

## ALBERTA THORACIC ONCOLOGY PROGRAM IS TALKING ABOUT eReferral

### IN THIS ISSUE

Richard Wallington, Director of ATOP, talks about what eReferral will do for health care in Alberta.

Will eReferral change how family physicians refer to a cancer centre?

What is a referral pathway?

Updates around the minor delay to the eReferral launch and what you can do in the mean time.

### WEB LINKS

eReferral  
 Alberta Netcare  
 ATOP  
 Path to Care  
 Calgary Breast  
 Health



**Hear people talk.** I hear pundits and politicians speculate on the break-up of Alberta Health Services and how the organization should go back to being X-number of health care regions.

And, believe me; in my role as Director of the Alberta Thoracic Oncology Program (ATOP), I know that there are a variety of hurdles and challenges that make bonding formerly autonomous regions into one union...problematic. (I believe Abraham Lincoln had to deal with something similar).

Sometimes people say, "Hey, you work for AHS. What a mess that is. We should go back to Capital Health and blah, blah, blah." First I respond with the Abraham Lincoln line so that they think I am politically astute and wise. Then, if I continue to receive blank stares, I tell them that great things are coming and that **only a provincial organization has the resources** to undertake such great and worthwhile endeav-

ours. I point to eReferral and try to impart to them how absolutely cool that platform is and how it's going to do to Alberta health care what Amazon did for book selling.

Yes, that may be overstating it somewhat, but I do feel that eReferral is just one of many significant projects that will change health care in Alberta. I know that the dedicated staff and clinicians at the two ATOP sites at Foothills Medical Centre and Royal Alexandra Hospital are keen to see how the first phase of eReferral goes, because any system which has the potential to eliminate lost referrals and create greater efficiency in processes

*"...any system which has the potential to eliminate lost referrals and create greater efficiency in processes will give lung cancer patients the best chance of survival."*

will give lung cancer patients the best chance of survival. How could anyone question the virtue of pursuing something like that?

People talk. People speculate. I am happy to let them do so and answer questions when I can.

Me? I like being part of the solution.



*Richard Wallington BA, BSc, MA  
 Director  
 Alberta Thoracic Oncology Program  
 Provincial Cancer Care  
 Alberta Health Services*

### HOW WILL eReferral CHANGE REFERRAL PROCESSES FOR A CANCER PATIENT?

**When eReferral launches** within Alberta Netcare in Spring 2014, paperless medical/radiation oncology referrals for breast cancer can be made to cancer centres across the province. Some primary care physicians have questioned whether this will change the current referral process for a cancer patient.

Currently, most cases of suspected breast cancer are referred from a family doctor for a diagnostic or surgical consult to confirm diagnosis. A confirmed diagnosis of cancer is a standard requirement for a referral to a cancer centre.

Nadine Tobin RN, BN, is the Unit Manager in Women's Health Ambulatory Care (WHAC) for the Colposcopy, Breast Health, Pelvic Floor and OBGYN clinics at the Foothills Medical Centre in Calgary. As someone with a long history of nursing in women's health, she points out that nearly all cases of suspected cancer need tissue diagnosis or confirmation prior to treat-

ment. "The most common pathway for suspected cancer is for the family physician – after finding something suspicious on a mammogram or clinical breast exam – to make a referral to a program like the Breast Health Clinic for further investigation and a final diagnosis."

At the Calgary Breast Health Clinic, after appropriate referral review and triage, an appointment is made with a breast surgeon who meets the patient, reviews the diagnostic tests, assesses the patient, and makes recommendations for further assessment and arrangements for the right

*"A project like eReferral gives me peace of mind...it has great potential for referrals to all services..."*

treatment for that patient. This likely includes surgery, and once the surgery is completed a referral is made to a cancer centre for the patient to be as-



essed by a medical oncologist and/or radiation oncologist regarding further treatment.

While some patients may require systemic therapy such as chemotherapy in advance of surgery (to prepare the patient for the best surgical results),

Tobin explains that a surgical opinion is still required at that point. The surgeon would then make the decision to refer to the cancer centre for any treatment prior to surgery.

After eReferral goes live, clinics like Breast Health in Calgary's WHAC program will be able to create, track, and see the real-time status of their patient's confirmed cancer referrals.

"A project like eReferral gives me peace of mind because electronic referrals are less likely to be lost or misplaced, they are efficient and comprehensive, and allow us to filter out incomplete referrals"

cont...



## WHAT IS A REFERRAL PATHWAY?

**Improving patient access** to ensure the right patient receives the right service at the right time has been a long-standing goal of Alberta Health Services (AHS). One strategy to improve access is to develop provincial

*“An effective and efficient referral pathway... considers patient need, medical best practice and clinical capability.”*

referral pathways. Provincial referral pathways call for the accurate measurement and management of wait times, standardized information requirements and closed-loop communication.

A referral experience that is consistent for all patients and providers includes standardized referral requirements, business processes, communication and provincial access targets. Provincial referral pathway development includes all sites, clinics, specialists and services that offer health service within a specialty.

An effective and efficient referral pathway facilitates close relationships between all levels of the health system and helps

to ensure patients receive the best possible care. It considers patient need, medical best practice and clinical capability. The core benefits of a provincial referral pathway include comparable wait times, process transparency,

informed decision-making and improved patient experience.

As a pathway is developed, it progresses through specific stages; the current state is assessed, referral requirements are agreed upon, communication protocols are put into practice, and referral and wait time measurement and management standards are implemented. It is essential that the health professionals responsible for developing the referral pathway are also committed to its maintenance and management through ownership and communication.

The components of a referral pathway will be discussed in light of the end to end referral process.

### REFERRING PROVIDER / SERVICE

Referring providers should be able to discuss care options with patients and offer up-to-date information about wait times, service locations and expected care from the specialist. Referring providers are key stakeholders in pathway development.

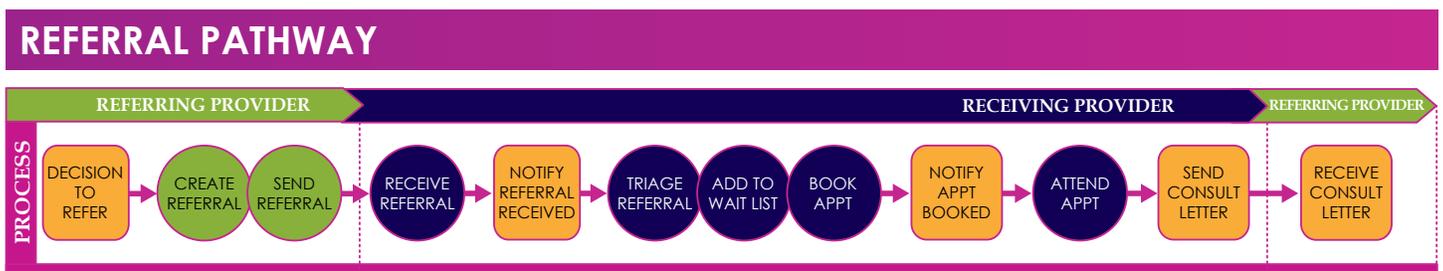
### REFERRAL REQUIREMENTS

A referral pathway will function efficiently if service providers have clear referral requirements. Requirements should be evidence-based and consensually agreed upon including any information, investigations and diagnostic tests (labs, MRI, CT scan etc.) required to appropriately triage the referral for first appointment.

### REFERRAL & WAIT TIME PROTOCOLS

How a referral is triaged, processed, scheduled and communicated can greatly impact patient experience. A referral pathway must include how a referral should be triaged using the agreed requirements, the processes and mode of communicating referral documents and outcomes, and how referral wait

cont...



### UPDATE: MINOR DELAY TO eReferral LAUNCH

The eReferral launch planned for March will be delayed until later this spring. eReferral is dependent on a major upgrade to the Alberta Netcare Portal, which is delayed.

Once we receive confirmation that the Alberta Netcare Portal upgrade is successful, we will communicate the

eReferral launch date. When eReferral goes live, users can begin to create, submit, track and manage referrals for hip

and knee joint replacement and medical/radiation oncology referrals for lung and breast cancer.

#### BREAST HEALTH CONT...

claims Tobin. "It has great potential for referrals to all services, and hopefully it won't be long before primary care physicians can make referrals to WHAC and other programs like it through eReferral and Alberta Netcare."

For more information about the Breast Health Clinic at Women's Health Ambulatory Care, visit [www.albertahealthservices.ca/4004.asp](http://www.albertahealthservices.ca/4004.asp)

## eReferral

1. **LEARN MORE** at [albertanetcare.ca/eReferral.htm](http://albertanetcare.ca/eReferral.htm) - eDemos, Quick Reference Guides, and newsletters
2. **TRY IT OUT** in the Alberta Netcare Training Environment - practice creating and managing electronic referrals along with other Alberta Netcare skills. Find the link on our webpage [albertanetcare.ca/eReferral.htm](http://albertanetcare.ca/eReferral.htm)
3. **SIGN UP** for training. Contact Karen Branicki [karen.branicki@albertahealthservices.ca](mailto:karen.branicki@albertahealthservices.ca)
4. **JOIN** our mailing list. Contact Erin Rohl [erin.rohl@albertahealthservices.ca](mailto:erin.rohl@albertahealthservices.ca)
5. **FIND** provincial referral guidelines for hip and knee joint replacement referrals and lung and breast cancer referrals
  - Alberta Hip and Knee Replacement Referral Form [albertahealthservices.ca/frm-09884.pdf](http://albertahealthservices.ca/frm-09884.pdf)
  - Breast Cancer Referral Guidelines [albertahealthservices.ca/ahs-fhc-ptc-referral-requirements-cc-breast.pdf](http://albertahealthservices.ca/ahs-fhc-ptc-referral-requirements-cc-breast.pdf)
  - Lung Cancer Referral Guidelines [albertahealthservices.ca/ahs-fhc-ptc-referral-requirements-cc-lung.pdf](http://albertahealthservices.ca/ahs-fhc-ptc-referral-requirements-cc-lung.pdf)

#### REFERRAL PATHWAYS CONT...

times are captured.

#### RECEIVING PROVIDER / SERVICE

Once the referral has been triaged, processed and booked by the receiving service, and the appointment has been attended, the receiving provider will close the loop back to the referring provider by providing timely consult communication and needs for continuing care.

#### QUALITY IMPROVEMENT

The referral pathway must be open to revision in light of

practical experience and any new clinical evidence of best practice. Periodically, there may be need to analyze the functioning of the referral pathway beyond looking at statistical patterns and trends. It is expected that the referral pathway will progressively improve.

Currently, Alberta is in the early stages of provincial referral pathway development. Alberta Referral Pathways is a program that aims to re-engineer the referral process

and provide the framework to guide clinical conversations between the appropriate stakeholders to create and sustain each provincial referral pathway.

If you want eReferral,  
you need Alberta Netcare.

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