

When Advice Request is enabled within eReferral, a referring provider can send an Advice Request asking for guidance or advice to a non-urgent question. Advice requests will allow the specialty service to reply back to the request within 5 days. The advice provided may suggest a referral be submitted or provide guidance for ongoing management of the patient's condition.

#### Number of Specialty Services with eReferral Advice Request Available, Q2YTD 2018-19



Provincial



2018-19 Target

#### Specialty Services with eReferral Advice Request Available, Q2YTD 2018-19

Referral Specialty	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Province	Total Year to Date 2018-19	Trend
Cardiology			✓				1	
Chronic Pain Medicine		✓					1	
General Surgery - Breast		✓					1	
Infectious Disease				✓			1	
Obstetrics/Gynecology - Maternal Fetal Medicine				✓			1	
Ophthalmology – Adults						✓	1	
Ophthalmology – Pediatrics						✓	1	
Otolaryngology			✓				1	
Palliative Medicine		✓					1	
Urology - Adults			✓				- *	
Urology - Pediatrics				✓			1	
<b>Total Specialties Enabled in at least one Zone/Province</b>							<b>10</b>	

#### The following specialties were available for eReferral prior to 2018-19:

Referral Specialty	South Zone	Calgary Zone	Central Zone	Edmonton Zone	North Zone	Province	Total Specialties
Addiction and Mental Health – Opiate Agonist Therapy						✓	1
Endocrinology		✓					1
Gastroenterology - Adults	✓	✓	✓	✓	✓		1
General Internal Medicine		✓					1
Nephrology		✓		✓			1
Neurosurgery - Spinal Neurosurgery		✓					1
Obstetrics/Gynecology		✓					1
Oncology - Breast Cancer	✓	✓	✓	✓	✓		1
Oncology - Lung Cancer	✓	✓	✓	✓	✓		1
Orthopedic Surgery - Hip and Knee	✓	✓	✓	✓	✓		1
Pulmonary Medicine		✓					1
Urology - Adults				✓			1
<b>Total Specialties Enabled in at least one Zone/Province prior to 2018-19</b>							<b>12</b>

Source: Netcare Repository, as of October 29, 2018

\* The methodology in which eReferrals was reported in Q1 has been refined in Q2, such that specialties are now counted only once to avoid double counting. Q1 included Central Zone Urology services which was already counted in 2017-18 in Edmonton Zone. Therefore, Q2 represents the refined methodology.

## OBJECTIVE 2: MAKE IT EASIER FOR PATIENTS TO MOVE BETWEEN PRIMARY, SPECIALTY AND HOSPITAL CARE.

### WHY THIS IS IMPORTANT

Work continues to strengthen and improve primary healthcare across the province. Together with Albertans, Alberta Health, primary care and other healthcare providers, AHS is making changes to improve how patients and their information move throughout the healthcare system.

**Alberta Netcare eReferral** is Alberta's first paperless referral solution and offers healthcare providers the ability to create, submit, track and manage referrals throughout the referral process.

**Alberta Netcare eReferral Advice Request** provides primary care physicians with the ability to request advice from other physicians or specialty services that support patient care in the community.

### AHS PERFORMANCE MEASURE

**Timely Access to Specialty Care (eReferrals)** is defined as the number of physician specialty services with eReferral Advice Request implemented.

### UNDERSTANDING THE MEASURE

Having more specialists providing advice for non-urgent questions and being able to do so in an electronic format, may prevent patients from waiting for an appointment they don't need, provide them with care sooner, and support them better while they are waiting for an appointment. This allows primary care physicians to support their patients in getting access to the most appropriate specialist in a timely manner.

The number of specialties using eReferral Advice Request is a cumulative measure. The more specialties implementing eReferral, the closer we are to achieving target.

### HOW WE ARE DOING

Ten new clinical specialties have launched eReferral Advice Request in 2018-19. Recruitment is ongoing for Q3 and Q4 to make progress towards achieving the 2018-19 target of implementing 15 new specialties.

### WHAT WE ARE DOING

#### Primary Health Care

AHS supports the implementation of the Primary Care Network (PCN) Governance Framework through the development of **Zone PCN Service Plans**. This work will focus on five populations: maternal, well-at-risk, chronic comorbid, addiction and mental health and frail elderly. A companion guide with tools and resources from each service planning stream is in development.

AHS is working with Alberta Health to improve patient attachment across the zones. The **Central Patient Attachment Registry (CPAR)** is a provincial system that shows the relationship between a primary provider and their patients. CPAR will improve continuity of care by promoting stronger ongoing relationships with all members of the care team, improving information sharing and enhancing care coordination. Each zone is working with PCNs to better coordinate patient connections to family physicians.

The following activities are underway to support the launch of the new **Primary Health Care Integration Network (PHCIN)**.

- Development of a PHCIN Transformational Road Map (strategic plan); content is being finalized based on stakeholder feedback.
- Development of a pathway and service model to support Home-to- Hospital-to-Home transitions, Keeping Care in the Community and Primary Care-to-Specialty-and-Back is ongoing. This work is being done across SCNs for consistency in approach.
- All zones are making progress toward implementing their Home-to-Hospital-to-Home transitions work. The PHCIN is taking the lead on developing draft guidelines and minimum specifications to support implementation of identified improvements.
- Partnerships are being explored in new areas. For example, the Trico Changemakers studio is a co-working space where innovation and learning is fostered through collaboration and sharing.

- AHS is collaborating with Mount Royal University in Calgary for the establishment of an AHS Design Lab which supports groups to use design thinking to address ideas on how to keep patients with complex care needs in the community.

AHS is focusing on improving coordination of care between acute, primary and community care through the development and implementation of **clinical pathways**, such as the digestive health primary care pathway, heart failure pathway and chronic obstructive pulmonary disease pathway.

As of August 1, 2018 a provincial system of record for health referral information went live. The **Alberta Referral Directory (ARD)** is a secure, online directory that healthcare providers can use to easily access all referral information, making finding and selecting the right consultant and/or service easier. This will mean less delays and frustration for both providers and patients. As of September 30, 2018, 2,500 services have up-to-date profiles in the ARD; this represents a 10% improvement from last quarter.

Work continues on the **Patients Collaborating with Teams (PaCT)** initiative which helps primary care teams to better support patients to maintain their health by establishing new innovation hubs to test ideas. In Q2, resources were developed and disseminated to clinics. Content was focused on strategies to improve access and continuity, goal setting and data standardization.

AHS continues to promote the **Alternate Relationship Plan (ARP)** to provide physician services in First Nation and Métis Communities to increase access to primary care. As of Q2 2018-19, there were 28 physicians in three urban settings and 11 communities.

### CancerControl

Capital project update in cancer care:

- **Calgary Cancer Project** design and construction phases are on schedule.
- **Grande Prairie Cancer Centre** construction is proceeding with issues related to construction. Recruitment is actively underway.

AHS is working with Alberta Infrastructure to replace an existing linear accelerators at the Cross Cancer Institute in Edmonton. In addition, the new linear accelerator at the Tom Baker Cancer Centre is now operational. A **linear accelerator** is the device most commonly used for radiation treatments.

Recruitment is underway to support increased access to specialty cancer services as well as support for patients waiting for cancer surgery whose wait times are beyond recommended wait times for systemic therapy, radiation therapy and supportive care. There has been a 3% increase in the number of patient visits compared to Q2 2017-18.

AHS continues to implement **End of Treatment and Transition of Care** processes for patients and primary care providers in eight early stage, curative populations (Breast, Prostate, Testicular, Cervical, Endometrial, Hodgkin's, B cell lymphoma and colorectal).

### Emergency Medical Services (EMS)

Resource implementation for EMS' **Mobile Integrated Healthcare Program** is complete in all five zones. The program provides short-term, community based, non-emergent medical support to vulnerable populations such as frail elderly, individuals aging in place or persons with disabilities, at risk of a hospital admission. It provides the right care, at the right time and in the right place to improve health and reduce reliance on acute care services. There are 19 community response teams.

Targets for EMS response times for life threatening events in metro, rural and remote areas were met in Q2 2018-19. Q2 2018-19 results for towns with a population greater than 3,000 slightly exceeded target of 15 minutes by 43 seconds. Variances from baselines are within expected limits.

The time to dispatch of the first ambulance (includes verifying the emergency location, identifying the closest ambulance and alerting the ambulance crew) remained steady compared to the same period as last year.

In Q2, EMS added four new ambulances; one in Medicine Hat and one in Grande Prairie. Two are not yet operationalized.

Work is on track to complete **helipad upgrades** in both Jasper and Fort McMurray.