State Government Victoria
Department of Human Services

2006-07 e-Referral Capacity Building Through Primary Care Partnerships

Summary report

Prepared by: Adrian Watson

Release version: 1.0

Release date: 4 February 2008

This report provides a summary of the work undertaken and the achievements made as part of the 2006-07 e-Referral Capacity Building through Primary Care Partnerships funding round.

BACKGROUND

Since the Primary Care Partnerships (PCPs) Strategy commenced in 2000, agencies have been working in partnerships together to improve consumers' experience of Victoria's health and human services system. There are thrity-one PCPs across Victoria. Each of the PCPs represents a specific region within Victoria and is made up of a diverse range of agencies including community health, local government, district nursing, divisions of general practice, and hospitals. See www.health.vic.gov.au/pcps for more information.

BUILDING BLOCKS TO ENABLE E-REFERRAL

The PCPs and the Department of Human Services (DHS) have put in place the necessary building blocks to enable and evolve e-referral.

• PCP member agencies have agreed to standard local Service Coordination practices and in 2007, through the development of the Victorian Service Coordination Practice Manual, moved to a standard statewide approach.

• Over 580 services now use a single suite of tools, the Service Coordination Tool Templates (SCTT), to document consumer information, screen for needs and to support the provision of quality referrals. To date the SCTT have replaced more than 300 different referral and screening tools.

• DHS has published guides and specifications to support software vendors to effectively and consistently deploy the SCTT through agency client management software applications.

• Agencies are able to access information about other services quickly and effectively by using an electronic service directory. DHS is developing Human Services Directory as the core source of service contact information – this means human services providers will only have to update information in one directory.

FOCUS OF THE E-REFERRAL CAPACITY BUILDING WORK

Much of the work undertaken by PCPs with this latest round of funding focused on:

1. Mapping and reviewing referral patterns and pathways;
2. Developing and further embedding service coordination practice;
3. Training of agency staff in the use of the e-referral system(s) in use throughout the PCP;
4. Setting up secure e-referral and PKI certificates; and
5. Introducing e-referral to new sectors and supporting the continued usage of e-referral by services that have recently begun e-referral.
6. A number of the PCPs also worked on projects that had a particular focus on GPs and engaging GPs with e-referral using the Victorian Statewide Referral Form (the GP version of the SCTT).

KEY ACHIEVEMENTS AND FINDINGS

At a state level there has been a substantial increase – from 291 in 2005-06 to 451 in 2006-07– in the number of services undertaking e-referral and a near doubling between the same periods – from 17,382 to 34,277 – in the volume of e-referrals being sent and received between services.

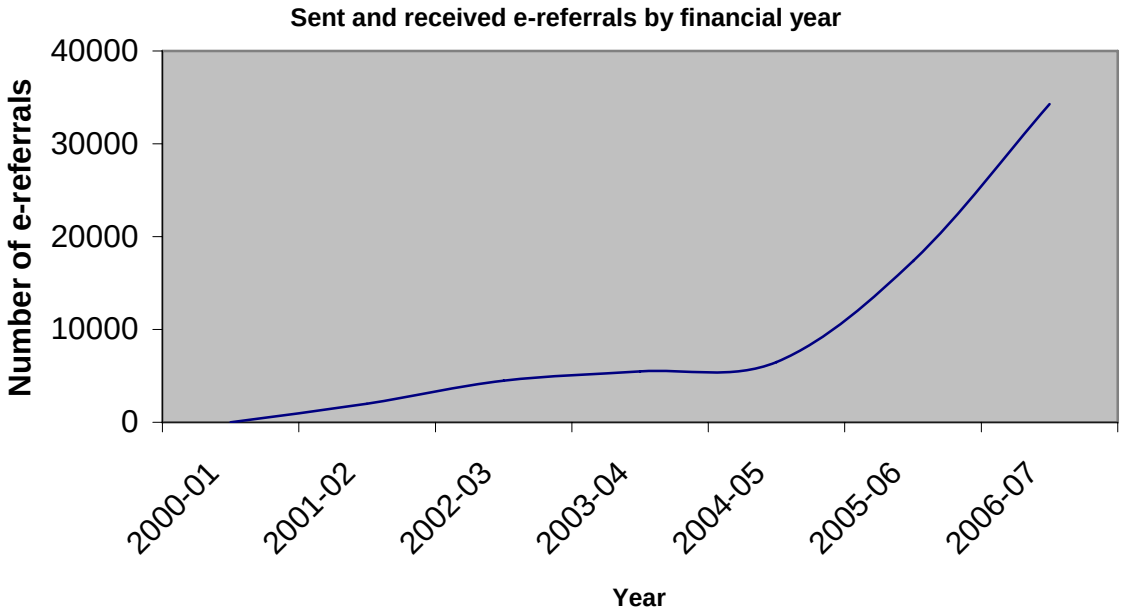

Figure 1 Sent and received e-referrals across all PCPs by financial year

New sectors such as Palliative Care, Maternal and Child Health and Alcohol and Drugs have commenced with e-referral. In addition a number of DHS direct care services have commenced with e-referral. Further opportunities to develop the uptake of e-referral in these emerging sectors and in DHS direct care services exist.

A number of services, including such as Post Acute Care and Local Government, have reported e-referral as a high proportion - between 70% and 90% - of their overall referral activity and are clearly realizing the benefits of e-referral to their business.

At a regional level the Grampians, North and West Metropolitan, Eastern Metropolitan, Barwon Southwest and the Gippsland Region have the highest e-referral volumes. The Southern Metropolitan and the Loddon Mallee Regions have relatively lower e-referral volumes while the Hume Region is just commencing e-referral. The variation in e-referral activity across regions is influenced by a number of factors including the rate of progress with service coordination reforms, the early adoption of e-referral, regional level leadership and support for practice change, and the extent of investment in e-referral.

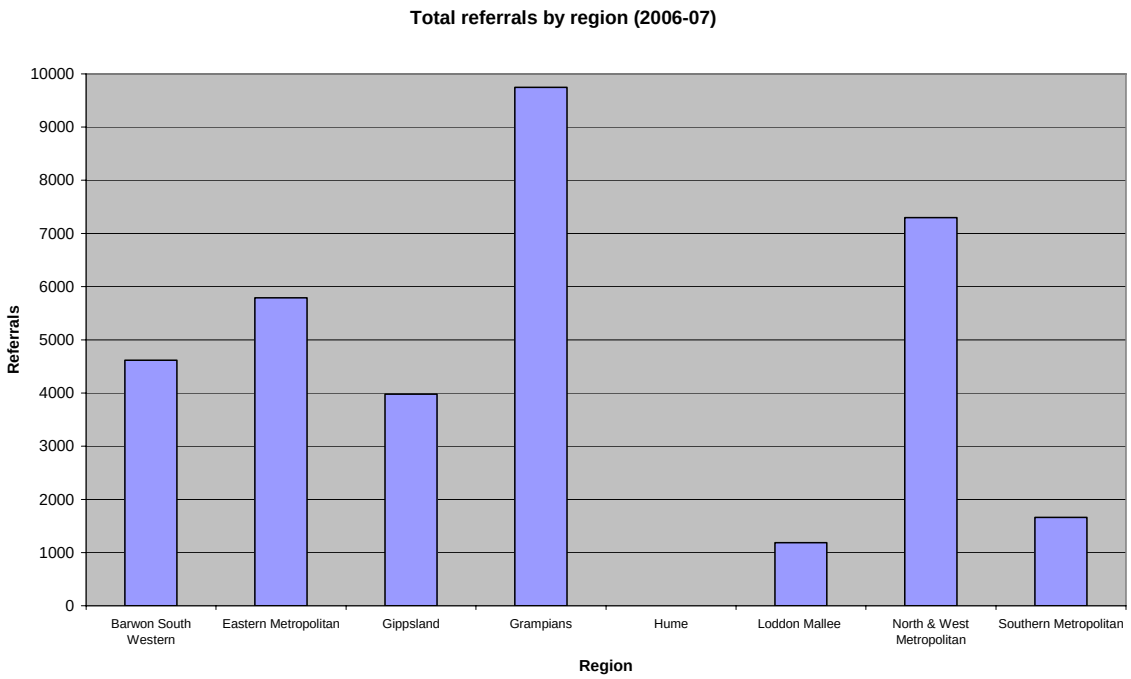

Figure 2 Total sent and received e-referrals by region for the 2006-07 financial year

At a PCP level the Central Highlands, the Inner East and the Outer East, and the Central West Gippsland PCPs are all reporting relatively high e-referral volumes. A range of services have contributed to the e-referral volumes within these PCPs. In the Central Highlands PCP, hospital services represent 94% of the total e-referral volume for that PCP. In the Inner East and Outer East PCPs the hospital services and local government generate the highest e-referral volumes at 28% and 24% respectively of the total e-referral volume for the two PCPs. In the Central West Gippsland PCP the high volume senders and receivers of e-referrals are the post acute care, the hospital services and the community health services.

The shift within services 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-dependant on the e-referral capacity of their partner services. However, as part of the data collected for this report, some services were able to provide a broad indication of the proportion of referrals that were e-referrals. For example, the City of Melbourne's Aged & Disability Services' proportion of referrals that were e-referrals increased from '26% to 50%' to '51% to 75%'. Some services are now doing the majority of their referrals as e-referrals. For example, 75% of Outer East Aged Care Services (Aged Care Assessment) referrals are e-referrals and 95% of RDNS (Essendon site) referrals are e-referrals.

SENT AND RECEIVED E-REFERRAL VOLUME

The capacity of those PCP member agencies that are well engaged with service coordination to e-refer has grown significantly over the last two financial years to 34,277 for the 2006-07 financial year, a near doubling of the 2005-06 e-referral volume. This growth is primarily attributable to the change management work undertaken through the PCPs – including the furthering of agency based service coordination and e-referral training and the production of user guides and other support and training materials. Other factors to which this growth is attributable include the uptake of service coordination and the use of the Service Coordination Tool Templates and e-referral by a broader range of PCP member agencies and the growing appreciation throughout the sector, and DHS, as to the role the tool templates, e-referral, and the timely sharing, with consent, of high quality and relevant health information has in supporting consumer's care requirements.

PARTNERSHIPS AND CONTRIBUTING SERVICE TYPES

The Victoria experience, the national experience, and evidence from overseas demonstrates the valuable role of partnerships in creating and maintaining strengthened, improved, and efficiently run human service systems.

Services working together through the PCPs have provided a strong foundation for progressing e-referral. Anecdotal information provided by some services indicates that e-referral and use of the SCTT tools has delivered efficiencies for services and consumers including reducing the time taken for registration and needs identification by up to 50% and removing the need for consumers to repeat their information to each new provider. Further efficiencies can be made through reduced time to make multiple referrals - an increasingly common requirement for consumers with multiple and complex needs.

The unique approach to partnering taken by the PCPs – specifically the way in which unique local conditions, capabilities, and priorities are able to be identified and leveraged – has resulted in the engagement of both a large number and a broad range of types of services becoming active member organizations. Well established members of the partnerships – such as community health services and local government home and community care (HACC) providers, health services, and post acute care services – and more recent members – such as Palliative Care, Maternal and Child Health and Alcohol and Drugs – are able to advance the implementation of service coordination and e-referral.

As the number of consumers with chronic and complex conditions increases - and thus the number of consumers requiring a range of services increases – there will be a growing need for a broader range of organization/agency types to be at the partnership table. Over the 2006-07 financial year the Primary Health Branch has worked with DHS program areas to support them, and the services they represent, to become active members of PCPs and to implement service coordination and e-referral.

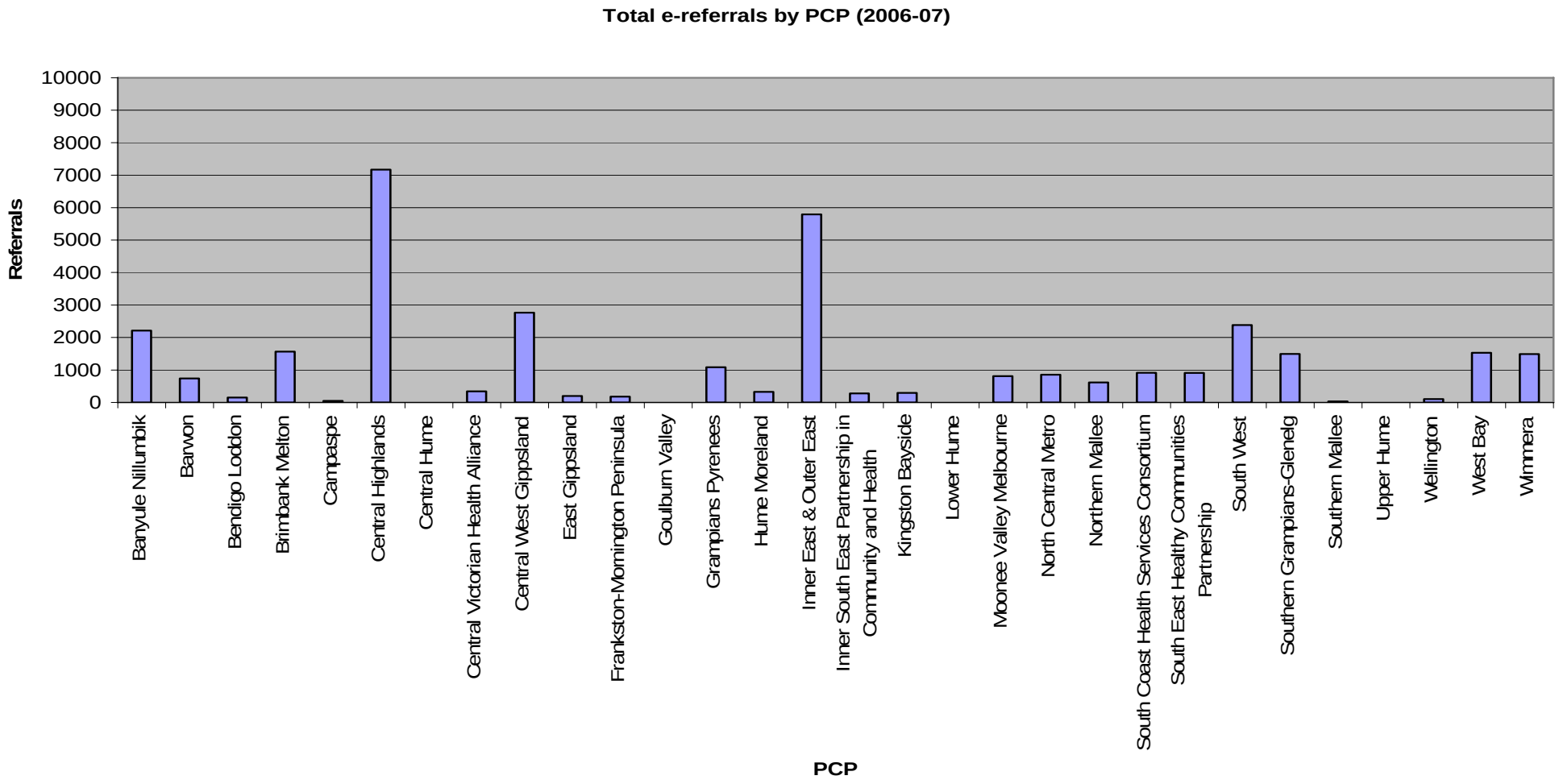

Figure 3 Total sent and received e-referrals by PCP for the 2006-07 financial year

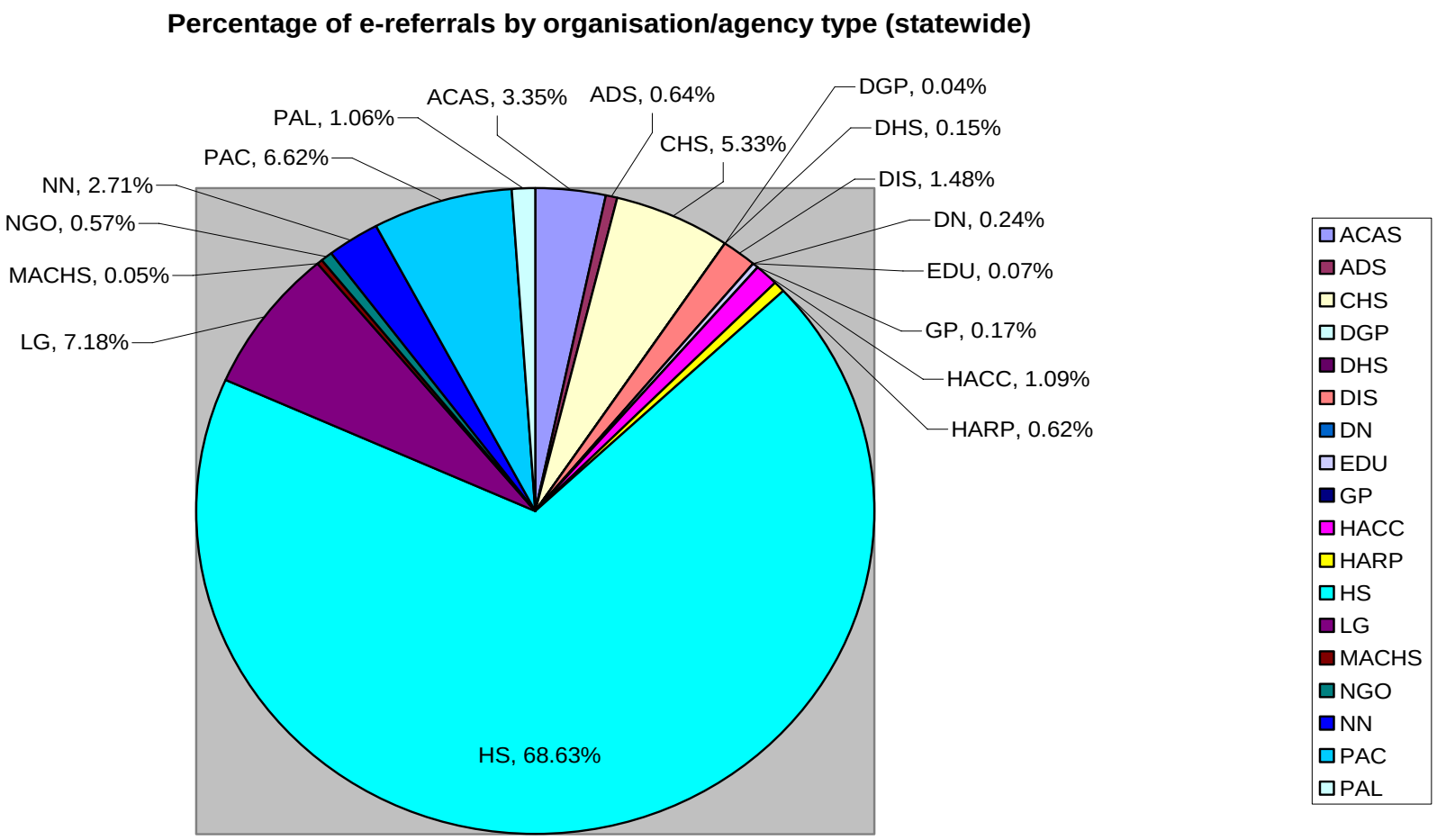

Figure 4 Percentage of total sent and received e-referrals by service type for June of the 2006-07 financial year

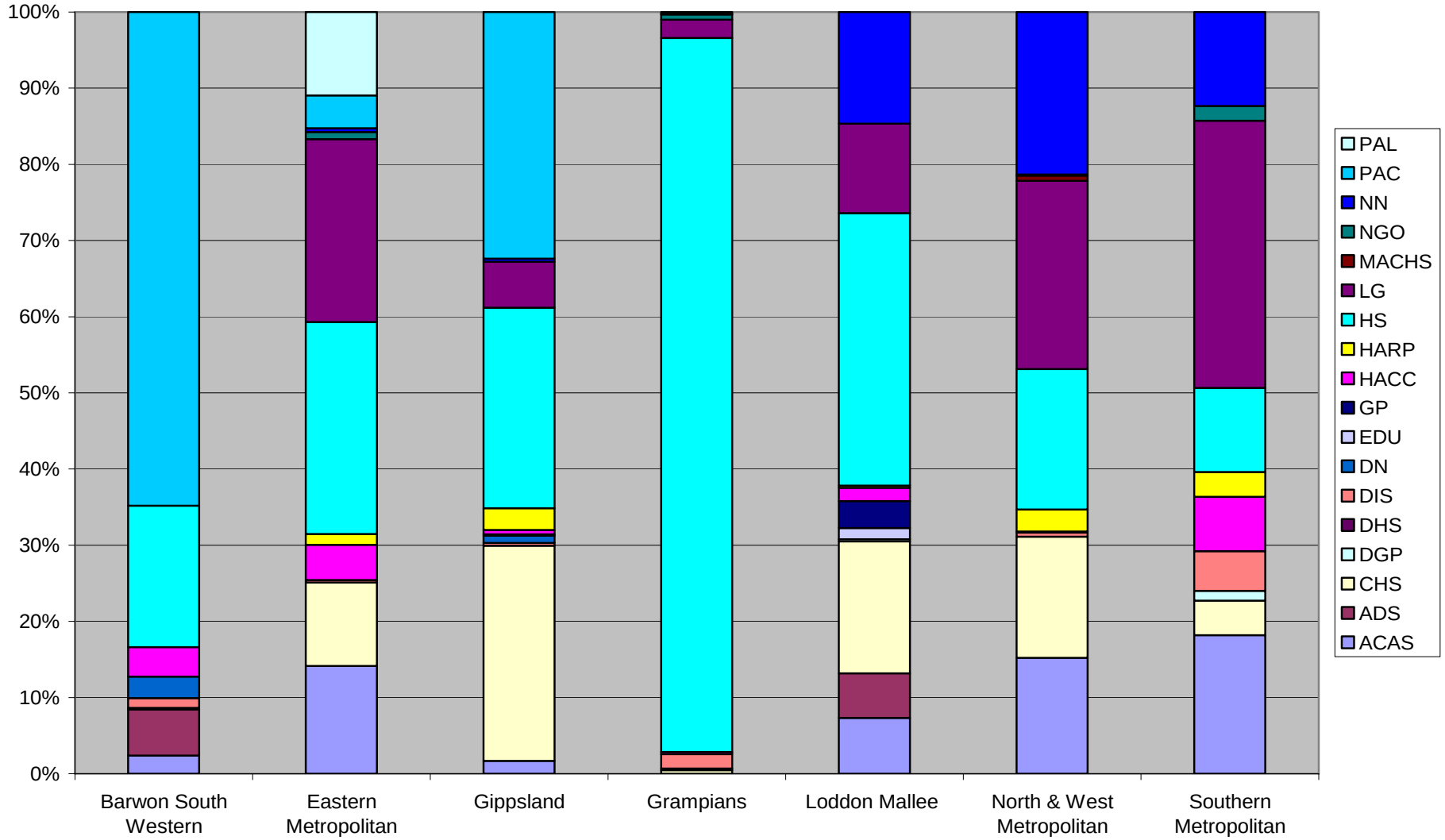

Figure 5 Percentage of total sent and received e-referrals by region by service type for June of the 2006-07 financial year

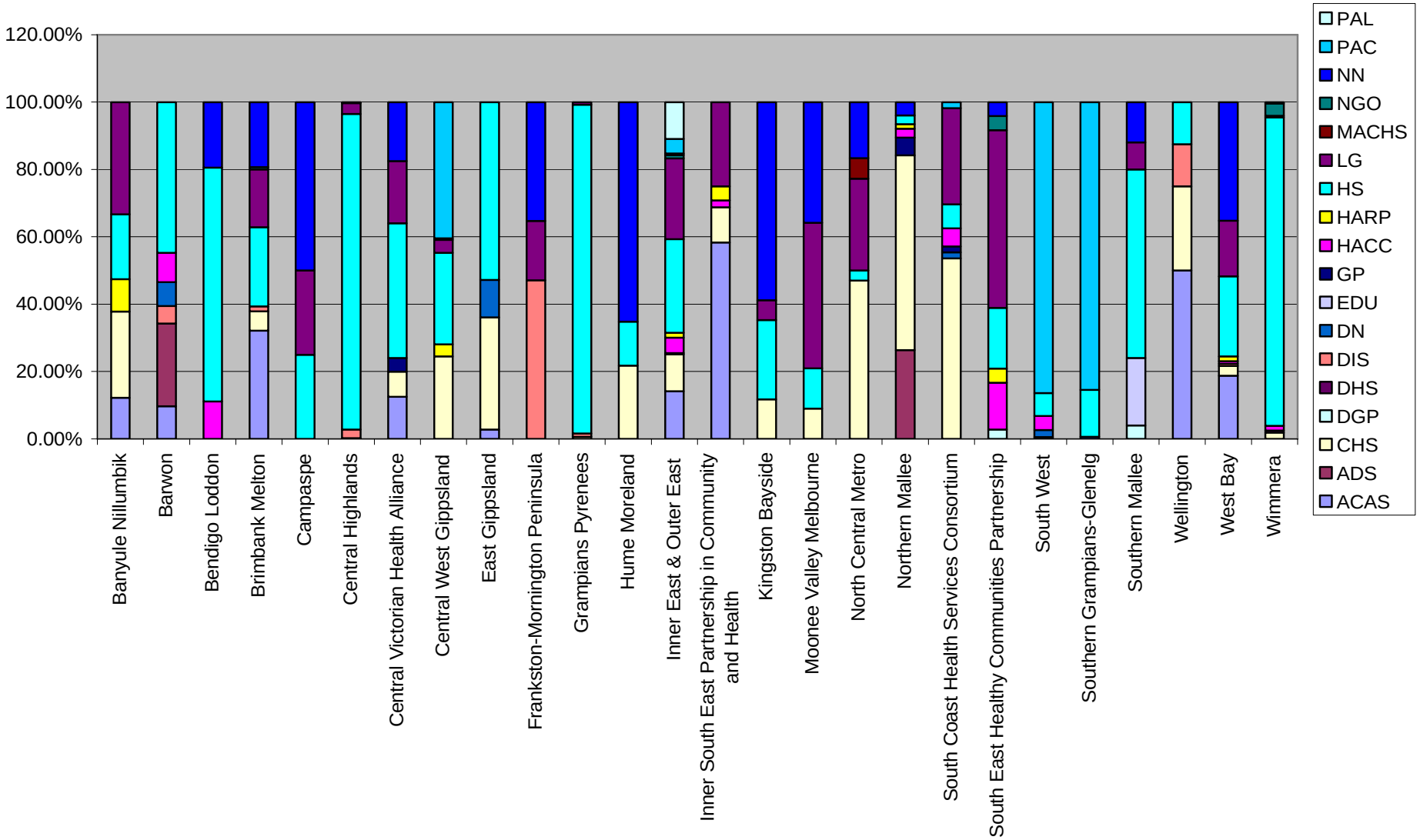

Figure 6 Percentage of total sent and received e-referrals by PCP by service type for June of the 2006-07 financial year

CONCLUSION

The aim of the *2006-07 e-Referral Capacity Building through Primary Care Partnerships* funding round was to extend e-referral implementation in PCP member organizations. With a near doubling in both the volume of e-referrals and the number of services participating in referral it is evident that this has been achieved.

The Primary Health Branch is continuing to work with a range of stakeholders – including DHS program areas, General Practice Victoria, Australian Institute of Primary Care, and the National E-Health Transition Authority – to manage the continuous improvement of the SCTT tools and to support their use in a developing electronic environment. This work is being overseen by the department's *E-referral Victoria Board*.

The department's *E-referral Victoria Board* is a relatively new construct and has a membership that includes the department's CIO, the Office of Health Information Systems, and senior representatives from the department's program areas, in addition to a number of representatives from the sector. Fundamental to the board's charter is the provision of a collaborative forum to progress work on e-referral in Victoria in a way that removes the risk of duplication of work and ensures that relevant solutions are developed across the state in a coordinated manner.

ACRONYMS

ACAS	Aged Care Assessment Service
ADS	Alcohol and Drug Service
CHS	Community Health Service
DGP	Divisions of General Practice
DHS	Department of Human Service
DIS	Disability Service
DN	District Nursing
EDU	Education
GP	General Practice
HACC	Home and Community Care
HARP	Hospital at Risk Program
HS[†]	Hospital Service
LG	Local Government
MACHS	Maternal and Child Health Service
NGO	Non Government Organization
NN	Not Named / Not Known
PAC	Post Acute Care
PAL	Palliative Care

[†] Data coded as HS likely contains some data that could be attributed to ACAS, HARP, PAC, and PAL.

An electronic copy of this report is available for download from the Primary Care Partnerships publications page.

http://www.health.vic.gov.au/pcps/publications/