



AHDGP MHAGIC INTERFACE WITHIN OUR E-COMMUNICATION PLAN

Next 25 minutes:

- What is e-communication to AHDGP?
- The drivers
- Process undertaken
- Where to from here?

Questions at any time....





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What is e-communication to AHDGP?

In the first instance it is a tool that facilitates:

- Identifying referral options by clinician
- Simple referral to third parties and tracks progress
- ‘Enter once, use many’ principle
- Access to single source of patient’s referral and associated care data for care providers and patient
- Reduced risk
- Working smarter, not harder

Ultimately it must have capacity to grow as services expand.



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AHDGP drivers:

- Clinician time wasted trying to refer patient
- Loss of input once referral made
- Lack of follow-up information and risk associated
- There are products that already do the job with sustainable business models
- Web-based (low bandwidth) so no technology issues
- Value-adds membership to Division esp. for allied health



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Specific drivers for MHAGIC interface:

- Risk management - incorrect data input / lost patient referral
- Reduced GP referral time
- Significant reduction in time inputting faxed 2710 referrals into MHAGIC (~15mins each)
- Offered a simple way to test / introduce e-communication product



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Process Undertaken:

- \$ from SAICHN (\$22K)
- Scope developed internally based on MHAGIC minimum dataset & sustainability
- Contracted GPPA (project mgt) & Nexus e-Care (software development) for 6 month development process.
- Trialled in one practice, now being rolled out to all practices as the default referral means

GPs at the centre of an eCare™ Community



PROJECT OBJECTIVES



Project Objectives

- 1) Remove risk of human error and time taken to transfer GP referrals into MHagic by automating the process.
 - i. Est. time savings – 15 mins per referral
 - ii. Est. error savings - ??
- 2) Demonstrate the practicalities of an integrated process that enables care professionals to access appropriate patient information on an as required basis



Presentation

Demonstrate how we achieved our objectives and to explore opportunities to expand this service



* PROCESS OVERVIEW *



STEP...ONE CREATE REFERRAL



Enter the values for these fields:

Fields 1 Fields 2 Fields 3 Fields 4 Fields 5

Referral type: 2710

DVA - Veteran/Spouse/Partner/Child

Language at home: English

Preferred language: English

Indigenous status: Not Indigenous

Living alone: Unknown

Living with: Not stated / not identified

Low income earner? Unknown

Employment status: Employed full time

Highest level of education: Inadequately described or not

Presenting complaint:

Duration of condition:

Step1
Create referral

2710 REFERRAL FORM

Enter the values for these fields:

Fields 1 Fields 2 Fields 3 Fields 4 Fields 5

Mental State - Insight: Impaired

Mental State - Judgement: Impaired

K10 Score: 25

Assessment - Degree of impact: Moderate

Other outcome tool score:

Risk of harm to self: Moderate

Risk of harm to others: Moderate

Level of support: Moderately supported

Access to fire arms:

Notification made?:

ICD 10 Diagnosis: F45.0 - Somatisation disorder

Patient goals: Chronic headaches due to emotional stress
Relief of stress and reduction of headaches

Desired outcomes 1: Individual Counseling

Desired Outcomes 2: Stress/Anxiety management

Step3
Sending referral

Send Email

Recipient Name: Ahdgp-MentalHealthTeam

Email Address: AHDGP@eCare.com.au

Subject: David Anderson - David Anderson

Send Letter As:

Attachment (Rich Text Format)
File Name: LETTER

Formatted Text

Plain Text (excludes formatting and pictures)

Encrypt with recipient's public key Include patient demographic data

Digitally sign with HICPEP key Send without preview?

Step2 Select data
from drop lists

* STEP TWO * SEND REFERRAL



GPs sending referrals either by



Referral Out



STEP THREE * REFERRAL RECEIVED *



Referral Out by GPs

Alert Message :
Next meeting group activity on
19 - 01 - 01, 13:00pm
at Communities centre

Alert Triggered



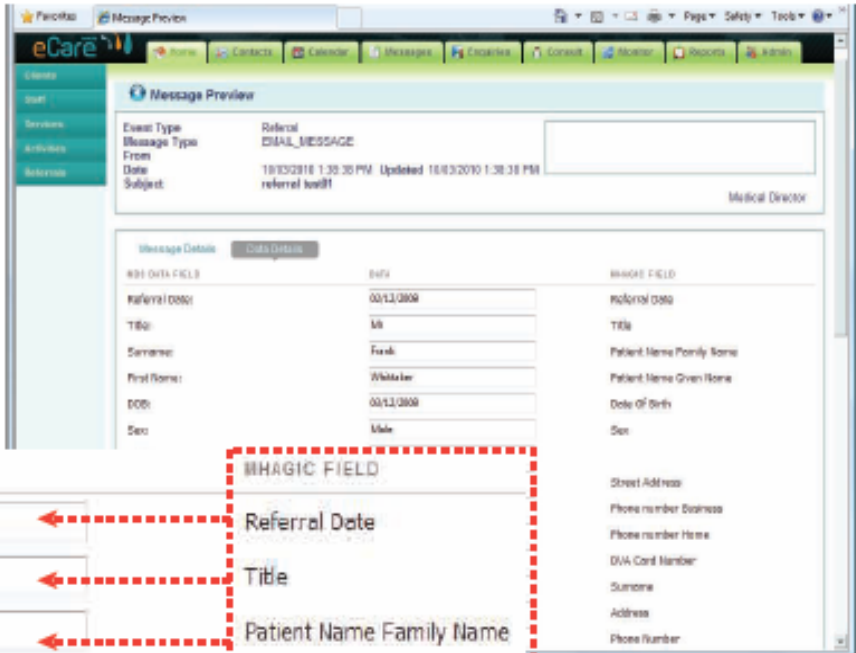
STEP FOUR * AUTOMATED DATA MATCHING *

GP MENTAL HEALTH TREATMENT PLAN (Item 2710)
 Referral Date: 17/3/2010

PATIENT PROFILE

Title: Mrs
 Surname: AndrewsTEST9
 First Name: JulieTEST9
 DOB: 3/3/1956
 Sex: Female
 Age: 54 yrs
 Address: 5 JEFFERSON ST
 Post Code: 3256
 Business Hours Phone: 234 6789

Data Matched between MD3 and MHagic



MD3 DATA FIELD	DATA	MHAGIC FIELD
Referral Date:	02/12/2009	Referral Date
Title:	Mr	Title
Surname:	Frank	Patient Name Family Name
First Name:	Whittaker	Patient Name Given Name
DOB:	03/12/2009	Date Of Birth
Sex:	Male	Sex
Age:	12	
Address:	65 Flinders Street, Adelaide	Street Address
Business Hours Phone:	12345678	Phone number Business
After Hours Phone:	123456789	Phone number Home
DVA Number:	2345	DVA Card Number

eCare™ SCR (Shared care record)



AHDGP

Setup and implementation costs \$15,000 + GST
Transactions costs for each referral \$0.10 + GST
Rollout to 100+ GPs estimated time – 2 months



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Sustainability is maintained by applying a user pays model e.g.

1. flat annual fee based on likely usage e.g. \$1000 (best suited to larger organisations e.g. city hlth / hospital)*
2. Per referral fee e.g. \$0.10c each referral* plus optional once-off set-up fee

* The referring agency does not pay i.e. free to general practices unless they receive referrals.



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Where to From Here?

- This was funded by SA DoH - it is available to any Division and we would welcome broader involvement
- Locally, AHDGP will develop the model to assist in managing our service delivery e.g. health assessments, care plans etc.
- More broadly, this is a viable, affordable multi-d communication platform for PHCO environment that value-adds Division engagement with membership and allied health providers



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My personal perspective:

We have an opportunity via the reform landscape to introduce care systems that are not wholly bound by State mandates around e-care. Those systems need to be proprietary, based around the clinician and sustainable.

They do exist, they are affordable and are optimal if we work collaboratively.



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Thank you.

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