

Recent Medicare Changes Regarding Electronic Referrals

Until recently Medicare Australia's position on electronic referrals required them to be digitally signed in order to meet their requirements for a "valid referral" for Medicare purposes.

If you are not aware already, a few weeks ago this situation changed.

"Scanning and storing electronic referrals and requests

Following Medicare Australia's review of electronic referrals and requests, individual public key technology certificates are no longer required for provider-to-provider electronic referrals and requests. In addition, the requirement for independent third party verification for referrals or requests scanned for storage has been removed. This change is the result of discussions between Medicare Australia and its stakeholder consultative group, of which the AMA is a member." - Cited from AMA GP Network News attached Issue 38 13 November 2009

The relevant Medicare Australia documents regarding this change are available on the Medicare Australia web site here:

<http://www.medicareaustralia.gov.au/provider/business/online/referrals.jsp>

There is now no Medicare impediment to Argus users using the existing referral-writing capability of their patient clinical software (or using ArgusWord if they do not have patient clinical software) to send electronic referrals via the current Argus versions 4.3.3 (Windows 2000, XP) and 4.3.4 (Windows Vista & Windows 7).

Until now many Divisions have held back on actively encouraging the use of electronic referrals, pending the public release of Argus Version 5 with the capability to digitally sign. This is no longer necessary as the existing Argus versions identified above are fully capable of handling electronic referrals in compliance with Medicare Australia's recent notification.

There are some matters that Divisions and Argus users should be aware of when implementing electronic referrals sent via Argus:

- The HL7 message structure enables automatic application matching of doctor and patient in the receiving patient clinical software (where used), so that the referral can be imported and filed against the patient record in the receiving practices patient clinical software. If this is a first-time referral of the patient to a Specialist then their patient clinical software may prompt them to create a new patient record.
- Argus has in-built delivery assurance provided by the HL7 acknowledgment process (ACK). Messages unable to be delivered will generate an error notification to the designated contact person of the sending practice. The ACK process is a machine-level process and is not a human-level acknowledgement or acceptance of the referral.

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- Practices wishing to send electronic referrals should ensure that recipient practices are consulted and agreeable to receiving them – prior to initiating sending of referrals – as the receiving practices may have to review their existing business practices/procedures to take account of incoming electronic referrals.
 - Practices wishing to send electronic referrals may need to review their existing business practices/procedures – e.g. do they still need to print a full paper referral to give to the patient when the patient only needs to know to whom they are being referred and the contact details so they can make an appointment? Are there implications for reconciliation of outstanding referrals and reports? How will declined referrals be handled and alternative referrals made and notified to the patient? What are the implications for clinical handover and duty of care for the respective practitioners?
 - Some practices which were initially interested in only receiving may have been set up to “Receive Only”. Such sites would need to be enabled for “Send and Receive”. If the practice has a current support arrangement with ArgusConnect – such as Priority Support - then this can be done at no additional cost to the practice.

To date the primary business benefits of secure clinical messaging have been the savings on the costs associated with handling, sending and receipt of paper-based clinical documents (stationary, printing, postage, faxing, scanning, shredding, filing, storage & retrieval, risk management backup/business recovery, and follow-up) for:

- Organisations with significant sending volumes – such as hospital or health service discharge reports, pathology/diagnostic imaging services’ reports and specialists sending reports back to referring practitioners; and
- Organisations with significant receiving volumes – mainly GP practices, many of which have greatly reduced the handling costs associated with receiving reports from the above sending organisations.

Increased usage of electronic referrals provides fresh opportunities for a new layer of benefits and cost savings for both sending and receiving organisations.

Health providers that previously benefited mainly from receiving electronic documents can now benefit from savings by also sending electronic referrals. At the same time those that were largely benefiting from savings in sending electronic reports will be able to also benefit from receiving electronic referrals.

Divisions and health provider organisations are urged to adopt a co-ordinated approach in encouraging the use of electronic referrals via Argus clinical messaging.

Divisions of General Practice participating in the Argus Affinity program and large organisational users of Argus who would like to discuss electronic referrals should contact Ross Davey (Chief Executive Officer) or Gary Tucek (Market Development) whose contact details are on the ArgusConnect website.