Interview with Dr van Gaal on the Digital Referral and Orders program and patient safety

In this interview, we spoke to Dr Stephen van Gaal, a neurologist and participant in the Digital Referral and Orders (DRO) program, to learn more about how it supports patient safety. Doctors of BC is committed to ensuring the physician voice is elevated and reflected throughout the implementation of the Provincial Health Services Authority (PHSA)-led DRO program, which is supported with funding from the Shared Care Committee (SCC).

1. Can you explain why the DRO program is important for BC's health care system?

A: I think that the DRO program is critical to improving the safety of our health care system. I'd wager every physician has experienced a situation where they opened a chart to find that a time-sensitive test or consult hadn't been completed because a fax was either incorrectly sent or lost by the receiving office. Typically, our patients are fortunate, and there is no resulting harm. However, there are instances with devastating consequences, such as the delayed diagnosis of early-stage cancer that later metastasized.

It is also important for us to understand that these are not rare, isolated experiences. We have heard from DRO participants who estimated that approximately one in ten fax requests were either sent incorrectly or lost by the receiving office. Consequently, many clinics dedicate considerable time and effort to manual tracking to 'close the loop' with consulting specialist offices. Unfortunately, despite our best efforts, we know that some patients will still fall through the cracks.

The mission of the DRO program is to eliminate the patient harm caused by lost faxes and to relieve clinics of the burden of manual tracking. DRO achieves this through the automated tracking of referrals from the initial request to appointment scheduling. Because the system relies on a single, shared, secure electronic system, there is no opportunity for any request to go missing.

In addition to making our health care system more reliable, the DRO system facilitates patient engagement in their care by enabling them to view the status of their referral from the moment it is initiated, providing reassurance and reducing office phone calls. The secure messaging system enables office staff to efficiently communicate with patients while avoiding the expectations and privacy risks associated with conventional email.

2. Can you share how the DRO's closed-loop referral management system works?

A: The DRO system includes a web-based application and custom-built EMR features (integrations). Key advantages include:

1. Map-based search for consulting specialist physicians, including information on referral criteria and waiting lists.
2. Up-to-date fillable referral forms, eliminating time wasted copying information between forms.
3. Direct communication between receiving clinics and patients, with referring physicians kept informed of appointment details.
4. Patient questionnaires are sent directly to patients, requiring no involvement from the referring physician.
5. Information updates automatically drop into integrated EMRs, reducing the burden on staff of receiving and managing faxes.

3. What are the biggest gaps or challenges in the current referral management process that the DRO program addresses (or aims to address)?

A: The DRO system aims to eliminate patient harm caused by an unreliable fax-based communication system. Our patients, staff, and physicians all deserve a dependable system for patient referrals.

4. What are the potential risks to patient safety from the traditional methods of referrals?

A: As an open-loop system, faxed referrals are prone to "silent failures" – the ease with which errors in the process can go unnoticed, making them difficult to resolve. Consider a lost fax; no one is aware that the fax was lost until someone calls a consulting specialist office to inquire why a patient has not yet been seen.

5. How does a closed-loop referral management system support patient safety and continuity of care? For example, how does it prevent errors, miscommunications, and missed referrals or appointments that are not followed up on?

A: Closed-loop systems, such as DRO, depend on a shared database, automation, and tracking to eliminate the potential errors of lost faxes.

6. How does the closed-loop referral management system through the DRO program support better communication between health care providers?

A: A key benefit of DRO are pre-consultations, which enable consulting specialists to promptly provide patient-specific advice to referring physicians. This can be beneficial in two ways. First, consulting specialists may identify necessary labs or diagnostic tests that the referring physician can order in advance. This type of coordination minimizes the impact of stacked waiting times and allows the specialists to see more patients. Second, some referral questions might be answerable without requiring a patient visit. This eliminates waiting time and empowers referring physicians to deliver consulting specialist-level care to their patients directly.

7. What would you say to physicians who are hesitant about adopting digital referral systems?

Hesitation is understandable. EMR vendors have been working on optimizing e-faxing for over a decade, so sending requisitions and referrals is usually a breeze.

However, our reliance on faxing – even electronic faxing – carries significant hidden costs and introduces important patient safety risks. Most of our offices spend hours each week following up with consulting specialists' offices to ensure that important referrals do not fall through the cracks. Occasionally, we may make mistakes, and significant harm could result, such as delayed treatment of cancer. Plus, the DRO system means no more manual tracking, no more 'status' phone calls, and no more lost referrals.