

## A Q&A with Drs Birinder Narang and Tommy Gerschman on the Digital Referrals and Orders program

The Provincial Health Services Authority's (PHSA) Digital Referrals and Orders program (DRO) is a provincial platform that enables care teams to electronically exchange, track, and manage referrals, medical order requisitions, and requests for advice more effectively and efficiently. The launch of the use of Ocean eReferrals, an integrated digital solution designed to replace fax and related time-consuming manual tasks, is one component of the DRO program aimed at helping facilitate community-to-community connection between specialists and family doctors, and support referrals in a way that reduces administrative burdens and promotes transparency to patients.

Below is a Q&A with Doctors of BC's physician leads in the eReferral project, Dr Birinder Narang, Co-Chair of the DRO Steering Committee, and Dr Tommy Gerschman, a consulting specialist leader on the DRO Steering Committee and early adopter of the eReferral program.

**Q: How did you get involved in digital health work, and specifically DRO, and why do you believe it's important to be involved?**

**Dr Narang:** Through my involvement in local medical leadership, I learned much about digital health initiatives, limitations in our EMR systems, data blocking, and lack of interoperability. I also became familiar with the provincial Digital Health Strategy as it was being formulated and helped support Doctors of BC, and PHSA, through the procurement process for a digital referral platform. As the Digital Referrals and Orders Program started to take shape, I was appointed by Doctors of BC's Board of Directors as Co-Chair of the DRO Steering Committee. It was important for me to be part of this work because it can make a large difference in the sustainability of primary care and empowers patients in the process. Being part of work that can lead to scalable change is exciting. I would encourage others who are passionate about change to look at mechanisms to get involved in leadership training and innovation projects.

**Dr Gerschman:** I've been working alongside Doctors of BC's and the government's efforts to improve the integration of digital technologies into health care for the past several years. As this work has progressed, it has been important to ensure that frontline physicians' voices are represented. Having a community perspective is very valuable and we need to hear from both specialists and family doctors. Our interaction with these tools occurs daily – they are integral to the work we do – so it is vital that a clinician's workflows and experiences are front and centre in the decision making and development process. Especially given that experience has shown when this piece is missing, digital tools can actually contribute to burnout and inefficiency rather than alleviate them.

**Q: Can you explain why DRO, and specifically eReferrals, are important for physicians and their patients?**

**Dr Narang:** One of the largest burdens in practice today is manual processes. This is for both family medicine and consulting specialties. A heavy reliance on fax machines is prone to inefficiency and errors. It also leads to mounting frustration for patients who are often left out of the loop. Other jurisdictions

have successfully implemented eReferral programs with significant increases in both patient and provider satisfaction. This is an important and critical step to connecting our practices and increasing standardized data flow through the system.

**Dr Gerschman:** The current focus of the DRO program on eReferrals is important for several reasons. Firstly, it is an important step in trying to move away from the fax machine which, although a ubiquitous tool, is becoming increasingly outdated and cumbersome. By taking a digital health approach not only can we hopefully improve the efficiency and physician experience of the process of making and receiving a referral, but also ensure that fewer gaps occur.

**Q: What has been your experience around preparing for the launch of OceanMD? What have you learned?**

**Dr Narang:** The experience has been a true example of collaborative, physician informed leadership between multiple organizations. We have had difficult, but respectful discussions, as we navigate priorities, as well as unexpected hiccups – though for the most part it has gone quite smoothly! The Steering Committee is made up of a diverse group of voices with different expertise and input. The passion and commitment from everyone individually and from our organizations is inspiring.

**Dr Gerschman:** I have experience as an OceanMD user and enjoy how well it integrated into my EMR, which is very important because any process we adopt shouldn't increase our overall administrative tasks. Recognizing there will be a period of adaptation; I believe in the long run this in an improved and more efficient experience with less chance of errors. I also believe there is the potential for customizability that will help serve specialists in automating some triage processes. That said, it's important to keep in mind that OceanMD was primarily developed in Ontario, so ensuring we create and develop a system that meets the needs of British Columbians is crucial.

**Q: A common pain point for physicians is administrative burdens. How does the DRO program hope to address this issue?**

**Dr Narang:** We all strive to be efficient and effective in our work, so it's disheartening when back-and-forths develop between clinics because of missing or incomplete information, or a failure of information transfer. It's also frustrating when work must be repeated because you didn't realize you had irrelevant forms. And the cost of maintaining referral forms and information is often onerous, so the provincial investment in this, thus removing that cost from physicians, is appreciated.

**Dr Gerschman:** Like with any new system, there will be a learning curve that we need to prepare for and adapt to. Ultimately though, it's important that any changes we make result in an improved experience and workflow and, once this system is up-and-running, I believe we will see a reduction in some administrative burdens – like creating new patient profiles and inputting all their information. It will also be useful to be able to message back-and-forth when it comes to missing components for the referral. The receiving doctor will be able to specify the types of information they want included, which will make triage more efficient.

**Q: What are some of the complexities or challenges of eReferrals that you're trying to solve? What is the biggest opportunity?**

**Dr Narang:** One of the complexities is understanding the different referral patterns and pain points from our colleagues, whether based on their geography or the systems they are using. We are still suffering from the impact of an unregulated, standard-less environment, with disconnected solutions. There are over 30 EMRs in primary care alone! Another challenge is finding an appropriate balance in using standard referral forms and highly customized ones. While it's faster to create more standardized forms, it will be more difficult for all clinics to adopt. We want to ensure that we are using this technology to help improve workflows in clinics, so that does take time. The opportunity is a more secure data transfer within a system that has patient engagement built into it. This fits within the aspirational goals of a connected system.

**Dr Gerschman:** The biggest challenge will be having dual workflows in the short- to medium-term. Hopefully this can be minimized with integrated EMRs that will allow much of the existing workflow to be maintained. Having input from specialty working groups on the needs of a specialty or a group of specialists will also be a valuable contribution as this will hopefully lead to more appropriate referrals with appropriate information.

**Q: Why are early adopters critical to eReferrals and the DRO program?**

**Dr Narang:** Early adopters are key to championing this change. They are integral to helping design the system in a way that suits their needs and allows the program to learn from our physician leaders. Our goal is to make the experience as supported as possible, so that the early challenges faced by early adopters are minimal. And recognizing that change takes time, Doctors of BC and Shared Care have provided funding to support the change management journey.

**Dr Gerschman:** Early adopters are vital so we can receive immediate feedback from users. We know there is rarely a one-size-fits-all solution, but hopefully with the customizability of this platform we will be able to accommodate the needs of many different groups of physicians. Also, we need to understand the impact of dual workflows and how we can minimize disruption. My hope is that as a clinician I do not notice any difference other than having high quality incoming referrals. I expect that my MOA will ultimately have a reduction in the number of administrative tasks, particularly entering demographic information.

**Q: What's next for eReferrals, the DRO work and the program expansion?**

**Dr Narang:** While we are starting with eReferrals, we will also be implementing eConsults, allowing for clinical advice to be shared efficiently and securely between providers; eOrders, allowing for digitization of ordering for laboratory tests and medical imaging; and eSubmissions for provincial forms. We will be expanding to include imaging as well, with the goal of both community and facility-based imaging integrations. We know that other jurisdictions have been able to build significant capacity within existing systems by increasing efficiency this way. While we aim to be expedient with the work, it is important to be systematic in our strategy and implementation. At times this may mean pausing to ensure our goals align with the needs of our physicians.

**Dr Gerschman:** Once we have a set of early adopters, it will be important to continue to scale this program so it can be used in more circumstances across many different specialties. This will include ongoing engagement with different specialty working groups to ensure that the eReferral forms reflect their needs.

**Q: What would you say to other physicians who are interested in getting involved in this work?**

**Dr Narang:** This work cannot be successful without physician participation and leadership. One of the keys to digital health transformations is early clinical leadership. There are multiple ways to be engaged through specialty working groups, clinical advisory groups, and other collaborative tables. I would encourage those who are interested to connect with Doctors of BC's Digital Health Team.

**Dr Gerschman:** It's important that those who are interested have an integrated EMR. It's also important to recognize that in the short- and medium-term, dual workflows will be needed, and certain processes may initially take longer, but this is simply to ensure that the overall net experience is one of improved workflow and efficiency. We have a lot to learn from each other and sharing experiences and learnings will be of value.