Innovating to better manage demand for specialist outpatient clinics

Due to high demand, Alfred Health’s specialist outpatient clinics were experiencing long wait lists, which was potentially putting patients at risk of negative outcomes due to delayed treatment. In a two-pronged approach to increase capacity and manage clinic demand, Alfred Health launched an electronic referral management system to improve the quality of referrals and developed a new model of care to address the needs of patients waiting to see a specialist.

## Background

Demand for specialist outpatient services at Alfred Health is increasing. In 2016–17, more than 282,000 patients contacted the health service for specialist clinic services, representing a 12 per cent increase over two years.

Incomplete and inappropriate referrals to specialist clinics can contribute to large wait lists and increase the waiting time for patients attending their first appointment. This delay in service can potentially result in negative health outcomes for patients. It also likely leads to high numbers of patients not attending their appointment or cancelling on short notice. These high ‘did not attend’ rates impact the efficiency of the clinic and further restrict access to outpatient care.

Traditional work roles in specialist clinics can also contribute to increased wait times. Workforce innovation through the development of new service models, such as the use of nurse-led and multidisciplinary clinics, could support the delivery of specialist clinic services and provide alternative care options for people traditionally managed by medical specialists.

An innovative service model could improve access to specialist clinics, ensuring patients are being seen and reviewed in a timelier manner and that the resources available in a skilled team are being used to maximum effect.

Alfred Health developed new approaches for managing outpatient demand and improving clinic capacity by developing an electronic referral management system and providing early access to treatment through a new model of care.

Outpatient demand management strategy

**Lead** Alfred Health

**Duration** December 2016 – June 2018

**Key outcomes**

* Improved the quality of electronic referrals, achieving a 0 per cent rejection rate
* Reduced the wait time for patients of two specialist clinics
* Reduced the number of new additions to the routine outpatient wait list for three specialist clinics
* Improved GP satisfaction with outpatient clinic communication by introducing the eReferral system
* Provided more patients with early access to treatment through the new active management model of care, engaging them in their own healthcare

## Key activity

The project involved the development of two strategies: an electronic referral system and a new active management model of care.

These initiatives were trialled in four high-demand specialist outpatient clinics:

* orthopaedics
* ear, nose and throat (ENT)
* neurosurgery
* rheumatology.

### Electronic referral system

The ‘eReferral’ system explicitly guided general practitioners (GPs) through the referral process, making sure submissions were complete and appropriate. It also enabled immediate notification of receipt of referral.

This system ensured the right patients were being referred, that they were being triaged appropriately, and that they were ready for treatment at the time of their appointment.

Five local general practices were recruited to participate in the eReferral trial but one withdrew due to technical problems. Participating practices were medium to large in size, delivered relatively high volumes of referrals, and were ‘eHealth ready’ with the capability and willingness to use information and communications technology for health.

In addition to the four target outpatient clinics, an additional 24 outpatient program units were targeted for the use of generic eReferral forms.

### Active management model of care

A new model of care was developed to target non-urgent patients with conditions particularly suited to alternative models of care.

While these patients were waiting for a non-urgent medical specialist appointment, they would be offered self-management advice and education.

In addition to providing these patients with earlier access to treatment, this model of care engaged patients in the maintenance of their own health while waiting for clinical review.

## Outcomes

* During the project period, 156 referrals to three of the clinics – orthopaedics, neurosurgery and ENT – were received from the four general practices.
* Notably, none of the eReferrals received over the project period were inappropriate. Prior to the project, 16.5 per cent of referrals were rejected for ENT, 0.8 per cent for neurosurgery, and 0.4 per cent for orthopaedics.
* The time to first appointment for new referred patients improved for two of the clinics. Neurosurgery showed a 97 per cent improvement, with the wait time decreasing from 37 days to one day. Orthopaedics showed a 66 per cent improvement from 21 days to seven days. For ENT, the wait time increased by 46 per cent from 35 days to 53 days.
* Similarly, there was a reduction in new additions to the routine outpatient waitlist for all clinics except for ENT. Neurosurgery showed a 52 per cent reduction, orthopaedics a 64 per cent reduction, and rheumatology a 39 per cent reduction. ENT gained 57 per cent more new additions to its waitlist.
* While the ‘did not attend’ rate for two clinics increased during the trial, the project team anticipated that over time, and with an increase in sample size, this rate would reduce by 2–5 per cent due to shorter wait times resulting from the new initiatives.
* 62 per cent of patients surveyed said they were satisfied with how Alfred Health organised their appointment.
* Surveyed GPs reported 31 per cent higher satisfaction with communication from the outpatient clinics, with the proportion of GPs satisfied with referral to the service increasing from 65 per cent to 76 per cent during the project.
* 75 per cent of GPs said the new eReferral system was their preferred method of sending a referral.
* 57 per cent of rheumatology and 26 per cent of orthopaedic/neurosurgery wait list patients participated in the active management model of care. Patients were overwhelmingly positive about the self-management advice provided for specific conditions.



### **Qualitative benefits**

* The eReferral system enhanced the patient experience by providing greater transparency of the referral process. It also improved the experience for GPs as they were able to receive timely referral information through a secure platform.
* The eReferral system was more efficient, eliminating much of the paperwork, administration, and time lag associated with non-electronic referrals. The more legible and consistent format enabled accurate clinical triage and reduced the risk of misinterpretation and erroneous information. Medical units also had the opportunity to provide specific clinical referral details in the eReferral forms, enabling the collection of higher quality referral information.
* The active management model of care improved the productivity of the patient’s wait time by providing them with early access to treatment, advice and education. In some instances, patients responded so well to the program that they elected to return to primary care for ongoing management, which reduced the wait list and released more capacity for other patients.

## Key learnings

* Input from clinicians when developing the referral forms ensured the forms were fit for purpose. For example, feedback from GPs who had high rates of rejected referrals revealed that they found it difficult to find Alfred Health’s referral guidelines, and that in a bulk-billed patient consultation, they did not have time to search for them. In the eReferral system, the referral guidelines were embedded in the referral template, making them highly visible.
* Initially, GPs were trained to use the eReferral system on the same day the software was installed at their practice. However, problematic installations sometimes caused training delays. To minimise disruption to GPs and optimise confidence, Alfred Health changed its approach to start with installation. Only after a successful connection had been established was the GP booked in for training. This ensured the GP had a functional system in place that they could immediately after being trained.
* It is important to achieve a balance between the clinics’ need for a complete clinical picture and the time a GP has available to provide this information during a patient consultation. GPs noted that some of the information requested by the eReferral system was too detailed and took too long to complete. They said that much of this information was ‘nice to have’ rather than critical for triage and suggested that this information could be collected by the hospital once the referral had been accepted, prior to the initial outpatient appointment.