

# **HEALTHSMART**

*Victoria's Whole of Health ICT Strategy  
A partnership between Government and Agencies*

*HealthSMART, CareDIRECT, and  
eReferral*

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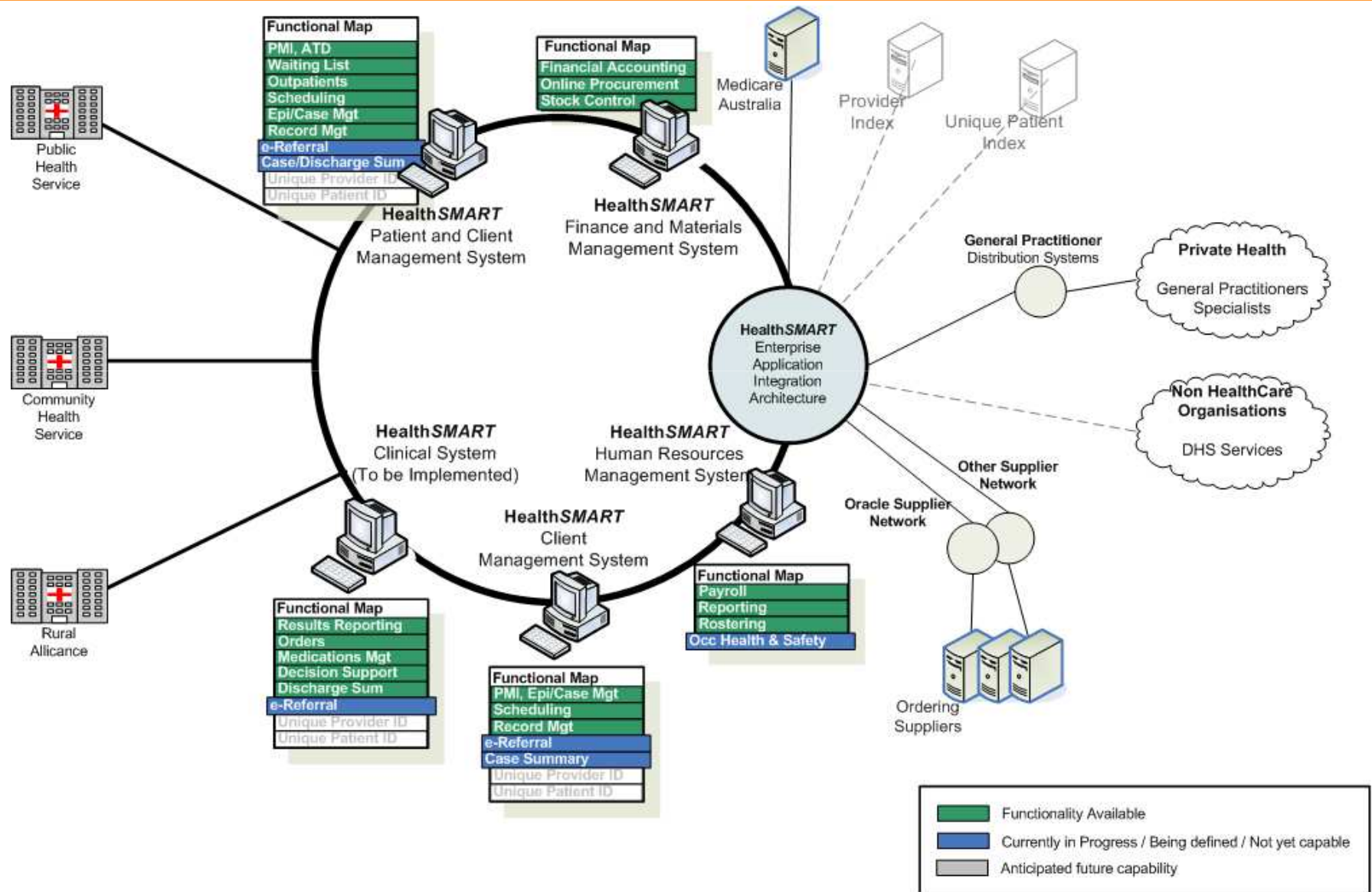
# Agenda

- Health*SMART* Overview
- CareDIRECT e-Referrals Architecture
- Standards
- Provider Directory

# HealthSMART

- **Health Solution**
  - Patient & Client Management Systems(5 of 10 implemented)
  - Client Management Systems (11 of 22 implemented)
  - Financial Management Information Systems (8 implemented)
  - Human Resource Management Systems (3 implemented)
  - Clinical Systems (2 current of 10)
- **Core Clinical Functions**
  - Medications Management – Decision support
  - eReferrals and Discharge Summary
  - Orders and Results – Decision support
- **Standardisation of data transfer between applications**
  - Driving consistency in use of standards (NeHTA, Standards Australia)
  - Reusability and sharing of integration components and specifications
  - Encouraging vendors to a consistent understanding and use of standards
  - Drive to use of discrete data elements rather than documents
- **Business continuity across Healthcare applications**

# HealthSMART Solution Architecture



# CareDIRECT eReferral Scope

**eReferral** : This is defined as electronic application to application (A to A) interoperability using data transmission to support the consented and secure exchange of information between organisation in the health and human services sector, for the referral process. Machine interpretable data.

**Applications** : The following applications are in scope:

- HealthSMART Community Management Systems
- HealthSMART Patient and Client Management Systems
- General Practitioner Clinical Management System (one specific system)

**Setting** : The following settings are in scope:

- Community eReferral (HealthSMART CMS and P&CMS)
- Outpatient,
- GP's (Specific vendor and GP)

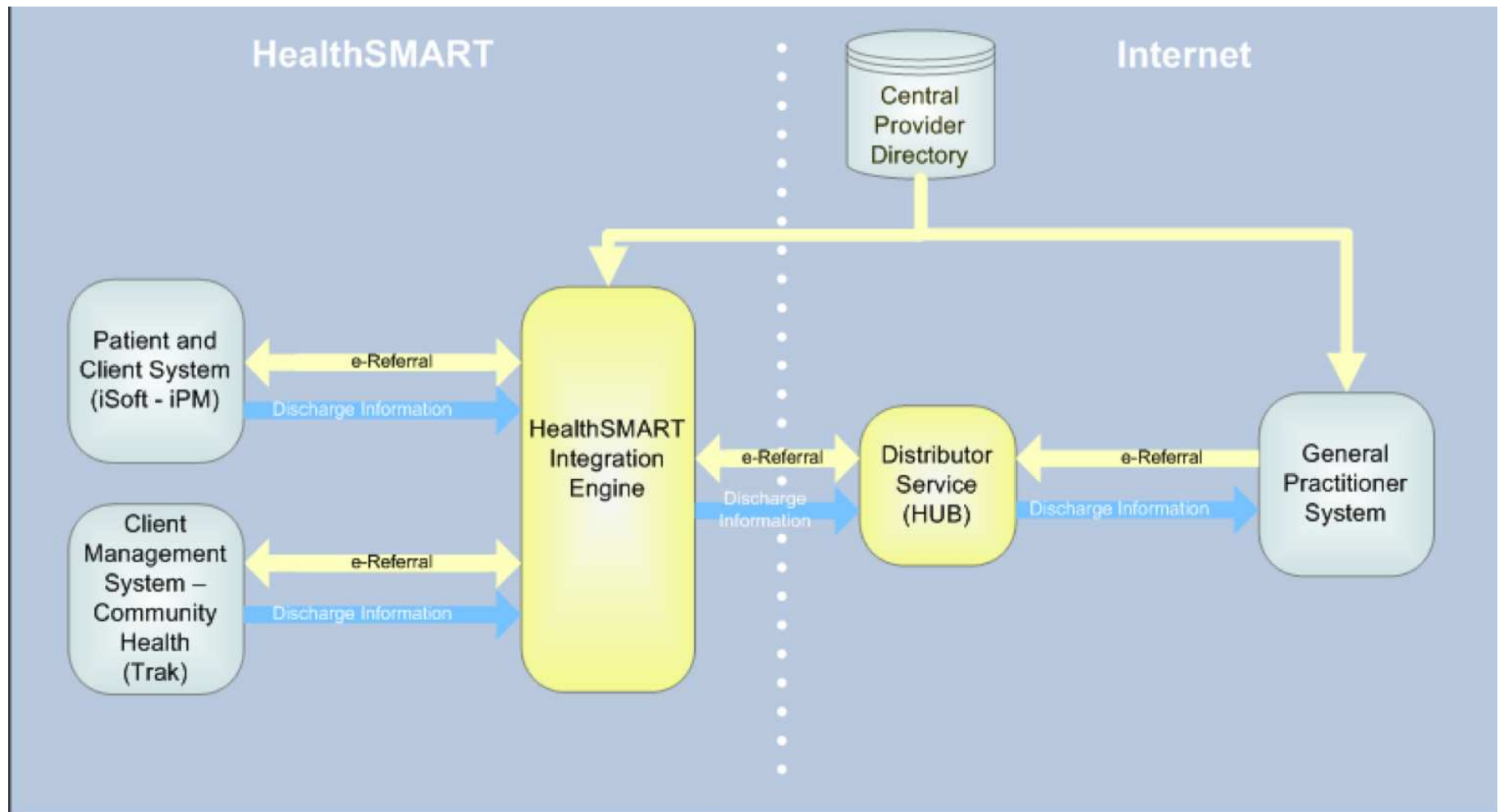
**Future** : The following items are not in scope for CareDIRECT:

- Care Planning
- Discharge Summary, however this is still a focus in HealthSMART.

# CareDIRECT Outcomes

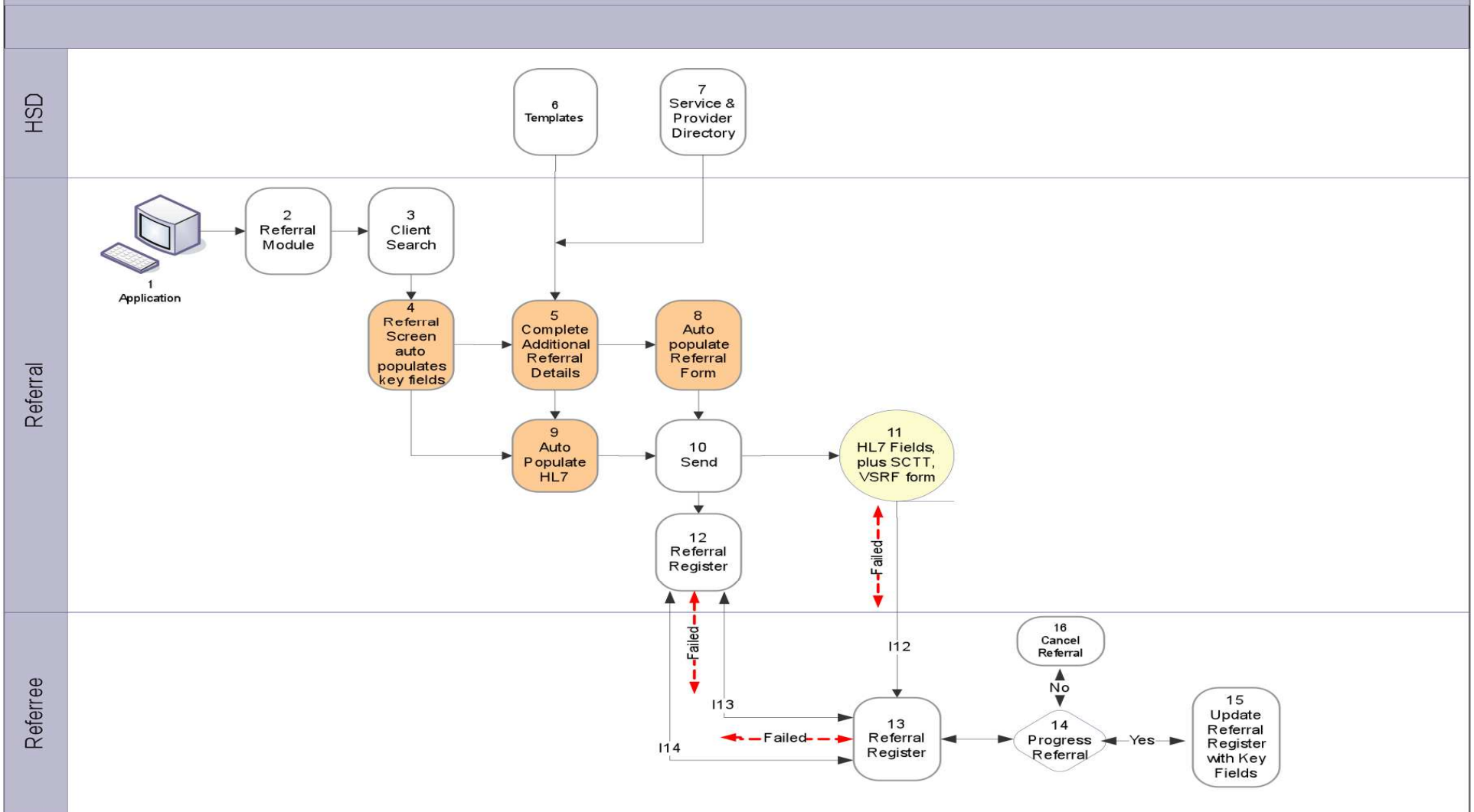
- Define generic eReferral applications requirements:
  - Business Processes
  - Application Functions
- Enable eReferral for HealthSMART Patient and Client Management Systems
- Define eReferral HL7 specification as per business process requirements
- Align SCTT and VSRF HL7 to HealthSMART HL7 standards
- Standardise eReferral Code set definitions
- Foundation in HealthSMART for case management initiatives, e.g. CDM

# CareDIRECT Architecture



# CareDIRECT eReferral GP Process Flow

Process Flow for REF^I12, REF^I13, REF^I14



# CareDIRECT eReferral - Key Learning

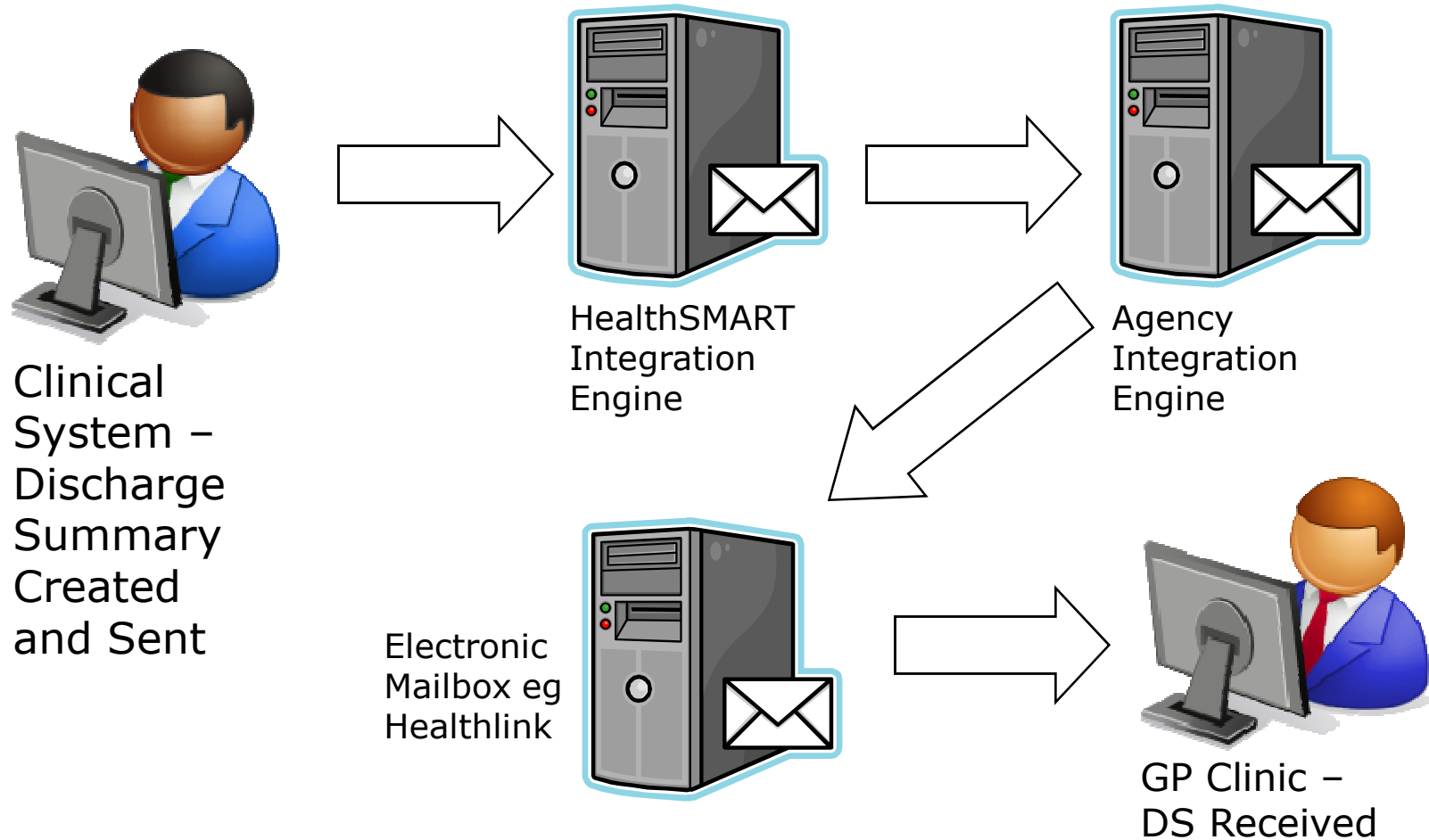
- Human Services Directory is critical
- Common Services and Code definitions mandatory
- Current HL7 definitions don't cater for Business Requirements
- Ideally a UHI is available in Australia
- Ideally a HPI/I-O is available in Australia
- Currently the following information cannot be shared easily
  - Medications
  - Alerts and Allergies
  - Diagnosis Codes

# Discharge Summary - Inpatient

## Objectives and Context

- Standardization of messaging – to HL7 v2.4 (HealthSMART) ie the Australian Standard AS 4700.6 2006
- Discharge Summary will be delivered in a generic format that is usable by all practice applications i.e. no application specific features
- Continuity with existing DS electronic transmission methodologies ie leveraging Healthlink, Argus etc.
- Conformance to NeHTA's published Discharge Summary format and message structure (this has been reviewed)
- Summary is currently in document format

# Discharge Summary - Inpatient



# Standards

- HL7 2.4, e-Referrals Messages
- HL7 2.4, HealthSMART Standard, aligned with current messaging P&CMS, CS
- SCTT details will be aligned to HL7 HealthSMART standard
- Standard will allow documents to be sent in the envelope (SCTT/VSRF or other)
- Discharge Summary: Document or discrete will be allowed in the standard
- NeHTA Standards, Medications, etc
- SCTT and VSRF 2009 templates

# Provider Details- HSD

## Central Repository – HSD (enhancements required)

- Standard Service Definition,
- Electronic Identifiers, etc
- Data Quality

## Enable all HealthSMART to use HSD

- Initially regular batch load to CS, P&CMS and CMS from HSD
- Process to be defined for regular updates

## Future

- Web Services to HSD, search from P&CMS to HSD?
- Master Files updates from HSD?