



NATIONAL RURAL  
HEALTH  
ALLIANCE INC.

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National Rural Health Conference  
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30 April 2010

Mr Sean Holmes  
Program Manager  
Continuity of Care  
National E-health Transition Authority (NEHTA)

Dear Mr Holmes

### **NEHTA Electronic Referrals Release 1**

Thank you for the opportunity to provide input to the consultation on the NEHTA Electronic Referrals Release 1.

The National Rural Health Alliance is the peak non-government body concerned with rural and remote health issues in Australia, comprising 29 Member Bodies, each a national body in its own right, representing health professionals, service providers, consumers, educators, students and researchers (Attachment 1).

The Alliance has a strong interest in the potential of e-health to improve access to health care and help address the current inequities and overall poorer health outcomes for people who live in rural and remote communities.

The Alliance understands that the NEHTA Electronic Referrals Release 1 is an early foundation step for the development of electronic referrals. It seems to involve:

- a patient visit to their GP at which the need for a referral is identified;
- the GP locates a suitable specialist from an electronic provider directory, not yet available but associated with the healthcare identifiers legislation currently before the Parliament;
- possibly the GP may be able to view or obtain some indication of the general availability of the specialist at a regional location;
- the GP auto-populates a referral template with information from the GP health record system, adding clinical details or attaching reports, then signs and encrypts the referral for secure messaging;
- the GP sends the message; and
- the GP receives an electronic confirmation that the message has reached the IT system of the specialist.

### **Potential benefits of e-referrals for people who live in rural and remote communities**

For rural patients and their families, e-referrals could help manage the high impact that travel to obtain specialist care can have on their overall health and wellbeing. Such travel is often more time consuming and more costly than for people living in the major cities and can be more difficult, for example due to rough roads or infrequent air and bus services. It requires effective coordination of the various health visits required to reduce the health demands and anxiety for people who are already unwell.

E-referrals could provide more efficient communications between the specialist and referring doctor to ensure that all the necessary clinical information has been received ahead of the patient's journey. This would help ensure that the patient receives the care they need without being sent home to come again another day and without the need for multiple trips to a larger centre to collect referrals, have tests done and visit the specialist.

### **Coordination of services and patient-centred care**

The Alliance is pleased to see that NEHTA has identified future steps in the electronic referral package including: incorporating the referral into the specialist's clinical information system and assigning a priority, notifications to the GP and the patient of the appointment and/or assigned priority or waiting list status, exchange of referral updates from the GP and status updates from the specialist, patient attendance at the specialist and any ongoing specialist consultation.

However, there is a long way to go before electronic referrals can become a part of coordination of services and treatments from diagnosis to interventions leading to more integrated health care across Australia.

A busy health professional in a rural or remote setting, who recognises the full impact of travel for medical appointments on their patients, is likely to want to assist a patient to consolidate a range of appointments and tests into a single trip. For example, it makes sense that a child who needs to attend the children's hospital in the city regularly should be able to see the cardiologist, the dentist, the ENT surgeon and the speech pathologist, all on the same visit, perhaps with an overnight stay. At present this is almost impossible to arrange.

Rural and remote health professionals would benefit from more immediate information about availability or appointments than seems to be part of the future design of the e-referral package at present. Otherwise a phone around by the receptionist or the patient to the group of potential health care providers will continue to be more effective than the e-referral package for this purpose, which will affect its uptake.

At present rural and remote GPs provide much of the necessary documentation for specialist referrals through their patient. They report that patients favour having the referral in their own hand so that they can open the letter and read the details, thus remaining engaged in their own health care. Updates or other pertinent information are provided by phone.

Version 0.14 of the Business Requirements Specification for Electronic Referrals Release 1.0 includes a high level overview of the business process and requirements. The high level overview includes at 3c) "provide patient a copy if requested." This business process could exclude less assertive patients from active participation in their referral process - which is not consistent with patient-centred care. Further, it may expose GPs to concerns from their patients about privacy as they may not be aware the information has been sent on. The Alliance recommends that the business process be amended to include offering the patient a copy of the referral information. The practical details of how this might occur will require further input from GPs and patients.

### **Facilitating rural and remote health stakeholder input**

The Alliance commends NEHTA on its efforts to seek national stakeholder input to the development of the package beyond its ‘clinical leads’ and notes that the range of relevant government and doctors’ organisations invited to give input to the development so far are listed in the Executive Summary. Organisations in this list with strong rural and remote interests include NSW Rural Doctors Network, Rural Doctors Workforce Agency, Rural Health West, Rural Workforce Agency (Victoria), The Australian Indigenous Doctors Association, the Australian General Practice Network and the various State-based General Practice Networks. However, the extent to which these organisations have contributed their views is not apparent.

Accordingly, the Alliance would like to raise some general considerations for future development of the electronic referrals package for health service providers and consumers who live in rural and remote communities that have come up through our discussions and consultations about e-health.

The Executive Summary for the NEHTA Electronic Referrals Release 1 describes the formal documentation in the package as follows:

- Business Requirement Specification - describing the high level requirements for the creation, delivery and receipt of referrals for patients, typically between general practitioners and specialists.
- Solution Design - defining national guidelines and specifications that implementers should adopt when developing referral solutions in order to allow future interoperability.
- Core Information Components - defining the information components being recommended for use when exchanging referrals within Australia.

The Alliance recommends that future release versions include a ‘plain English’ explanation in the Executive Summary, describing what the package provides in practical terms, as well as the more formal overview of technical documentation. The description of benefits to be delivered in the future is useful, but does not give a feel for the package as it stands, to encourage people to read further, or to make general comments that may prove to be useful to the thinking of the experts involved more closely with the development.

In addition, it would be helpful if NEHTA could make a clearer case for how the proposed e-referral package differs from the current arrangements. GPs already receive return letters electronically from specialists who are using Information and Communication Technology in their practices, although some are not encrypted email. Directories of specialists are available on the main commercial secured mail systems in use such as Argus and Medical Objects.

It seems that the contribution of the NEHTA e-referrals package will be that, in future, the clinical information provided from one health professional to another will be seamlessly incorporated into their health record system, rather than relying on emails. If so, this needs to be more clearly stated in plain English material about the e-referral system.

### **Encouraging practical input from rural and remote health professionals and consumers**

The NEHTA collaboration with the Royal Australian College of General Practitioners to develop “e-health Futures, an innovative and interactive e-health display, which involves a walkthrough experience of how e-health information will work among health care professionals”, is an important opportunity to help a wider range of stakeholders understand and contribute to the development.

The Alliance has spoken with our representative from the Rural Faculty of the RACGP about opportunities for promoting this experience more broadly among rural and remote general practitioners, nurses, dentists and allied health professionals.

Future NEHTA release versions should also be accompanied by information about the interactive e-health display and any components of the release that can be experienced through it, to encourage practical contributions to the consultations.

The Alliance has received practical input that relates to electronic referrals in our more general consultations. For example, rural and remote health professionals, who are often generalists working across a broader scope of practice than their city colleagues due to necessity, may need to be able to attach and receive diagnostic images and actual results as well as reports, a facility that does not seem to be part of the current core information components.

In addition, rural and remote health professionals are concerned that they often have less technical support available to them for implementation of new packages and updated releases. Their support requirements will need particular consideration in the roll-out. The e-referral package also needs to include more detail about minimising the impact of communications failures and drop-outs, which is the reality for many rural and remote communities.

### **Other rural and remote issues**

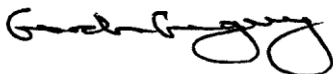
The medico-legal implications associated with clinical information that ‘turns up’ and is acknowledged electronically, but may not be seen or considered by the clinician for some time, also needs to be addressed.

This is a particular issue for rural and remote health professionals, given the challenges they face with greater workloads due to workforce shortages. They are also more likely to travel considerable distances to provide outreach specialist services, which means that they will be out of electronic communication during travel time. Further, they may travel to places that are not covered by high speed broadband, so could be out of reach for electronic communications for a considerable time.

In future, e-referrals should extend beyond GPs and specialists to provide better support for communities that do not have a GP, for example where the community or remote area nurses may be the only health professional in or visiting the local area. Over time it will be important for e-referrals to incorporate the expanded prescribing and referral role of nurse practitioners and others.

Thank you again for the opportunity to provide input to the release.

Yours sincerely



Gordon Gregory  
Executive Director

## **Attachment 1: Member Bodies of the National Rural Health Alliance**

<b>ACHSE</b>	Australian College of Health Service Executives (rural members)
<b>ACRRM</b>	Australian College of Rural and Remote Medicine
<b>AGPN</b>	Rural Sub-Committee of the Australian General Practice Network
<b>AHHA</b>	Australian Healthcare and Hospitals Association
<b>AHPARR</b>	Allied Health Professions Australia Rural and Remote
<b>AIDA</b>	Australian Indigenous Doctors' Association of Australia
<b>ANF</b>	Australian Nursing Federation (rural members)
<b>APA (RMN)</b>	Australian Physiotherapy Association Rural Members Network
<b>APS</b>	Australian Paediatric Society
<b>ARHEN</b>	Australian Rural Health Education Network
<b>CAA (RRG)</b>	Council of Ambulance Authorities - Rural and Remote Group
<b>CRANaplus</b>	Council of Remote Area Nurses of Australia Inc
<b>CRHF</b>	Catholic Rural Hospitals Forum of Catholic Health of Australia
<b>CWAA</b>	Country Women's Association of Australia
<b>FS</b>	Frontier Services of the Uniting Church in Australia
<b>HCRRA</b>	Health Consumers of Rural and Remote Australia
<b>ICPA</b>	Isolated Children's Parents' Association
<b>NACCHO</b>	National Aboriginal Community Controlled Health Organisation
<b>NRHSN</b>	National Rural Health Students' Network
<b>RACGP (NRF)</b>	Royal Australian College of General Practitioners (National Rural Faculty)
<b>RDAA</b>	Rural Doctors' Association of Australia
<b>RDN of the ADA</b>	Rural Dentists' Network of the Australian Dental Association
<b>RFDS</b>	Australian Council of the Royal Flying Doctor Service of Australia
<b>RHEF</b>	Rural Health Education Foundation
<b>RHWA</b>	Rural Health Workforce Australia
<b>RIHG</b>	Rural and Indigenous Health-interest Group of the Chiropractors' Association of Australia
<b>RNMF of RCNA</b>	Rural Nursing and Midwifery Faculty of the Royal College of Nursing Australia
<b>RPA</b>	Rural Pharmacists Australia - Special Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
<b>SARRAH</b>	Services for Australian Rural and Remote Allied Health