

Policy Guideline

Referral to Specialist Outpatient Services Policy Guideline

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Summary	The Referral to Specialist Outpatient Services Policy Guideline provides guidance for a consistent and structured approach to the management of referrals for specialist outpatient service as well as outlining the minimum standards for referrals. It aims to ensure that referrals are completed, are of quality and that processes are streamlined. In addition it aims to enhance communication between patients, staff and referrers about specialist outpatient services.
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SA Health

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6/9/12	V.1	Portfolio Executive	Initial version

Endorsements

Date	Endorsed by
6/9/12	Deputy Chief Executive, Health System Performance

Approvals

Date	Approved by
6/9/12	Portfolio Executive

Referral to Specialist Outpatient Services Policy Guideline

1. Objective

The *Referral to Specialist Outpatient Services Policy Guideline* provides guidance for a consistent and structured approach to the management of referrals for specialist outpatient service as well as outlining the minimum standards for referrals. It aims to ensure that referrals are completed, are of quality and that processes are streamlined. In addition it aims to enhance communication between patients, staff and referrers about specialist outpatient services.

This policy guideline is to be read / administered in conjunction with the *Specialist Outpatient Services Policy Directive*.

2. Scope

The policy guideline applies to all Local Health Networks (LHN) and the Department for Health and Ageing involved in the management and delivery of specialist outpatient services.

3. Principles

The following principles underpin this policy guideline:

- LHNs will support referrers in the provision of referrals by communicating the information required to assess a referral, and through the provision of advice on available services.
- The provision of outpatient services will be based on clinical need. Referrals will be assessed and triaged based on the clinical information provided in the referral.
- LHNs will ensure the effective and efficient management of referrals through the establishment of robust local processes.

4. Detail

4.1 Referral Source

Patients may be referred to specialist outpatient services from a variety of sources including:

- General Practitioners.
- Specialists.
- Internal clinics and medical officers within the hospital.
- Private rooms.
- Other hospitals.
- Self-referral (for Obstetrics).
- Other agreed health care professionals as per the hospitals guidelines.
- Emergency Departments. Note that referrals from Emergency Departments should be made in line with the *Emergency Department Referrals to Specialist Outpatient Services Guideline*.

4.2 Standards for Referral Sources

All referrals are to comply with the Royal Australian College of General Practitioners (RACGP) standards in relation to legibility, relevant patient history, use of appropriate stationery and ensuring that patients are aware that their health information is being disclosed.

4.3 Referral Content

To enable the patient to be accurately prioritised and directed to the most appropriate service, the referral must contain the following:

- Current patient demographic information and contact details.
- Date of referral.
- Specialty/clinic being referred to.
- Referring practitioner's name and contact details.
- Referring practitioner's provider number.
- Signature of the referrer.
- General Practitioner contact details (if not the referring clinician).
- Compensable information (where appropriate).
- Comprehensive reason for referral.
- Requirement for interpreter services.
- Alerts to infectious status, allergies or communicable diseases that may affect other staff and patients being treated in the same vicinity.
- Relevant summary information on the patient's medical history, including current medications and allergies.
- Investigations and treatment undertaken.
- Relevant psycho-social issues.

The use of standard specialist outpatient referral forms will facilitate improved communication through the provision of adequate referral content. Where additional information is required, each specialty will provide supplementary referral requirements.

Hospitals are to implement systems and processes to ensure referrals contain adequate information to allow categorisation, prioritisation and triaging of patients to appropriate services. Hospitals should not accept referrals that do not meet minimum requirements and should work with Referrers to ensure compliance with referral requirements so that patients are not disadvantaged.

In particular hospitals should work in partnership with referrers by:

- Informing referring practitioners of the expected minimum referral content.
- Encourage referring practitioners to meet referral requirements through regular feedback processes (telephone, email, fax and letter).
- Identify inadequate or incomplete referrals and, where necessary, return to the referrer to allow more complete information to be supplied prior to making an appointment.
- Provide guidelines relating to investigations pertinent to the patient's condition prior to an outpatient consultation.
- Ensure referrers are aware of the clinical urgency categorisation of patients and encourage Referrers to liaise with specialist clinics or the allocated specialist if there is deterioration in the patient's condition which would warrant a change in the clinical urgency priority.
- Providing a receipt of referral acknowledgement letter.

4.4 Active Life of Referrals

Referrals for public Specialist Outpatient Services remain valid for a single opinion or course of treatment (an episode of care), or for a period of twelve (12) months from the initial specialist outpatient consultation.

In the case of private non-admitted patient referrals (Medicare Clinics), referrals must be addressed to the specialist undertaking that patient's care. The active life of the referral is limited to three (3) months for a referral from another specialist and twelve (12) months if referred from a GP, unless otherwise stated.

Note: an episode of care commences at the initial consultation, continues through

treatment/opinion and concludes when the patient is returned to the care of the referring practitioner.

Where a referral is for a chronic or long-term condition that will extend beyond 12 months, this should be indicated by the referring practitioner. In these instances, wording on the referral must indicate that the referral is valid for an indefinite period. The presentation of an unrelated illness or condition that will initiate a new course of treatment (episode of care) will require a new referral.

4.5 Service Provision

Provision of specialist services in hospitals is in accordance with the *Specialist Outpatient Services Policy Directive*. In most cases, patients will be referred to specialist services at a facility near their place of residence or in a facility linked by service networks.

4.6 Patient Referral Status

Hospitals must have processes in place to identify all patients referred to specialist outpatient services as eligible or ineligible, compensable, public or private. Charges apply to some specialist outpatient services and other non-admitted patient services.

The specialist outpatient services will:

- Ensure the receipt of all referrals is recorded in the Patient Administration System.
- Ensure all referrals are assigned a clinical urgency category.
- Liaise with the referral source to ensure awareness of services available at the hospital specialist clinics.
- Liaise with the referral source to ensure appropriate and adequate information is received in referrals to expedite appropriate triage and appointment arranged as per the *Specialist Outpatient Services Patient Focussed Booking Guideline*.

4.7 Patient Eligibility

Eligible patients include Australian citizens, permanent residents of Australia and visitors from countries with which Australia has a Reciprocal Health Care Agreement. Eligible patients may choose to receive public hospital services free of charge as a public patient or as a private patient in a public hospital (charges may apply).

Eligible veterans and war widows are able to access the full range of outpatient services available at public hospitals.

Ineligible patients are patients not eligible for Medicare and include all overseas students and visitors from countries who do not have a Reciprocal Health Care Agreement with Australia. Ineligible patients may be charged for public hospital services.

4.8 Compensable Patients

Compensable patients fall into three broad categories:

- Motor Accident Insurance Commission.
- WorkCover.
- Other third party.

A compensable patient is not eligible to access publicly funded outpatient services as their compensation covers the cost of private medical expenses.

4.9 Private (MBS billed) Patients

Where private services are available and all Medicare Benefits Schedule (MBS) requirements and National Health Reform Agreement (NHRA) Business Rules are met, patients will be provided with the choice to be treated as a public or a private (MBS billed) non-admitted patient in SA's public health system. Patients who have chosen to be treated as a private non-admitted patient will have done so on the basis of informed financial consent. Where MBS requirements and/or NHRA (referral) Business Rules are not met, patients will be unable to choose to be treated as a private patient, and their service will automatically default to a 'public' status, with no charges raised against the MBS.

Participation of specialists in the private practice scheme will not compromise or adversely affect the treatment of public patients. Patients will be treated and prioritised according to clinical need, irrespective of their choice to be treated as a public or private patient.

Medicare requires that a valid referral for a consultation service be received to enable a medical specialist to bill the service against the Medicare Benefits Schedule (MBS - section 6.1).

A valid referral must be:

- Documented in writing
- Signed and dated by the referring medical specialist; and
- Received on or prior to the patients first occasion of service.

The National Health Reform Agreement (NHRA) 2011 Business Rules necessitates that:

- The referral be addressed to a named specialist who is exercising Rights of Private Practice for SA Health to bill the service against the MBS; and that
- The patient chooses to be treated as a private patient.

The NHRA Business Rules also state that patients referred from an Emergency Department to a LHN specialist outpatient clinic cannot receive services that are billed against the MBS.

Referrals received from referrers may not be to a named specialist. A referral to a named specialist must be present in order for patients to have the opportunity to choose to be 'private'. SA Health outpatient clinics may request referrers supply a named referral in order to enable patients the opportunity to choose to be 'private'. While named referrals may be requested, referrers are not obliged to provide named referrals. The absence of a named referral cannot (nor be implied or considered to) impact access to specialist outpatient services.

For further information, see the SA Health Policy Directive: *Medicare Billing for Private Non-Admitted Medicare Patients in SA Health Local Health Network Outpatient Clinics*.

4.10 Referral Receipt

Upon receipt of referrals to specialist outpatient services, referrers and patients should be informed of the receipt of the referral and appointments with patient should be made in accordance with the Specialist Outpatient Services Patient Focussed Booking Guideline. Patients and referrers should be informed of the estimated waiting time for an appointment.

To facilitate this, hospitals should have systems in place that record the date of referral receipt, facilitate tracking and enable the calculation of realistic estimated waiting times for appointments. Changes to the status of referrals should also be communicated to both patients and referrers.

5. Roles and Responsibilities

Chief Executive Officers, Local Health Networks are responsible for ensuring that all staff involved with the provision of outpatient services are informed of this policy guideline, and ensuring that all specialist outpatient services introduce and manage a system wide referral policy.

Chief Operating Officers, Local Health Networks are responsible for ensuring that required processes are in place to support management of referrals in line with the provisions of this policy guideline.

Clinicians are responsible for assessing referrals provided in line with the provisions of this policy guideline, and for assigning clinical urgency categories.

Administrative and support staff are responsible for reviewing the referrals to ensure that the minimum referral content and adequate information is provided, ensuring referrals are recorded in the Patient Administration System, communicating with patients and general practitioners about the status of referrals.











6. Reporting

Local Health Networks are responsible for ensuring the monitoring and reporting of referral management in line with the provisions of this policy guideline.

7. EPAS

Sites utilising EPAS should ensure that referral information is entered into EPAS in line with the provisions of this policy guideline.

8. National Safety and Quality Health Service Standards

									
National Standard 1	National Standard 2	National Standard 3	National Standard 4	National Standard 5	National Standard 6	National Standard 7	National Standard 8	National Standard 9	National Standard 10
Governance for Safety and Quality in Health Care	Partnering with Consumers	Preventing & Controlling Healthcare associated infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood and Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Other

Not applicable.

10. Risk Management

A risk management approach underpins the management of referrals to outpatient services throughout the public health system. LHNs are responsible for establishing local guidelines and procedures to support risk identification and mitigation.

11. Evaluation

This policy guideline will be reviewed in 5 years in line with SA Health requirements.

12. Definitions

In the context of this document:

Clinician is a generic term used to describe a wide range of health professionals

General Practitioner means a medical practitioner who works in primary health care and refers patients to specialist medical care.

Internal Clinic means other clinics operating within the same specialist outpatient service site.

Occasion of service: An occasion of service is each examination, consultation, treatment or other service provided in an individual session to a non-admitted patient intended to be unbroken in time. Each discrete service activity, for example, each test or set of related tests, each consultation, or each treatment, counts as one occasion of service.

For pathology services, each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

For radiology services an occasion of service is the examination, consultation, treatment or other services provided within the individual session time.

Outpatient (non-admitted) service in relation to a LHN, means a health service or procedure provided by the LHN to an eligible person other than an inpatient of a LHN hospital.

Public Patient means any patient who elects to be treated as a public patient. The patient receives medical and diagnostic services from a medical practitioner nominated by the hospital and no medical fees are billed against the MBS.

Private patient means any patient who elects to be treated as a private patient. The patient may receive medical services from a medical practitioner selected by the patient and medical fees may be billed against the MBS where requirements of the MBS and NHRA 2011 business rules have been met.

Referral means a request for a specialist consultation.

Referral source means the identity of the individual or organisation providing the referral to an outpatient clinic.

Rights of private practice: Under the SA Health Salaried Medical Officers Enterprise Agreement (SMOEA) 2013, Salaried Medical Specialists are granted limited rights of private practice, enabling them to bill for privately provided medical services. Similar arrangements apply for Clinical Academics.

The terms and conditions for private practice are contained in the SMOEA 2013, and the individual memorandum of agreement signed between the medical specialist, the employing authority, and the hospital.

For Medicare eligible outpatient services, the rights of private practice specifies that the maximum amount that can be charged is 100% of the MBS scheduled fee or Veterans' Affairs scheduled fee. Although 100% of the scheduled fee may be charged, it is common practice for bulk billing to occur so there is no out of pocket expense to the patient.

Visiting Medical Specialists (VMS) do not exercise rights of private practice in connection with their employment. The provision of private patient services by a VMS are rendered in their independent non-employment capacity and are not governed by rights of private practice agreements. Where a VMS wishes to perform private patient billing on LHN public hospital sites, the VMS must comply with the Directive *Visiting Medical Specialists – Private Practice Billing* (May 2010).

Specialist means a medical practitioner who has become specialised in a specific area of medicine and usually has a private practice.

Specialist Outpatient Service means specialist outpatient services provided by a specialist or expert clinician that is recognised by the relevant professional college, board or association.

Standards mean a level of quality or excellence that is accepted as the norm particularly by a governing body

Triage means the determination of urgency category of the patient's need for medical consultation.

Unrelated Condition means the presentation of a condition that is not related to the

integral reason and condition for which the patient is being treated in the specialist outpatient service.

13. Associated Policy Directives / Policy Guidelines

- Medicare Billing for Private Non-admitted Patients in SA Health Local Health Network Outpatient Clinics.
- Specialist Outpatient Services Directive
- Referral to Specialist Outpatient Services Guideline
- Emergency Department Referrals to Specialist Outpatient Services Guideline
- Active Discharge from Specialist Outpatient Services Guideline
- Patient Focused Booking System Guideline
- Medicare Billing for Private Non-admitted Patients in SA Health Outpatient Clinics Policy Directive
- Outpatient Activity Transfer Policy Guideline
- Specialist Outpatient Services Clinical Urgency Category Policy Directive

14. References, Resources and Related Documents

Royal Australian College of General Practitioners (RACGP) Standards for General Practices.

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