

HealthSMART Victoria's whole-of-health ICT strategy



VHA Rural Health Conference HealthSMART update

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A Victorian Government initiative

Presentation Agenda

- HealthSMART perspective
 - Status and Activity
 - Governance
 - Challenges
- HealthSMART's understanding of the Rural HA perspective
 - PCMS, FMIS, Clinicals, Kronos / Chris21
- Other
 - 2009-13 strategy
 - Dr Andrew Howard, new DHS Health Services CIO
- Key messages and your feedback



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HealthSMART: achievements to date

- Utilised transparent governance approach with VPHS
- Established state-wide contracts and state-wide application footprints
- Built a sound technology infrastructure platform, including strong cross-system integration capability
- Created an effective shared ICT services organisation
- Transitioned metropolitan health services or rural health alliances to new applications:
 - Finance (FMIS: Oracle) - 9, Patient & Client (PCMS: iSoft) - 5, Client (CMS: Trak) - 15
 - Payroll (Chris21), PACS (Fujifilm), Kronos (Rostering)
- Standardised product catalogues, standardised terminology, NeHTA alignment

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HealthSMART Business Drivers - current state assessment Mar 09

<p style="text-align: center;">Reduce Risk ✓</p> <ul style="list-style-type: none"> • Remove obsolete systems • Refresh infrastructure • Increase infrastructure capability and scope • Reliability of mission critical systems • Utilise common methodologies • Centralise and develop specialist skills 	<p style="text-align: center;">Improve Quality and Safety </p> <ul style="list-style-type: none"> • Medication management to reduce errors • Integrated systems - continuity of care • Increase automated use of evidence • Support structured care planning and active management of plans • Provide knowledge/rules based engines to support clinical decisions
<p style="text-align: center;">Increase Efficiency </p> <p>Business</p> <ul style="list-style-type: none"> • Reduce transcription • Reduce replicated data entry • Common systems - mobile workforce <p>ICT</p> <ul style="list-style-type: none"> • "Accredited" products ✓ • Common "footprint" (including standards) • Increase Sharing of infrastructure & services • Common (project) methodology 	<p style="text-align: center;">Increase ICT Capability ✓</p> <ul style="list-style-type: none"> • Support clinical workforce • Support reform agenda / new models of care • Foundation for controlled sharing of patient information and Shared EHR • Foundation for e-referrals • Foundation for electronic medical record • Secure communications network • Shared ICT service • Shared infrastructure 4

HealthSMART: some criticisms

- Costly
- Slow to deliver
- Benefits not realised / measured
- Inflexible / unresponsive
- Don't understand operational impact to health agencies
- Incomplete solutions
- Constrains innovation and choice within health agencies

Elements of these criticisms have been accurate at particular times, and addressed as possible. Other elements are a consequence of a state-wide solution focus, or the current program stage. Some criticisms are perceived by HealthSMART to represent individual perspectives.

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HealthSMART: governance

OHIS Board	Oversight of the HealthSMART program
PCMS & Clinicals Steering Committees	Oversight of requirements definition, tenders, implementation
Product Planning Groups / StateWide Footprint Committees	Oversight of product direction and enhancements, prioritisation of change
HealthSMART Services Council	Oversight of HealthSMART Services (HSS) as the ongoing service delivery organisation for HealthSMART applications
Service Management Committee	Oversight of detailed performance of HSS against Service Level Agreement
System Integration Advisory Committee	Oversight of standards for inter-system information exchanges
Expert reference groups	Subject matter experts - Finance, Medications ...

Each of these governance fora largely comprise health sector representatives.

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HealthSMART: current scope

- Implement PCMS (iSoft) state-wide footprint to 10 metropolitan health agencies or rural health alliances by the end of 2009;
- Implement CMS (Trak) state-wide footprint to 21 stand-alone metropolitan community health services by the end of 2009;
- FMIS (Oracle) Rural and Regional project will deploy FMIS to 4 further rural health alliances by early 2010;
- Implement Clinicals (Cerner) state-wide footprint to 10 metropolitan health agencies or rural health alliances by the end of 2010;

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HealthSMART: 2009 schedule

- Implement Clinicals Release 1 (Cerner) to Eastern and RV Eye & Ear;
- Implement PCMS (iPM) to Western, Grampians, LMRHA, Southern and Melbourne;
- Upgrade Production PCMS agencies to the planned SWFP (esp. Community functionality)
- Implement CMS (Trak) to 10 further metropolitan community health services (3 complete);
- Upgrade Production CMS agencies to the planned SWFP;
- Implement FMIS R&R to LMHA, Hume and SWARH;
- Plan for 2010;

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HealthSMART: current activity

- Implementation support;
- Finalising planned application delivery;
- Cost reduction through technology initiatives in HealthSMART Services;
- Enhanced focus on benefits realisation and measurement;

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HealthSMART: key challenges

- Program workload in 2009, and implications of associated sector workload;
- Finalising support for key business processes around Clinicals system – e.g. management of medications data, regulatory approval of system doctor authentication;
- Major issues – privacy, inter-departmental (DoJ) requirements;
- Maintaining team and partner focus on program objectives;
- Building sector confidence in “post-program” capability;

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HealthSMART & Rural HA: overview

- HealthSMART seeks to engage with all Rural Health Alliances through the Alliance structure;
- HealthSMART understands that the Community Health restructure to ‘Co. Ltd by Guarantee’ will apply after 31 Mar, at which point some CHS may become customers rather than members of an Alliance;
- At present, HealthSMART is assuming no change to rural health ICT delivery arrangements;
- The “Trak or iSoft” discussion within rural health alliances still appears to be active

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HealthSMART & Rural HA: overview

- **LMRHA** – PCMS & FMIS to implement in 2009, considering Chris21 and Kronos. OHIS is supporting the Loddon Mallee Shared Electronic Health Record project under the HealthConnect program;
- **SWARH** – FMIS planned for 2009
- **Grampians** – Payroll implemented, PCMS to implement in 2009
- **Hume** – FMIS planned for 2009
- **Gippsland** has implemented ‘acute’ PCMS, FMIS, Payroll and is piloting Rostering;
 - Clinicals Group 3 IPS participation under review

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Rural HA: Trak or iSoft

- HealthSMART's position, endorsed by the PCMS Steering Committee and the OHIS Board, is that Trak will be used for standalone metropolitan Community Health Services, and iSoft in Rural Health Alliances;
- Two RHA requests for exemptions from this approach have been declined;
- It is intended that the two products will provide equivalent functionality to Community Health Services – although during program rollout timing of functionality availability may vary across the products;
- HealthSMART's long-term vision to potentially offer a panel of products hasn't changed, but there are no current plans to change the present panel composition;
- HealthSMART's investment in system integration and product evolution (e.g. eReferral) is focussed on the current panel products;

Rural HA: HealthSMART PCMS

- Grampians is scheduled to go-live with PCMS (iPM) in Jul 2009
- Loddon Mallee go-live with PCMS (iPM) late 2009
- These are important objectives for HealthSMART, and we want to work constructively with Alliances to address any barriers;
- The Board of OHIS has requested immediate escalation of any issues that will affect attainment of the 2009 PCMS schedule;
- Functional demonstrations of the PCMS application can be scheduled – SWARH in April 2009;

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Rural HA : HealthSMART FMIS

- SWARH to go-live with FMIS in July 2009;
- HUME to go-live with FMIS in Sept 2009;
- Loddon Mallee current implementation planning is focussed on October 2009;
- Grampians to go live in 2010 – waiting to sign POC with Oracle thereafter planning will occur to confirm date

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Rural HA : HealthSMART Clinicals

- HealthSMART Clinicals scope is 10 agencies – 2 in Group 1 (Sep 09 implement), 5 in Group 2 (Jun 10), 3 in Group 3 (Sep 10);
- Group 1 is full – Eastern and RV Eye and Ear;
- Group 2 is full – Austin, Western, Northern, Peninsula and Royal Women's – Implementation Planning Study to start in March 09.
- Group 3 has one slot remaining after Southern and Melbourne – IPS to start in mid 2009. Several agencies, including LMRHA, have expressed interest in this slot, and the associated funding.

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Rural HA : Payroll (Chris21)

- A state-wide contract with Frontier has been established for the Chris21 payroll application;
- Terms and conditions such as pay-slip cost have been agreed;
- A HRMS Product Planning Group has been established to oversee the state-wide solution;
- Rural Health Alliances can take up this Payroll service;

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Rural HA: Rostering (Kronos)

- A state-wide contract with Kronos has been established for the Rostering application;
- There is a state-wide design, but no centralised solution delivery;
- Rostering is in Production at Austin, and in pilot mode at Gippsland;
- Rural Health Alliances can take up this Rostering service, although a plan to also utilise the Chris21 Payroll application is expected;

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Other Matters

- Vacancy exists for a Rural CEO to participate on the HSS Council (replacing Greg Pullen).
- The 2009-13 Strategic Framework document was signed off by the Strategy Steering Committee in Jan 09, following extensive consultation with sector representatives;
- The OHIS Board supported the document as the strategic framework for further strategy development and planning at the Feb 09 meeting;
- Dr Andrew P Howard has joined DHS as the Health Services CIO, with overall responsibility for both the HealthSMART program and strategy planning and implementation;
- Dr Howard's role encompasses the role formerly known as the Director, OHIS;

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Key Message

- There is a very strong commitment at all levels of DHS to the successful completion of the HealthSMART program as scheduled;
- We want to work constructively with health agencies to enable that successful completion from all perspectives;

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Your Feedback

- Your questions and comments are welcome;

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