

eReferrals

The New Zealand Approach

New Zealand

Last...

Loneliest....

Loveliest....



Agenda

- The New Zealand healthcare system
- Health system automation
- Primary – secondary care interface
- An eReferrals Initiative
- Demonstration
- Lessons Learned



Professor Denis Protti,
Professor of Health Informatics
City University, London and
University of Victoria, British Columbia

“**New Zealand’s** status as a global leader in integrated healthcare IT has been confirmed in a landmark ten-country study that named **New Zealand** as the second most integrated advanced country in this field after Denmark.”

Population (million)	5.4	4.1
Area of jurisdiction ('000 sq km)	43	268
Total expenditure as % of GDP (2005 OECD)	9.1%	8.2%
Public expenditure as % of total expenditure (2005 OECD)	84%	83%
Per capita health care expenditures (2005 OECD \$US)	3,108	1,886
Life expectancy at birth (2004 OECD) in years	77.9	81.5
Number of health regions	5	21
Number of acute care hospitals	63	85
Number of acute care beds/1000 population (2004 OECD)	3.1	2.0
Number of pharmacies	321	850
Number of primary care physicians	3,440	2,600
Number of practices	2,000	1,100
% of primary care physicians who work alone	25%	15%
Practicing physicians per 1,000 population (2004 OECD)	3.6	2.4



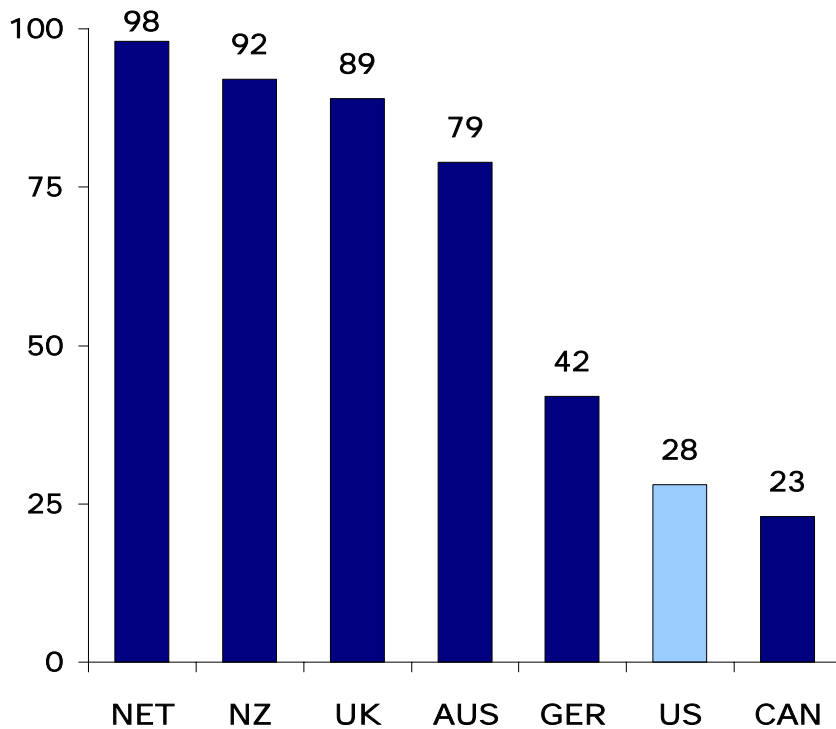
Physician Communications in NZ

- 95% of GP use clinical systems (in consultation)
- 99%+ use clinical messaging
- 99% electronic pathology reporting
- 99% can receive electronic discharge summaries and send referrals
- 95% of hospitals (and growing) send electronic discharge summaries

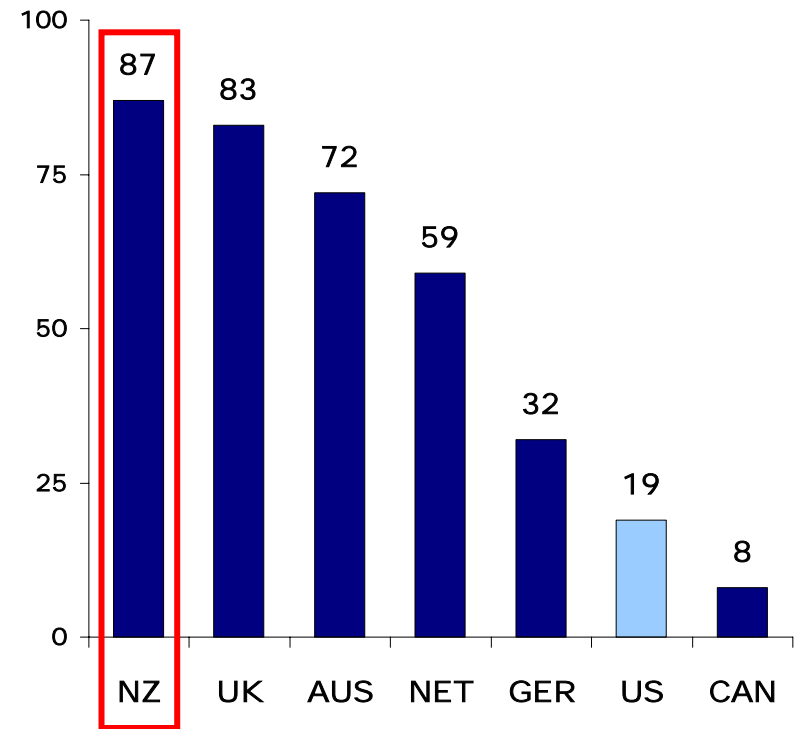
Figure 7. Where Is the U.S. on Health IT?

Only 28% of U.S. primary care physicians have electronic medical records (EMRs), and only 19% have advanced IT capacity

Percent reporting EMR



Percent reporting seven or more of 14 IT functions*



* The 14 functions are: EMR, EMR access other doctors, outside office, patient; routine use electronic ordering tests, prescriptions, access test results, access hospital records; computer for reminders, Rx alerts, prompt test results; easy to list diagnosis, medications, patients due for care.

Source: Commonwealth Fund 2006 International Health Policy Survey of Primary Care Physicians.

Figure 12. Receive Information Back After Referrals of Patients to Other Doctors/Specialists

Percent reporting receive for "almost all" referrals (80% or more)

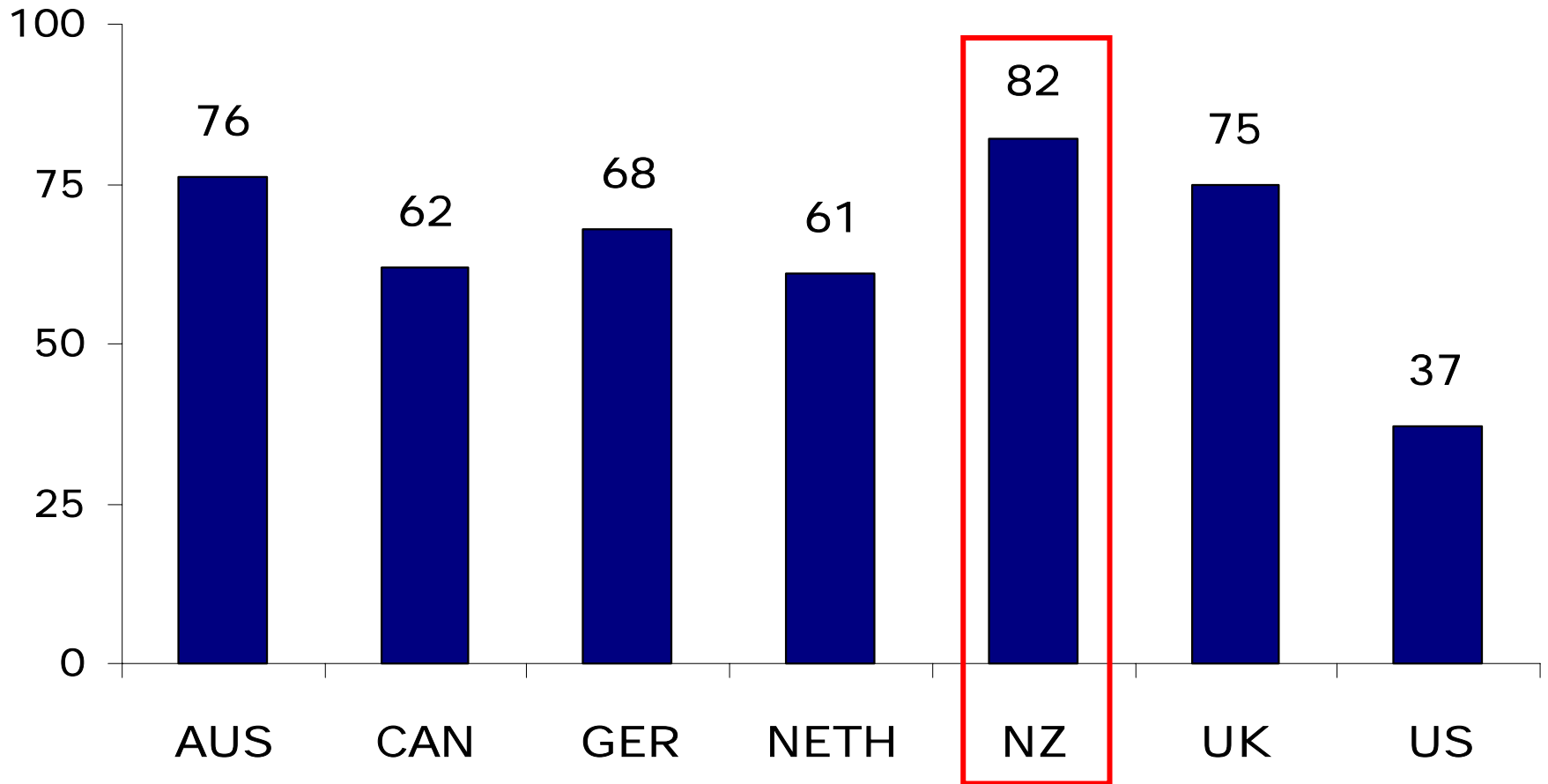
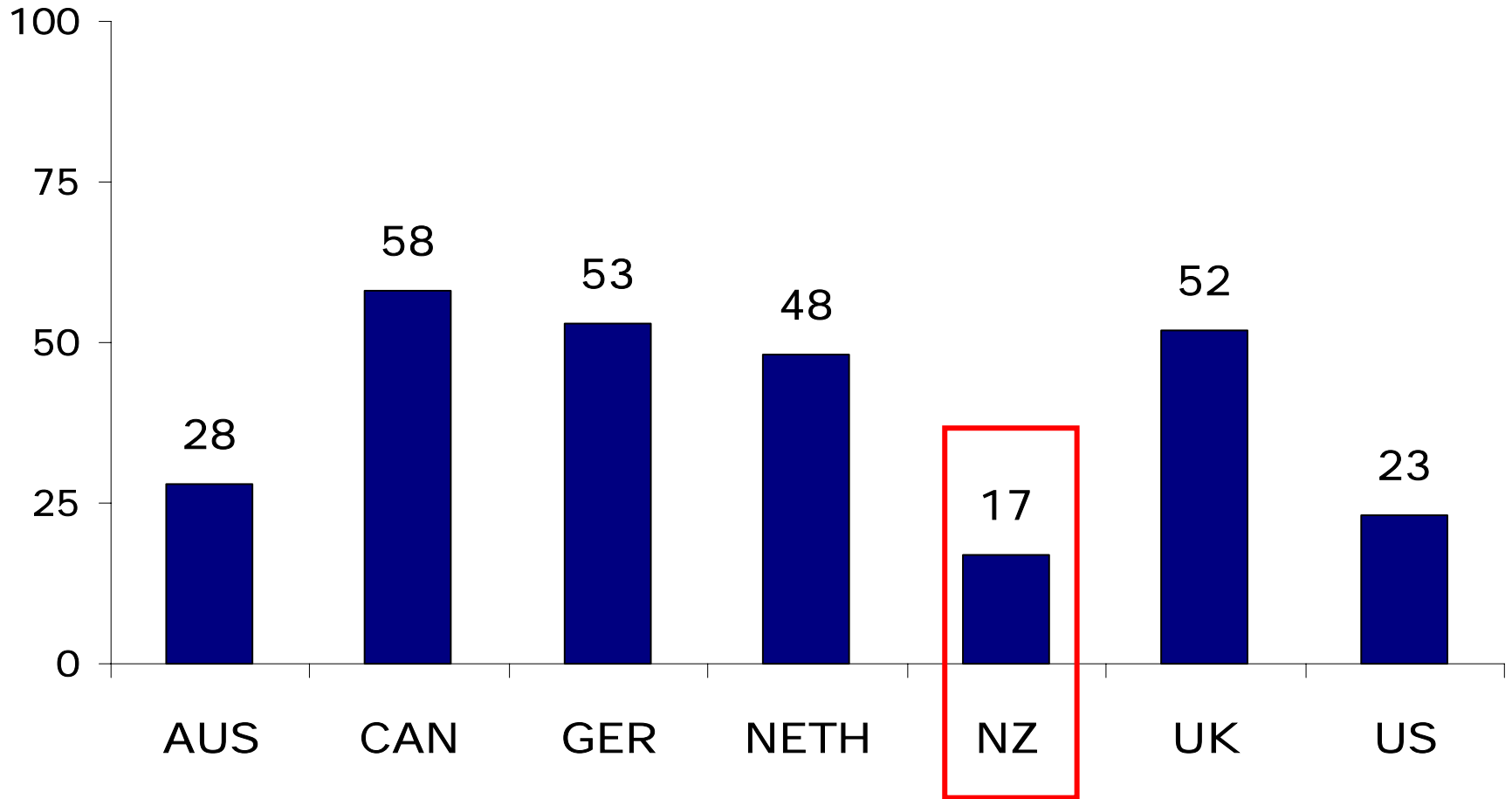


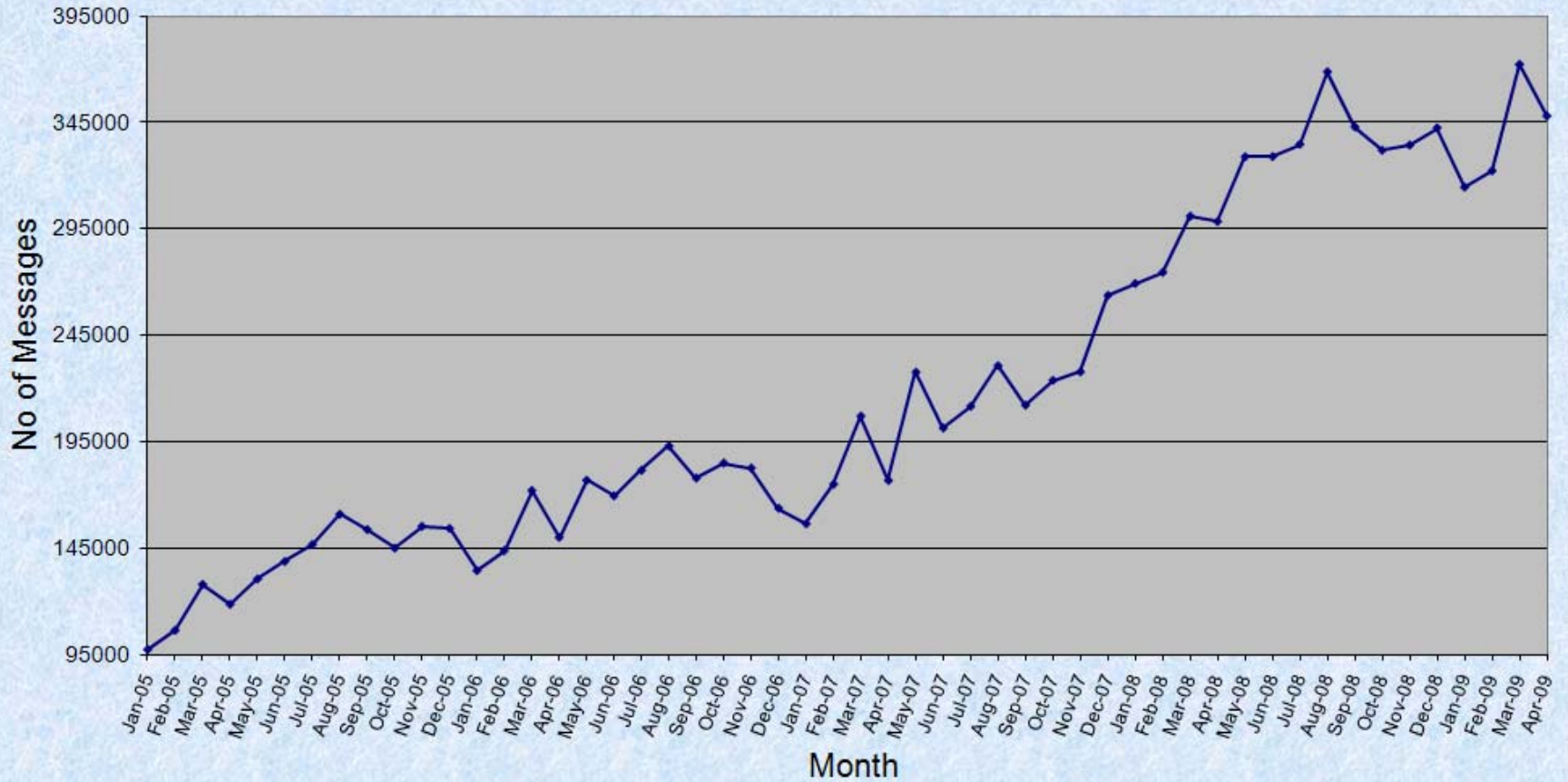
Figure 13. Length of Time to Receive a Full Hospital Discharge Report

Percent saying 15 days or more or rarely receive a full report

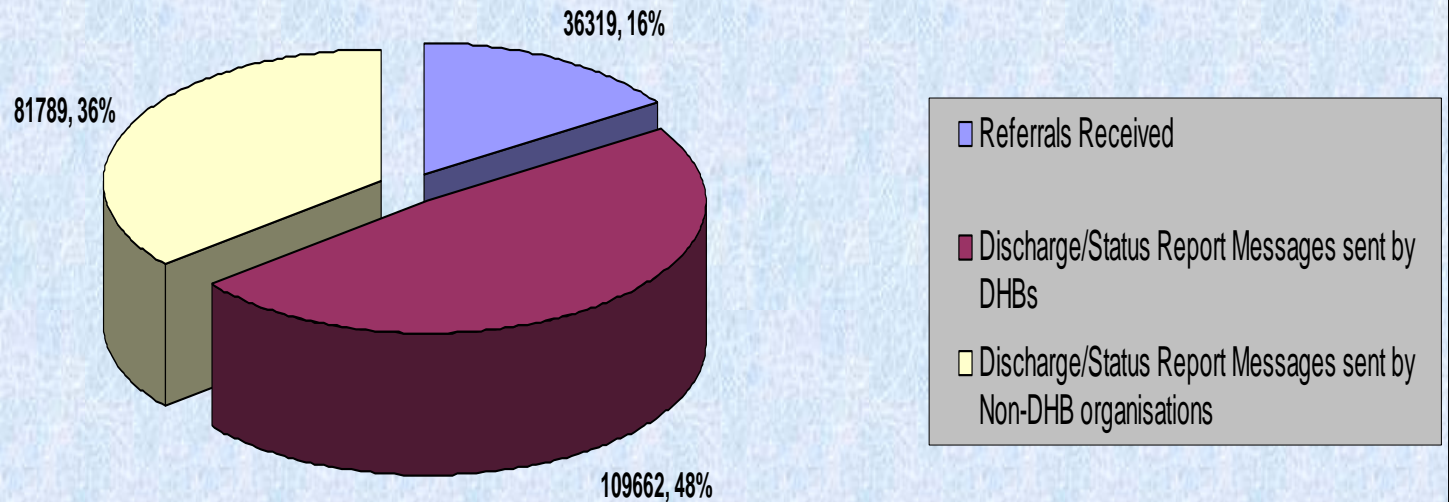


Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

New Zealand RSD Messages Jan 05 - Apr 09



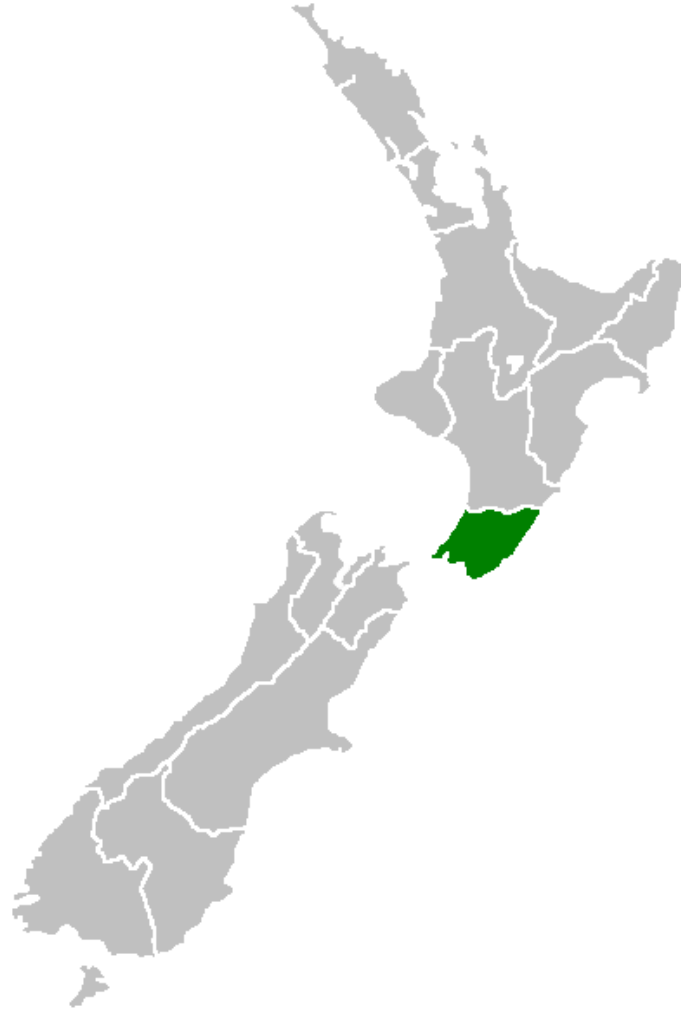
RSD Messages November 2007



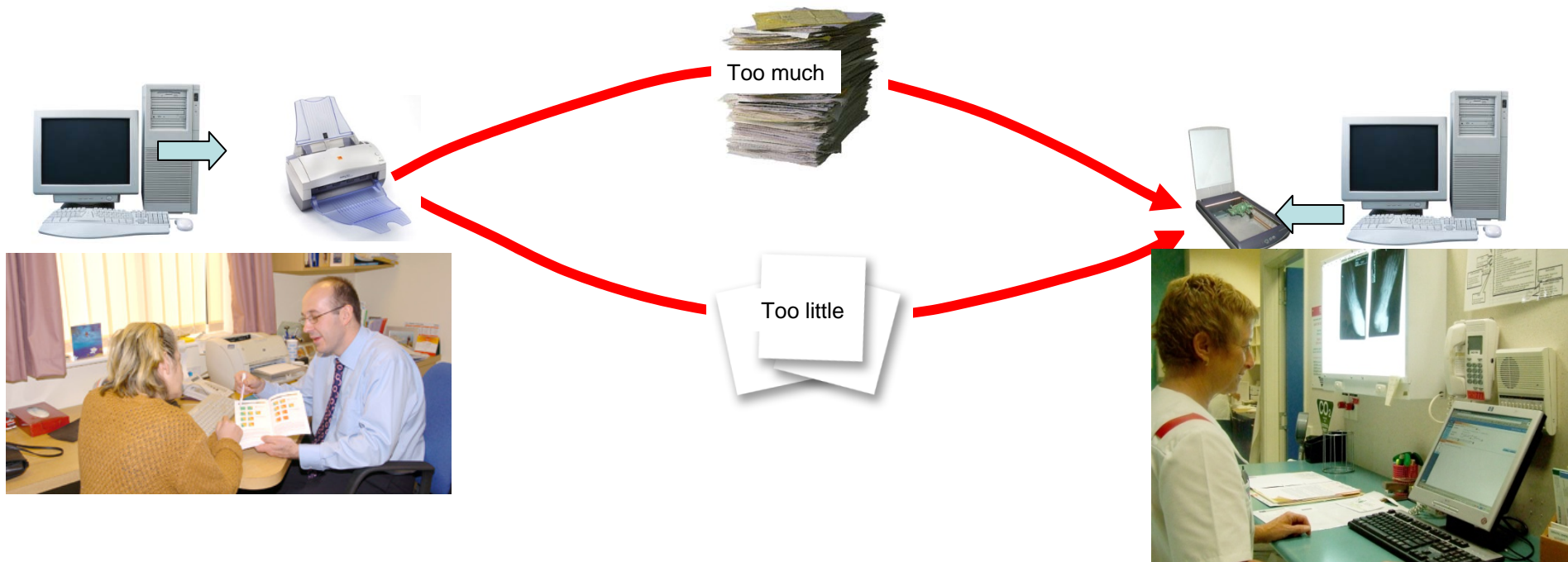
Online eReferral Objectives

- Hospital controls content of each referral type
- As many referral types as it wants to have
- National consistency where possible (but not stifling innovation)
- Standards based
- Focus on reliability, system integrity

The Hutt Valley –Population 150,000

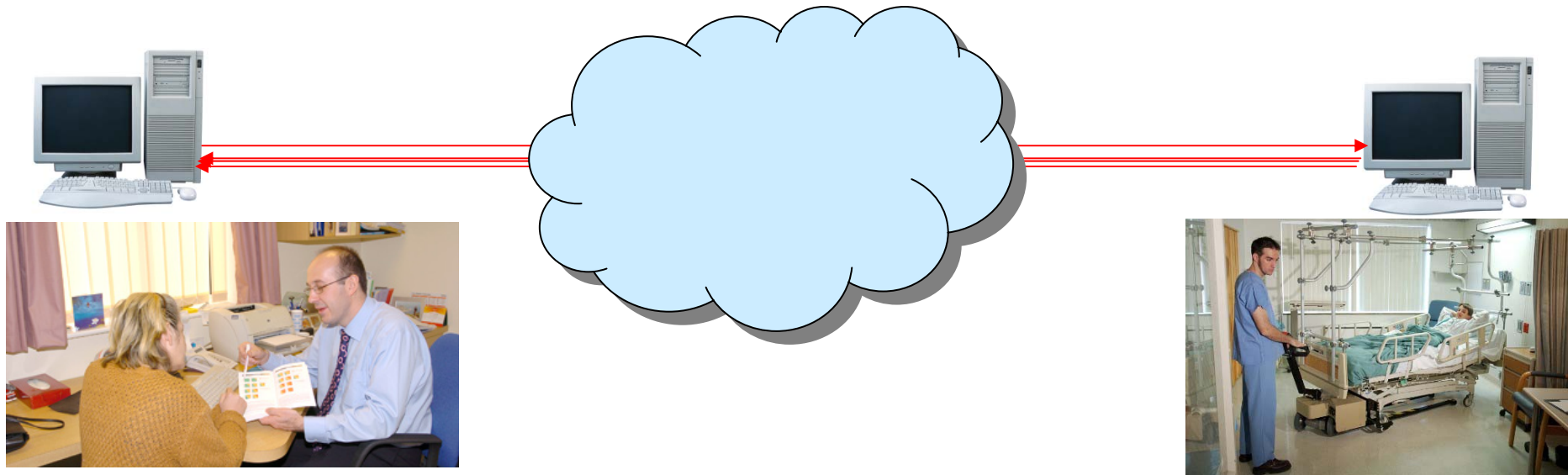


Issues with current referral process



1. Frustration with excessive information
2. Frustration at receiving insufficient information
3. Duplication – re requesting inefficiency
4. Re-keying patient data is inefficient
5. Significant risk of lost paper
6. Poor security
7. Slow acknowledgements and updates (if any)

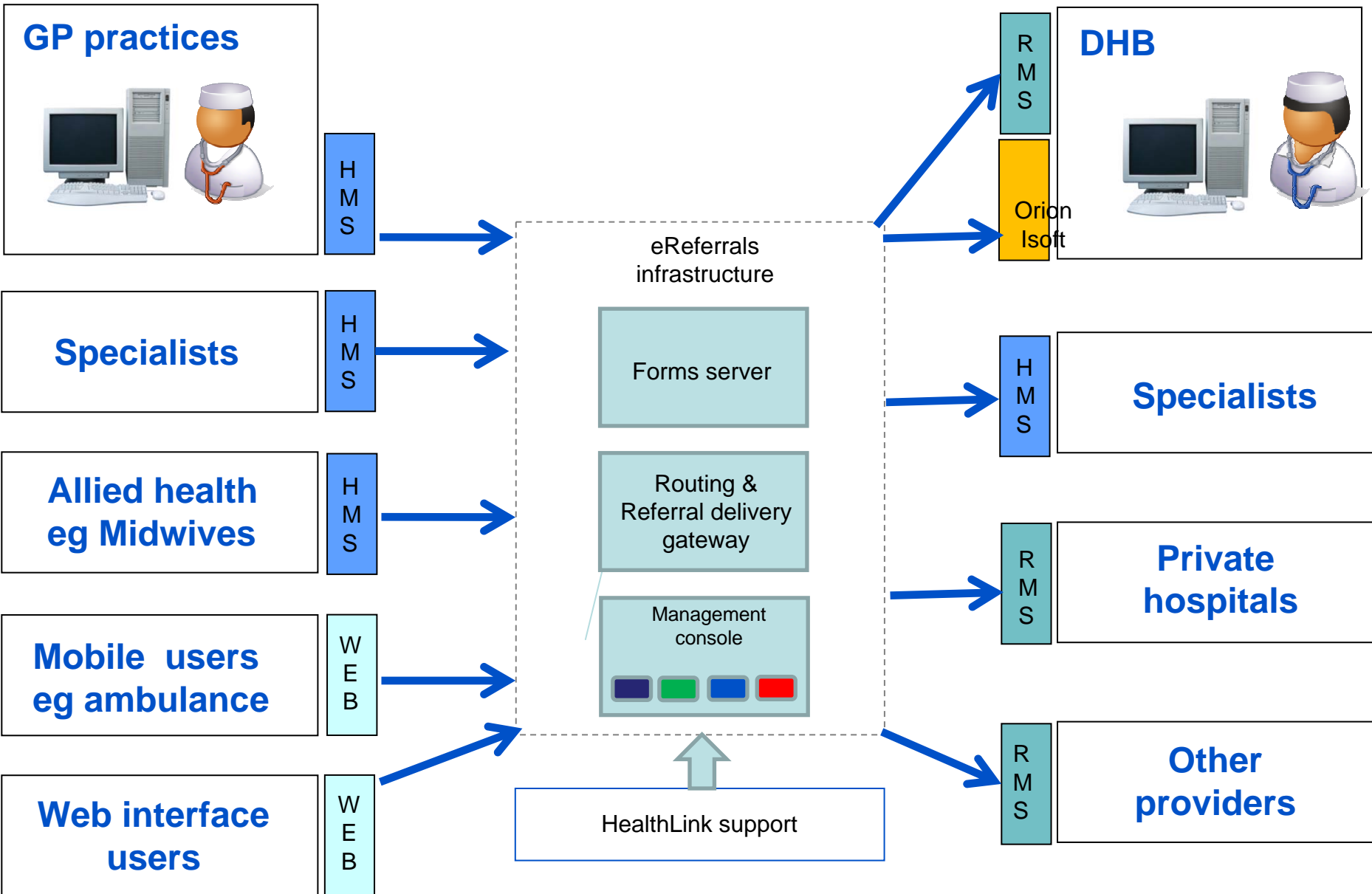
The E-Referral process



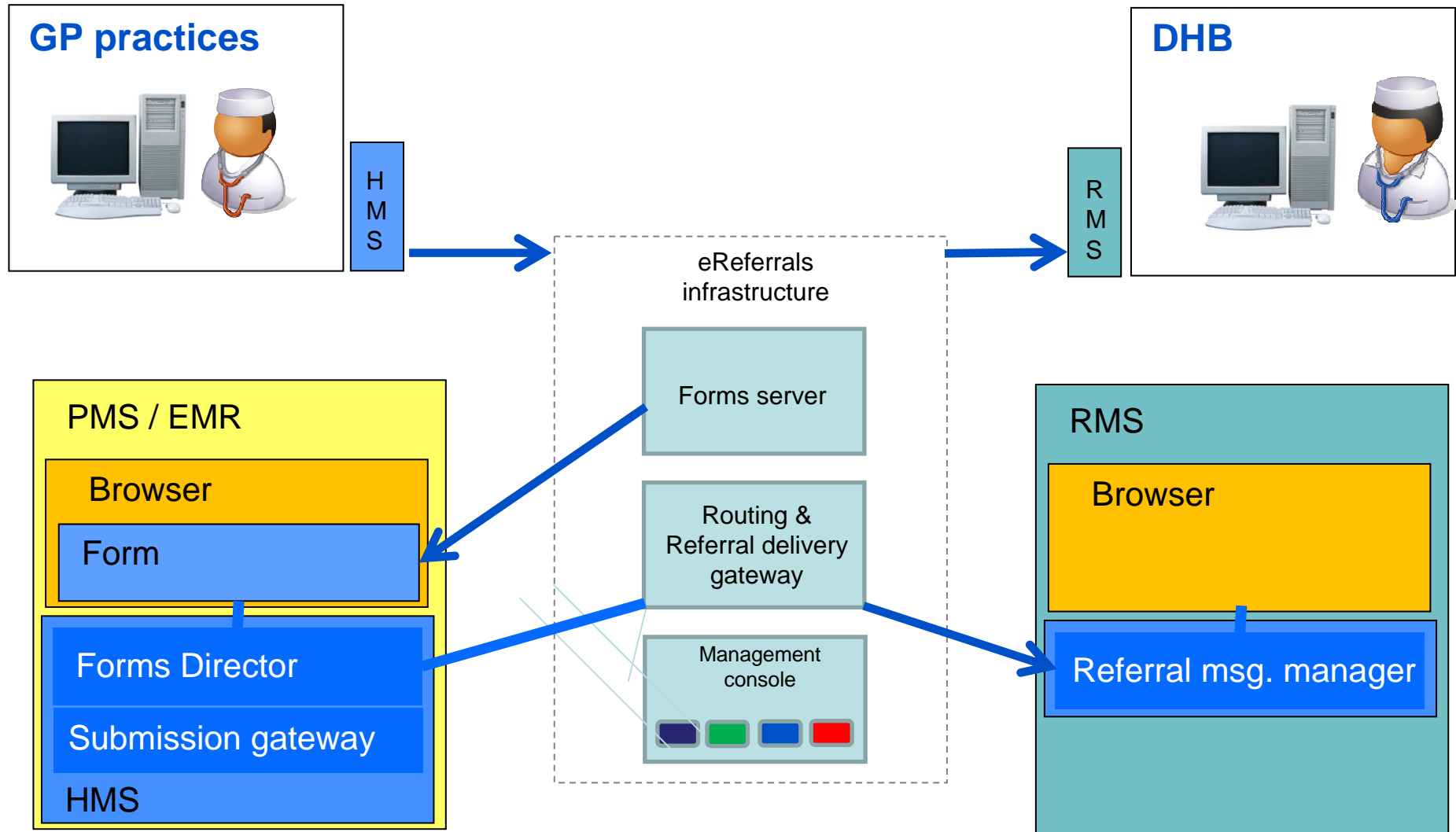
1. The right information
2. Very fast
3. No duplication
4. No risk of lost paper
5. High security
6. Immediate acknowledgements and real-time updates

Reduced costs, better information, better quality of care

eReferrals participants



eReferrals technology



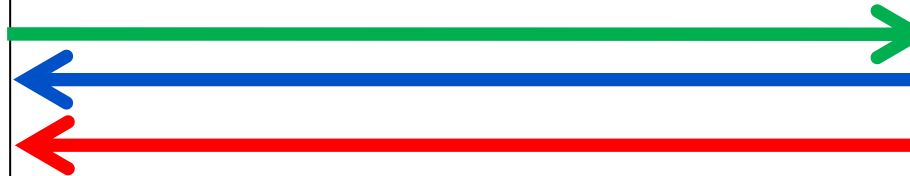
Standards based: HISO interface, HL7 2.4 / V3 file transmission

The end to end process

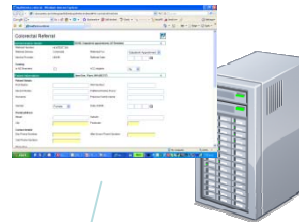
GP practice



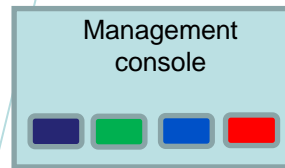
DHB



eReferrals
infrastructure



Management
console



- Centralised library of forms
- Standards end to end
- Robust architecture is key focus

1. Form accessed
2. Referral sent
3. Acknowledgement
4. Status update

HealthLink support

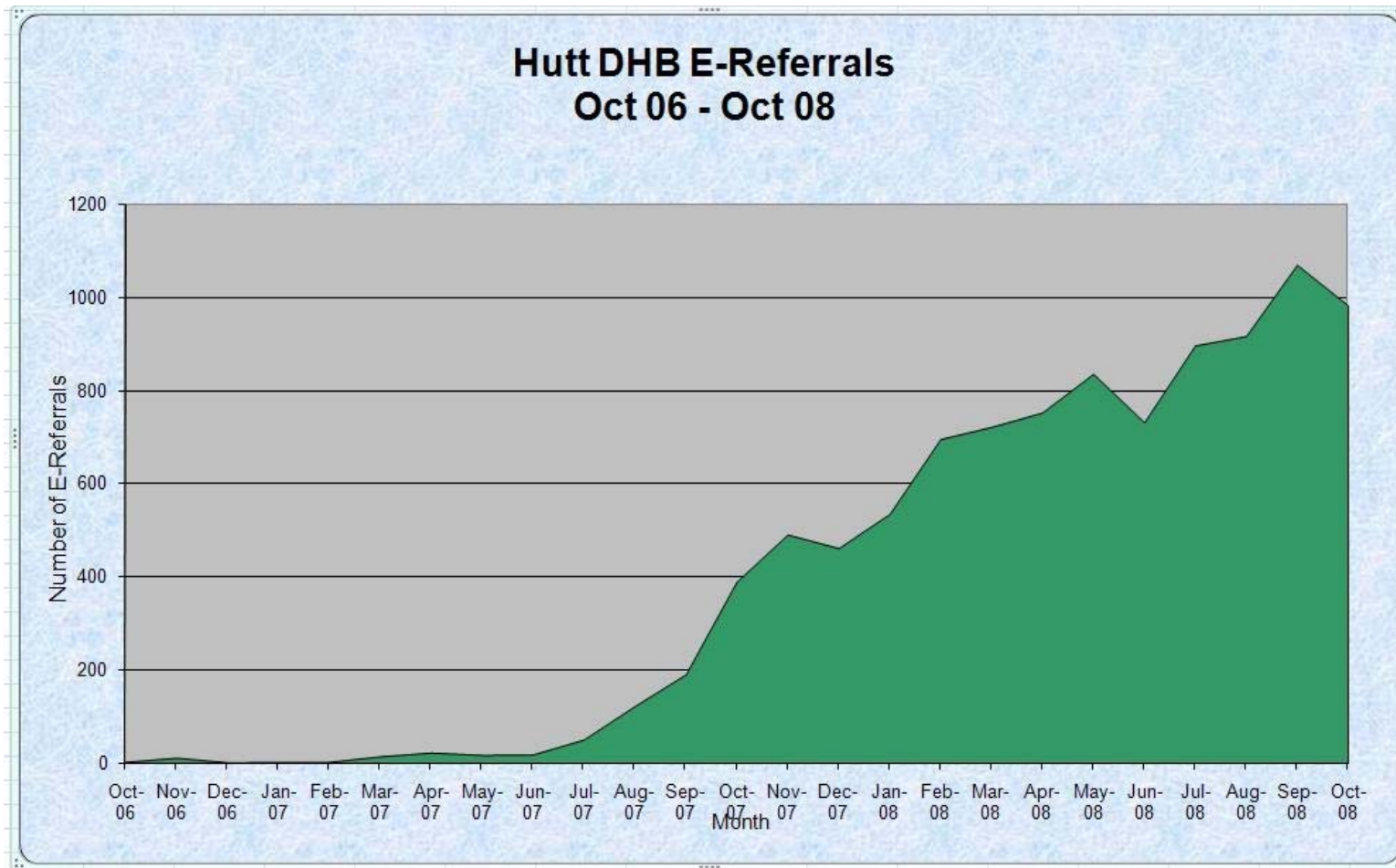


Cardiology-Dermatology-Dietetics-ENT-
Audiology-Gynaecology-Adult Mental Health-
Rheumatology-Renal-Oncology-Neurology-
Special Rehabilitation Services-Occupational
Therapy-Physiotherapy-Orthopaedics-Speech
Language Therapy-Diabetes-Podiatry-General
Medicine-Gastroenterology-Respiratory-Social
Work-Paediatric Medicine-General Surgery-
Child Mental Health-Plastics-Ophthalmology-
Obstetrics Secondary Care

Referrals available Online Now!

- All of Hutt Valley's 28 Services now have an electronic referral form available
- 90% of GPs in The Hutt Valley are now able to use the service
- More than 90% of incoming GP referrals are now electronic
- More than 80% of electronic referrals are completed during the patient appointment

90% of GP Referrals electronic



Mark Austin GP, Manuka Health Centre



“Congratulations to Hutt DHB for this project.

Anything that reduces a GP’s workload and makes the paperwork less hassle is welcome news to me!

Apart from the obvious convenience and timeliness of e-Referrals, the aspect that I think has great potential is the possibility to build into the template fields to accept all the relevant information that the receiver of the referral requires.

This reduces the risk that a referral is bounced due to inadequate information or prioritized inappropriately. I look forward to further developments!”

**Sue White, Clinical Analyst
E-Referrals project team**



“The most satisfying aspect of this project has been watching the excitement of GPs, consultants and HVDHB staff as they realise the benefits of e-Referrals.”

The easy, seamless communication of patient information from GP practice to the hospital using service-customised forms ensures the clinician has the best information available.”



eReferrals Principles

- Total focus on reliability
- Standards at every step
- National forms library a prerequisite

