

Primary Care Partnerships Electronic referral status report

2010-2011

Executive Summary

Background

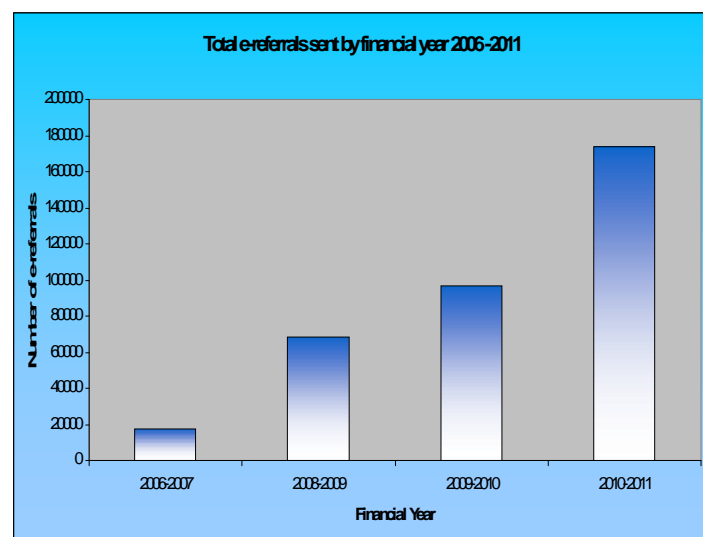
Over the past decade Victoria's Primary Care Partnerships (PCPs) have been progressing e-health. A key aim of the PCP strategy is to develop and utilise information and communications technology to enhance service coordination thereby providing positive outcomes for consumers.

The continued increase of electronic referrals (e-referral) by service providers is a direct result of the benefits derived from information and communications technology. The secure sharing of consumer information with common business rules and standardised information systems leads to improvements in efficiency for the service system and effectiveness of care for consumers.

Key results for 2010-2011

PCPs annually report on e-referral transactions along with other reports that indicate practice improvements for service coordination and integrated chronic disease management. This report provides a state-wide analysis of the PCP e-referral reports. Key highlights are:

- 2010-11 there were a total of 173,864 e-referrals sent
- There has been a 914 % increase in the number of e-referrals sent in 2010-11 compared with 2006-07
- In 2010-11 over 500 different services sent e-referrals
- All regions across the state have increased their e-referral transactions.
- Hospitals and health services were responsible for 11,126 e-referrals for the month of June 2011 which was 68% of all e-referrals for that month.
- e-referral numbers differ significantly between regions. Barwon South West and Gippsland both have high e-referral numbers. These two regions were both early adopters of e-referral and have a significant number of hospitals and health services engaged in e-referral.



Full report

Background

Primary Care Partnerships (PCPs) have existed for over a decade to enhance consumer's experience of Victoria's health and human services. Although membership for all 30 PCPs include core agencies such as hospitals, community health services, local government, district nursing, divisions of general practice and community service organisations, each PCP is different, as they represent a diverse range of additional agencies in their catchment.

PCPs are funded to improve integrated health promotion, service coordination and integrated chronic disease management in their catchment. Service coordination is facilitated by PCPs where agencies come together to agree on how they will coordinate their services so that consumers experience a health system that works together. The implementation of e-referral by PCPs and member agencies enables and supports the coordination of services.

Service providers have highlighted the benefits of using e-referral as follows:

- **Speed:** More timely transfer of referral information, including referral feedback, between services.
- **Privacy:** Improved privacy and confidentiality when sharing consumer health and care information between services electronically.
- **Common standards:** Improved processes, consistency in practice will have common standards for service coordination, referral turnarounds and referral acknowledgement.
- **Better use of client software:** Improved utilisation of agency client management systems by agency practitioners (e.g. via the Service Coordination Tools embedded in agency client management systems).
- **Efficiency gains:** Potential for agencies to re-invest time saved into additional or improved service delivery.

It is important to recognise that good practice in service coordination is instrumental in producing common, consistent and high quality information. Information technology tools are enablers. The underlining practice and the quality of the information ultimately provides better outcomes for clients.

Report Structure

This report is based on e-referral transaction data provided by PCPs as part of their annual reporting requirements. 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 number of referrals sent and received for the financial year. E-referral traffic captures the organisation/service sending referrals and the organisation/service receiving referrals for the month of June.

E-referral is a departmental output performance measure that is annually reported to the Department of Treasury and Finance. 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.

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'.

Every endeavour has been made to ensure the accuracy of the data provided in this report. Data for this report is provided by PCPs who source the information from member agencies client management systems or secure messaging systems. Individual PCPs are ultimately responsible for the accuracy of the data that they provide under the current reporting requirements.

Building blocks to enable e-referral

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.

1. As an **Intake Worker** with Direct2Care, the people that I speak to are often looking for community services to assist them to continue living at home and connecting with their community. My preferred means when referring them for supports is to complete a SCTT form and to use a secure e-referral system. When I need to refer to multiple services, using this system allows for transparency and cooperation between all services. This also means a smoother and faster pathway for the person to access the supports they need.

E-referral protecting consumers

Consumers need to feel confident that information about them held by agencies in computer systems is securely managed. They want to know that health information is only accessible to people that they have authorised. If this confidence does not exist, then sharing of information electronically cannot occur.

Information security measures need to be based on a risk management approach. Information security controls need to address:

- Authentication – the ability to confirm that someone is who they claim.
- Confidentiality - information is only made available to authorised persons.
- Integrity – nothing gets changed between sending and receiving.
- Non – repudiation- no-one having sent or received a message can later deny having sent or received it.
- Availability – information is readily accessible by authorised users
- Auditability –records of access and changes to information is kept

The use of email for referral needs to take into consideration the aforementioned security controls. Risk management issues around the use of email as an appropriate platform for e-referral of information is the rationale for data on referrals via email being excluded from this report.

A risk management approach reinforces the use of appropriate e-referral of information via secure messaging systems. Secure messaging allows for the sending and receiving of a secure message using formatted message types. The majority of e-referrals are sent using industry standard Public Key Infrastructure (PKI) encryption and/or Secure socket Layer (SSL). The National E-Health Transition Authority (NEHTA) continues to progress secure messaging through a number of initiatives such as the development of secure messaging standards.

When considering how to store and transmit electronic records securely, consideration needs to be given to the applicable standards in operation and the views of the relevant bodies that have the necessary technical expertise. An appropriate standard is the Royal Australian College of General Practitioners' "Computer and Information Security Standards" published October 2011: <http://www.racgp.org.au/ehealth/ciss> .

Key achievements and findings

Yearly growth

E-referral transactions have consistently risen over the last four annual reporting periods. In 2006-07 a total of 17,138 e-referrals were sent between services¹ In 2008-09 this rose to 68,296 e-referrals sent between services, in 2009-10 the total was 96,909 referrals and in 2010-2011 the total was 173,864 e-referrals. This represents a 914 % increase in the number of e-referrals sent between the financial years 2006-07 to 2010-11.

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 e-referral as they recognise the value proposition. It would appear that the value proposition is growing given the increase from 375 services in 2009-10 using e-referral to over 500 in 2010-11.

Figure 1: Total e-referrals sent by financial year 2006 to 2011.

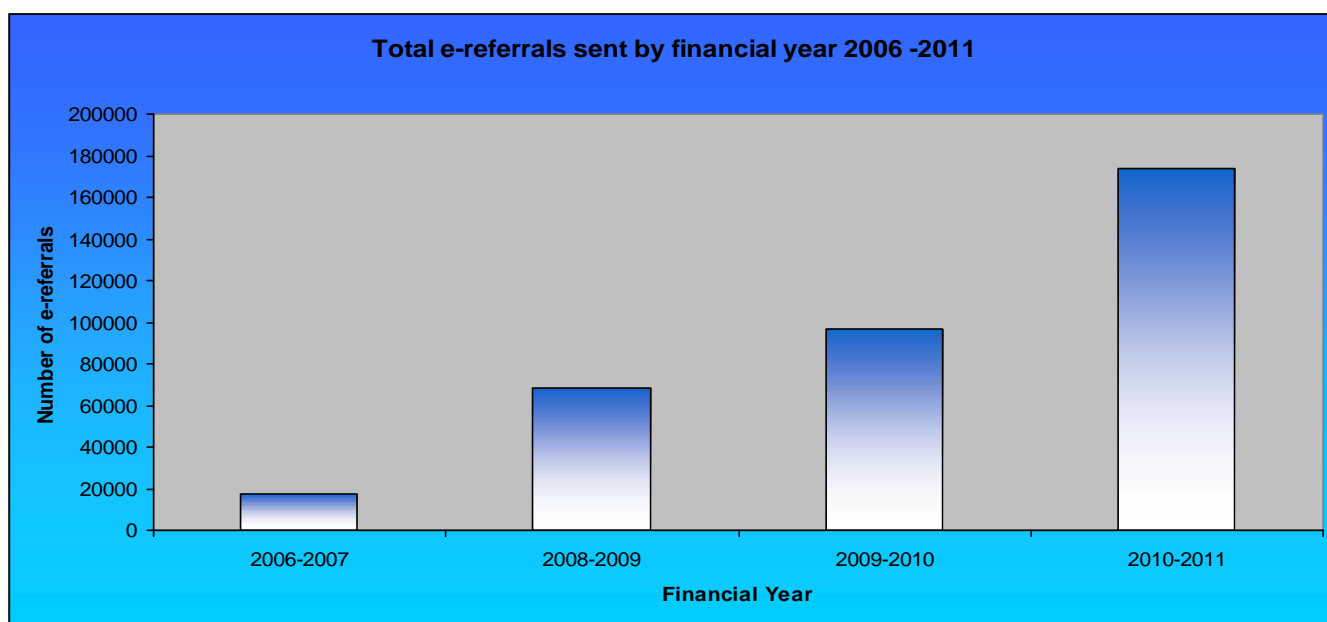
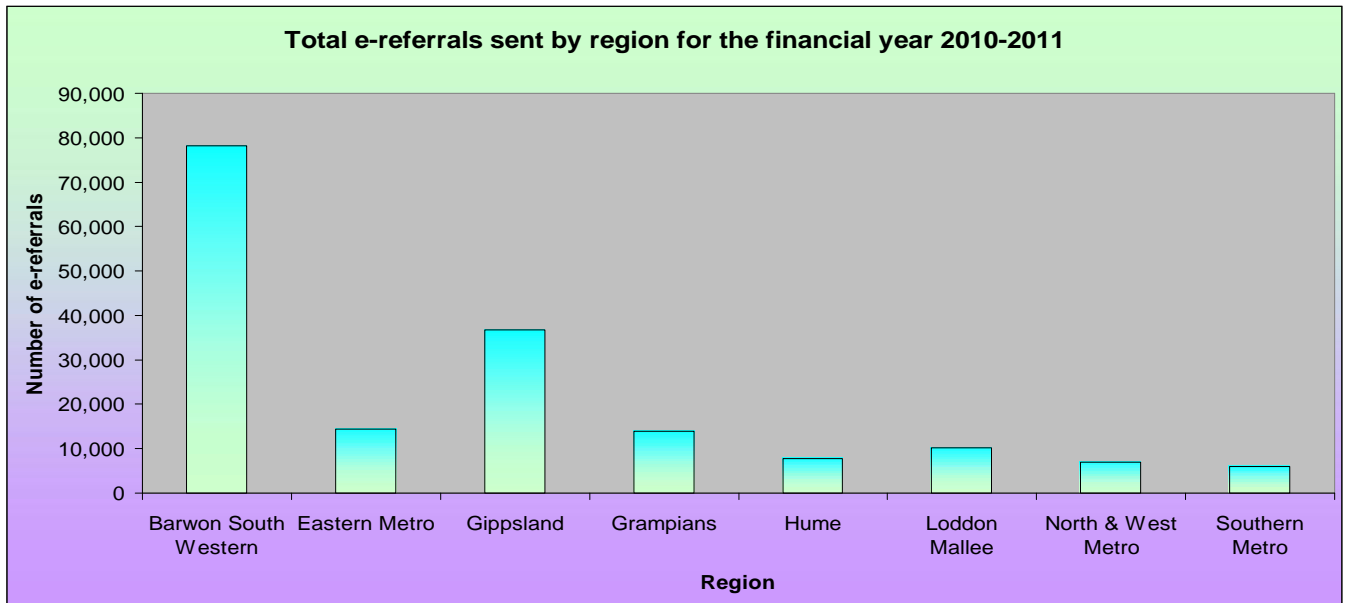


Figure 2: Total e-referrals sent by financial year 2010-2011.

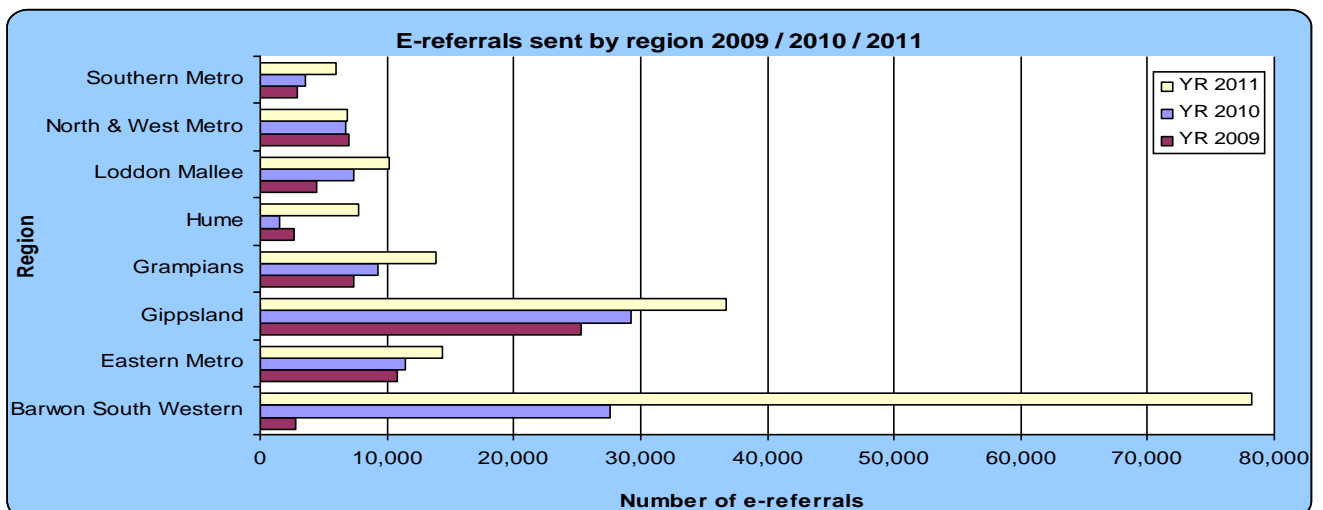


Early & late adopters

E-referral is an evolving process, we see some PCPs are mature in their progression of e-referral while other PCPs are not as advanced. The more mature PCPs are likely to have been early adopters. Early adopters can be characterised as showing leadership in the early awareness of the benefits of e-referral, having access to technical knowledge whilst investing and developing strategic plans to progress the work. These early adopters of e-referral have experienced increasing number of e-referrals on a yearly basis. Barwon South Western PCP member agencies sent 78,180 e-referrals and Gippsland Region PCP member agencies sent 36,733 indicating relatively high e-referral volumes. The on going increases in e-referral numbers by these two regions has resulted in other regions falling below the revised state wide average of 21,737 e-referrals.

As per figure 3 all regions across the state have shown improvement in the number of e-referral transactions. Barwon South West (09/10) 27,600 compared to (10/11) 78,180. Eastern Metro (09/10) 11,413 compared to (10/11) 14,347. Gippsland (09/10) 29,273 compared to (10/11) 36,733. Grampians (09/10) 9,278 compared to (10/11) 13,900. Hume (09/10) 1,581 compared to (10/11) 7,727. Loddon Mallee (09/10) 7,397 compared to (10/11) 10,148. North & West Metro (09/10) 6,797 compared to (10/11) 6,911. Southern Metro (09/10) 3570 compared to (10/11) 5918.

Figure 3 Total e-referrals sent by region 2009/2010/2011



Over the past 12 months G21 PCP experienced a rapid growth in e-referral numbers from 27,600 e-referrals in 2010 to 78,180 in 2011. This represents a growth rate of 183 %. G21's growth in e-referral numbers appear to be a direct result of the work undertaken in 2009 to introduce a secure messaging system called ReferralNet. This has provided a platform to support secure messaging between general practitioners, specialists, allied health professionals and Barwon health outpatients. According to G21 the growth in e-referrals has resulted in fast confirmations of referral, time savings in sending referrals and reduced stationery and post costs.

In some cases size does not matter. A number of the smaller rural PCPs have experienced significant growth in the number of e-referrals sent over the past 12 months. Goulburn Valley PCP has experienced 2148 % growth. Hume Whittlesea experienced 755 % growth. Lower Hume also experienced growth at 226 %.

The biggest growth in e-referral being sent from metropolitan PCPs were Inner East with a 450% and Frankston –Morningside with a 400 % increase. The following data illustrates the growth in e-referrals over the past 12 months across all PCPs In 2009-10 the mean for e-referrals was 3,341 with a medium of 1440 with a range of 21,064. Compared to 2010-11 with the mean for e-referrals being 5,995 with a medium of 2,426 with a range of 69,867. If we exclude G21 from the 2010-11 calculations given the significant growth. The mean for e-referrals is 3,610 with a medium of 2,290 and a range of 26,054. which still represents a 74 % increase in e-referrals from the previous reporting period.

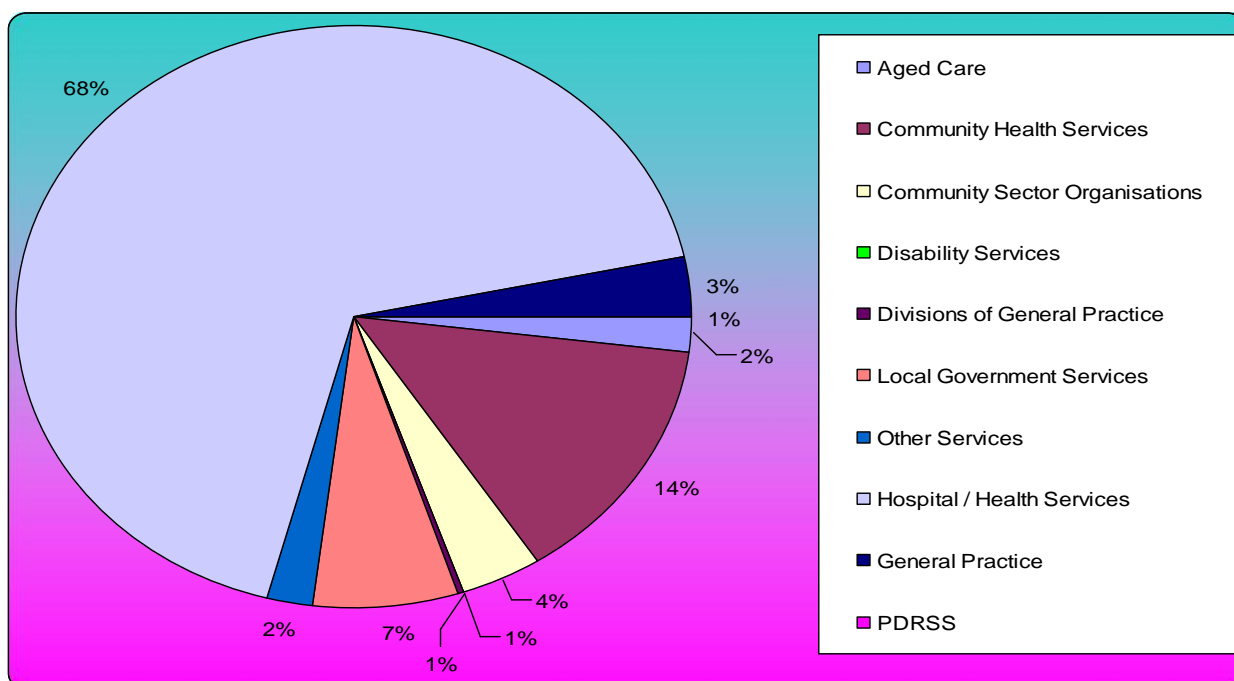
The use of E referral in the Living at Home Assessment process ensures that the referral is instant, secure, legible and confidential. It improves accountability and ultimately the care of the client.

Jennifer Taylor
LAHA Officer
Wimmera Health Care Group

Using e-referral means that it is much easier to feedback to other practitioner's important information about clients and to make sure I have all the information I need to achieve the best outcomes for my clients– I don't need to spend time trying to catch people over the phone.

Linda Lim Occupational Therapist
Knox Community Health Service

Figure 5 Percentage of e-referrals by organisation type for June 2011



A piece of the pie

Figure 5 shows hospitals and health services as a source of high e-referral volume. The number of hospitals and health services in a region or PCP will obviously have an impact upon the number of e-referral transactions. Hospitals and health services were responsible for 11,126 referrals or 68% of all e-referrals for June 2011. This is a substantive increase on last year when hospitals and health services were responsible for 42% of all e-referrals for the month of June. Hospitals and health services e-referral numbers continue to be substantially higher than the next highest sender, being community health services on 14%.

The pie chart does not tell the whole story. If we compare e-referrals by organisation using June 2010 and June 2011 data there has been significant changes to the number of e-referral transactions being undertaken by organisation type. Half of the organisation types experienced an increase in e-referral transactions while the other half experienced a decrease in e-referral transactions. Unfortunately the data does not provide an explanation. It does however, highlight an area in which PCPs could focus their activities to increase e-referral transactions in the future.

Organisation types that experienced an increase in e-referral transactions were Aged Care (28%), Community Health Services (26%), Local Government (17%), Hospitals and health services (104%) and PDRSS (950%). Organisations types experiencing a decrease of e-referral transactions were Community Sector Organisations (-57%), Disability Services (-60%), Divisions of General Practice (-81 %), Other Services (-75%) and General Practice (-58).

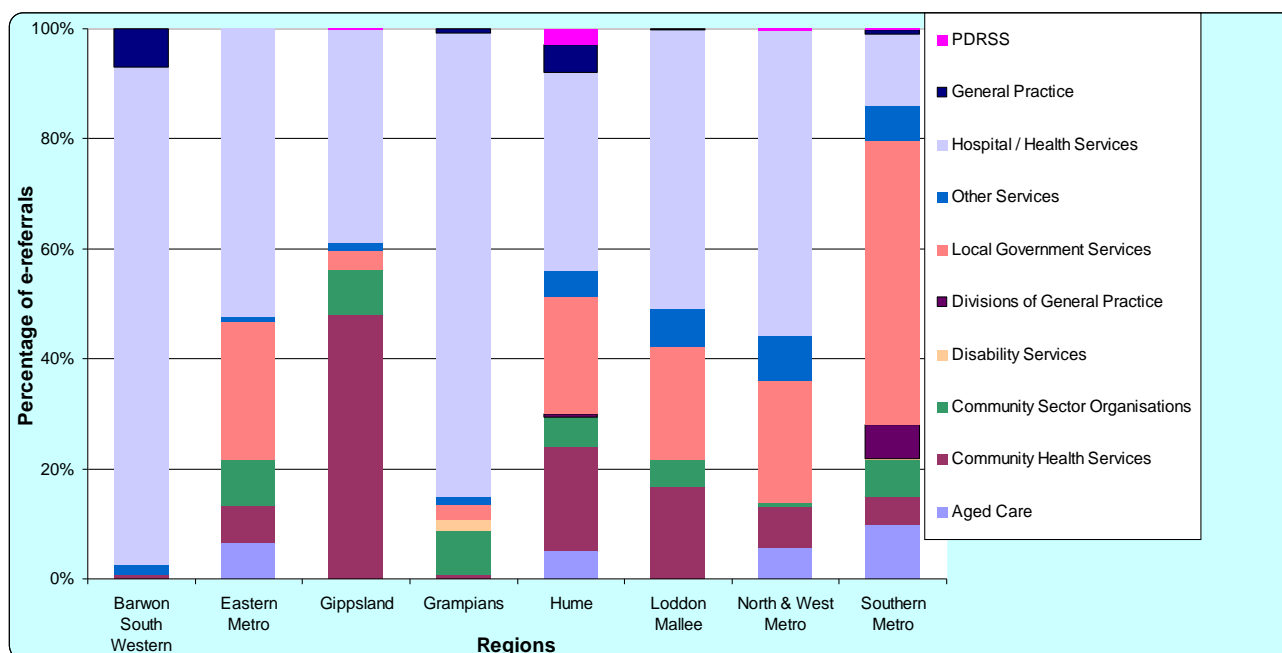
Some assumptions by PCPs about these decreases in e-referral numbers have been made. These include the following:

- Seasonal variations as the data is only captured for June and not a 12 month period.
- IT implementation issues associated with software upgrades.
- Methodology issues associated with assigning organisations to organisational types.
- Organisations not promoting e-referral to the extent as they have done previously.

As an OT I often need to send diagrams, photos or pictures to other service providers and sending them via a secure e-referral system means I can be confident the information is only seen by the people the client has agreed to share the information with and that diagrams are clear – if they are sent via fax they often just look like a big blob and are no use to anyone.

Linda Lim -Occupational Therapist
Knox Community Health Service

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



Regional Variations

Figure 5 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. Local demographics and associated service coordination initiatives are also factors that will account for regional variations.

The Grampians region continues to have a high number of e-referrals being generated by hospitals or other health services. The Southern Metro region continues to have the highest percentage of e-referrals being sent by local government. The Gippsland region continues to have the majority of e-referrals being generated by community health services. E-referrals being sent by PDRSS organisations continue to grow in the Hume region.

General practice, disability support and to a lesser extent aged care appear under represented in terms of the volume of e-referrals being sent from these sectors. It is anticipated that e-referrals for these sectors and community sector organisations will increase with the implementation of the 2012 Service Coordination Tool Templates, which have a stronger emphasis on use in the health and human services domains.

Regional variations are highlighted below comparing 2010-11 data with the 2009-10 data. Reductions in e-referral numbers may be a result of seasonal variations, implementation of new software or definitional issues in relation to defining organisational type.

Barwon South West:

- Community health services e-referrals decreased by 12 %
- Hospital and health services e-referrals increased by 270 %

Eastern Metro:

- 73 % increase in the number of e-referral being sent by local government
- 39 % increase by aged care services.
- E-referrals sent from community sector organisation decreased by 10 %.

Gippsland:

- E-referrals sent by Community Sector organisations increased by 61%
- local government increased by 47%.
- There was no decrease in e-referrals by any organisation type in the Gippsland region

Grampians:

- Community sector organisations have experienced an increase of 91% in the number of e-referrals sent.
- Disability services sent 60% less e-referrals and community health services decreased by 48 %

In relation to use of e-referral we believe the standards and practice as been well received by local agencies and think it has improved overall accountability.

Robyn Spoor and Tina Beltramin of Manningham City Council HACC Services

Hume:

- Hume region experienced significant growth in e-referral numbers across all organisational types with the exception of community sector organisations which experienced a 8% decrease.

Loddon Mallee:

- Community Health Services increased e-referrals sent by 27%
- There was a 21% increase by local government sending e-referrals
- Aged care, general practice and community sector organisations all experienced significant decreases in e-referral numbers.

North West Metro:

- Hospital and health services increased sent e-referrals by 88%.
- Aged care organisations experienced an 8% increase.
- E-referrals sent by community sector organisations experienced a 94 % decrease.

Southern Metro:

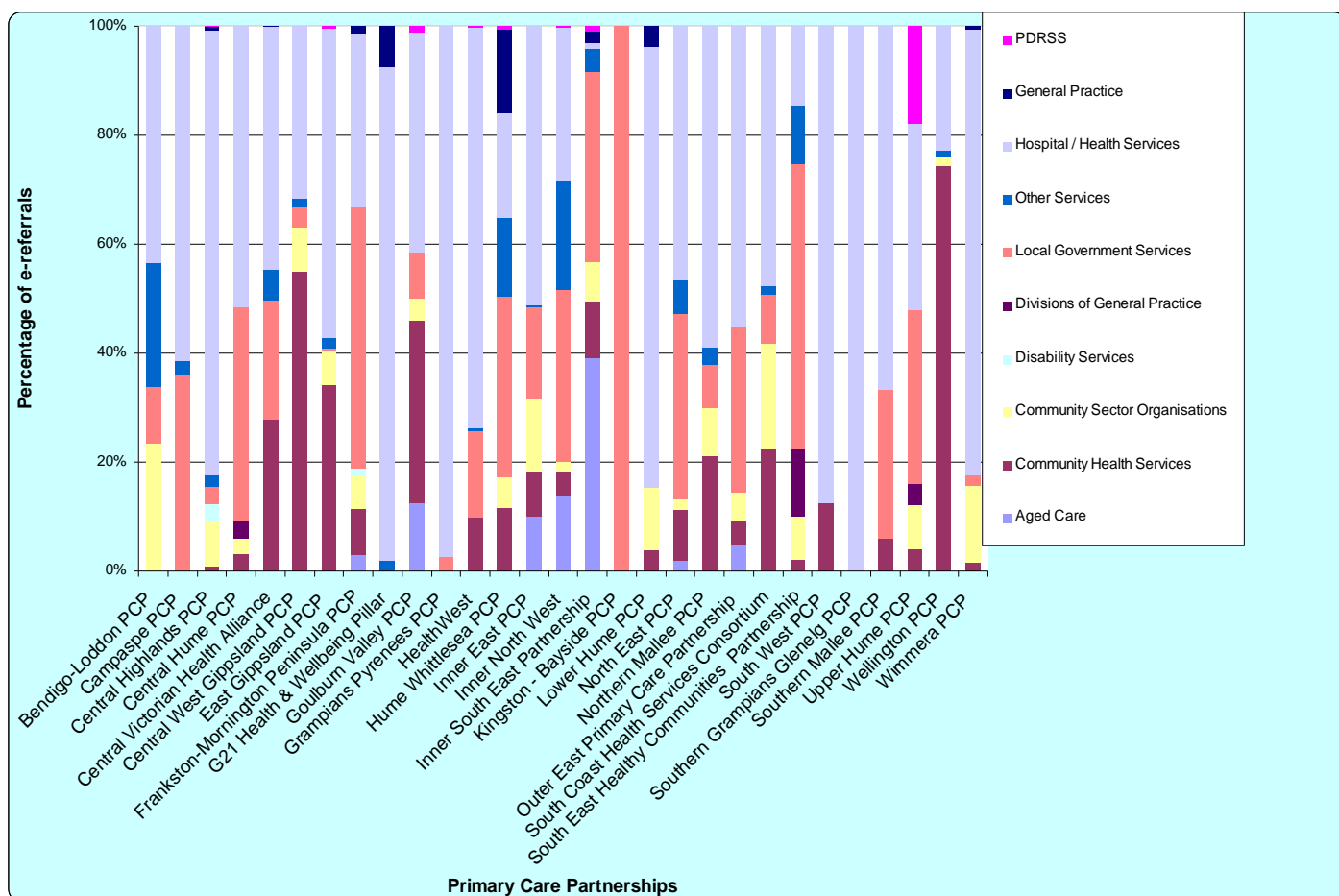
- Community health services increased the number of e-referrals they send by 67%
- Community sector organisations increased by 8%.
- Local government decreased the amount of e-referrals sent by 21% and aged care decreased by 11%.

E referral is a positive, accurate, clear reliable communication process (tool) which enhances organisational collaboration at both the local and regional agencies.

Ian Pirie - Manager District Nursing Service
Kilmore & District Hospital

PCP Variations

Figure 7: e-referrals sent by organisation type per PCP for June 2011



In June 2011 the organisations with the largest e-referrals sent by (descending order) were hospitals or health services, community health services, community sector organisations, general practice and local government. Typically PCP's 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.

PCP variations are highlighted below comparing 2010-2011 data with the 2009-2010 data.

Bendigo Loddon PCP:

- There has been a significant increase in hospital and health services e-referrals over the past 12 months.
- Other services and community sector organisations have also increased by 37 %.
- Currently there are no aged care, disability or general practice referral information being reported.

Campaspe PCP:

- There has been a 57% increase in local government and a 3% increase in hospital and health e-referrals.
- Currently there are no disability, general practice or community health service e-referrals being reported.

Central Highlands PCP:

- Referrals sent from community sector organisations have increased by 150% and disability by 144%.
- Currently there are no e-referrals reported from aged care organisations.

Central Victorian Health Alliance:

- E-referrals from local government and hospitals and health services have decreased over the past 12 months.
- Currently there are no e-referrals reported from disability organisations

Central West Gippsland PCP:

- Hospital and health services e-referrals have increased by 38% compared to a 48 % increase in community sector e-referrals.
- Aged care and general practice- referrals are not reported.

East Gippsland PCP:

- There has been a 184% increase in community health e-referrals over the past 12 months with hospital and health service e-referrals also increasing by 58%.
- No e-referrals are reported for aged care or disability.

Frankston Mornington PCP:

- There has been a 29% increase in hospital and health service e-referrals.
- E-referrals sent by local government have decreased by 66% over the past 12 months.

G21 PCP:

- There has been a large increase in e-referrals from member organisations over the past 12 months.
- Hospital and Health Service e-referrals have increased by 407% and general practice e-referrals have increased by 370% over the last 12 months.
- Aged care and local government reported no e-referrals.

Goulburn Valley PCP:

- There have been significant increases in hospital and health e-referrals 929% and community health services 290%.
- There are currently no e-referrals being reported from disability or general practice.

Grampians Pyrenees PCP:

- Hospital and health service e-referrals have increased by 29% while local government e-referrals have remained static.
- There are no aged care, disability or general practice e-referrals being reported.

Health West PCP:

- Hospital and health e-referrals have increased by 5160% while local government 850% and community health 1066% all experiencing significant increases.
- Aged care, disability and general practice organisations reported no e-referrals.

Hume Whittlesea PCP:

- Reported a broad base of organisations reporting e-referrals over the past 12 months.
- Aged care and disability are not reporting e-referrals.

Inner East PCP:

- There has been a 22% increase in hospital and health service e-referrals and a 305% increase in local government e-referrals over the past 12 months.
- Disability organisations and general practitioners report no e-referrals.

Inner South East PCP:

- Aged care referrals have not increased over the past 12 months however local government e-referrals have decreased by 8%.
- Hospital and Health service e-referrals remain low.

Inner North West:

- There is a broad base of organisation types undertaking e-referral.
- Local government makes the most e-referrals followed by hospitals and health services.

Kingston Bayside PCP:

- Local government e-referrals have decreased by 28 % over the past 12 months.
- No other types of organisations are undertaking e-referrals.

Lower Hume PCP:

- There has been a 110% increase in the number of e-referrals generated by hospital and health services.
- Aged care, disability local government do not report any e-referral transactions.

North East PCP:

- There are a high number of hospital and health services, local government and community health e-referrals reported.
- There are no PDRSS, disability or general practice e-referrals being reported.

Northern Mallee PCP:

- Community health centres have increased their e-referrals by 100% and hospitals and health services by 7%

Outer East PCP:

- Aged care e-referrals have increased by 88% local government 56% and hospitals and health services 21% over the past 12 months.
- Disability and PDRSS had no recorded e-referral transactions

South Coast Health Service Consortium:

- Have a broad base of organisations reporting e-referrals over the past 12 months.
- Aged care and disability are not reporting e-referrals

South East Healthy Communities Partnership:

- There has been a 33% increase in local government e-referrals over the past 12 months while community sector e-referrals have decreased by 23% over the corresponding time..
- Aged care disability and general practice reported no e-referrals.

South West PCP:

- Hospital and health service e-referrals have increased by 9% and community health services by 15% over the past 12 months.
- Aged care disability and general practice reported no referrals

Southern Grampians Glenelg PCP:

- Hospital and health services have experienced a 65% decrease in e-referral numbers.
- No other organisations are reporting e-referrals in this PCP catchment area.

Southern Mallee PCP:

- Health and hospital e-referrals have increased by 266% over the past 12 months.
- Local government e-referrals have fallen by 18%.

Upper Hume PCP:

- PDRSS referrals while small in number are the largest when compared to other PCPs.

Wellington PCP:

- Community Health Services reported a 124% increase in e-referral numbers.
- Hospital and health services increased their e-referrals by 41%.
- Local government and disability reported no referrals.

Wimmera PCP:

- Hospital and health services have increased by 42% while community sector organisations have increased by 40% over the past 12 months.

E-referrals from aged care, disability, general practice and PDRSS organisations remain low across all PCPs. Increases in e-referral numbers have centred on hospitals and health services. PCP wanting to identify areas in which to focus their e-referral activities would benefit from broadening the organisations undertaking e-referrals.

E- referral is a great way to track progress outgoing and incoming referrals. I find the referral process very easy to use. The system allows users to attach files such as SCTT information saved from internal IT systems as well as other information. Example is when we received a referral from occupational therapist via connecting care the system allows the therapist to attach OT diagrams as well as the client information. One of my favourite features is the 'my favourites' list, which is a list of agencies each individual can set up of service frequently refer to. It is also a great tool to find up to date information on service providers in your area. The search function allows you to search for an agency name or by key words such as carer support and will show you all agencies that provide carer support service and you can search by State or by Local Government Area.

Catherine Knight - Assessment Officer
Aged Services – City of Wodonga

'The future outlook

E-health is continuing to gather pace as a result of the benefits that it provides to service providers and ultimately clients. Technological advances continue to transform the health and human service sectors, which is highlighted by the continual growth in e-referral numbers over the past decade. The increase in demands on services coupled with a tighter budgetary environment aligns itself with improved utilisation of client management systems due to the obvious speed and efficiency gains that can be achieved.

Health services have traditionally not been at the forefront of the adoption of information and communication technologies like other industry sectors. The development of building blocks for information management and communication technology such as SCTT, human services directory, information standards and other departmental and PCP initiatives over the past decade have provided a solid foundation for e-referrals. Current national and state e-health priorities are continuing to drive innovation and standards which will ultimately be adopted by health services. This common national approach will set the necessary foundations for the widespread rapid adoption of e-health across the Australian health sector in the near future

SCTT

The growth in e-referral is a direct result of the investment in time and resources from the Department, PCPs, PCP member agencies and software vendors. The Department continues to invest in e-referral through the Service Coordination Tools Template (SCTT) Revision Project. The current revision of SCTT is the broadest to date resulting in the incorporation of human services domains and the enhancement of existing tools. In addition the associated electronic messaging specifications of the SCTT have been developed to comply with national standards. It is expected that through this investment, the adoption of standards, coupled with new services undertaking e-referrals, that we will see a continual increase in e-referral numbers.

NEHTA Standards

National and state government e-health priorities are continuing to drive e-health adoption in which e-referral is a critical component. The federal government through the National eHealth Transitional Authority (NEHTA) has recently launched the Personally Controlled Electronic Health Record (PCEHR) and associated standards. The PCEHR is a key component in the progression of e-health specifications and infrastructure that will promote more secure and interoperable technologies that will be adopted by health information system vendors.

Human Services Directory a critical component

The Victorian government developed Human Services Directory (HSD) has now been adopted as the National Human Services Directory (NHSD) by the federal government as a foundation component of its national e-health agenda. The NHSD aims to provide service providers with access to accurate and up to date information about health, social and disability services. The NHSD is yet another critical component to e-referral. Within its architecture is the National Authentication Service for Health (NASH) and the End Point Location Service (ELS). The NASH is a nationwide secure and authenticated service for healthcare delivery organisation and personnel to exchange sensitive eHealth information. The ELS is a directory of delivery points for secure messages. These two services provide a standards framework for software interoperability. Over time as software vendors transition their products to the nationally recognised standard, interoperability will increase. Interoperability is the capacity of software system to use, offer or exchange information with other software systems. In the future, the NHSD will provide the capacity to assemble, encrypt, sign and deliver for e-health messages according to national standards.

Secure Messaging eXchange

An additional building block progressing e-referral interoperability is the recent collaborative agreement reached by a number of software vendors to form a Secure Messaging eXchange to open up secure messaging communication between services who are using different messaging applications. This endeavour is aimed at increasing the use of secure messaging via interoperability, driving down transaction costs and to strategically integrate with national infrastructure and standards. Collaborative agreements like the secure messaging exchange breaks down the traditional silo approach adopted by software vendors and will lead to increased interoperability. Increased interoperability will in turn lead to greater efficiencies and uptake of e-referral and increasing e-referral transactions.

Properly used, e-referral is by far the most efficient way of making referrals'.

Sheril Baker, Central Care Team, Eastern Palliative Care

Conclusion

This state-wide analysis of primary care partnership e-referral transactions shows a total of 173,864 e-referrals for the period 1st July 2010 to 30th June 2011. This represents a 914 % increase over the past four years. Not only are e-referral transactions increasing so are the number of services that are sending them, with over 500 services currently undertaking e-referrals. Hospitals and health services continue to be the service type responsible for the majority of e-referrals.

The early adopters of e-referrals continue to experience significant increases in e-referral transactions. It is promising to see that late adopters are also experiencing increases in e-referral transactions as a result of activities they have been undertaking. It is expected that late adopters of e-referral will continue to experience growth moving forward.

Even removing the substantive gains made by G21 in e-referral numbers the overall increase across the state is highly significant. Smaller rural PCPs like Goulburn Valley have experienced significant growth as has metropolitan PCPs such as the Inner East. The mean growth for PCPs in 2009-10 was 3341 compared to 5995 in 2010-11. Even if we remove G21 from the equation the average is 3610 e-referrals which is still significant.

Current government e-health initiatives, adoption of technological advances and standards by software vendors, coupled with the recognition of it's effectiveness and efficiency, will mean that the growth in e-referral transactions will continue. It is anticipated that the new SCTT 2012 templates with its broader application and

refinement will also contribute to the growth of e-referral transaction from the 2013-2014 reporting period onwards.

It is important to recognise that good practice in service coordination is instrumental in producing common, consistent and high quality information. Information technology tools are enablers. The underlining practice and the quality of the information ultimately provides better outcomes for clients.

Saves trees. Timely referral action uptake. More efficient delivery of care to clients.
Improved referral pathways.

Julie Crook - Ambulatory Care Centre Coordinator
Hospital Admission Risk Program Manager (HARP) - Seymour Health

More Information

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