Referral Use Case

The Facility Registry team have recently had a conversation around referrals and the summery is listed here in the linked document.

https://docs.google.com/document/d/11z9nxLAWF9qrNRwJVNHRjRDWvsTN1mAU0NH8pg08d7g/edit#

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?

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

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.