CONFERENCE ABSTRACT

Implementing integrated care – lessons from the national implementation of general eReferrals in Ireland

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Introduction: Connected Health (aka eHealth) is a patient-centred model of healthcare which connects stakeholders in the system, utilising technology to support information capture/exchange for better clinical and economic outcomes[i]. As such the use of appropriate eHealth solutions is key to enabling integrated care, and the ability to scale best-practice eHealth solutions is vital for health-systems. This study explores how one such solution, electronic GP-to-hospital referrals (eReferrals), is being scaled within the Irish health-system.

Theory/Methods: Qualitative interviews (n=41) were conducted with key stakeholders in the delivery/implementation of eReferrals. Data was analysed using Barker et al's framework for scaling health interventions (2016[ii]). This included an analysis of the implementation per: phases of scale-up, adoption mechanisms and support-systems.

Results:

Phases of scale-up: The national eReferral implementation built upon a successful pilot, which phased the implementation of end-to-end eReferrals into three phases. Phase 1 creates the technical capacity for receipt of eReferrals in hospitals. The pilot-specifications for Phase 1 included process changes in hospitals which were not considered scalable in the timeframe of the national implementation. These process changes are recommended but not required in Phase 1 of the the national programme. All Irish hospitals now accept eReferrals – but the extent to which that has been scaled to all specialties and all GPs is curtailed by several factors.

Adoption mechanisms: A fast-paced national rollout ensured a "culture of urgency and persistence"[iii]. Strong leadership from the HSE's office of the Chief Information Officer, and strong clinical appetite for eReferrals were significant enablers. However, lack of clarity regarding who is responsible for promoting GP-uptake, coupled with confusion for GPs as to which specialties can accept eReferrals remains a challenge.

Support systems: There is widespread agreement amongst participants that eReferrals significantly improves the completeness and legibility of referrals, and enables faster referral delivery, traceability, and transparency for patients and GPs. However, to ensure

sustainability of the implementation, significant governance and interoperability issues need to be addressed.

Discussions/Conclusion/Lessons learned: By enabling all hospitals in Ireland to accept eReferrals and notify the referring GPs of its receipt, an important first step in the full digitisation of GP-to-hospital referrals has been achieved. The leadership developed a culture of urgency around this implementation which has given eReferrals and the wider eHealth agenda significant momentum. Subsequent phases of the implementation will require more substantive business and process changes and thus could benefit from embedding implementation science tools/frameworks from the outset.

Limitations: This is a relatively small-scale study which relied upon subjective self-reported data.

Suggestions for future research: We propose to test innovative methods for improvement and use this to develop a framework for implementing eHealth at scale which is co-designed by the key stakeholders within the Irish health-system (including service users and service providers).

References:

1- Caulfield, B. and Donnelly, S. What is Connected Health and why will it change your practice? QJM. 2013;106(8):703-7

2- Barker, P., Reid, A., Schall, M. A framework for scaling-up health interventions: lessons from large-scale improvement initiatives in Africa. Implementation Science. 2016;11(12):1-11

3- Ibid(7)