community based services in the following years for Hume region.

“Hindmarsh Shire has been receiving and sending referrals for some time now. We find that electronic referrals are clear, concise and received in a timely manner. This particular pathway also enables us to track and receive referrals which is particularly important during the process of a living at home assessment.”

Sally Hawker - Living at Home Assessment Officer, Hindmarsh Shire Council

Figure 3: Total sent e-referrals by PCP for the 2009-10 financial year



The size of the PCP in terms of agency membership and the composition of services will have a bearing upon the level of e-referrals sent. PCPs with a higher number of participating agencies particularly including those who generate high volumes of referrals such as hospitals and community health services will naturally generate more e-referrals when compared to PCPs with less member agencies.

The shift within organisations from standard paper based referrals to e-referrals is difficult to measure as referrals can be sent and received in a number of different ways and services are co-dependent on the e-referral capacity of their partner services. Post Acute Care and Personal Alert Victoria are just two examples of services/programs where paper based referrals are decreasing with a corresponding increase in electronic referrals sent and/or received.

G21 Health Wellbeing Pillar (Barwon PCP) and Central West Gippsland PCP each sent over 20,000 e-referrals during 2009-2010. A little over one third of all PCP e-referrals were above the average of 3,230 e-referrals sent by PCP member agencies.

PCP member agencies continue to improve service coordination activities and many are actively pursuing broadening their e-referral activities to improve referral feedback, undertake electronic care planning and monitor agency response to referrals. It is expected PCP e-referral figures will continue to increase over time as late adopters start to embed e-referral practices and others expand to other services within their organisations.

Services working together through PCPs have provided a strong foundation for progressing e-referral. Anecdotal information provided by service providers indicate that implementing service coordination, the SCTT and e-referral have delivered efficiencies for services and consumers including the reduction in the time taken for registration and needs identification by up to fifty percent and removing the need for consumers to repeat their information.

“E-referral has allowed us to streamline systems, measure, track and benchmark referrals far more comprehensively than we could previously. Receiving appropriate quality referrals and also timely acknowledgement has increased our confidence in the system and improved the outcomes for our patients and clients. We are still on the journey of improving service co-ordination, but at least we are seeing progress being made.”

Marlene Goudie - HARP Manager, East Grampians Health Service

Figure 4: Number of e-referrals sent by organisation type for June 2010

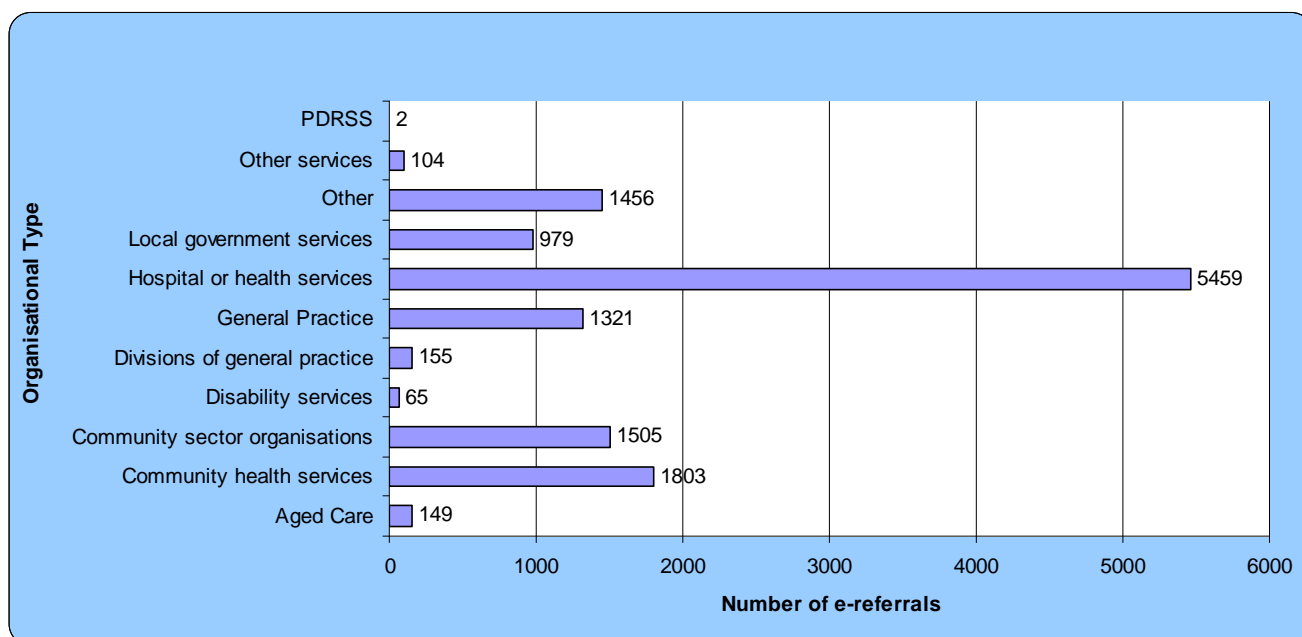


Figure 4 shows hospitals and health services as a source of high volumes of referrals. It is worth noting that the sent and received e-referral data collected through PCPs shows that hospitals refer to a range of community based agencies including GPs, community health and local government services.

“We have used e-referral for many years now. It has proven to be secure, encourages quality referrals and minimises error. E-communication is extremely efficient with the added bonus of reducing administrative workload. We now encourage our partners to adopt e-referral so we can further reduce OUR workload (and save the environment!)”

Jenny Harriott – Manager, Rural Health Team & Home Assessment and Rehabilitation Team, Bendigo Health

Figure 5: Percentage of e-referrals by organisation type for June 2010

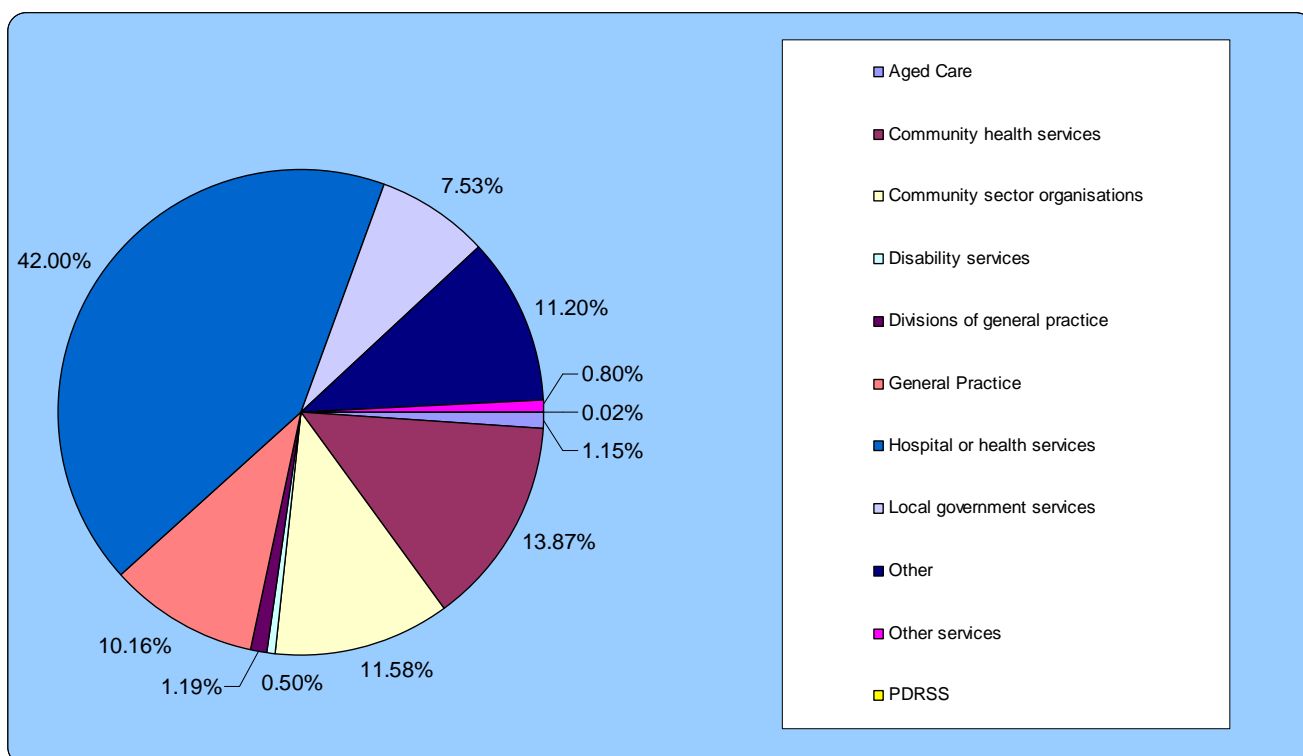


Figure 5 clearly shows that health services have the highest proportion of e-referrals for June 2010. Hospitals or health services are responsible for 5459 or 42 percent of all e-referrals for June 2010. This is substantially higher than the next highest sender of e-referrals, being community health services on 13.87 percent.

Human service organisations are increasing the uptake of e-referrals indicating that local service coordination is engaging agencies beyond health in order to address the range of health and support needs of consumers, particularly those with chronic and/or complex conditions.

The current provider of the government funded Personal Alert Victoria service receives approximately 3000 e-referrals per year out of a total of 5600 referrals per year. These referrals are typically sent by community health services and local government services. With over 50 percent of current referrals to this service being electronic it is expected that e-referral numbers will continue to increase into the future.

Figure 6: E-referrals sent by organisation type per region for June 2010

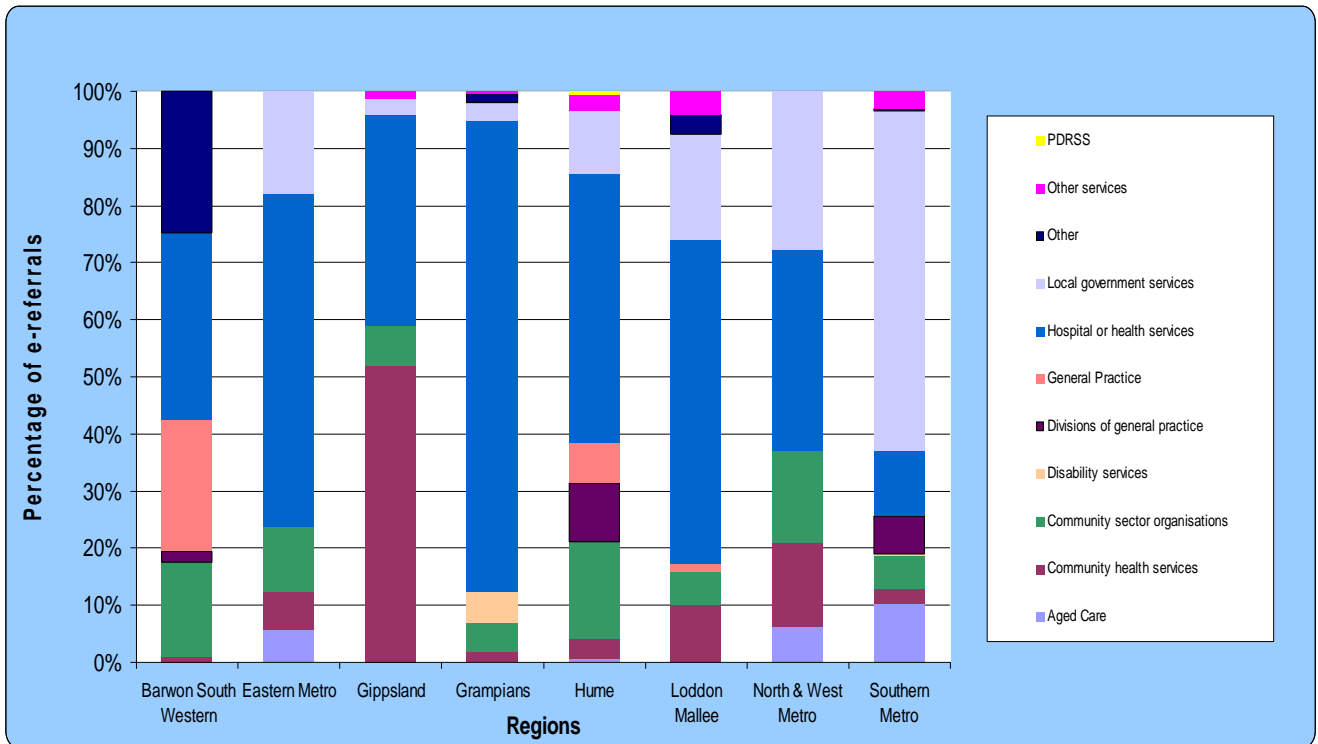


Figure 6 illustrates that e-referrals sent from organisations within specific regions can vary greatly. The mix of organisation types within regions is different in terms of the size, number and types of services. Grampians Region has a high number of e-referrals being generated by hospitals or other health services. Whilst in the Southern Metro Region the highest percentage of e-referrals is being sent by local government. This is likely to represent (practice and technical) readiness by certain organisations to participate in e-referrals.

Local demographics and associated service coordination initiatives are also factors that will account for regional variations.

Psychiatric disability, rehabilitation and support organisations (PDRSS) and to a lesser extent disability organisations appear under represented in terms of the volume of e-referrals being sent. These two organisation types are currently being represented in the Service Coordination Tool Template 2012 review. It is anticipated that sector engagement by these organisation types into the SCTT 2012 review and support by their respective government department program area will ultimately lead to future growth in e-referral numbers from these types of organisations.

"E-referral has supported our intake and allocation processes internally by providing a framework that ensures timely follow up and correspondence with referring agencies. Benefits to our consumers include reducing the need to retell their story numerous times as the documents can be added to and forwarded to other agencies. It can also support more comprehensive referrals from services as the profiles give direction about what information can be sent."

Sharlene Green - Client Services Manager Bendigo, St Luke's. Bendigo

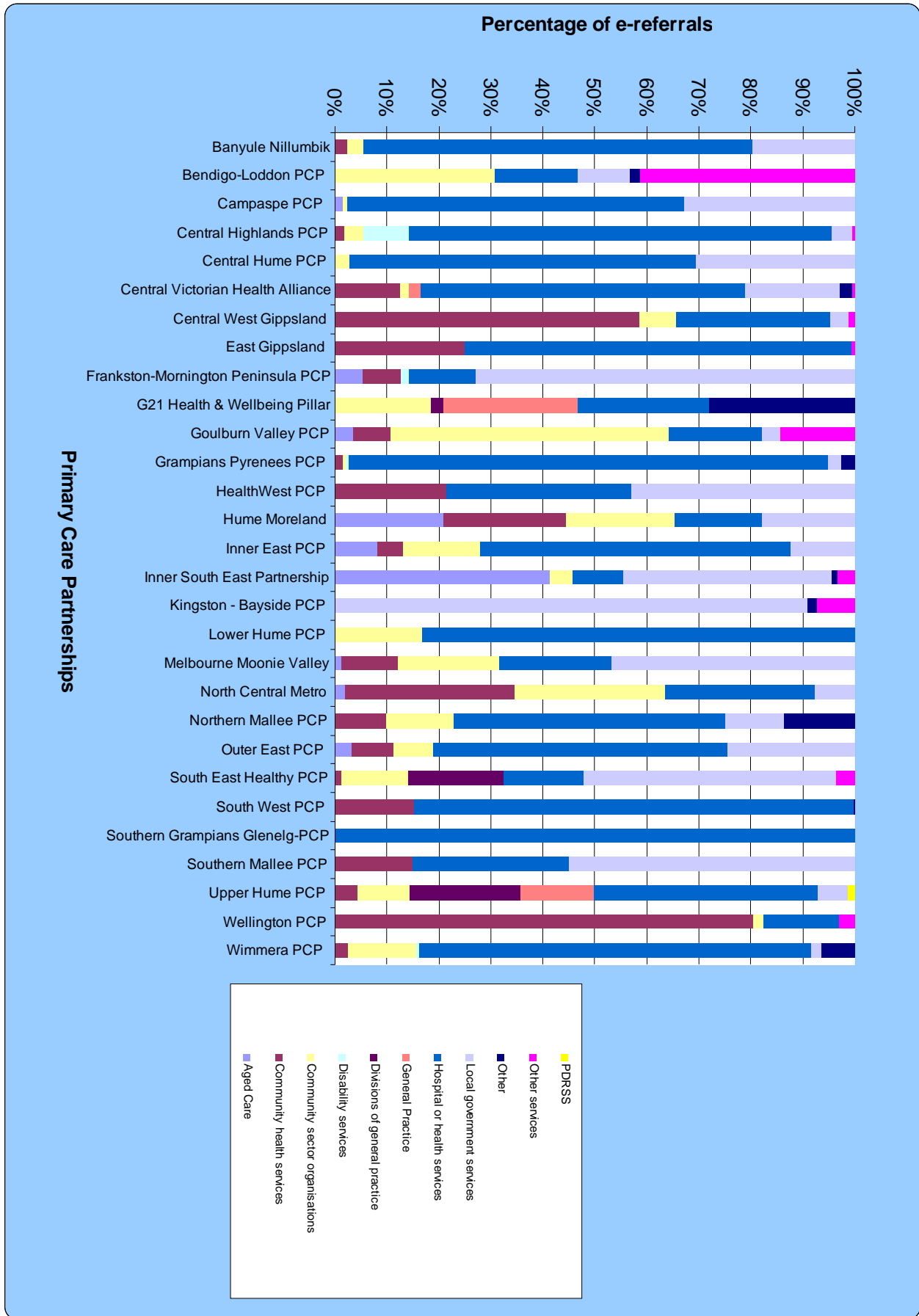


Figure 7: E-Referrals sent by organisation type per PCP for June 2010

Figure 7 represents the proportions of e-referrals sent by organisation type within each PCP. For June 2010 the organisations with the highest e-referrals sent by (descending order) were: Hospital or health service, community health service, community sector organisations and local government. Typically PCPs with a greater number of these organisations within their catchments will have higher e-referral numbers. These organisations most likely reflect well established members of the partnership.

"E-referrals, particularly the SCTT templates, have provided an efficient and standardised framework for referrals within Echuca Regional Health. They have also enabled the safe and confidential transmission of client information between our health service and others in the region that can be tracked through acknowledgement mechanisms within the e-referral system. This has helped to encourage timely and relevant referrals for our clients."

Jane Stephens - Chief Physiotherapist, Echuca Regional Health

Where to from here

E-health is a journey that is gathering pace and encompasses a range of areas that can potentially improve care for consumers. Technological advances have the potential to transform the health and human service sectors as indicated by the statements provided by the service providers in this document. E-referral is a central component of progressing e-health given that sharing consumer health and care information is relevant to nearly every service provider in the health and human service system.

E-referral has required a significant investment in time and resources from the Department, PCP governing groups, PCP staff, PCP partner organisations and software vendors. Priorities into the future will continue to build on improving the quality referrals, reducing the risks related to referral work-flows, defining standards and specifications for e-referral content and improving process efficiency for services.

National and state (e)health priorities are driving the policy of e-health adoption in which e-referral is a central component. NeHTA, the National eHealth Transitional Authority, has been established to lead the progression of e-health in Australia. To achieve this, NeHTA is undertaking a series of interdependent projects to establish the standards, specifications and infrastructure requirements for secure, interoperable electronic health information (e-health) systems. These requirements will then be adopted by the health sector in their own e-health systems. This common national approach will set the necessary foundations for the widespread and rapid adoption of e-health across the Australian health sector.

In Victoria, the Service Coordination Tool Templates (SCTT) are currently under review. The 2012 SCTT review is the broadest review to date engaging a number of health and human service sectors. Incorporating broader human service requirements into the SCTT will continue into the future. This will have an impact on the number of services using SCTT and ultimately the number of e-referrals across all regions and PCPs.

There is a close link between the NeHTA work and the e-health initiatives undertaken by the Department of Health and by PCPs. The Service Coordination Tool Templates (SCTT) and associated software specifications are reviewed to ensure that they comply with the NeHTA standards. In addition the electronic messaging specifications of the SCTT will continue to be revised to comply with emerging standards. The service coordination and e-health achievements of PCPs and the way it has been delivered can inform the national implementation of e-health programs.

Advances in secure messaging standards and technology with increased interoperability will continue. Interoperability is the capacity of an organisation or system to use, offer or exchange information with other organisations or systems. The focus on standards allows for the e-referral systems to continue to evolve without being constrained by proprietary software. Increased interoperability is crucial to electronic interconnectivity that will deliver better and more cost effective client outcomes.

Conclusion

Over the course of the past decade e-referral transactions in Victoria has experienced significant growth. The financial year 2009-10 is no exception with a total of 96,909 e-referrals having been sent by over 375 services. As late adopters of e-referral take up the opportunity and organisations currently participating in e-referral involve other services within their organisations it is expected that the growth in e-referral transaction will continue into the future. The effectiveness and efficiency gained through e-referral coupled with technological advances will further drive uptake of e-referrals and a shift away from paper based referral process.

The department is continuing to work with a range of stakeholders, including PCPs, the National E-Health Transition Authority, program areas across government departments, General Practice Victoria, consumers and peak bodies to manage the continuous improvement of the SCTT tools and to support their use in a developing electronic environment.

"(E-referral system) fits well into the busy day to day activities within the Gannawarra Shire Council and of course Community Care Services. It streamlines referral practice, including establishing an electronic copy for your records, records the referral has been sent and notifies you of receipt. To do all this by fax, finding the number and sending it physically takes longer and of course faxes don't always go directly to the person who needs to see them, privacy then becomes a very real concern."

Pam Hirst – Community Care Assessment Officer, Gannawarra Shire Council

"If we do our job well the changes will be hard to notice, things will just work better and people will experience smooth stress free journeys through the health care system."

Sophy Athan - Chair, Outer East PCP Consumer Reference Group (2010)

More information

More information about Primary Care Partnerships is available from the Victorian Government Health Information web site at www.health.vic.gov.au/pcps.

Authorised by the Victorian Government, Melbourne. To receive this publication in an accessible format, phone the Department of Health, Integrated Care Branch, Partnerships and Primary Health Unit on 03 9096 8618.