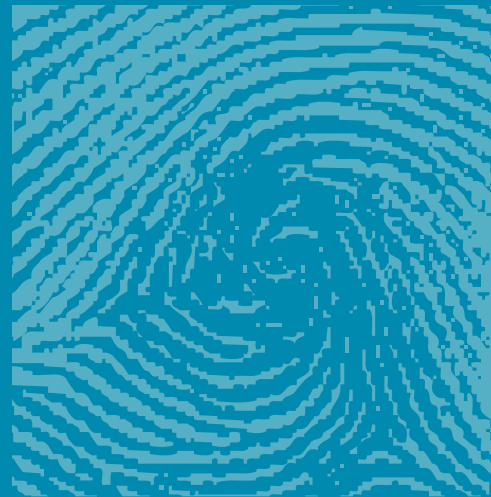


Patient & Client Management Systems (P&CMS) News

September 2004, newsletter #2



Introduction

HealthSMART Victoria's Whole-of-Health Information and Communication Technology Strategy, has been developed to provide direction and guidance for the development of ICT across the sector over the coming four years.

As promised in Communication Bulletin 2004/01, in this issue we will continue to provide responses to Frequently Asked Questions (FAQ) in order that we focus on issues that are important to the healthcare workforce. Should you have questions in relation to this project, please direct them to the appropriate contact person.

Frequently Asked Questions (FAQ)

How far into development is the Patient and Client Management System and when will it be ready?

Until now, many organisations, including those in healthcare, have chosen a path of in-house development of application software. Not all of these projects have delivered a successful outcome. One of the underpinning principles of the HealthSMART strategy is the 'buy not build' approach to software acquisition. What this means is that rather than in-house development of applications for deployment to the health sector, we will go to an open tender to identify vendors with suitable product to meet the needs of the sector.

How do we 'buy not build' suitable software?

In order to buy not build, we will be going to the healthcare software market in an open tender. The tender was released to the market in early August 2004, slightly later than indicated in the previous bulletin. Included in the tender is a detailed listing of required functionality to which tenderers must indicate compliance, partial compliance or non-compliance in accordance with their existing product functionality. In addition to this core component of the response, vendors are asked to provide license and implementation costs, maintenance and supports costs, company financial information along with a range of other indicators and all of this is used by DHS and its representatives to systematically evaluate the vendors offering and ongoing capability and viability.

When does the Patient and Client Management Tender close?

By the time this communication is received by the VPHS, it is anticipated that the tender will have closed (closure date is 2.00pm Thursday September 23rd, 2004). All tenderers must submit prior to this time in order for their bid to be evaluated.

P&CMS Portfolio

The principal contacts for the P&CMS Portfolio are:

Anthony Bibby Portfolio Manager

Phone: 9616 2808
Email: anthony.bibby@dhs.vic.gov.au

David Ryan Project Manager Patient Management

Phone: 9616 1314
Email: david.ryan@dhs.vic.gov.au

Peter Whatley Project Manager Client Management

Phone: 9616 2811
Email: peter.whatley@dhs.vic.gov.au

HealthSMART

Victoria's whole-of-health ICT strategy

Tenderers have been requested to submit two separate sets of information. The larger set includes their responses to our request for a broad range of functions, along with implementation experience and other relevant evaluation documentation and the second, smaller set of information includes the vendor pricing information. We have chosen to separate the two sets of information so that price does not become the most important or influencing factor of the evaluation. Needless to say, it is a key consideration, but not necessarily the most important.

What happens after the tender has closed?

After the tender has closed on September 23, 2004, an extensive evaluation process will commence. Much of the basis for the evaluation has been included in the tender so that tenderers are well aware of how their offerings will be assessed. An evaluation team representative of VPHS will undertake the evaluation with support and guidance provided by the Patient and Client Management Project Team of DHS.

How long will it take before VPHS knows who the successful tenderers are?

The evaluation process is in three stages and is anticipated to take place over a period of 3 months. The process includes evaluating not only the product the tenderer offers, but also their ability to implement the product, to provide ongoing development and support, the financial viability of the tenderer will be assessed to ensure that they remain in business for an extended period of time and an assessment of their performance to date. In addition, the evaluation team will visit sites where the product has been installed and talk to the users about their experience of both the product and the vendor. Contract negotiations will then commence with short-listed tenderers, implementation planning studies will be undertaken on suitable product and after sign-off by the P&CMS Steering Committee, contracts will be signed. This is anticipated to occur in the first quarter of 2005.

What does probity mean?

Probity is a term used to describe a process whereby the complete tendering and evaluation process through to the award of a contract, is open, transparent and equitable to all tenderers. In effect, it ensures that the process is fair to all and that no bidder is given an unfair advantage over others.

Probity is a high priority through until contracts are signed and this means that all individuals in the VPHS must be aware and understand that any communication with tenderers is ill advised. If there is any doubt about communication with a tenderer, then the matter must be referred to any of the contacts listed at the start of this communication.

In this next section, responses to frequently asked questions related to statewide shared ICT services and communications connectivity are addressed.

What services will Statewide Shared ICT Services provide to support agencies and service coordination?

For the Patient & Client Management Project, the key service to be delivered is access to the panel of application software product(s) endorsed by the P&CMS Committee. The Shared ICT Services Centre will provide hosting for these applications and related data, application support (detailed or complex support questions, commonly known as level 2 and above) for these systems, and management of the associated infrastructure. The infrastructure will be housed in Class A data centres (these buildings have multiple & different types of power supplies, separate air-conditioning systems, 24 x 7 security on-site, etc) designed to provide disaster recovery/business continuity for these key systems supporting the delivered patient care.

Security of information within an agency's data, and the transmission of that information to an agency's desktop are key functions that will be managed, in association with the individual agency.

What benefit is Statewide Shared ICT Services to service delivery?

By having a common group of applications used across the state, a common approach to how services are delivered can be performed across the state. Common reporting requirements and upgrades can be performed centrally and made consistent across the state to the various reporting requirements. A number of broad administrative functions within an agency can be streamlined through the implementation of 'best practice' methods enabling agencies to devote more time to direct patient care. The costs of the applications and upgrades can also be shared amongst the participating agencies.

How will the services provided by Statewide Shared ICT Services impact on the way primary and community health manage their own systems?

If an agency participates in the services provided by Shared ICT Services, a collaborative approach with the other agencies will be performed to define how that application or service will be implemented and used. Integration from these services to other existing agency systems will need to be considered on a case-by-case situation. Specifically in terms of how information is to be transferred between the agency systems, and the centralized systems, and how frequently the information is to be transferred. Any system which is not replaced by a HealthSMART application will continue to be managed as previously by the agency.

How do primary and community health services connect to Statewide Shared ICT Services?

An agency will connect via a network connection, which could be via one of several methods depending on the geographical location of that agency. A considerable amount of work has occurred in implementing network connectivity across the state. This has been performed through the Rural Health Alliances, and the metropolitan Regional ICT Governance Groups.

How far into development is Statewide Shared ICT Services and when will it be ready?

The development is currently covering several areas in the HealthSMART strategy, including the Resource Systems, Clinical Systems and Patient & Client Management Systems implementations. Creating a State-wide Wide Area Network (WAN) leveraging off existing agency WAN connections is also being performed to deliver these applications to Health Agencies throughout the state. The various activities are directly linked to when an agency requires access to that specific application.

Will it cost my agency?

Costs will be calculated on a basis of sharing the costs of the Patient & Client management application, infrastructure required to host and support it, the costs of the support personnel, and the network costs from the data centre to the agency, all of this will be charged beyond year one from go-live. A key guiding principle in the development of the Statewide Shared ICT Services is to have low recurrent costs for these services to the agencies.

What is DHS doing to support communications connectivity between agencies across the state?

Last financial year technology refresh funds were allocated to agencies throughout the state. A portion of these funds at a number of the agencies were prioritised towards network connectivity.

A separate project enabling communications connectivity across the state was the 'Growing Victoria Infrastructure Reserve' initiative which was finalised in June 2004. These funds (\$30M) assisted extensive communications upgrades throughout the state. \$15 million of these funds were allocated to Primary & Community Care Partnerships (PCP) to connect over 450 prioritised primary and community health agency sites.

Why has a regional approach to connectivity been developed?

Connectivity methods vary across the state, particularly in terms of what methods are available. Regional Alliances (rural) or Regional ICT Governance groups (metro) are ideally suited to determine the method of connectivity throughout their area.

Within the metropolitan area, there are four Regional ICT Governance groups which manage the connectivity for the prioritised PCP member agencies through to the State Shared Services Data Centre. Individual Health Services within the metro area manage their specific requirements for network connectivity.

How do agencies connect to the regional communications network?

For network connectivity in the rural regions, contact the Rural Alliance CIO. For metro connectivity for PCP agencies, contact the local regional ICT governance group chairperson.

What should an agency consider in making a decision to connect to the regional communications network?

Consideration of the benefits in terms of access to the Patient & Client management systems, and access to other systems available through the HealthSMART strategy should influence decision making. Some regional networks offer additional services, such as internet access which provide additional benefits to the agencies in their region. Other incentives which will provide additional benefits are currently being considered by State Shared ICT Services Centre.

If an agency site connects to the regional network, will it compromise the internal IT security?

The method of connectivity being developed is for a secure process linking the agency to the data centre/s. The development of a strategy for IT security is a collaborative process between an agency and State Shared ICT Services Centre to review security processes at each end of the network connection.

Next issue...

In the next issue we will address some of the issues surrounding implementation and the role and work of the lead agency project managers collaborative.