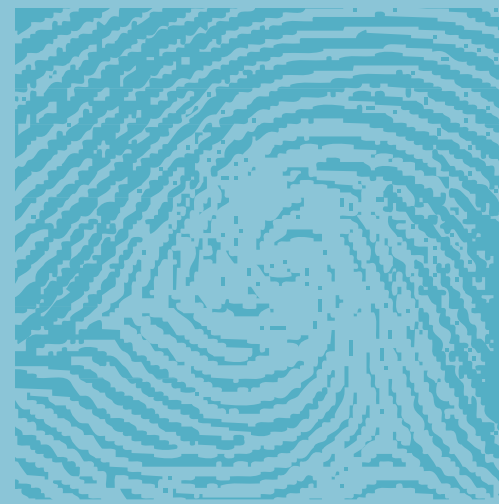


# Service Coordination Implementation Update May 2003

Primary Care Partnerships Information Resource



## The *building blocks* for electronic referral between primary care service providers and others across Victoria

This document provides an update of the initiatives that will support electronic referral between primary care service providers and others across Victoria and assists Primary Care Partnership member agencies in making informed decisions regarding implementation of electronic referral.

This document should be read in conjunction with the September 2002 Service Coordination Information Resource, which provides the context behind Service Coordination developments that have been driven by the Primary Care Partnership Strategy. The September 2002 Service Coordination Information Resource states:

A core goal for PCP Service Coordination is to provide a platform for functional integration in the primary care sector. **Functional integration** means that service providers will retain their organisational autonomy, while agreeing to conduct particular functions in a common way. To this end PCPs, in partnership with consumers and community groups, are developing and implementing common practices, processes, protocols and systems to integrate the way in which consumers come into contact with the service system, how needs are identified and assessed and the way in which care is planned and managed. Enhancing the flow of information between service providers (within and between PCPs), and between service providers and consumers is fundamental to developing functional integration.

**Part 1** of this document outlines the context for electronic referral.

**Part 2** outlines and explains the inter-related strategies to support electronic referral.

**Part 3** provides an overview of key considerations by PCPs and member agencies for implementation of electronic referral.

**Part 4** provides DHS responses to questions frequently asked by PCPs and member agencies.

**Attachment A** provides a summary of the implementation status of the Service Coordination Tool Templates in various software applications used by service providers.

**Attachment B** provides a glossary of terms and acronyms used in this document.

## Part 1: The context for electronic referral

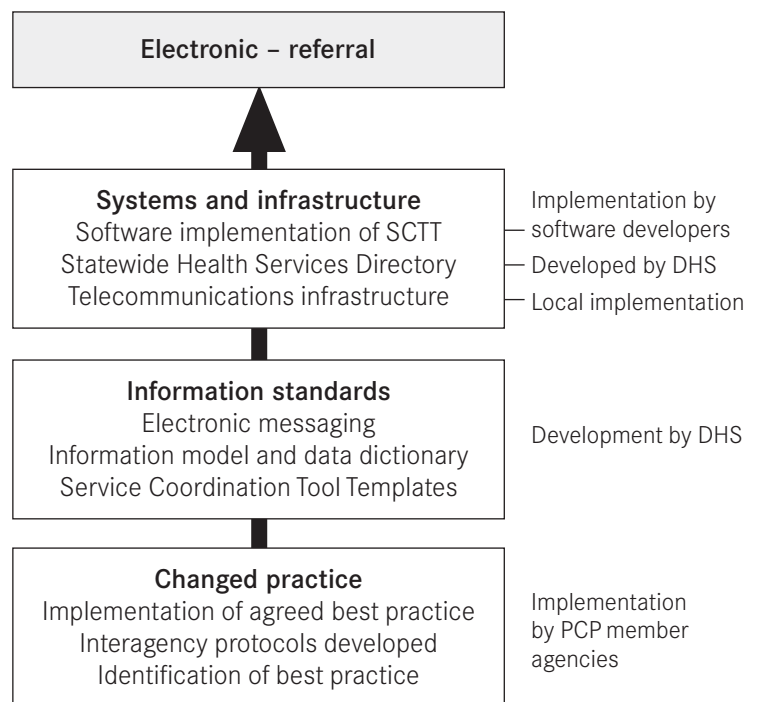
Primary care reform in Victoria is developing better ways in which service providers can work together to ensure that consumers can access relevant quality services in a timely and consistent manner. The **Service Coordination** initiatives supported by the Department and implemented by Primary Care Partnership member agencies provides a strong foundation for developing capacity for electronic referral.

Service Coordination developments commenced in 2001 as part of local strategies developed by PCPs to improve access to services, information management and sharing of services information within and between primary care services. Thirty-two PCPs involving over 800 agencies are currently working on improving Service Coordination. PCP member agencies typically include: local government, community health services, divisions of general practice, hospitals, aged care assessment services, district nursing and range of other primary health and Home and Community Care (HACC) service providers.

PCP member agencies have existing information technology (IT) infrastructure and practices which were established prior to the PCP reform. Substantial financial and human resources have gone into these, and service providers have tended to choose from a variety of software products and to create their own information system to support service delivery. Creating common practices and approaches of achieving service coordination requires an approach that preserves the IT investments already made by service providers and the Department.

## Part 2: The foundation for electronic-referral

- The most important building block to support electronic referral is the implementation of agreed common best practice by service providers and practitioners.
- The information standards developed by the Department supports the sharing of a common set of consumer health care information in accordance with the agreed common best practice.
- The development and implementation of enhanced telecommunications infrastructure supports the sharing of electronic consumer health care information between primary care providers and between primary care providers and hospitals.
- The Statewide Health Services Directory provides up-to-date comprehensive information about services to support efficient and effective referrals.
- The Service Coordination Tool Templates (SCTT) embedded in agency software applications enables improved capacity for electronic referral.



### From individual practices to agreed common practice

PCP member agencies in partnership with consumers and community groups, have developed and are implementing agreed **practices, processes and protocols** to integrate the way in which consumers come into contact with the service system, how needs are identified and assessed and the way in which care is planned and managed.

This integrated approach includes improved communication between service providers and consumers and improved privacy practice. Development of software and electronic referral systems must support the agreed best practice implemented by service providers and practitioners.

A key tenet of DHS' approach has been that information technology must follow service provider and practitioner-defined best common practice, not the other way around.

## The creation of standards for information and information exchange

### A common set of consumer information

Local service coordination practice is being supported through the introduction and implementation of **Service Coordination Tool Templates** to support **Initial Contact**, **Initial Needs Identification** and **Care Planning** and **sharing of health and care information** (e.g. referral). The Department contracted a consortium<sup>1</sup> to develop the SCTT in consultation with the sector. PCP member agencies provided input in relation to current tools<sup>2</sup> and practices and were involved in the pilot of the draft suite of Tool Templates.

The SCTT provide for the first time a common set of consumer information that can, with consumer consent, be shared between primary care service providers and others. Appropriate practices, processes and protocols implemented by service providers in combination with the **Service Coordination Tool Template Guidelines** determine how the SCTT are used within and between organisations. The modular nature of the SCTT allows for the most appropriate Tool(s) to be used based on the consumer's needs and presenting issues. The use of the SCTT in conjunction with appropriate practice will minimise the need for consumers to retell their story and reduce duplication of assessments.

The Department is currently developing a process, after a period of implementation, for reviewing and further developing the Tool Templates. The review of the SCTT will occur no earlier than June 2004. The impact on agency practice, DHS program areas and client management software applications will need to be considered in relation to the review process. Options for further development include a standard Carer Profile<sup>3</sup> and referral feedback.

### A standards-based approach for changes to agency software

There is a range of **client management software applications** in use by service providers. These applications typically support service providers to manage client health and care information and include the ability to extract reports for funding and accountability purposes. An **Information Model and Data Dictionary** has been developed to support the consistent implementation of the SCTT in client management software applications. The Information Model and Data Dictionary details the specific information standards for each data item collected by the SCTT to ensure that the disparate client management applications can potentially exchange Tool Template data. The current stage of software development means that this exchange may require copying data from a received referral into a client management software application.

### Standards for electronic communication of consumer information

The Department has commenced work on the development of **electronic messaging standards** for the SCTT via Standards Australia. The implementation of electronic messaging standards by software developers will enable client management software applications used by service providers to exchange data captured by the SCTT and negate the need for duplication of data entry. **Health Level 7 (HL7)** messaging standards will be adapted/adopted for this purpose. This process involves consultation with key stakeholders at a national level, and therefore it is expected the standards will be developed over the next 12-18 months. The Information Model and Data Dictionary for the SCTT and the associated HL7 messaging standards will provide the necessary foundation for future export/import of Tool Template data between disparate client management software applications, including those that are used within the hospital sector, without the need for copying data from a received referral.

## Systems and infrastructure to enable sharing of information

### Service Coordination Tool Templates in agency software

**Software implementation** of the SCTT in agency client management software applications is critical to support service provider business processes and to enable electronic referral. A range of software developers have been involved in discussions with the Department regarding the implementation of the SCTT and associated data standards including those that provide systems for the following sectors: General Practice, Community Health, Home and Community Care, Aged Care Assessment Services, Post-Acute, Sub-Acute, Acute Hospitals, DisAbility, Public Dental and Mental Health (PDSS). Several forums for software developers have been held to encourage dialogue regarding technical issues and to clarify future directions. Relevant DHS program areas are engaged with this process.

<sup>1</sup> Members of the consortium included the Australian Institute for Primary Care at La Trobe University, Centre for Health Services Development, HDG Consulting, University of Wollongong and the Health Issues Centre

<sup>2</sup> There were over 350 different tools (forms) in use to document consumer information, summarise needs, make referrals and coordinate services.

<sup>3</sup> Developed through project work undertaken by the Western Metropolitan PCPs.

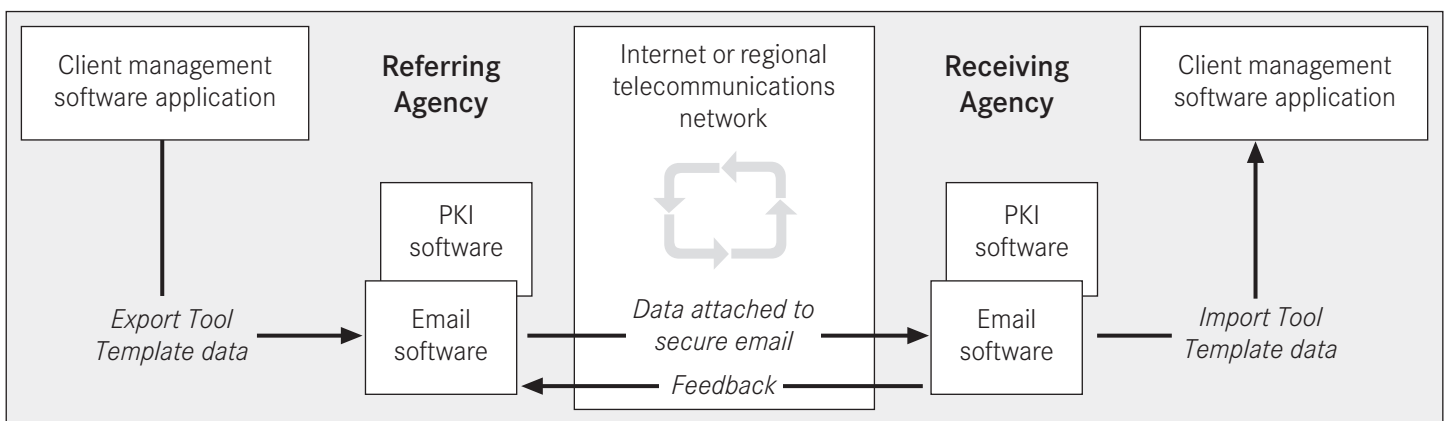
### Sharing consumer information electronically between service providers

The implementation of the SCTT in agency client management software applications to support electronic referral will be implemented in two stages.

	Current stage of development	Planned stage of development
<b>Relevant information standards</b>	SCTT Information Model and Data Dictionary.	SCTT Information Model and Data Dictionary. SCTT HL7 messaging standards.
<b>Sending and receiving referrals</b>	<p>Service providers beginning to use their client management software applications to produce electronic copies of the SCTT, which can be printed, faxed, saved and shared electronically within a secure environment.</p> <p>The SCTT are securely transmitted (e.g. via secure email or web site) to the receiving agency as a file.</p> <p>The receiving agency opens the attached file with, for example MS Word, and copies-and-pastes data into their respective client management software application.</p>	<p>Service providers use their client management software applications to produce an electronic message that contains relevant data items from the SCTT.</p> <p>The electronic message is securely transmitted to the receiving agency as a file.</p> <p>The receiving agency imports the attached electronic message directly into their respective client management software application.</p>
<b>Benefits</b>	<p>Consumer only having to provide information once.</p> <p>Agency that receives the referral can re-use Template data sent as an attachment.</p>	<p>Consumer only having to provide information once.</p> <p>Receipt of electronic message negates the need to re-enter (copy and paste) data by the agency that receives the referral.</p>

#### Information Flow

E.g. Using secure email



### PCPs piloting and implementing electronic referral

Northern Mallee PCP and Outer East Health and Community Support Alliance have been funded to develop web-based **electronic referral systems** by building on existing projects. These systems are fully operational and have been piloted by a number of PCPs. Both electronic referral systems have implemented the SCTT as interactive web pages. Further functionality has been recently implemented enabling attachments to be securely shared between service providers. This provides a significant enhancement and allows Tool Template output from agency client management systems, assessment information, and electronic discharge summaries to be securely shared between service providers.

Navigate to [www.connectingcare.com](http://www.connectingcare.com) to view the *ConnectingCare* electronic referral system developed via Northern Mallee PCP. The Western Metropolitan PCPs have piloted this system and are about to commence a second pilot to include a broader group of service providers.

Navigate to [www.maroondah.infoxchange.net.au](http://www.maroondah.infoxchange.net.au) for further information regarding the *InfoXchange* electronic referral system developed via Outer East Health and Community Support Alliance. Central East PCP has commenced a pilot of a modified version of this electronic referral system.

In addition, Frankston-Mornington PCP piloted electronic referral using the **e-Tools** (interactive MS Word Tool Templates) using secure email. Southern Grampians-Glenelg PCP and PCP-South West are in the early stages of developing a pilot to implement electronic referral within a common client management system located on separate databases.

### Developing the infrastructure for secure and reliable electronic communication

The Department of Human Services is investing \$30 million in enhanced **telecommunications infrastructure** that provides improved connectivity across primary care providers and between the primary and acute sectors. Region wide Information Communications Technology (ICT) strategic plans have been developed which identify connectivity requirements for primary care service providers involved in service coordination activities. Regional 'whole of health' governance arrangements have been established to manage the planning and development of the infrastructure. The enhanced connectivity will provide the necessary telecommunications infrastructure to support electronic referral and sharing software applications such as client management systems between service providers. Implementation in several rural regions has commenced and it is expected that implementation in metropolitan regions should commence early next financial year.

### Sharing services information for consumers and practitioners

The use of up-to-date and comprehensive information about health services is critical to ensure efficient and effective referral between service providers and to support the provision of services information to consumers. The electronic referral systems developed via Northern Mallee PCP and Outer East Health and Community Support Alliance are intrinsically linked to services directories to enable the use of electronic versions of the SCTT, referral cover sheets and feedback forms. For example, services information is auto-entered into specific data entry fields such as Service Requested and Source of Referral Contact Details.

The **Statewide Health Services Directory Web** site ([pcpdirectory.health.vic.gov.au](http://pcpdirectory.health.vic.gov.au)) provides access to a current, accurate database of health and associated community support services in Victoria. It contains information on over 30,000 health and community services across Victoria. The Directory will be further enhanced to provide improved functionality and content management and the ability to 'feed' services information into local service directories.

## Part 3: Key considerations for electronic referral

This section aims to provide PCP member agencies with a broad set of considerations for planning, developing and implementing electronic referral.

Several PCPs have been involved in piloting and/or implementing electronic referral. The PCP activities have shown that successful implementation of electronic referral is dependant upon implementation of the agreed practices, protocols and processes for Initial Contact, Initial Needs Identification, Care Planning and referral by service providers. Engagement of key agency staff is necessary to ensure the implementation by service providers and practitioners has adequate support. The list below provides a starting point for identifying service provider requirements and assessing readiness to effectively participate in electronic referral.

Service providers should assess

- **Information requirements:** The SCTT provides a common set of consumer information that can be shared as part of a referral. However consideration needs to be given to additional information requirements such as referral feedback, assessment information and discharge information. Any additional information requirements are likely to impact on the technical solution(s) adopted.

- **Business requirements:** The agreed practices, protocols and processes for Initial Contact, Initial Needs identification, Care Planning and sharing consumer health and care information should drive the development of an appropriate approach to electronic referral. Practitioners need clear management support to meet new agreed business arrangements. An approach that understands the value of the technological solution, and supports staff through a managed change process is critical to successful implementation. The technical solution adopted for electronic referral should complement service providers' business requirements and enhance workflow. This may result in several approaches to electronic referral being adopted within a PCP or across a region. The implementation of the information and messaging standards for the SCTT (described on page 3) by software developers will ensure that consumer information can be shared between software applications used as part of the different approaches. See section 4.4 for examples of electronic referral.
- **Privacy and security requirements:** Privacy and security issues need to be addressed when sharing consumer healthcare information. Privacy resources are available the Primary Health Knowledge Base. Go to [www.dhs.vic.gov.au/phkb](http://www.dhs.vic.gov.au/phkb) and select Service Coordination from the PCP Strategy drop-down menu. Resources include a consumer privacy information brochure in various community languages, an Information Privacy Resource Pack and a Privacy Pack developed by the Western Metro PCPs. Service providers using the Tool Templates should make themselves familiar with the *Consent Form* and the associated *SCTT Guideline 5: Completing Consumer Consent*.

Sharing the SCTT using electronic networks may require implementation of technical solutions, in addition to business practices, to ensure privacy and security issues are addressed. The technical solution adopted needs to support the identified business requirements and address the legal requirements. If the public Internet is the main mode of sharing consumer information then specific technical solutions are available to ensure that identified consumer information is shared securely. For example, groups of service providers may opt to implement encryption/decryption technology such as Public Key Infrastructure (PKI) or Secure Socket Layer (SSL). PKI is useful where email is the mode of communication. SSL is useful where the communication is through shared web pages.

Service providers involved in piloting/implementing the ConnectingCare e-referral system registered with Health e-Signatures Authority (HeSA – [www.hesa.com.au](http://www.hesa.com.au)) and installed PKI. This enabled them to send and receive secure emails with the SCTT attached. See section 4.6 for more information on PKI.

SSL encryption is a feature of the e-referral system developed by InfoXchange Australia for the Outer East Health and Community Support Alliance. This system uses SSL encryption to support secure sharing of SCTT information via online web pages. SSL is used by the banking industry for Internet banking.

Technically secure systems are still at risk from human factors. Practices for maintaining security in an electronic environment need to be developed, implemented and audited. Making sure that users choose secure passwords and change them regularly is one example of this. Standards for information security are available via Standards Australia.

- **Technical requirements:** Service providers have varying technical capacity in terms of expertise, software, equipment and support. The considerations summarised above and the technical capacity of service providers will impact on the planning, development and implementation of an approach to electronic referral. For example, use of PKI for secure emailing may require service providers to use a particular version of email software. Certain web-based electronic referral systems may only be effective if service providers have quality access to the Internet. The ability of a service provider to use it's own client management system for generating an electronic version of the SCTT will significantly enhance the potential to implement electronic referral.
- **Change management:** Service providers will need to manage the change associated with the introduction of electronic referral. Consideration may need to be given to assess and improve the capacity of agency staff to:
  - Implement agreed practices, processes, protocols and systems for Service Coordination.
  - Use IT to support and/or enhance business practices.
  - Use the Internet or other electronic communications networks (e.g. **VPN**) as a means to share services information and securely share identified consumer health information.
  - Manage information privacy and security in terms of collection, use, storage, sharing and disposal of consumer health care information.

## Part 4: DHS response to frequently asked questions

### 1. Why hasn't DHS funded one client management software system to achieve improved service coordination?

A range of service providers are involved in the implementation of improved service coordination. Service providers have invested in various client management software applications to suit specific business requirements. It is unrealistic that a single system can meet the business requirements of, for example, a solo GP working in a rural setting and that of a large metropolitan multi-site Community Health Service.

DHS has developed information standards for the SCTT, which software developers should comply with, which enable the disparate client management software applications and electronic referral systems to be able to securely share common client information (with consumer consent).

### 2. What is the status of the various software developers with the implementation of the Service Coordination Tool Templates?

There is significant activity with respect to the implementation of the SCTT in agency client management software applications. See **Attachment A** for a summary of the implementation status. Service providers should contact software developers directly for more information.

The Department is working in conjunction with General Practice Divisions Victoria (GPDV) to engage GP clinical software developers. This process aims to include the 'core' Tool Templates (all Tools with the exception of the Profiles) in a range of GP clinical software applications to support GPs making referrals and coordinating care with other service providers.

Web-based electronic referral systems developed via Northern Mallee PCP ([www.connectingcare.com](http://www.connectingcare.com)) and Outer East Health and Community Support Alliance ([www.maroondah.infoxchange.net.au](http://www.maroondah.infoxchange.net.au)) have implemented the SCTT to support secure sharing of consumer information between service providers.

### 3. What do software developers need to consider in the implementation of the Service Coordination Tool Templates in agency client management systems?

As part of the current stage of development described on page 3, consideration should be given to:

- Changes to the "user interface" of the software application to accommodate the relevant Tool Template data items. The changes should support efficient and effective work practices in recording consumer information and/or transferring consumer information from a received referral to the agency client management software application.
- Changes to the database of the software applications to enable storage of SCTT data and the ability to retrieve and process the data, for example, to produce referral output.
- Service Coordination Tool Templates as output. The SCTT generated as output from the software application should be formatted as the standard print version. The electronic file format of the output (recommended as **RTF** for the current stage of development) should be suitable for printing, faxing and emailing. The output should be auto-populated with relevant data from the database of the application.
- Implementation of the Service Coordination Tool Template Information Model and Data Dictionary as appropriate.

The future stage of development builds on the changes described above. Software developers need to consider implementation of the planned HL7 standards for the SCTT to provide the capacity for importing/exporting consumer health and care information between disparate client management software applications.

#### 4. What is the variety of approaches to electronic utilisation of the Service Coordination Tool Templates?

The following examples illustrate the use of the SCTT to support different approaches for electronic referral.

##### Example 1 – Sharing E-Tools using encrypted email

Frankston-Mornington PCP piloted electronic referral using the e-tools (interactive MS Word 2000 version of the SCTT) using Pretty Good Privacy (PGP) encryption. See [www.pgpi.org](http://www.pgpi.org) for more information about PGP. This enabled service providers to share client information collected using the electronic version of the Tool Templates using secure email.

**Advantages:** Low cost solution. Enabled service providers to identify information management issues to be addressed.

**Disadvantages:** Service providers that use the E-tools in combination with a separate client management software application may need to enter consumer information in both systems.

##### Example 2 – Electronic referral between disparate agency client management systems

Service providers may use their client management software applications to generate electronic copies of the SCTT. The output will have the relevant data items auto-populated from the client management system database. They can print this output to share via fax or they can attach the output (RTF) and email it via secure email to the referred-to service providers. The referred-to service provider that receives the secure email may then open the document using a word processor. This RTF document allows for data to be modified (for referring on) or copied-and-pasted into the referred-to service provider's client management software application.

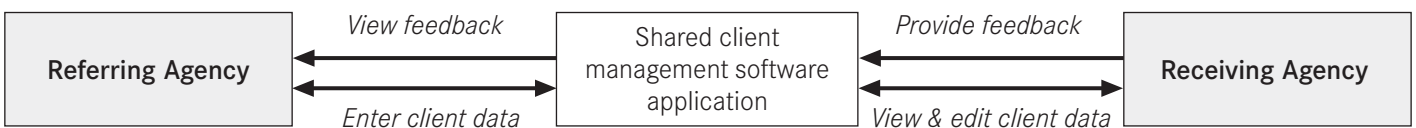
Planned implementation of HL7 messaging standards for the SCTT will enable the direct importing and exporting of consumer information between disparate client management systems.

**Advantages:** Enables service providers to use their client management systems for basic electronic referral. Sharing the SCTT as RTF output allows service providers to view the information using a word processor, transfer the information to their client management system or modify (if required) the referral they have received to refer to another service provider.

**Disadvantages:** Service providers may decide to implement PKI to support secure email – the process for obtaining and installing PKI requires resources. Using RTF output for the Tool Templates requires referred-to service providers to manually copy referral information into their own client management software application.

##### Example 3 – Electronic referral by sharing a client management system between service providers

Service providers may decide to use the same client management software application using a **shared services** arrangement. The shared services enables a range of service providers connected to a high-capacity telecommunications network to share the one client management system via a central server and therefore share consumer information.

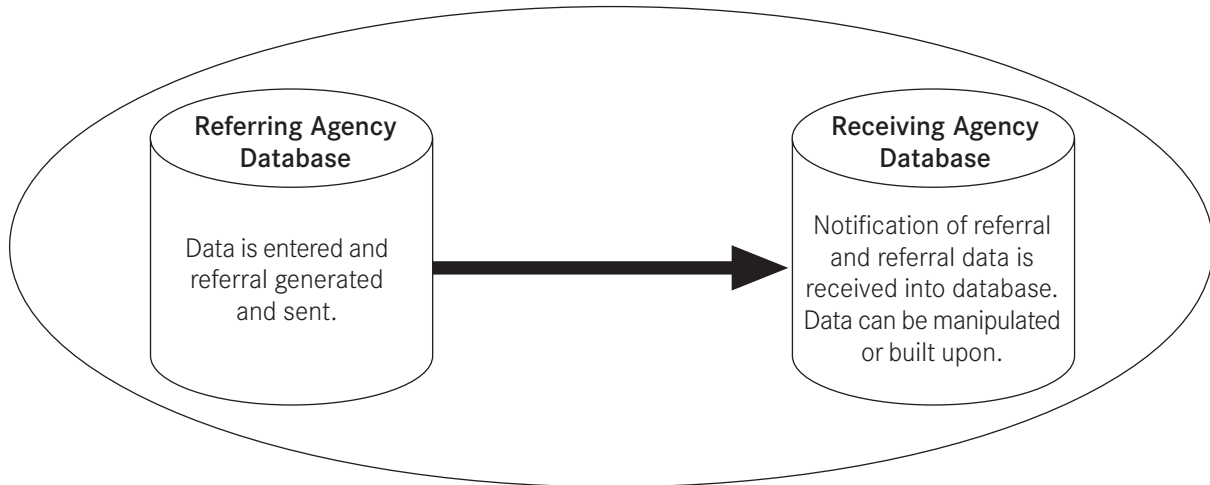


**Advantages:** Negates the need for data transfer between users sharing the centralised client management system. The most up-to-date consumer information can be viewed and maintained by service providers sharing the system. May provide cost benefits over time.

**Disadvantages:** Requires service providers to be connected to a network with sufficient capacity to enable shared services. Still require the ability to share consumer health care information between disparate client management systems.

#### Example 4 – Electronic referral within a common client management system located on separate databases

Southern Grampians-Glenelg PCP and PCP-South West are developing a pilot to implement electronic referral within a common client management system located on separate databases. This enables a range of agencies connected to a high-capacity telecommunications network to use, via a central server, the one client management software for electronic referral.



**Advantages:** Data is generated within the one software system hence no double entry of data, downloading of data or transfer of data between different software.

**Disadvantages:** Requires agencies to be connected to a network with sufficient capacity to enable shared software. Still require the ability to share consumer health care information between disparate client management systems.

#### Example 5 – Using web-based electronic referral systems

There are two distinct approaches to Web based electronic referral systems.

Northern Mallee PCP and Outer East Health and Community Support Alliance have developed web-based **electronic referral systems** by building on existing projects. Both systems have implemented the SCTT as interactive web pages. This enables service providers to securely share the information captured by the Tool Templates. Both systems have the ability to send attachments (eg Tool Template documents generated from other software programs) via secure email. However, the system developed via Northern Mallee PCP uses electronic mail and PKI to send the information between providers, whereas the system developed via Outer East Health and Community Support Alliance uses a shared client record accessed via secure web pages (SSL).

**Advantages:** Services directory built into the system to support referral process. Ability to send attachments allows for Tool Template documents generated from other software programs to be shared as well as other documents such as assessments and discharge summaries.

**Disadvantages:** Ongoing costs to use/maintain/develop the system. The online SCTT does not directly interchange data with a range of agency client management software applications, although the continuing development of standards will allow this in future.

### 5. There seems to be several ways to do electronic referral. Doesn't this mean different systems won't 'talk to' each other?

The implementation of a single approach to electronic referral does not accommodate the varying business needs of service providers. However the development of information standards by the Department and the implementation of those standards by software developers will ensure that different client management and electronic referral systems can 'talk to each other' and share consumer health and care information.

## 6. Does DHS have a position on the use of technologies such as Public Key Infrastructure (PKI) for the purpose of sending and receiving secure email?

A variety of approaches may be used when referring using the SCTT such as mail, fax, email or shared client management software application. The security and confidentiality of consumer health care information needs to be addressed in all these approaches. Internet-based email to share consumer health care information does present security issues. The use of PKI is one approach that may satisfy the requirements of a group of service providers.

The involvement of GPs in the primary reform agenda is critical therefore consideration needs to be given to approaches that are considerate of GP requirements. In this case the use of PKI managed by Health e-Signature Authority Pty Ltd (**HeSA**) is in line with the direction that the Health Insurance Commission (HIC) is setting for GPs. HeSA have been responsive to the needs of GPs and other service providers, particularly service providers involved in PCPs implementing e-referral. See [www.hesa.com.au](http://www.hesa.com.au) for more information about PKI.

PKI involves the use of **digital certificates** to electronically sign messages and encrypt electronic files. Consideration needs to be given whether **Healthcare Individual Certificates** or **Healthcare Location Certificates** will be obtained and implemented.

The Healthcare Individual Certificate is used to identify a person from whom a message has been received and allows the sender to attach a digital signature.

The Healthcare Location Certificate is used to identify the location from which a message has been received and allows a number of people at the same location to sign and encrypt messages.

## 7. What are some of the advantages and disadvantages of secure email to share SCTT information compared with a shared client management system?

### Using email and PKI to share SCTT output from an agency client management software application

**Advantages:** Information is sent directly from service provider to service provider. Once PKI is set up, the process is simple for providers receiving referrals. Implementation of the PKI is relatively cheap provided that digital certificates are available at reasonable or no cost.

**Disadvantages:** The process for obtaining and implementing PKI requires time and commitment. Email systems may not implement or enforce referral feedback processes. PKI would have to be implemented with all participants involved in sending/receiving email.

### Using a shared client management system to share SCTT information

**Advantages:** Information is collected and can be shared amongst all service providers who share the client management system (with client consent). The system can be designed to implement and enforce referral feedback processes. May negate the need for PKI for referral between service providers sharing the application. Reduces problems matching consumers to referrals and reduces duplication of consumer records.

**Disadvantages:** Storage of sensitive consumer information requires careful attention to technical security practices. Privacy protocols and practices relating to use of consumer information need to be clear and well managed. Administrative overhead is higher as usernames and passwords need to be locally managed. May require use of PKI for external referrals.

## 8. Does the use of the Service Coordination Tool Templates enable service providers to meet their specific Minimum Data Set (MDS) requirements for reporting to government authorities?

The SCTT are compliant with the current HACC MDS however they do not collect all of the information required for all state/commonwealth program MDS requirements. Individual service providers may also have other data requirements that will require additional data collection as part of internal business processes apart from MDS reporting. Service providers will need to collect additional information where this is relevant.

Service providers are encouraged to maintain the integrity of the SCTT and consider an agency specific profile attached to the core template to collect the "extra" data. This will negate the need to re-enter data into the SCTT when sharing consumer information.

## Attachment A: Software implementation status

Software	Used by	Implementation details	Contact
ACE	Aged Care Assessment Services	Relevant Service Coordination Tool Templates (for ACAS) to be fully implemented in Victorian version of ACE. Will include ability to produce Tool Templates as printed output and as electronic output (RTF) for attaching to secure email.	Janette Collier 03 9479 5962
BDNH Community Care package	Community Health, Home and Community Care, District Nursing, DVA, Palliative Care, Adult Day Centres, Home Help	All Service Coordination Tool Templates implemented. Data entry screens accommodate Tool Template data items. Tool Templates produced as printed and electronic output for attaching to secure email.	Dean Parish 03 5334 1500
CareLink	Home and Community Care, Delivered Meals, Home Maintenance, Community Transport, PAG	All Service Coordination Tool Templates implemented. Data entry screens accommodate Tool Template data items. Delivery has commenced and is due for completion end May 2003. Printed and electronic output (RTF) for attaching to secure email.	Allison Becker 0425 764 896 03 5229 3141
City Manager (Xpedite) Module - Aged and Disability Services	Home and Community Care	Xpedite is developing all Service Coordination Tool Templates. All Tool Templates will be provided to Client sites by the beginning of July. Individual data entry wizards for each Template will be provided. Includes ability to produce Tool Templates as printed output and as electronic output in RTF for attaching to email as well as standard preview.	Louise Byrne 03 9596 8433
ConnectingCare	Primary and Community Health	Web-based electronic referral system. All Service Coordination Tool Templates implemented as online forms. Tool Templates can be produced as printed and electronic output. Ability to share electronic output via secure email (using PKI). Also ability to send attachments (eg Tool Template documents generated from other software programs) via secure email.	Richard Waters 03 5024 6279
EXACT	Public Dental	Relevant Service Coordination Tool Templates (for Public Dental) to be implemented by 30 November 2003. Some modification to data entry screens to accommodate relevant Tool Template data items. Ability to produce Tool Templates as printed output and as electronic output (RTF) for attaching to secure email.	C/o Martin Whelan Dental Health Services Victoria 03 9389 8888
HACAL (working name only - application name to be changed)	Aged Care Assessment Services and Home and Community Care and Linkages	Aim to implement relevant Service Coordination Tool Templates for ACAS in July. Data entry screens to accommodate Tool Template data items. To include ability to produce Tool Templates as printed output and as electronic output for attaching to secure email.	Stuart Pendrich 03 9738 8530
HACC MDS	Home and Community Care	No action taken at this stage. Have the (DHS developed) Microsoft Access 2000 database and the Word 2000 version of the Service Coordination Tool Templates which can be implemented if required.	Tony Whitty 03 9560 0909

Software	Used by	Implementation details	Contact
HACC PAC	Home and Community Care, Personal Care, Meals on Wheels, Respite Care	All Service Coordination Tool Templates implemented. Data entry screens accommodate Tool Template data items. Tool Templates produced as printed output. Developing ability to produce the Tool Templates as electronic output (RTF) for attaching to secure email.	Russel Barnes 03 9532 3300
HACCSOFT Basic, HACCSOFT Advanced, HACCSOFT Pro	Home and Community Care	All Service Coordination Tool Templates implemented as Web based data entry forms. Scheduled update for agencies in June 2003. Tool Templates produced as printed and electronic output for attaching to secure email.	George Guorgi 03 9898 7055
IBACOMMUNITY	Primary, Home and Community Care, District Nursing, Adult Day Centres	Thin client Electronic Health Record system. Part of a co-ordinated suite of IBA Health packages linking primary, community and acute hospital environments. The application has electronic forms capability that can produce all current Service Coordination Tool Templates.	Natalie Sinclair 03 9895 7311
InfoXchange	Primary and Community Health	Web-based electronic referral system. All Service Coordination Tool Templates implemented as online web forms and can be maintained using a secure web site. Ability to share electronic output such as scanned documents or Word files via the secure web site. Security is provided using secure web technology (SSL).	Natalie Collins 03 9486 9355
IntraHealth	Primary and Community Health, GP and specialist.	Service Coordination Tool Templates under development. Consumer Information and Health Behaviours completed. PKI to be released mid-year.	Paul Geyer 0419 393 054
iSOFT PIMS	Hospitals, Primary and Community Health	Requirements for PCP tool templates are covered by existing PIMS functionality and can be used today in the application. Output available via document templates or reporting as applicable.	Murray Verbeek, Kaye Hocking 03 9653 1700
JadeCare Community	Primary and Community Health	All Service Coordination Tool Templates implemented. Data entry screens accommodate Tool Template data items. Tool Templates produced as printed output. In process of developing ability of users of JadeCare Community to share Tool Templates to external providers via secure email.	Natalie Kelaart 03 9867 7300
JadeCare Domiciliary	Royal District Nursing Service	All Service Coordination Tool Templates implemented. Data entry screens accommodate Tool Template data items. Tool Templates produced as printed output and as electronic output (PDF) for sharing via secure email.	Peter Young 03 9867 7300
Medical Director	General Practice	Summary and referral Form implemented as (RTF) output. Currently developing implementation of Consumer Information Form, Consent Form and Consumer Information Brochure.	Dr. Andrew Magennis 03 9810 4510

Software	Used by	Implementation details	Contact
PJB Data Manager	Community Health, Home and Community Care, District Nursing, Post Acute Care, Allied Health, Sub-Acute Services, Hospital in the Home, Rehabilitation Services, Palliative Care, DVA, Domiciliary Midwifery and Womens' Health	Service Coordination Tool Templates data items implemented via data entry screens. Tool Templates produced as printed output and electronic output (snapshot file) for auto-attaching to email. Internal and external referral system built into software.	Peter Begbie 03 5334 8101
Precept	Home and Community Care	All Service Coordination Tool Templates due for implementation in 30th June release. Full client profiling, electronic referral and compatible with Tool Templates.	David Stanley 0412 561 563
QDC	Home and Community Care, DisAbility, Mental Health (PDSS)	Relevant Service Coordination Tool Templates to be implemented via next release – due late 2003. Data entry screens will accommodate core data items as appropriate. Ability to produce Tool Templates as printed output and as electronic output for attaching to secure email.	Alasdair Moodie (DHS) 03 9616 8108
Sharikat Khoo	Home and Community Care	Relevant Service Coordination Tool Templates implemented. Data entry screens accommodate Tool Template data items. Ability to produce Tool Templates as printed output and as electronic output (RTF) for attaching to secure email.	Mark Annabell 03 9874 4975
SWITCH	Community Health	Introduction of Service Coordination Tool Templates in the Client registration book. Data entry screens will accommodate Tool Template data items. Wherever possible, the Template will be auto-populated. Ability to produce Tool Templates as printed output and as electronic output for e-mail. Tool Templates can be recalled, viewed and re-printed or re-sent via email. Available May 2003.	Trish McGregor 03 9695 9342
The Care Manager	Home and Community Care, Post Acute Care, Sub-Acute Services	All Service Coordination Tool Templates implemented in version 5.3 for release in Quarter 3 of 2003. Data entry screens to accommodate Tool Template data items. Will include ability to produce Tool Templates as printed output and as electronic output for attaching to secure email.	Deanne Pattison 03 9320 9099
Trak Health	Hospitals, Primary and Community Health	Service Coordination Tool Templates not currently implemented for any site, existing software capable of providing tools, user customisable.	Ted O'Hare or Bob Kalkman 03 9427 8480

Please contact the software developers directly for more information.

Updates of the software implementation status will be available via the Primary Health Knowledge Base [www.dhs.vic.gov.au/phkb](http://www.dhs.vic.gov.au/phkb) - go to Service Coordination.

## Attachment B: Glossary of terms and acronyms

Assessment	A decision-making methodology that collects, weighs and interprets relevant information about the consumer. Assessment is not an end in itself but part of a process of delivering care and treatment. It is an investigative process using professional and interpersonal skills to uncover relevant issues and to develop a care plan.
Best Practice	A concept of organisational change and improvement that has been adopted from the industrial sector where it is seen as the pursuit of 'world class' performance. Best practice is considered to be a comprehensive integrated and cooperative approach to the continuous improvement of all facets of an organisation's operations.
Care Coordination	Where the range of services required by the consumer are coordinated so that they are delivered in the most efficient and effective way to meet individual consumers' needs. Care Coordination should ensure continuity of care, avoid duplication of services and ensure that the meeting of consumer needs is paramount over the needs of individual service providers and is not hampered unnecessarily by program boundaries. See Care Planning.
Care Planning	A process of deliberation that incorporates a range of existing activities such as care coordination, case management, referral, feedback, review, reassessment and monitoring.
Client management software application	Software application used by services providers to manage consumer health and care information. Such systems may support client registration processes, reporting to government authorities and referral. See Attachment A for examples.
Confidentiality	The restriction of access to information, and the control of the use and release of information about a person, in order to protect the individual's privacy.
Consumers	Those members of the community, who currently use services, are seeking to use services or who are potential service users.
Department	The Department of Human Services (unless otherwise specified).
Digital Certificate	A digital certificate is an electronic document used to identify an entity. In the case of the Healthcare PKI, the digital certificate identifies either an individual or a 'health sector entity'.
Electronic referral systems	A system that enables the sharing of consumer health and care information via electronic means, for example, via the email or web pages.
E-Tools	Interactive MS Word 2000 and MS Access 2000 version of the Service Coordination Tool Templates. Available via the Primary Health Knowledge Base - <a href="http://www.dhs.vic.gov.au/phkb">www.dhs.vic.gov.au/phkb</a>
Functional Integration	A core goal for PCP Service Coordination is to provide a platform for functional integration in the primary care sector. Functional integration means that service providers will retain their organisational autonomy, while agreeing to conduct particular functions in a common way.
Health Information	Health Information includes personal information that is information or opinion about an individual's physical, mental or psychological health; a disability of an individual; an individual's expressed wishes about the future provision of health services to him or her; a health service provided to the individual. It also includes information that is collected to provide a health service, collected in connection with the donation of body parts and/or genetic information in a form that is, or could be, predictive of the health of an individual or any descendants. Health information refers to a person's health information in any form (written, verbal, electronic, on video etc).
Healthcare Individual Certificate	The Healthcare Individual Certificate is used to identify a person from whom a message has been received and allows the sender to attach a digital signature.
Healthcare Location Certificate	The Healthcare Location Certificate is used to identify the location from which a message has been received and allows a number of people at the same location to sign and encrypt messages.
HL7	Health Level Seven - is a standard for packaging health care data in the form of messages to be transmitted amongst computer systems.

HeSA	Health e-Signature Authority Pty Ltd. 'HeSA acts as a Registration Authority for the provision of digital keys and certificates within the Australian healthcare sector'. www.hesa.com.au
ICT	Information and Communications Technology – often used instead of information technology to acknowledge the systemic links that exist between information technology and telecommunications systems.
Information Management	The practices, protocols, roles, responsibilities and business processes that support the management of information (personal information, health information, services information, financial and administrative information, planning and performance monitoring information) whether in electronic or other form.
Information Model and Data Dictionary	Information Model and Data Dictionary for the Service Coordination Tool templates describes information standards to support consistent implementation of the Tools in software applications.
Initial Contact	The first point of contact with the service system.
Initial Needs Identification	INI is an initial screening process where the underlying issues as well as presenting issues are identified.
IT	Information Technology.
MDS	Minimum Data Set – a specified set of data for particular services or client groups that contains data on the number and characteristics of consumers (for example, the Home and Community Care Minimum Data Set).
PCP	Primary Care Partnership. A group of primary care providers that have formed voluntary alliances to work together to improve health and wellbeing in their local communities. There are 32 Primary Care Partnerships in Victoria.
PCP Strategy	Primary Care Partnership Strategy. A strategy which aims to enable primary care services to achieve positive outcomes for consumers and deliver improved health and well being for the community. This strategy provides a framework for improving the planning and delivery of primary care services and for ensuring they work effectively together.
Personal Information	Information or an opinion recorded in any form, whether true or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.
PKI	Public Key Infrastructure (PKI) is an electronic trust framework adopted by the Australian Government to provide authentication and confidentiality for electronic transactions. For the health sector, PKI enables the transfer of health information across the internet without compromising a individual's right to privacy.
Practice	The usual or customary way something is done. For example, collecting core consumer information at Initial Contact.
Practitioner	A service provider who has direct contact with and provides direct service to consumers.
Primary Care	Primary Care is essential health care based on practical, scientific and socially acceptable methods and technology. It is made universally accessible to individuals and families in the community through their full participation and at an affordable cost to the community and country. Primary Care is a central function and main focus of the country's health system. It is the first contact for the individual, the family and the community with the national health system, bringing health care as close as possible to where people live and work.
Processes	The combined practices to achieve a particular purpose. For example, the way in which referral is facilitated between providers.
Protocols	An agreement between groups of providers that sets out standards for practice/processes. For example, an agreement between providers outlining how a referral will be made, accepted and acted upon.
Referral	The transmission (physically or by other means) of personal and/or health information relating to an individual from one service provider(s) to another service provider(s) with the individual's consent and for the purpose of care or treatment.

Referring service provider	A service provider who is referring the consumer to another service provider.
Referred to service provider	A service provider who is receiving a referred consumer from another service provider.
RTF	Rich Text File – is a standard file format that may be created and opened using a variety of word processor software applications.
SCTT	See Service Coordination Tool Templates.
Security	Any measures used to protect information and prevent the unauthorised use of data. It includes efforts to maintain the confidentiality of personal and health information, including restricted physical access to the information and protective measures for electronic information such as passwords and encryption.
Service Coordination	Service Coordination is ‘putting into practice’ the key DHS policy initiatives of Better Access to Services and Information Management Strategic Directions. Service Coordination is implemented through agreed practices, protocols, processes and systems for Initial Contact, Initial Needs Identification, Care Planning, sharing of consumer health care information and sharing of services information. This means services remain independent of each other in a structural sense; however, they work in a cohesive and coordinated way so that the consumer experiences a seamless and integrated response.
Service Coordination Tool Templates	A suite of forms used to collect and share consumer information. Suite includes: <ol style="list-style-type: none"> <li>1. Consumer Information</li> <li>2. Summary and Referral</li> <li>3. Consent Form</li> <li>4. Profile: Living Arrangements</li> <li>5. Profile: Functional</li> <li>6. Profile: Health Conditions</li> <li>7. Profile: Psychosocial</li> <li>8. Profile: Health Behaviours</li> <li>9. Service Coordination Plan</li> </ol>
Service Coordination Tool Template Guidelines	Guidelines for using the Service Coordination Tool Templates.
Service Directory	A comprehensive information source on the range and scope of health and community based services available to consumers within PCP catchments to be used to inform consumers and providers.
Shared Services	A service comprising infrastructure that centrally hosts, manages, and administers systems (including hardware and software) in a shared arrangement to authorised agencies or organisations. Costs associated with these systems are usually lower for each agency/organisation due to the sharing arrangements of the total costs. Services shared could be various software applications, email services, internet access and other services as mutually agreed.  Additional issues such as a more detailed security infrastructure arrangement may be required, including confidentiality agreements. Also greater planning for possibly extensive network links, and business continuity/disaster recovery may be required at the shared service.
Systems	A combination of components that work together to support the practice, processes and protocols. For example, an information system (people, processes and equipment) to share client information via fax to support the referral process.
VPN	Virtual Private Network

See [www.dhs.vic.gov.au/phkb](http://www.dhs.vic.gov.au/phkb) for more information about Service Coordination.

Contact Jenk Akyalcin (email: [jenk.akyalcin@dhs.vic.gov.au](mailto:jenk.akyalcin@dhs.vic.gov.au), phone: 9616 7155) for more information about the issues presented in this Information Resource.