





Media release

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New digital age for Tasmanian referrals to streamline healthcare communication

Blurry scans, time-draining phone calls, and valuable patient information lost to 'fax heaven' – they're just some of the pitfalls being avoided thanks to a new electronic referral trial project that's gaining traction in Tasmania.

Primary Health Tasmania – Tasmania's PHN – is leading the collaboration, which aims to build an eReferral system for Tasmania, with the Tasmanian Department of Health and Tasmanian Health Service.

Electronic referrals, known as eReferrals, are a way to securely send referral communication between healthcare providers, contributing to more efficient and appropriate patient care.

Since kicking off in April, the Tasmanian eReferral project has seen general practices from across the state send more than 300 eReferrals to participating hospital departments.

The project began with a small group of general practices but is now open to any Tasmanian general practice that would like to trial the tool with participating hospital departments, allied health services and specialists across the state.

This means that once their practice gets on board, GPs will be able to use eReferrals to directly send referrals and communicate with the Royal Hobart Hospital's cardiology and gastroenterology departments, as well as the Launceston General Hospital renal clinic.

The long-term vision for the eReferral trial project is a statewide expansion that will also include allied health, community specialists, and the full range of hospital departments.

Primary Health Tasmania CEO Phil Edmondson said eReferrals streamline a process that has historically meant putting pen to paper – and, too often, picking up the phone shortly after to clarify illegible writing on a fax scan.

"The eReferral project began well before the coronavirus pandemic, but I think it's fair to say that now, more than ever, it's clear that we need to support Tasmania's health system to communicate in a fast, accurate, and streamlined way," Mr Edmondson said.

It's a sentiment shared by Tasmanian Health Minister Sarah Courtney, who hopes the speed and security of the eReferral method will ease unnecessary time pressures on the local health workforce.

"Our health workforce goes above and beyond, and this trial project is about supporting them so they can spend more time delivering quality care, and less time chasing paper," Ms Courtney said.

"We are looking forward to the results and evaluation of the trial, which will guide our next steps in this exciting and innovative space."

Bridget Archer MP, Federal member for Bass, said the Australian Government had committed \$1.2 million to the Tasmanian project.

"This trial project goes to the heart of what the national primary health network program aims to achieve – more efficient and effective medical services for patients, and better coordination of care," Ms Archer said.

From the local general practice frontline, Sorell Family Practice GP Dr Virginia Baird said she's relished getting real-time confirmation that a patient's referral information has been received.

"The idea that I can still sit at my computer and it can attach all of the documents that I want, and then you can get an acknowledgement of a referral almost immediately, is really attractive," she said.

"Rather than having to tell the patient in two weeks if you haven't heard, let us know, because it might have gone to fax heaven.

"That's not happening - you get immediate recognition that the referral's been received."

It's a similar experience for cardiologist at the Royal Hobart Hospital, Dr Nathan Dwyer, who says the timesaving benefits of eReferral extend to the hospital side by providing a clear, two-way communication stream.

"Electronic referrals have improved the way we communicate with GPs while also being more time efficient and effective," he said.

HealthLink, in partnership with local Tasmanian software developer Health Care Software, was engaged to develop the eReferral solution and support a proof of concept trial.

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