

Community Stakeholders FAQ

Q: What is the vision for System Coordinated Access?

The vision of the System Coordinated Access (SCA) program is to foster collaboration between health system partners and establish a regional network to facilitate the seamless and efficient coordination of services across the continuum of care.

Q: What are the goals of the SCA program?

1. Improve access to services for the residents in the community
2. Support organizations who are seeking to improve access to their services through standardization and coordination
3. Leverage technology to enhance the referral process
4. Support the advancement of the Provincial eReferral Management strategy

Q: What does the announcement of the new Ocean eReferral Network mean to our current referral processes and eReferral tools?

No immediate changes to most referral processes are expected.

Q: What is the first step in the regional electronic referral strategy?

We have chosen Think Research Consortium – a partnership of Think Research, CognisantMD, and the Centre for Effective Practice – to support the design and deployment of the Ocean eReferral Network. Our strategy starts with the development and implementation of a proof of concept (POC) that will focus on three priority referral pathways. This work will evaluate Think Research Consortium based on the suitability of the solution, vendor partnership, integration with current assets, and proposed technical architecture for future expansion. Assuming that the outcomes of this POC are positive, we intend to extend and expand the solution across the Waterloo Wellington region.

Q: What are the Proof of Concept (POC) program streams?

Diabetes Central Intake: The Diabetes Central Intake POC stream will leverage the existing central intake model to build a seamless electronic solution for referrals from healthcare providers and patients to diabetes education programs and diabetes specialists (nephrology, endocrinology, and ophthalmology).

Chronic Disease Prevention and Management (CDPM): The CDPM POC stream will focus on direct-to-service referrals to prevention and self-management programs by residents (self-referral), or by healthcare providers (typically primary care providers and their staff).

Orthopedic Specialists: The orthopedic specialist POC stream will look to build an end-to-end electronic solution for referrals from primary care providers to orthopedic specialists, leveraging the existing central intake model.

Q: Why these streams?

All three streams selected to participate in the POC have established streamlined approaches to access either through coordinated referral mechanisms, centralized intake centres, or both, in preparation for the introduction of an electronic referral solution. These streams vary in process, requirements and user groups which will allow for an inclusive evaluation of the vendor's ability to interact with various stakeholder groups and to deliver the functionality needed to support the diverse and complex needs of the system.

Q: What is the timeline for the POC?

Work with Think Research Consortium is expected to run until Q1 FY2017-18, at which time a decision will be made to either proceed with the consortium to the next phase and ultimately full expansion within the region, or (among other options) to end the engagement and go back to market to find a more suitable vendor to meet our system needs. Assuming the outcomes from the POC are positive, a deployment strategy of the Ocean eReferral Network to other program streams in the region will follow.

Q: We're currently using tools such as Caredove, CHRIS, and HPG to send and receive referrals. Will we stop using these tools?

The SCA program, in partnership with the Think Consortium, will be exploring how some of the tools that we are currently using in Waterloo Wellington might support the Ocean eReferral Network. Part of the POC will involve assessing what technological integrations make sense both functionally and economically. However, it is possible that the new process will transition away from some of the tools you are currently using.

Q: If we have to switch to a new platform, will we lose functionality?

The goal of the SCA program is to ensure that the Ocean eReferral Network will at the very least keep your current functionality intact and in most cases enhance it.

Q: If we are eventually moving to a new system, does it make sense to learn and use new features in Caredove or other referral tools? Shouldn't we just wait?

The transition to the new Ocean eReferral Network is a long-term initiative, and some streams will take longer to transition than others. As the SCA program works through the POC phase, you are encouraged to take advantage of any new features that become available in your current referral tools, as they will likely improve the referral experience for patients, referrers, and service providers. This initiative is all about continuous improvement, so it doesn't make sense to stop trying to make things better in today's environment.

Q: Will there be a cost to using the new system?

Funding will be revisited each year, but with the current model we do not expect organizations to incur direct costs.

Q: How can we find out more information, express any concerns, or get involved?

There will be many opportunities to provide input, including involvement in one of our POC committees as well as participation in the various user based focus groups. The SCA program will also be hosting monthly stakeholder status calls to provide regular updates on progress and outcomes to our system partners. This will enable you to help design and test the new tool. If you would like to get involved, or receive regular progress updates, please contact Lori Moran, SCA Program Manager at lori.moran@ehealthce.ca.

Revised: June 2017