

Patient & Client Management Systems news

An integral part of HealthSMART, Victoria's Whole-of-Health ICT Strategy

Issue 9, December 2007

New team members to welcome

New members of the Patient & Client Management Systems teams (P&CMS) are:

Adam McLeod	Project Manager, Client Management Systems
Vicki Maisano	Test Analyst, Statewide Footprint
Julieta Briones	Test Analyst, Statewide Footprint
Carissa Seymour	Functional Expert, Client Management System

Agency implementation update Client Management Systems

Bendigo Community Health Service

Bendigo Community Health Service went live with TrakCare during early November 2007. This is the second implementation of the HealthSMART Client Management Systems (CMS) solution, with Western Regional Health Centre going live earlier this year.

Inner South Community Health Services

Inner South Community Health Service is progressing with testing and is due to go live in February 2008.

MonashLink Community Health

MonashLink Community Health Service is progressing with implementation tasks and is due to go live in March 2008.

Implementation Projects

The HealthSMART implementation team currently has five agencies progressing with implementation projects and working through various pre-implementation tasks. These agencies are:

- ISIS Primary Care
- Banyule Community Health Services
- Darebin Community Health Services
- Nillimbik Community Health Services
- Plenty Valley Community Health Services.

Pre-engagement activities

EACH/Knox/Whitehorse are progressing with pre-implementation tasks.

Expression of interest to implement Client Management System (CMS)

The CMS portfolio team has met with the next round of independent primary and community health services and has distributed expressions of interest to implement TrakCare in 2008/09. Once all expressions have been received, a rollout schedule for 2008/09 will be produced.

Patient & Client Management Systems

Northern Health

Northern Health has completed Phase II of the i.Patient Manager (i.PM) project. Phase II involved i.PM to be implemented at the remainder of Northern Health sites.

Peninsula Health

Peninsula Health when live in September 2007.

Gippsland Health Alliance (GHA)

GHA when live in October at four sites (Latrobe Regional Hospital, West Gippsland Healthcare Group, Central Gippsland Health Service, Gippsland Southern Health Service). A subsequent rollout occurred early December at Bairnsdale Regional Health Service, Bass Coast Regional Health, Orbost Regional Health, South Gippsland Hospital, Yarram & District Health Service and Omeo District Hospital. All sites are live and utilising the i.PM application.

Royal Women's Hospital

The Royal Women's Hospital went live on the weekend of 17/18 November 2007.

Mercy Health & Aged Care

Mercy Health has completed IPS workshops and key user training is scheduled for January 2008.

Southern Health/Western Health

Both Southern Health and Western Health are progressing with pre-implementation tasks.

A Victorian
Government
initiative



iSOFT non-lead participation

Six non-lead agencies were recently requested to provide information to DHS regarding P&CMS business drivers and preferred implementation timeline. Once preferences were assessed it was decided that Grampians Health Alliance will fill the spot left by Melbourne Health and commence implementation activities early 2008.

Loddon Mallee Health Alliance has expressed interest in being the first non-lead agency to implement i.PM. This would mean that implementation will occur at this agency in the second half of 2008. Implementation time lines for the remaining non-lead agencies, Peter MacCallum Cancer Centre, Hume Alliance, Bayside Health and Eastern Health are yet to be agreed.

Testing workshop

The P&CMS portfolio recently held a testing workshop for all agencies. The aim of this workshop was to discuss the business requirements needed to be undertaken during the implementation project. The forum was very successful and further forums will be planned in the 2008 year.

Frequently asked questions

What are the CMS ongoing costs?

The ongoing annual cost to agencies will be 1.54 per cent of in-scope FASA programs tied to FASA at 30th June of the previous financial year, with a ceiling of \$150,000. The cost to agencies is applied 12 months post go-live (i.e. first year no cost).

What are the CMS implementation fees?

All agencies implementing the TrakCare Client Management System will sign a funding agreement between the agency and the department. This funding agreement will include a specified tied grant to cover the agency implementation fees. Those agency implementation fees are described in the head agreement that has been negotiated between DHS & TrakHealth and is based on the agency size defined by number of in scope FTE's.

What financial support does OHIS provide to agencies implementing CMS?

The principles of the HealthSMART program have been applied, particularly that DHS will:

- Fund the license costs, statewide planning, statewide design and the technology required
- Fund the vendor costs for agency implementations

- Contribute to the local project costs, particularly through funding of a project manager for the duration of the implementation.
- Subsidise the ongoing running costs until there is adequate uptake of the system
- Cover the running costs for the first 12 months of each agency's use of the system.

The costs to be borne by your agency will be as follows:

- The funding of a project team to undertake the implementation, exclusive of the project manager
- The ongoing running costs of the system beyond year one, post go-live.

How does an agency obtain connectivity to HealthNET?

The CMS technical implementation team will work with the agency technical representative(s) toward establishing connectivity to HealthNET. This phase consists of key activities such as the IP re-landscape, liaison with access providers and establishing end to end communications between the agency and HealthNET. Where applicable, an agency will be required to modify existing DNS entries and firewall rules to establish connectivity.

Can data from our current or legacy system(s) be migrated into TrakCare?

Yes. There are two types of data migration processes, which are:

Automated migration

An automated migration is one by which a TrakHealth routine is run within the CMS database, to upload a text file containing the relevant data from the legacy system. It is a policy of the portfolio that only the migration of Patient/Client demographics (PMI) and Medical Records (MR) are in-scope for automated migration.

Manual migration

Manual migration is that where data must be manually entered using the TrakCare application. This consists of current episodes of care, appointments and waiting lists. As this is a manual process, there is obviously significant time involved in using this process.

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