



## **Frequently Asked Questions Mandatory Use of eReferrals – December 21, 2023**

### **When does the use of eReferrals become mandatory? What providers and services are in scope for mandatory use?**

The use of eReferrals becomes mandatory April 1, 2024. Primary care providers and surgeons will be required to use eReferrals to send and receive referrals for surgical consults and those Diagnostic Imaging (DI) services available in the tool.

Radiologists and Diagnostic Imaging (DI) teams are now mandated to use the tool as modalities come online. Currently, Radiologists and DI staff who book, triage and protocol MRI and ultrasound are expected to use the tool for these services. Work is underway for CT scans.

While April 1 has been established as the deadline for mandatory use for these users and services, our expectation is that those who have onboarded and completed training are now using the tool to manage and coordinate these referrals.

### **Why is the use of eReferrals being made mandatory?**

Electronic referrals are a commitment within government's Action for Health Strategic Plan and eReferrals have been adopted as the provincial standard for managing and coordinating referrals for surgical and Diagnostic Imaging (DI) services.

Improving access to care requires us to improve how we manage and coordinate referrals and we have always shared our expectation that the use of eReferrals would become mandatory over time. We know that traditional referral processes can lead to lost, incomplete, misdirected, duplicated, or delayed referrals. This is not acceptable for providers, our health system -- and most importantly, our patients.

We must leverage technology to improve communication, streamline processes and increase visibility of referral status.

Large-scale changes such as this take time to refine and optimize and we have supported a period of transition to allow time for users to adjust to this new model and take advantage of the resources and supports available to help them gain comfort using the tool.

### **Not all clinicians who refer to these services are in scope to use eReferrals now. What does this mean?**

Since not all clinicians who refer to surgery and DI services are onboarded to eReferrals, surgeons and DI teams will continue to manage referrals received through other traditional channels as they do now.

### **Are other providers and services going to be added to eReferrals? When will this happen?**

Electronic referrals offer many benefits for patients, providers and our health system and we fully expect that other referring providers and services will be given access to the tool over time.

Single-entry intake is a widely accepted best practice and we appreciate that there are many other referring providers who are not yet able to refer to these services using the tool. Expanding access to additional referrers over time will help us fully realize our vision for single-entry access models and help prevent the challenges associated with both traditional referral models and working with multiple referral channels.

### **Why was April 1 selected?**

More than a year has passed since we first began supporting primary care and surgeon offices to join eReferrals. The April 1 deadline will come a full year after the surgical eReferrals launch.

Through our discussions with many users, we have heard that without a firm deadline, there are those who will continue to default to traditional referral processes, regardless of the associated challenges, such as lost referrals and a lack of visibility into referral status for referrers and patients alike.

Since launching we have continued to listen and learn from users about what is working well, along with opportunities to enhance the tool, integration, workflows and supports.

Many enhancements have been made to improve user experiences and we will continue to advocate for and advance further enhancements and to offer support to users leading up to the deadline.

### **How will this be enforced?**

A team involving administrative and physician leaders and clinicians is developing a detailed plan for managing this transition. This will be supported in policy and will include mechanisms and processes to identify and redirect referrals received outside eReferrals. Additional details will be provided as they are confirmed.

We currently have visibility into many details that will support our transition to mandatory use. We know which providers are fully set-up to use the tool to send or receive referrals and the stage others are at in their onboarding. We are also able to see which clinicians and teams have accessed training supports and those who are actively sending, receiving, and managing referrals in the tool. This information will be useful to support follow-up with providers as we work towards our deadline for mandatory use.

### **Will there be exceptions?**

Our planning for mandatory use will account for various needs and circumstances. A team involving leaders and clinicians is developing a detailed plan for managing this transition and additional details will be provided as they are confirmed.

### **What if clinicians are not comfortable with technology?**

We appreciate change can be challenging and our teams will continue to work with providers and their teams to ensure they have the support they need to feel comfortable with the technology and experience the many benefits it offers. We have expanded the resources available to offer in-person support and clinicians and their staff are encouraged to sign up for these supports as soon as possible so that they are able to schedule training before the mandatory use date. Support can be requested at: [www.referralsns.ca/ask](http://www.referralsns.ca/ask).

### **Users have offered other suggestions on how to make eReferrals work better for them. Are more improvements coming?**

It is important to us that we make the tool and processes as user friendly as possible to support the transition and help us fully realize the benefits that electronic referrals can offer patients, providers, and Nova Scotia's healthcare system overall.

Based on user feedback, many enhancements have been made to the tool, its integration with EMRs and workflows. Our Nova Scotia Health and IWK Health teams connect regularly with the eReferrals team and EMR vendors to share the changes and improvements being requested by users. They have been very responsive to these asks and we look forward to sharing further enhancements later this month and going forward.