Beyond the Fax: Digital Referrals in Alberta

ERS Project Overview and Strategic Vision – February 3, 2026

ALBERTA MEDICAL ASSOCIATION

Land Acknowledgement

The Alberta Medical Association acknowledges that we are located on Treaty 6, 7, and 8 territories; traditional lands of diverse Indigenous peoples including the Cree, Métis, Nakoda Sioux, Iroquois, Dene, Inuit, Blackfoot Confederacy, the Tsuut'ina First Nation, the Stoney Nakoda and many others whose histories, languages and cultures continue to influence our vibrant community. We respect the histories, languages and cultures of First Nations, Metis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our vibrant community.

Presenters

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ALBERTA MEDICAL ASSOCIATION

Introduction: Room for Improvement

A Shared Vision For A Connected Alberta

Alberta is **modernizing** the **referral landscape** by replacing manual faxes with a patient-focused digital referral service that integrates directly with provider EMRs: the **Electronic Referral Solution (ERS).**

Our joint presentation reviews the challenge and the promise of implementing electronic advice and referral workflows that close the communication loop between primary care, specialists, and patients.
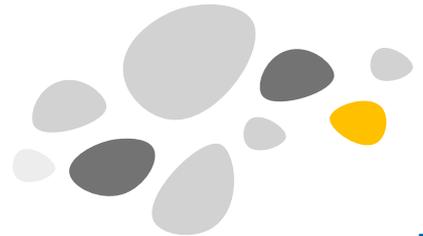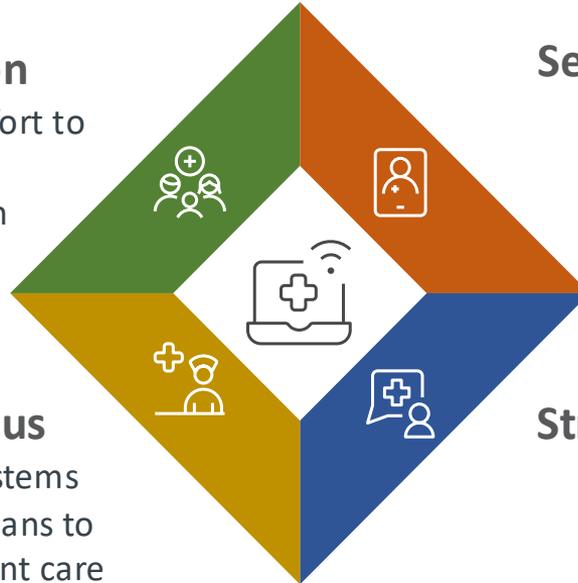
Agenda

1 The Vision for a Connected Alberta

2 Principles of Modern Referral

3 Accomplishments and Operational Wins

5 Business Challenges and Key Enablers

4 ERS Roadmap and Concluding Vision

Vision For A Connected Alberta

Shared Mission
- A collective effort to solve care coordination in Alberta

Seamless Patient Navigation
- Transition to a transparent digital journey to ensure no patient is missed

Maximize Clinical Focus
- Modernize systems to allow clinicians to focus on patient care

Strengthen Clinical Continuity
- Streamline workflows to enable real-time dialogue between clinicians

An Integrated eOrdering Ecosystem

- **Comprehensive Strategy**

- **Unified Digital Workflow**

- **Complete Referral Management**

- **Modernize Care**

Alberta's eOrdering Strategy

ERS Consults

LAB Tests

Diagnostic Imaging

Target State:

streamlined multidirectional digital workflow

Clinical Communication: The Conversation

- The patient narrative is central to every health care discussion
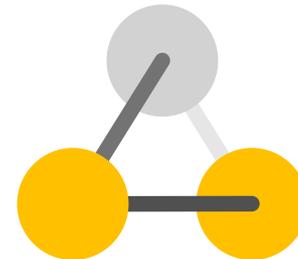
- Good patient care is facilitated by direct communication between providers

Specialty Access Programs: 2020-2025

2026 and Beyond: Alberta's Vision for Referrals

A ***fully integrated***, ***patient-centred***, and ***digitally enabled*** referral ***system*** that ensures ***equitable***, ***timely***, and ***coordinated access*** to ***appropriate care*** across the continuum of health services.

Principles of Modern Referral

Principles 1 : Integrated Provider Workflows

Stay In Your System

- Seamless integration

- Work within EMRs or Connect Care

- Focus on patients instead of navigating systems

- Process is an extension of the daily workflow

Doubling down on **interoperability,** integrating endpoint clinical systems

Principle 1 : Integrated Provider Workflows

Why Not Just Use a Single Provincial Health System?

- Clinicians within different care settings have unique needs.

- Impractical to retire all systems into one.

- Physicians have expressed a desire to work solely from within their EMR.

Introducing a "**provincial system**" alongside EMR products would create **more administrative burden**.

Principle 2: The Patient Is an Active Partner

Transparency

Agency

Patients view:
- real-time status
- projected wait times through provincial portals

Eventually move beyond one-way notifications:
- enable patient choice
- choose where to receive care

Principle 3: Flexible Centralized Access and Triage

Principle 4: Standardization and Quality

We envision **three dramatic shifts** to enable the move from paper processes to intelligent referral services:

⟫ From **Static Documents** to **Intelligent Data**.

⟫ From **Individual Queues** to **Pooled Demand Management**.

⟫ From **Manual Processing** to **Greater Automation** and **AI Readiness**.

Principle 4: Standardization and Quality

Shift 1: From Static Documents to Intelligent Data

- **Problem:** Current referrals are **"blobs"** of **unstructured data** (PDFs, faxes) that cannot be easily analyzed or automated.

- **Solution**: **Capture** discrete, **structured data** elements in alignment with provincial referral standards. This turns the referral into digital objects that the systems can understand and route.

- **Mechanism**: Start with standardized provincial template, then add modular specialty extensions. **Quality Referral Evolution (QuRE)**—when applied well—uses a consistent set of clinical data elements to enable high-quality, patient-centred referrals.
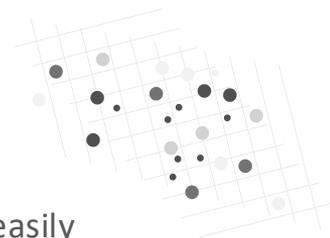
Principle 4: Standardization and Quality

Shift 2: From Individual Queues to Pooled Demand Management

- **Problem**: The **current** referral **model creates uneven wait lists** based on individual specialist interactions.

- **Solution**: Centralize intake and move to **pooled referral management** by specialty.

- **Mechanism**: Collect standardized data that enables the system to **distribute demand based on capacity and urgency**, balancing the load across the entire specialty group.

Principle 5: Automation

Shift 3: From Manual Processing to Greater Automation and AI Readiness

- **Problem**: The **current model** requires **clerical resources**—which could be better invested elsewhere

- **Solution:** Routine **clerical tasks** from human effort **to system automation**.

- **The Status**: Just getting underway, but with **tremendous potential**.

- **The Possibilities:** Standardization unlocks powerful future capabilities:
  - AI-Assisted Drafting and Composition
  - Automated Data Retrieval
  - EMR Auto-Population

Principle 6: Supporting Comprehensive Workflows

Objective 1: Consultation options

Consultation can happen in different—often **non-sequential**—ways.

- **Advice:** the consultant reviews the case—without patient interaction—and provides guidance.

- **Referral:** the patient is sent to the consultant to for assessment and management (including but **not limited to procedures or surgery).**

- **Often both!**

ERS has the potential to handle both advice (eConsult), and formal referral—and the **ability** to **switch** between the two.

Principle 6: Supporting Comprehensive Workflows

Objective 2: Closed-loop workflow

- In the **modern environment**, clinicians are expected to **follow all outgoing requests** (lab, imaging, consultation, for instance) **to complete resolution**.

- Arrival at the consultant or having surgery is not the objective: *the goal is completion of the work*.

- **Current state:** clinics use **internal workflows** to **manage and reconcile referrals**, and to close them when the work is completed.

- **Future state: referrals remain active** throughout the process, with a **clear view of progress**. They are signed off as complete only when **all the work is done**.

Accomplishments and Operational Wins

Win: Integration With Existing Architecture

ERS is the orchestration of Alberta's core digital assets into a unified workflow.

- **Initiation Points**
  EMRs and Connect Care

- **Referral Management Systems**
  eReferral and Connect Care

- **Transparency Services**
  Patient Portals

- **Integration Engine -** CII

- **Analytics** – Data Warehouse

Provider Portal
Alberta Netcare eReferral

Patient Portals
MyHealth Records

Integration Engine
Community Information Integration

Clinical Systems
Community EMRs

ERS

Clinical Information System
Connect Care

Analytic Reporting
Enterprise Data Warehouse
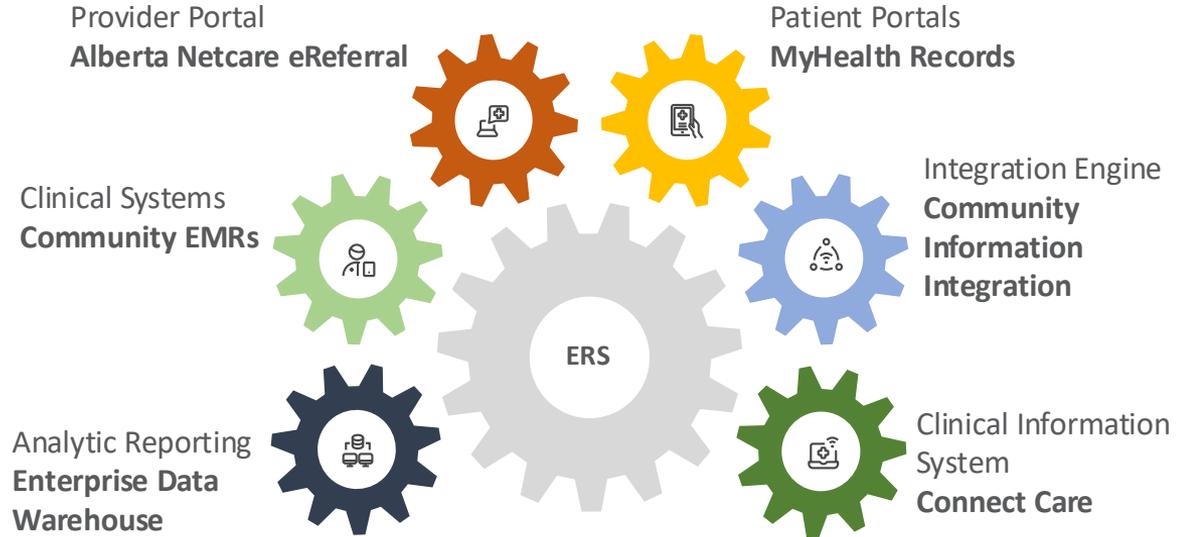
Foundational components are synchronized to ensure referral data flows seamlessly between providers and patients

Win: Creating a Unified Digital Backbone

EMR Integration

- Develop **FHIR-based standards** that allow diverse EMR vendors to **plug directly** into the provincial referral backbone.

Internal Synchronization

- Ensure Connect Care **links seamlessly** with other systems by converting Epic HL7v2 messages to FHIR for interoperability.

Vendor Certification Process

- Implement a rigorous Certification Process to ensure every vendor adheres to **standards, guaranteeing a consistent experience** for clinicians.

National Alignment

- Align with National Standards, ensuring **Alberta remains compatible** with the broader Canadian digital health ecosystem.

Win: Patient Transparency
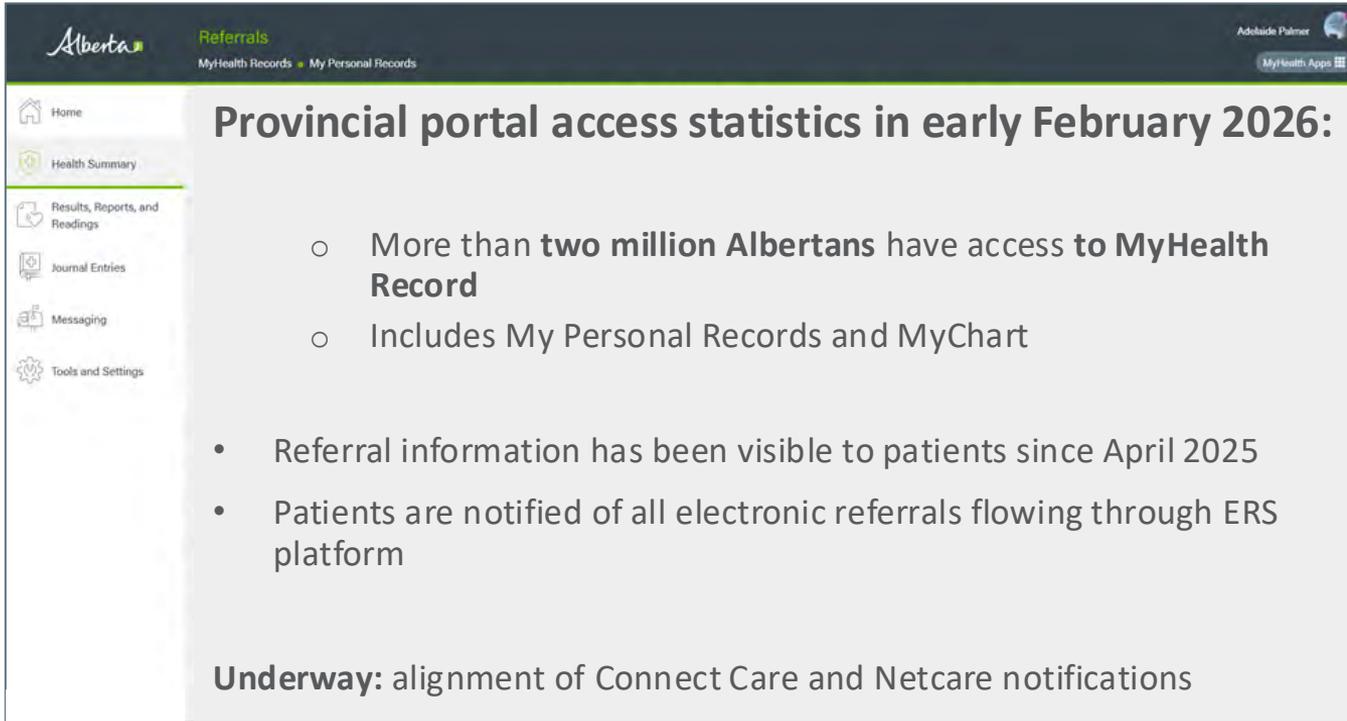
Provincial portal access statistics in early February 2026:

- More than **two million Albertans** have access **to MyHealth Record**
- Includes My Personal Records and MyChart

- Referral information has been visible to patients since April 2025
- Patients are notified of all electronic referrals flowing through ERS platform

Underway: alignment of Connect Care and Netcare notifications

Win: Path to Care
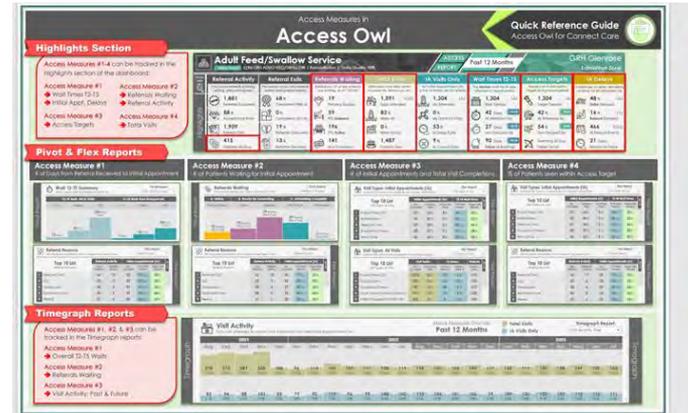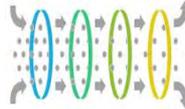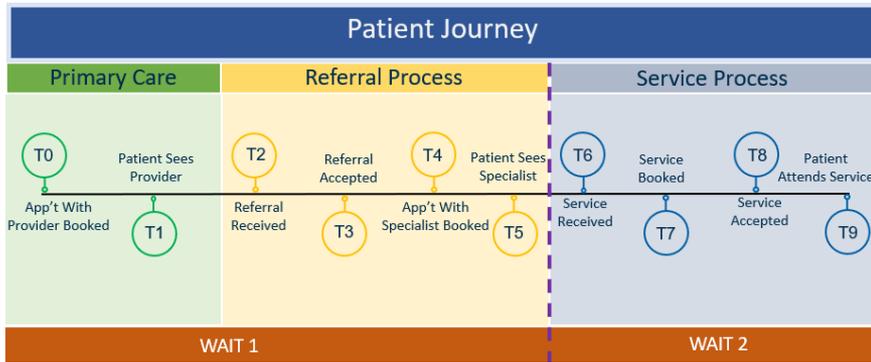
Standard measurement framework and meaningful output/analytics to manage the business.

Win: Quality Referral Evolution (QuRE)

Referral and Consultation Checklists

Patient and Caregiver Journal

QuRe Built into EMRs

Win: Provincial Pathways

Clinical Pathways:

- Actions to help primary care providers manage care in the community.

Patient Pathways:

- Self-management strategies through brief, easy-to-read handouts that mirror clinical pathways.
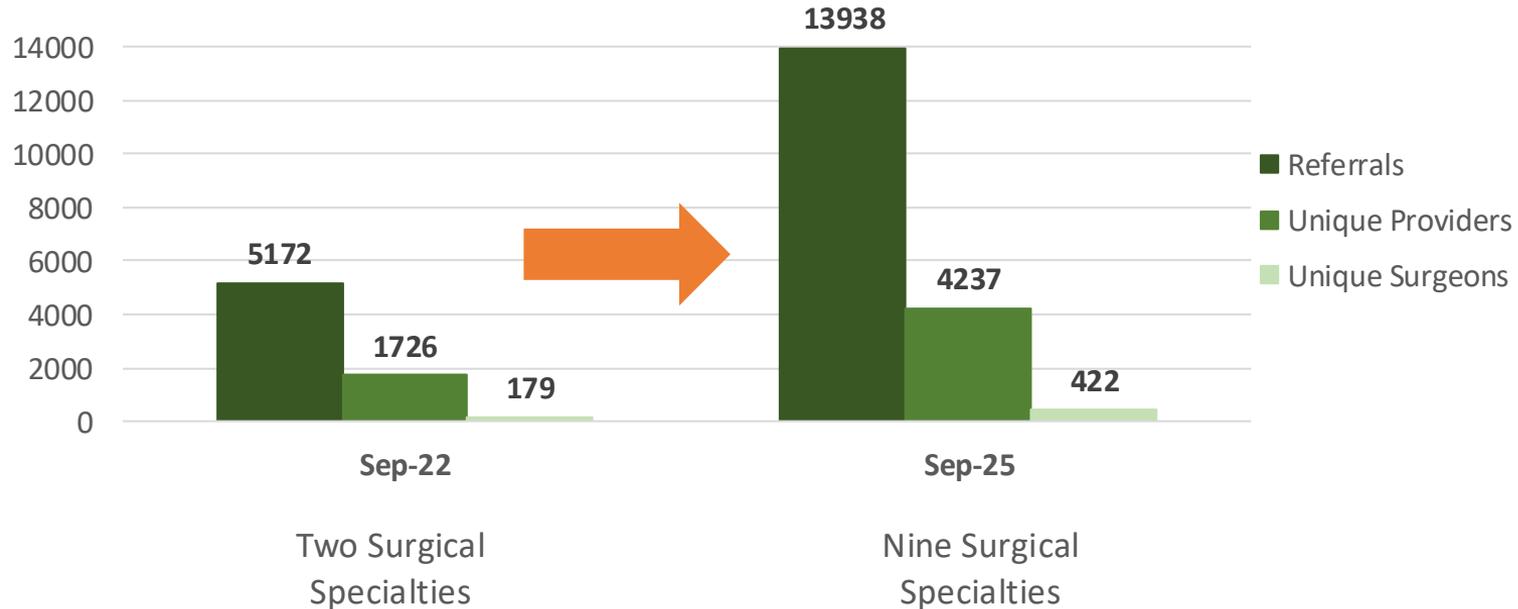
Referral Pathways:

- Clear list of referral reasons, processes and requirements per specialty.

ALBERTA'S PATHWAY HUB

Win: Engagement with Central Intake

Win: Impact of the Rapid Access Clinic (RAC) program

16
# of RACs
SZ CGZ CZ EZ NZ
3   6   1   2   4

<u>completed</u>

27,518
Assessments
(Feb 2024 - Dec 2025)

×

51.8%
Redirected
from surgical consult

➡

13,264
Avoided unnecessary surgical consults

With **excellent** Patient Reported Experience Measures (**PREMs**)

85.8%
Acceptability of not seeing a surgeon

44.1
Net Promoter Score
(favorable to excellent)

86.3%
Patient Satisfaction

and **wait-times** to receive an assessment at a RAC **meeting targets** or **generally improving**

4/16
Meeting **28-day wait-time** target

2/16
With **wait-times between 28-35 days**

6/16
With **wait-times >35d** and with **improving or stable wait-times**

3/16
With **wait-times >35d** and **rising***

Win: EMR Integration

Effortless One-click Integration:

Leverage the patient's chart to submit referrals directly and align with existing workflows.

Feedback:

"The accuracy is huge—we don't have to worry about faxes that didn't go through or were sent to the wrong clinic. It's there, it's tracked, and it makes the entire workflow better"

Key Enablers

Critical Enabler: Provincial Alignment

Clinical Transformation:

Mindset shift from "IT Project" to "Clinical Transformation"

System is "pulled" by clinical needs rather than "pushed" by technology.

Leadership and Policy in Lockstep:

Ensure organizations work together.

Provincial policy that explicitly supports innovation.

Active Harmonization:

Collaborative forum for family physicians and specialists to build agreement on what a good referral looks like.
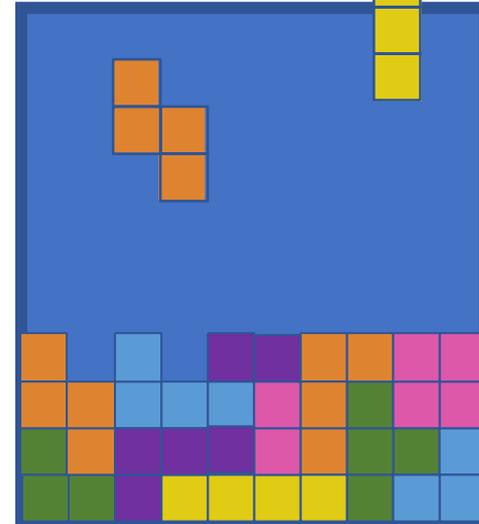
Supportive Provincial Policy

Clinical Engagement

Leadership Alignment

Key Enabler: Physician Alignment

All interested parties desire improvement in the referrals landscape.

- **Lack of common ground** is not a technical problem: human factors and conflict **require interpersonal solutions**

- **Collaboration** and co-design will be vital to the **future of referrals**

Key Enabler: Change Management

Culture eats strategy for breakfast

ERS Roadmap and Concluding Vision

Reflection

Goals

- **Shared Mission**

- **Seamless Patient Navigation**

- **Clinical Focus**

- **Strong Clinical Continuity**

The **technical foundations** of an electronic referral system are **established** and **functioning.**

Interoperability and "**connected-ness"** facilitate the **communication** required for the referral process.

Every non-technical **challenge represents** an **opportunity** for improvement

Questions