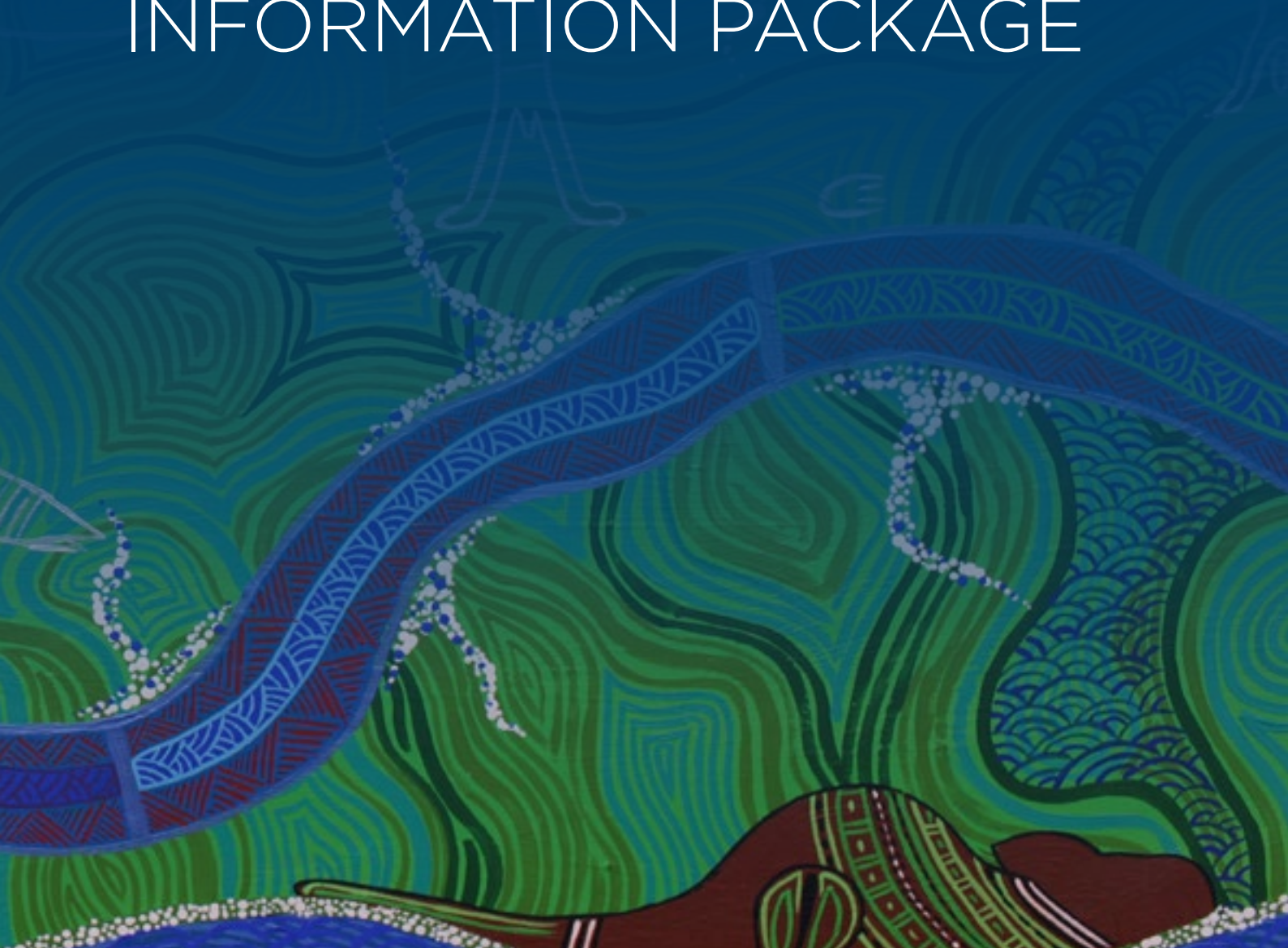


HNECC PROVIDER INFORMATION PACKAGE





We acknowledge and respect the traditional lands of Aboriginal People and extend our respect to Elders past and present. When we walk and work across the lands of our region we are respectful of the culture and traditions of the first custodians of these lands.

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GLOSSARY

Consumer	<p>A Consumer in a health context refers to anyone who uses a health or health-related service.</p> <p>Consumer has a broader meaning than Patient because it includes services that are not clinical in nature and because it extends to the family and carers of those people receiving clinical care.</p>
Local Health Districts (LHDs)	<p>The State funded organisations that are responsible for managing public hospitals and health institutions and for providing health services to a defined geographical area across NSW.</p>
My Health Record	<p>My Health Record is the new name of the national digital health record system. It is a secure online summary of an individual's health information, accessible online by the individual and their nominated or authorised healthcare providers.</p>
Patient	<p>A Patient is the person receiving clinical care from a doctor or another health professional. The term is usually limited to those currently undergoing some form of treatment.</p>
Program Coordinator	<p>The Program Coordinator is the HNECC PHN staff member with direct responsibility for a program or program area.</p>
Quadruple AIM	<p>The HNECC PHN business model has been developed around the quadruple aims of improving population health outcomes, improving the patient experience, providing value for money and improving the worklife of healthcare providers.</p>
Service Provider	<p>The Service Provider is the organisation contracted by HNECC PHN to deliver a defined program(s) or service(s).</p>
HNECC PHN	<p>Hunter New England Central Coast Primary Health Network</p>

1.0 INTRODUCTION

Welcome to Hunter New England Central Coast Primary Health Network (HNECC PHN).

HNECC PHN is a not-for-profit organisation, funded by the Australian Government to improve the efficiency and effectiveness of the primary health care system in our region. We do not provide health services ourselves but use a comprehensive health planning approach to identify and prioritise service gaps, and to commission appropriate health services.

Our region is vast in geographical terms and diverse in terms of its communities. Covering 130,000 square kilometres, we reach from the QLD border in the north to Gosford in the south, and west past Narrabri and Gunnedah. It is home to 1.2 million people who live in small rural and remote communities, in regional towns and in densely populated urban centres.

We have developed this Information Package to give service providers an understanding of the purpose and roles of Primary Health Networks, and HNECC PHN in particular. We hope that this will help you to work with us so that, together, we can secure the best possible health outcomes for our communities.

Please use the key contacts listed further in this document for any further information you may need on the services you are providing.

For more information about the Hunter New England and Central Coast Primary Health Network please visit our web site at www.hneccpnh.com.au

To read more about PHNs on a national level, please visit the Australian Government's Department of Health website at <http://www.health.gov.au/PHN>

We look forward to working with you.

Richard Nankervis

Chief Executive Officer - HNECC PHN

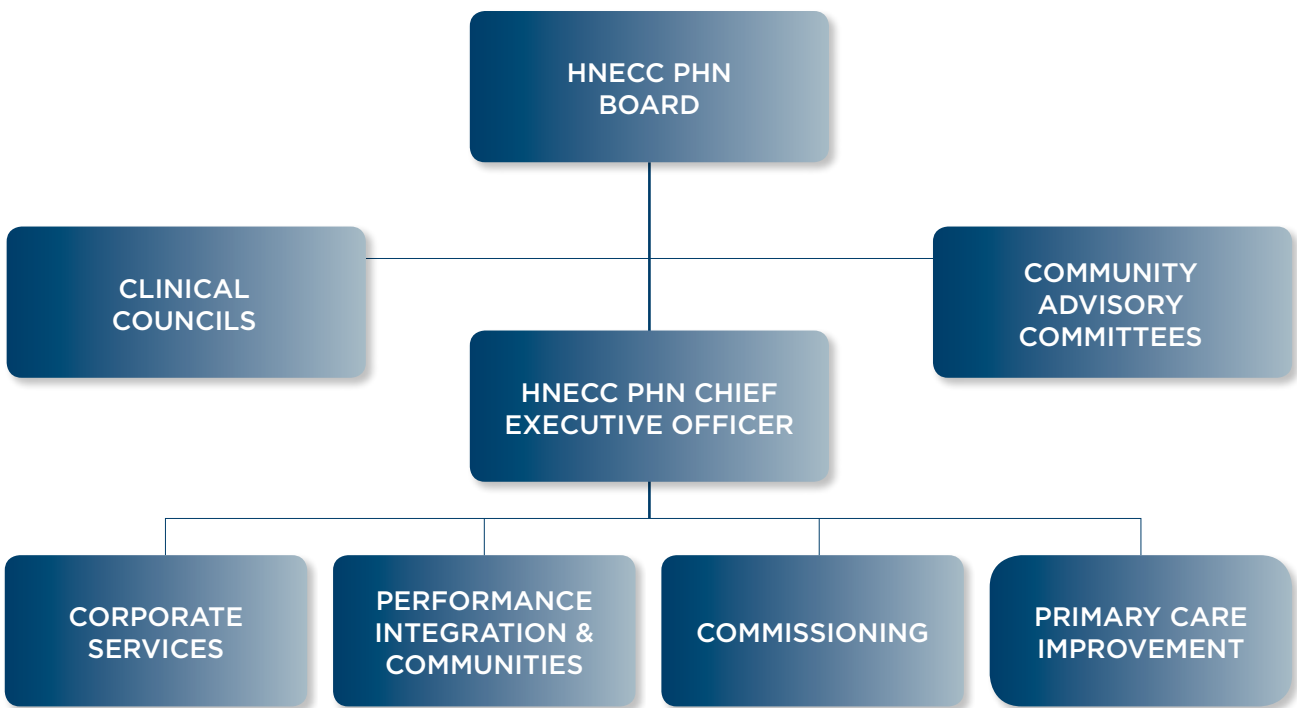
2.0 HNECC OVERVIEW

2.1 GOVERNANCE

HNECC PHN has a skills-based board of Directors, including the CEOs of Hunter New England and Central Coast Local Health Districts. Our executive team is made up of our CEO and four executive managers.

Three Clinical Councils and three Community Advisory Committees provide our board and executive with local clinical and community perspectives.

Fig 1: HNECC PHN Governance Structure





CLINICAL COUNCILS

Three Clinical Councils have been established to provide the Board and Executive with local perspectives on community health issues. They are GP-led but include members from other primary health care professions who represent a variety of practice settings, experiences, expertise and disciplines. The Clinical Councils are geographically focussed to align with referral pathways and relationships, namely:

- Hunter New England rural;
- Hunter metro; and
- Central Coast.

Their purpose is to champion and inform the creation of locally relevant strategies that will improve the quality, cost-effectiveness and timeliness of patient care, and reduce avoidable hospitalisations.

COMMUNITY ADVISORY COMMITTEES

The three Community Advisory Committees reflect similar geographies to the Clinical Councils and provide local community feedback to inform HNECC PHN decision making. These Committees comprise individuals interested in improving the health of their communities and are reflective of the population of each region.

With their community perspective, the Community Advisory Committees can provide advice and local insight on health issues and propose strategies and ideas that will achieve more effective, sustainable and person-centred care and deliver more equitable health outcomes.

2.2 GUIDING PRINCIPLES

HNECC PHN works collaboratively with its partners and stakeholders to deliver better health outcomes for the region and its communities. In doing this, we are driven by Our Vision, Our Purpose and Our Values.

Fig 2: HNECC PHN Strategic Plan



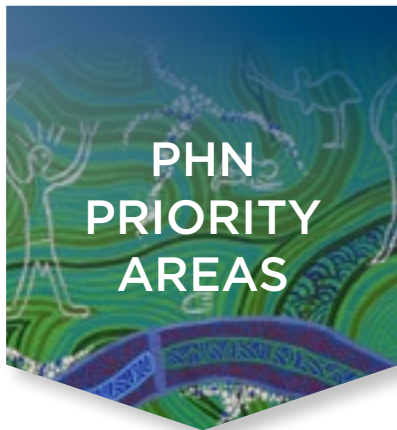
Our services are also underpinned by several principles that reflect our commitment to greater efficiency, effectiveness, equity and sustainability. These are:

- Having a whole of system focus that puts people and communities first;
- Being responsive to the diversity of, and differences in, our communities and acknowledging variations in their health outcomes;
- Helping people understand and care for their own health, and supporting them as partners in a better health system;
- Supporting and being guided by GPs and other clinicians as leaders in a better health system;
- Aiming for the best use of health resources, with locally relevant services that are high quality, evidence-based and cost-effective; and
- Collaborating with others to enable and coordinate timely and appropriate health care, so that people can stay well in their communities.

To support commissioning health services for Aboriginal and Torres Strait Islander people, HNECC PHN have developed a set of principles – [Commissioning of Funding of Indigenous Services – Principles \(October 2016\)](#). These reflects HNECC PHN's commitment to deliver innovative, locally relevant solutions that will close the gap in life expectancy between Aboriginal and non-Aboriginal Australians.

2.3 HEALTH PRIORITIES

Primary Health Networks are expected to respond to the local health needs of their region, whilst being guided by the priority areas for targeted work and national priorities areas as determined by the Australian Government.



Mental Health

Aboriginal and Torres Strait
Islander health

Population Health

Workforce

Digital Health

Aged Care

Alcohol and Other Drugs

To identify and prioritise local health needs, HNECC PHN performs a Needs Assessment, using epidemiological data and information gathered from people across the region to identify unmet health and healthcare needs. Options for work that can be done to address these needs and improve the health of the population are presented and used to inform the planning and delivery of HNECC PHN activities.

HNECC PHN maintains a suite of population health resources, including a Health Planning Compass, Regional Population Health Profiles and Local Government Area Population Health Snapshots. These resources inform health and service planning and policy development, and are available to organisations looking to improve the health of the community and reduce health inequalities.

For further information about local health needs and priorities of the HNECC region, the needs assessments and all population health resources are available through the HNECC PHN website: <https://www.hneccpnh.com.au/planning-commissioning/health-planning-reports-profiles/>



3.0 TOOLS AND RESOURCES

3.1 FOLIO CONTRACT MANAGEMENT SYSTEM

Folio is a web-based contract management system that HNECC PHN uses to manage all contract related communication and reporting documentation.

Your Organisation has been given a licence and access to Folio. When you are required to provide any data or documentation you will receive an email from noreply@kwelasolutions.com with a link to Folio. You will need to click on the link and upload the required information.

Your Organisation is required to compile and send reports directly to Folio via a link supplied to the email address of each Provider.

For more information or assistance with Folio please contact the Contracts Manager. Contact details are provided in HNECC PHN Contacts HNECCPHNContracts@hneccphn.com.au

3.2 SKYPE FOR BUSINESS

HNECC PHN covers a large geographical region and this can make communication challenging and often resource intensive. While it is important to establish and develop relationships with providers and stakeholder across the region, technology can be helpful in maintaining contact and conducting day-to-day business.

SKYPE for business is one platform that allows audio and visual contact over the internet. It is easy to establish and can deliver reliable and cost-effective video conferencing.

Resources to assist organisations to use and become familiar with SKYPE for business are available at: <https://docs.com/OfficeTraining/9869/skype-for-business-quick-start-guides>

More information regarding the SKYPE for Business platform is available at: <https://products.office.com/en-au/skype-for-business/online-meetings>



4. CONTRACT DELIVERABLES

4.1 REPORTING REQUIREMENTS

Your Service Agreement or Letter of Acceptance will outline your reporting requirements and the corresponding payment schedule. Please note that progress payments are dependent on delivery of the contracted services as well as the receipt of accurate and completed reports.

4.2 FUNDING ACKNOWLEDGEMENT

Organisations delivering HNECC PHN-funded services have a range of roles and responsibilities that support and uphold the reputation of the services. These roles and responsibilities include promoting the services and acknowledging HNECC PHN in all communications materials relating to PHN-funded services. This includes using the PHN brand mark in all service-related information and marketing material. HNECC PHN may ask service providers to submit information to confirm correct use of co-branding and funding acknowledgements. This includes, but is not limited to:

- Copies of information and marketing materials promoting the services
- Photographs of appropriate PHN acknowledgement displayed at service provider sites
- Other examples of the use of the PHN branding, where appropriate.

4.3 QUADRUPLE AIM

HNECC PHN has adopted the Quadruple AIM approach to ensure that the services we commission will improve our population's health, improve patients' experiences with the health system, provide value for money, and improve the worklife of healthcare providers. All aspects of the quadruple aim approach are used to develop, monitor, review and evaluate service provision.



Figure 4. Quadruple AIM

The four aims are described below:

Improved Population Health:

Population health refers to the health of all people living in the region. HNECC PHN is committed to improving the health of our population through commissioning high quality, evidence-based health care services that are accessible, adequate and appropriate.

Improved Patient Experience:

HNECC PHN is committed to individualised care that supports and encourages patients to participate in decisions related to their care. Patients', consumers' and their carers' and families' experiences are influenced by many factors including how easily they can access the care they need, how well clinicians and other staff communicate with them, and how well clinicians and other staff respond to their needs. Measuring patient, consumer, carers and/ or family experience informs the provider and HNECC PHN what is important to the individual, and in turn allows care to be more focused.

Value for money:

Supporting high quality health care is dependent on achieving efficiency and value for money. HNECC PHN's commissioning processes reflects our commitment to achieve value for money with the funding that is available to best support the needs of the population. HNECC PHN recognises that price is not the sole factor in determining value for money and considers both financial and non-financial costs and the benefits of any alternatives throughout the commissioning process that will impact our assessment of value for money.

Improved Clinician Experience:

Improving the work life of health care providers is crucial to achieving the above three aims. HNECC PHN actively supports and seeks guidance from GPs and other clinicians to achieve a better health system for both consumers and providers. There is no doubt workforce satisfaction is an important input to any health or social care sector being able to achieve its activities effectively which, in turn, is a determinant of better health outcomes.

4.4 CULTURAL COMPETENCY

HNECC PHN acknowledges the impact of trans generational trauma and of disconnection from land, culture and family experienced by Aboriginal and Torres Strait Islander people.

Service Providers will be expected to deliver services in a way that is culturally inclusive of people from all backgrounds and offers a culturally welcoming environment. This includes ensuring that all staff receive appropriate cultural awareness training and are committed to culturally safe practices.

All HNECC PHN Commissioned Service Partners will be provided with a copy of the [HNECC PHN Cultural Framework](#) and it is expected that HNECC PHN commissioned service partners will embed cultural respect principles into their services. The framework provides a guide for service partners and the PHN to help deliver quality, culturally safe, responsive health care to Aboriginal and communities across our region and contribute towards Closing the Gap.

For Aboriginal people we recognise that health is not just about physical well-being, it is also the social, emotional and cultural well-being of the whole community which is important. This means that if we are to close the gap in Aboriginal health then it is vital we support more Aboriginal people to work in the health field.

Our aim is to empower Aboriginal people and to demonstrate respect for their cultural beliefs, values and family systems. We strongly believe our commitment to place Aboriginal people and communities at the centre of the decision-making process and implementing a whole of organisation approach to Aboriginal health will lead to improved health outcomes for Aboriginal people and communities within our region.

For more information or for assistance in delivering culturally safe services, please contact the Aboriginal Health Access Officer for your region.

4.5 OUTCOMES MEASURES

Patient Reported Measures are outcomes measured from the patient's perspective. These measures can be divided into two groups:

1. **Patient Reported Experience Measures (PREMs)**
2. **Patient Reported Outcome Measures (PROMs)**

PREMs assess patients' experiences and perception of their health care; they are completed anonymously by patients.

PROMs capture patients' perspectives on how their illness or health care impacts on their health and well-being.

PREMs and PROMs will be used by HNECC PHN to evaluate the services provided, and for the ongoing assessment of needs. At various times during the contract period, providers may be invited to participate in discussions on Key Performance Indicators, including the collection of standardised outcome measures.



5.0 ENABLERS TO INTEGRATED HEALTH CARE

5.1 SECURE MESSAGING DELIVERY

Secure messaging delivery (SMD) supports the sharing of clinical documents and other personal information between healthcare organisations. The use of SMD complies with privacy legislation and improves communication with the patient's primary care provider. Wherever possible, HNECC PHN expects service providers to use SMD to share personal and sensitive communication.

Further information on SMD, and local SMD providers is included in Appendix 1.

5.2 MY HEALTH RECORD

All service providers are required to have access to a digital health platform that will allow them to view a patient's national electronic health record called My Health Record.

After Hours service providers must be fully compliant with appropriate clinical software, ensure that patients with a My Health Record are identified by the Service Provider, and upload an event summary to the My Health Record at the completion of each clinical consultation.

Further information on the My Health Record registration process is provided in Appendix 2.

5.3 SENT EREFERRALS

SeNT eReferrals is a smart electronic referral solution that enables healthcare providers to send and receive secure patient referrals electronically in the Hunter New England (HNE) region. The software aligns with Australian Digital Health Standards to send encrypted clinical information to an end point with access to the system and user authentication linked to either a Medicare NASH certificate or a privately generated SSL certificate. HNECC PHN and HNE LHD fund SeNT eReferral to provide users with a software license, on-site training and ongoing support. All HNE public services are included in the system and private clinical and allied health services are included with provider consent.

Further information on SeNT eReferrals is provided in Appendix 3.

5.4 HEALTHPATHWAYS

HealthPathways is an online health information portal for GPs and other primary health clinicians to be used at the point of care. It provides information on how to assess and manage medical conditions, and how to refer patients to local specialists and services in the most-timely way. Service Providers are expected to be proactive in providing and updating referral and eligibility information for their programs.

HNECC PHN expects that all service providers will contribute to the development of HealthPathways, support and participate as appropriate in redesign processes, and consent to having service information, including referral pathways available on the HealthPathways site.

As HealthPathways is a dynamic collaboration between local primary health care clinicians and the Local Health District there are separate portals for both the Hunter New England and Central Coast regions.

HealthPathways is **NOT** designed to be used by patients or general community members. A user name and password are therefore required to use the site.

HealthPathways Central Coast can be accessed

at: <https://centralcoast.healthpathways.org.au>

Username: centralcoast

Password: 1connect

HealthPathways Hunter New England can be accessed at: <https://hne.healthpathways.org.au/>

Username: hnehealth

Password: p1thw1ys

Additional information is available at:

<http://www.HNECC PHNphn.com.au/media/13797/using-hne-health-pathways-information-sheet.pdf>

<http://www.HNECC PHNphn.com.au/media/13798/using-central-coast-health-pathways-information-sheet.pdf>

5.5 PATIENT INFO

Aligned with HealthPathways, **PatientInfo** is website brought to you by Hunter New England LHD, Central Coast LHD and the HNECC PHN. The site provides consumers with trusted health information on a range of topics and covering a variety of clinical conditions. Resources and links are up-to-date and evidence based.

HNECC PHN expects that all service providers will contribute to the development of HealthPathways, support and participate as appropriate in redesign processes, and consent to having service information, including referral pathways available on the HealthPathways site.

This site is freely accessible and is designed to be used by patient and the general community. No specific log-in or password is required for the site.

Hunter New England PatientInfo can be accessed at: <http://www.patientinfo.org.au/>

Central Coast PatientInfo can be accessed at: <http://ccpatientinfo.org.au/>

6.0 HNECC PHN CONTACTS

You will have a Commissioning Coordinator for each program you are contracted to provide. This is your main contact for all questions or concerns about the Program, or about HNECC PHN more generally.

HNECC PHN PHN's Communication Manager can assist with any media enquiries. Please contact the Communication Manager as soon as practicable following any media enquiry.

PROGRAM	Staff member	Position	Phone	Email
Afterhours Primary Care/ Primary Allied Health & Imaging/ Primary Health Care Nursing/ Cancer Screening/ Immunization/	Mitch Cootes	Team Leader – Primary Care Commissioning	0419 369 618	mcootes@hneccphn.com.au
Integrated Team Care	Toni Manton	Aboriginal Health Access & ITC Service Coordinator	0447 569 729	tmanton@hneccphn.com.au
Drug and Alcohol Treatment Services		Team Leader Drug and Alcohol and Indigenous Mental Health	0417 687 640	
Indigenous Mental Health Services	Brad Webb	Commissioning Coordinators – Indigenous Mental Health	0447 565 549	bwebb@hneccphn.com.au
Primary Mental Health Care services/ Mental Health Nurse Incentive Program	Leah Eddy	Team Leader Mental Health and Suicide Prevention	0418 938 152	leddy@hneccphn.com.au
Way Back Service	Sam Carter	Commissioning Coordinator – Mental Health and Suicide Prevention	0438 107 601	scarter@hneccphn.com.au
headspace and Youth Complex Mental Health	Jane Mendelson	Commissioning Coordinators – Youth Mental Health	0437 546 887	jmendelson@hneccphn.com.au
LifeLine/ Transitional Care Packages	Tanja McLeish	Commissioning Coordinator – Mental Health and Suicide Prevention	0409 853 104	tmcleish@hneccphn.com.au
National Psychosocial Support (NPS)/ Continuity of Support (CoS)	Naomi Freuden	Commissioning Coordinator – Mental Health and Suicide Prevention	0429 221 971	nfreuden@hneccphn.com.au

OTHER CONTACTS	Name	Position	Phone	Email
Media inquiries	Scott White	Communication Manager	0437 478 138	swhite@hneccphn.com.au
Contracts/ Folio	Danny Lynn	Contracts Manager	0438 408 243	dlynn@hneccphn.com.au
Service Provider Payments		Accounts	1300 859 028	Accounts@hneccphn.com.au

Additionally, the regional Executive Manager will also be a point of contact for issues with a strategic or regional focus, or when program concerns need be escalated beyond the Commissioning Coordinator.

REGION	Name	Phone	Email
Central Coast	Catherine Turner	0428 492 203	CTurner@hneccphn.com.au
Hunter	John Baillie	0439 944 123	JBaillie@hneccphn.com.au
New England	Heather Alexander	0419 247 509	HAlexander@hneccphn.com.au

Regular meetings will be arranged between the Commissioning Coordinator and the service providers. At times, the regional Executive Manager may also participate in these meetings to enhance and facilitate the developing corporate relationships, discuss ongoing strategic direction and provide additional information that may relate to the services provided under the contract(s).

Ongoing and future meeting between the regional Executive Manager and the service providers will occur if required. This will ensure that opportunities are provided as needed to discuss issues pertaining to the region and the ongoing corporate relationship between service providers and HNECC PHN.

APPENDIX 1

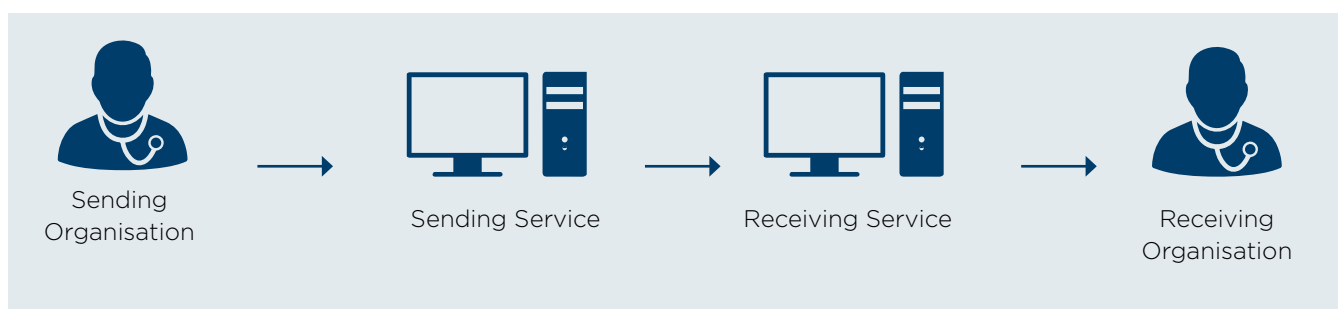
SECURE MESSAGE DELIVERY

Secure Message Delivery (SMD) is a way in which health care providers can share clinical and personal information safely and securely. It requires dedicated computer software that enables a health care provider's clinical software to talk to another provider's clinical software.

To use SMD, organisations need to purchase an appropriate software system through a local provider (listed below). This will provide a secure messaging connection. For the software to work,

however, organisations also need to be using compatible clinical software. Compatible clinical software for each SMD company is listed on their web pages. There are some exceptions to the requirement for compatible clinical software; these can be discussed with your local provider.

The SMD process is shown in the diagram below.



SMD offers numerous benefits to providers including:

- Secure exchange of clinical information and documents such as eReferrals and Discharge Summaries, preventing unauthorised interception of the message content.
- Reduced use of paper correspondence.
- Confidential patient correspondence only seen by treating clinicians (no scanning necessary).
- System notification of successful message delivery.
- Potential to improve the timeliness of receipt of clinical information, and therefore the quality of care provided.

- Over time as software vendors enhance their digital health functionality, patient data contained in CDA documents, such as pathology results, will be able to be imported directly into the relevant fields in your patient's record. This will help consolidate the information in your clinical software rather than you needing to click into separate tabs to find scans and reports.

There are main two companies that offer secure messaging in the Hunter, New England and Central Coast areas:

Medical Objects in the Hunter/New England areas

– <https://www.medical-objects.com.au>

Argus in the Central Coast

– www.argusconnect.com.au

APPENDIX 2

MY HEALTH RECORD

A My Health Record is the digital health record of an individual patient that contains a summary of their key health information. The My Health Record system is a core component of the national digital health strategy.

A My Health Record can contain personal information, medical documents, child development status and Medicare records. As a central repository for important health information, My Health Record offers patients and providers:

- Better access
- Stronger security
- More convenience
- Improved safety
- Greater privacy

Additional information is available at:

<http://www.digitalhealth.gov.au/get-started-with-digital-health/what-is-digital-health>

There are three main steps to access the My Health Record system:

STEP 1 - Register with the Healthcare Identifiers (HI) Service

The HI Service is a national system for uniquely identifying eligible healthcare providers, organisations and individuals (patients).

All healthcare providers and organisations wishing to participate in the My Health Record system must first be registered with the HI Service. Once registered, healthcare organisations are issued with a unique 16-digit Healthcare Provider Identifier for Organisations – also known as a HPI-O. Healthcare Provider Individuals such as GPs, allied health professionals and nurses registered with AHPRA are already registered with the HI Service and have automatically been assigned a Healthcare Provider Identifier for Individuals – also known as a HPI-I.

Providers that are employed in a healthcare profession that is not regulated by AHPRA will need to apply for a HPI-I.

More information on this topic is available on the 'Register with the HI Service and the My Health Record system' page at:

<http://www.digitalhealth.gov.au/get-started-with-digital-health/what-is-digital-health>

STEP 2 - Start registration with the system

Once registered with the HI Service, healthcare organisations will need to register to participate in the My Health Record system. Healthcare providers will need to be authorised by their healthcare organisation to access the My Health Record system.

More information on this topic is available on the 'Register with the HI Service and the My Health Record system' page at:

<http://www.digitalhealth.gov.au/get-started-with-digital-health/registration/apply-for-digital-health-online>

STEP 3 - Obtain a National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) Certificate for My Health Record system access

A National Authentication Service for Health (NASH) Public Key Infrastructure (PKI) Certificate is a digital certificate that authenticates an individual provider or organisation whenever they access the My Health Record system. There are two types of NASH PKI Certificates – one for organisations and one for individuals.

More information on this topic is available on the 'Apply for NASH PKI Certificates' page at:

<http://www.digitalhealth.gov.au/get-started-with-digital-health/registration>

APPENDIX 3

SeNT EREFERRALS

The Hunter New England (HNE) eReferral solution is smart a whole-of-health system approach to enable electronic referrals to be sent and received securely by healthcare providers. The smart eReferral solution:

- uses BPAC Clinical Solutions Secure eReferral Network Transfer (SeNT) eReferrals software, a web-based health informatics system
- uniquely integrates with GP clinical software including Medical Director and Best Practice
- has locally agreed clinical content, specialist forms, algorithms and referral pathways that are based on [HNE HealthPathways](#)
- delivers standardised, issue-based referrals electronically to specialist providers which enables the delivery of appropriate and timely patient care
- allows GPs to perform 1st level triage and send secure referrals electronically to approved private and public clinical specialists and allied health providers
- auto-populates patient information from the clinical software to minimise data entry

IMPLIMENTATION

General Practices across the HNE region are using [SeNT eReferrals](#)

SeNT eReferrals are available for Clinical and Allied Health services in the following formats:

- Issue/condition-specific
- Generic non-issue specific
- Public and some private Allied Health services
- Special Initiatives

For a full list of available services, please go to [HNE HealthPathways](#)

SECURITY

SeNT software aligns with Australian Digital Health Standards to send encrypted clinical information securely to an end point.

The health informatics system uses HL7 Clinical Document Architecture (CDA), which are encrypted over SSL in transport, across a Virtual Private Network (VPN) to HNE LHD (for public referrals) or Referral Manager (for private referrals). GP user authentication is required via the Practice's Medicare NASH certificate to encrypt the data, and a privately generated SSL certificate is issued to the receiving specialist to access the eReferral.

REGISTRATION

In partnership, HNECC PHN and HNE LHD fund SeNT eReferrals to provide users with the SeNT license, on-site training and ongoing support

All HNE public services are included in the system and private clinical and allied health services are included with provider consent.

For more information or to register to participate in the HNE smart eReferral solution contact the eReferral Team: 1300 859 028 or email ereferral@HNECC PHNphn.com.au

