Landscaping on Patient Referrals

OpenHIE Facility Registry Community - Aug-Sept 2016

Introduction

- ❖ On Aug 11, 2016 we had a FR call to discuss various aspects of patient referral services
- ❖ The focus of the call was to discuss:
  - 1) Existing referral projects
  - 2) Typical barriers and issues
  - 3) Needs
- ❖ The purpose of this document is to summarize findings and provide recommendations for next steps
- ❖ A full recording of the meeting is available here, uncondensed notes are available here

The Need for Referrals - Why is this important?

- ❖ Referral systems serve to address serviceable gaps in the healthcare system by leveraging information about nearby health facilities and offered services to improve:
  - ➢ Access to the *right* health care services for patients
  - ➢ Efficiency of workload for health workers
  - ➢ Care planning and delivery of healthcare services
  - ➢ Quality of health facility capacity and case denials data

Aspects of Impact

- ❖ Loss to follow up
- ❖ Reduced and more transparent waiting times
- ❖ More patient choice
- ❖ Improved quality of care and patient-provider relationship
- ❖ Improve quality and security of referral data
- ❖ Facilitation of information sharing
- ❖ Evaluation of unsubstantiated denials?

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Actors - Users

❖ Health workers/Medical Staff
❖ Patients (local and external?)
❖ Private Health Facility "Groups"/Local Integrated Health Networks (LHIN)?
❖ Labs
❖ Mental Health Facilities?

Entry Points

❖ *Provider to Provider* - health care provider refers to another health care provider or specialist
❖ *Referral to Queue* - provider places patient case in queue for care
❖ *Patient Self Referral/Lookup* - patient looks at available services and self refers
❖ *Urgent Care* - patient physically joins referral queue by visiting an emergency facility
❖ *Care Plan Referral* - recurring service/test referral based on a care plan prescribed by health professionals

Potentially Involved Services

❖ Referral Queue - Registry - Management Thingy
❖ Facility Registry
❖ Health Worker Registry
❖ Electronic Medical Record

Key Considerations and Functionality

❖ Available health services catalog (Location, Provider, Types of Services)
❖ Patient identification and prioritization
❖ Patient to resource matching (vacancy matching)
❖ Inclusion of Medical Records
  ➢ Where a local EMR is not developed, referrals can still leverage shared health records through other (traditional) communication channels
❖ Reason for referral, level of urgency and triage of patient signs/symptoms
❖ Referral advice requisition
❖ Redundancies for denied service
  ➢ Method for tracking Denials of Care
❖ Data to analyze efficiency to inform resource allocation

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Existing Work and Projects

- ❖ RTI Indonesia -
  - ➢ *Paper on Referral Exchange* and why they avoided creating it as a standalone.https://www.rti.org/sites/default/files/resources/rr-0011-1003-darcy.pdf
  - ➢ *Project Case Study* -- link
  - ➢ *Technical Report on project:* link
  - ➢ *USAID mHealth Compendium* link (see vol 4)
- ❖ RTI Zambia - link to ZEPRS Project
- ❖ IntraHealth Palestine
- ❖ IntraHealth Canada
- ❖ NHS UK
- ❖ IHE Referral/Order Linking
- ❖ Canadian Dental Association - Impact Analysis Report
- ❖ Champlain BASE (Canada)
- ❖ Alberta eReferral (Program Overview, User Guide, Link 3 [video])
- ❖ Referrals in CommCare
- ❖ Third Party Standards
  - ➢ Ontario (Canada) eReferral standard

OpenHIE Tool Box

- ● Which Registries and Services could be involved: FR, HWR, SHR
- ● Existing Standards
  - ○ CSD & Query Health Worker / Site Records Workflow

Implementations to Explore Collaboration With

- ● Jembi - Blood Testing and HIV Referrals
- ● Facility Registry or Health Worker Registry Implementations (e.g., Tanzania)

Recommended Next Steps

- ● Identify a tangible implementation context to ground the use case.
- ● Conduct gap analysis - what exists and what is needed.