

Better care – going forward with e-health



Technical building blocks - Learning from others

Strategic approaches to information management

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What is the work?

- Strategic rationalisation of DHS data collection and reporting requirements of funded organisations

Stage 1 - Health & Aged Care
(RRHACS, MHACS, MHD) – 2004-07

Stage 2 - Whole of DHS
(incl. Office for Children,
Housing & Community Building
Disability Services) - 2007 onward

Why are we doing it?

To reduce:

- Cost and burden of data collection and reporting for funded organisations
- Ongoing proliferation of data collections and reporting requirements
- Duplication of data collected

To establish:

- Consistent terminology across data collections
- Consistent information management practice

To improve:

- Data integrity
- Utilisation of collected information
- Feedback of information to data providers

How are we doing it?

- Strategic approach with high level sponsorship.
Key objectives incl.
 - Strengthen governance
 - Establish common data requirements across programs
 - Align with DHS IM Principles and with Data Standards
 - Improve quality, use and dissemination of collected information (including feedback to funded organisations)
- Iterative opportunistic collaborative implementation

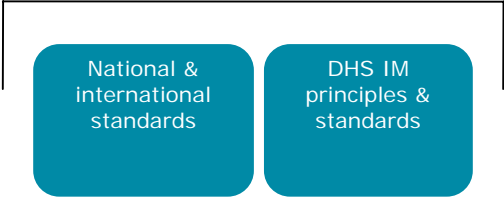
What's different?

For the first time:

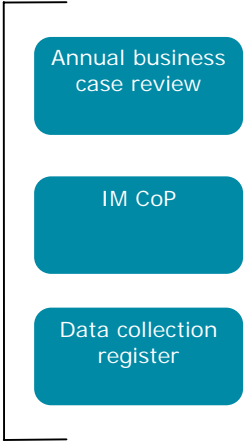
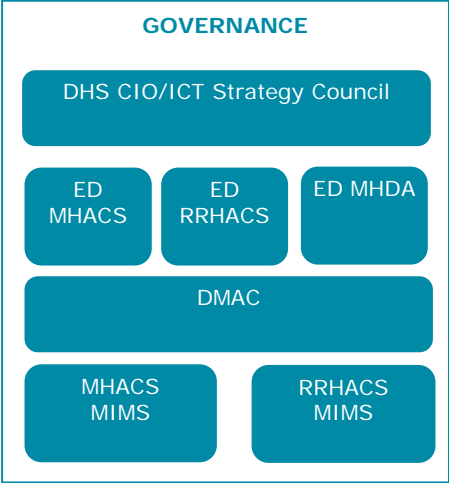
- Jointly sponsored by Executive Directors RRHACS, MHACS and MHD
- Dedicated team
- Allocated resources
- Support and interest from senior program staff
- Governance:
 - data collection “gate-keeper” and support
 - advisory committee with external representation
 - New / changed collections require Executive Director approval
- Immediate impact on data collections

Mechanisms

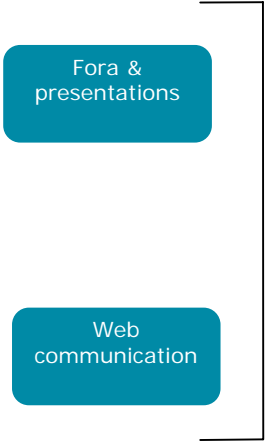
OPERATIONAL GUIDELINES



GOVERNANCE



INTERNAL FEEDBACK & MONITORING



EXTERNAL STAKEHOLDER COMMUNICATION



INFORMATION MANAGEMENT

H&AC Data Management Advisory Committee (DMAC) meet 3-4 times p.a.

DHS:

| | |
|-----------------------|--|
| Val Callister (Chair) | Regional Director, Gippsland Region |
| Tony Nippard | Director, Planning & Resources |
| Tim Barta | Director, Funding, Health and Information Policy |
| Francis Diver | A/Director, Access and Metropolitan Performance |
| Geoff Lavender | Director, Rural & Regional Health Services |
| Fiona Wilson | Director, Office of Health Information Systems |
| Vaughn Moore | A/Manager, Health Information |
| Paul Smith | Director, Drugs Policy & Services |

Funded Organisations – Metropolitan:

| | |
|------------------|--|
| Chris O’Gorman | Executive Director, Corporate Development, Austin Hospital |
| Max Alexander | Executive Medical Director, Barwon Health |
| Andrew Kinnersly | Chief Financial Officer, Peter McCallum Cancer Centre |
| Vicky Mason | Chief Executive Officer, Darebin Community Health |

Funded Organisations – Rural & Regional:

| | |
|----------------|---|
| Sue Clarke | Chief Executive Officer, Bendigo Community Health |
| David Lenehan | Chief Executive Officer, Hepburn Health Service |
| Leonie Coleman | Director Corporate Services, Latrobe Community Health Service |

Benefits to date

- Common Client Data Set across 9 programs
 - Coordinated with software providers, no direct cost, now live,
 - Will cover all major H&AC collections, 3 yrs
 - Longer term cost savings to agencies & DHS
- Slowed growth of new data collections to 6 in 2005/06. Averaged 10 new collections p.a. for past 5 yrs
- Data Collection Register reducing ad hoc requests and replication
- First ever detailed knowledge of all H&AC collections
- Increased confidence in data quality
- Increased confidence in field to DHS H&AC collections, interest in emulating process in some hospitals
- Moving to detailed collection & analysis of Meta Data of collections – major opportunities for further rationalisation of client & service data.

Status of Health & Aged Care data collections

- Establishment of 6 new data collections in 2006-2007 compares favourably with average of 10 new collections established per annum over previous 5yrs
- Projected total number of data collections over the next two financial years includes a number of collections which are scheduled to be discontinued
- Retirements are usually due to:
 - a collection being discontinued because it is part of a non-recurrent/short-term project;
 - the result of a review determining the collection as redundant or able to be amalgamated with another collection

Status of Health & Aged Care data collections- 2006-2007

Health & Aged Care Program Data Collections (as at 1 July 2006)

| | MHACS | RRHACS | Other | Total |
|---|-----------|-----------|----------|------------|
| Active 2005-2006 collections | 51 | 71 | 7 | 129 |
| <i>Collections retiring at 30/06/2006</i> | | | | |
| Data no longer required | 3 | 3 | 0 | 6 |
| One-off or short-term | 6 | 0 | 0 | 6 |
| Data sourced elsewhere | 9 | 3 | 0 | 12 |
| <i>Total retiring collections</i> | | | | 24 |
| New 2006-2007 collections | 3 | 1 | 2 | 6 |
| Total active 2006-2007 collections | 36 | 66 | 9 | 111 |

Note: currently there are four data collections scheduled for retirement at the end of 2006-2007.

Common Client Data Set (CCDS)

- Nine RRHACS programs commenced using Common Client Dataset (i.e. CCDS V1.2) in 2006-2007
 1. Victorian ACAP MDS,
 2. HACC National MDS,
 3. SRS Service Co-ordination & Support MDS,
 4. Community Connections Service MDS,
 5. Housing Support for the Aged MDS,
 6. Older Persons High Rise Support Program MDS,
 7. State Alcohol & Drug Treatment Service Utilisation Data Collection,
 8. Community and Women's Health Data Collection,
 9. BBV-STI Data Collection
- All major Health and Aged Care program data collections (i.e. Acute, Sub-Acute, Ambulatory Care, Mental Health and Dental) have now reached agreement on a CCDS to be implemented by July 2008 – on target

Note: Work has commenced on establishing Common Service Data across Health and Aged Care programs

Next steps

- Stage 1 – Health & Aged Care IM reform continues
 - Detailed analysis of documented H&AC data collections to identify opportunities for further reform
 - implementation of approved reforms
 - Improve feedback on collected data from program areas to Health and Aged Care funded organisations
- Stage 2 DHS-wide IM reform commences July 2007
 - Assist Office for Children, Housing & Community Building and Disability Services Divisions to adopt and appropriately resource a similar process
 - Whole of DHS IM Strategy Project Board to be established

What difference will this work make?

- Funded organisations cite substantial costs of data collection, reporting & transmission to DHS – up to 8% cited – & no/limited value to agencies
- Funded organisation costs should be reduced with
 - Fewer collections
 - Standardised data sets, business rules & terminology
 - Fewer destinations
- With progressive adoption of feedback to agencies
 - Data quality improves
 - Better & easier compliance with DHS requirements
 - Service Impacts more clear identified
 - Agency service improvements promoted & facilitated
- Quantification of substantial benefits should be possible, once evaluation processes incorporated in the project

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Contact and Further Information

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 - Vaughn Moore, 9096 7618

Intranet:

http://intranet_2.csv.au/rrhacs/ims/index.htm

Internet:

<http://www.health.vic.gov.au/hacims>