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## **Action Plan for Adoption Success**

**The response to the independent review of  
NEHTA**

6 December 2007

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# Plan of Action

NEHTA has accepted and will act on each of the six recommendations arising from an independent review of NEHTA's operations, undertaken during 2007 by the Boston Consulting Group (BCG). The review of NEHTA was built into the organisation's constitution when it was established and will assist the Board in framing the future evolution of e-health.

The review notes that "NEHTA's first priority must be to continue the current momentum to deliver its COAG objectives — the creation of unique, individual and health care provider identifiers and clinical terminologies". NEHTA is therefore committed to maintaining a focus on delivering outcomes in accordance with the COAG commitments.

Further, NEHTA's Board is committed to finalising a business case for the development of personal e-health records, in time for the first Council of Australian Governments meeting in 2008.

NEHTA's plans to address the recommendations arising from the review, and successfully deliver on its current agenda, are outlined below.

The recommendations arising from the review are provided in as an attachment to this Plan. The full review report is available on NEHTA's website [www.nehta.gov.au](http://www.nehta.gov.au).

## **Recommendation 1: Create a more outwardly-focused culture**

NEHTA accepts the recommendation to create a more outwardly-focused culture. To do this, NEHTA acknowledges it must engage its stakeholders with transparency and openness.

To date, NEHTA has sought to consult the IT industry and a number of clinician organisations as well as the various health jurisdictions. The focus of this consultation has been in developing system "building blocks", such as standard information specifications and terminologies. NEHTA recognises that as the focus of its work outputs shifts to the delivery of tried and tested products for implementation, so too it must more actively and more broadly engage its constituencies and take a more outward looking approach to its work.

NEHTA has developed active stakeholder engagement programs for implementation during the next two years, covering clinicians and health workers, health consumers, the health industry and the health IT industry. These programs have been covered below.

To support this effort, NEHTA will build its capacity and culture to more effectively engage stakeholders. This will include:

- Establishing new functional arrangements including engagement responsibilities.
- Establishing a new decision making and reporting framework for the organisation.
- Implementing supporting human resource management strategies to:
  - recruit people with the required skills and attitudes;
  - train staff in leadership and communication skills, group participation and facilitation skills and health industry awareness;
  - establish staff performance indicators to support the reoriented work program, in areas such as leadership responsibility, performance outcomes and the process of development including enhanced stakeholder communication and engagement; and

- Establishing a process for ongoing review and evaluation of functional and process effectiveness. This will include regular assessment of stakeholder and staff satisfaction using metrics which can be benchmarked.

## **Recommendation 2: Reorient the work plan to deliver tried and tested outputs through practical 'domains'**

The independent review found NEHTA had made significant progress on its goals to date. However, NEHTA accepts that it is now appropriate to reorient its work plan to focus on the delivery tried and tested outputs for the priority clinical domains of pathology, discharge summary/referral and medications management.

Therefore, NEHTA is now developing a program of partnerships through which it will test and validate its work. The first such partnerships will aim to significantly improve the electronic communication of pathology test results between GPs and pathology labs, and hospital discharge summaries between hospitals and GPs. NEHTA will identify partnership opportunities through 2008 and 2009.

The NEHTA work program will be reoriented to establish priority work streams for:

1. National e-Pathology Specifications
2. National e-Discharge Summary Specifications
3. National e-Referral Specifications; and
4. National e-Medications Management Specifications (addressing e-prescribing and dispensing).

These work streams will focus on delivering the specifications within defined timeframes through to June 2009. In addition, NEHTA will continue to focus on the delivery of:

- National infrastructure programs including the Unique Healthcare Identifiers Services, National Authentication Service for Health and Clinical Terminologies; and
- Compliance, Conformance and Accreditation program, with a view to establishing a software integration testing and accreditation function.

NEHTA will also examine requirements in clinical registries, GP desktop, e-consulting and decision support to determine the scope of any future involvement by NEHTA.

## **Recommendation 3: Raise the level of proactive engagement through clinical and technical leads**

NEHTA has committed to significant culture change, additional resources and the development and implementation of open and transparent engagement programs, particularly with clinical and industry leaders.

A re-orientation of NEHTA's approach to external engagement is necessary to ensure that key stakeholders are genuinely engaged in the development and dissemination of the national specifications. NEHTA's approach to communications and engagement is outlined below.

NEHTA will increase its engagement with the clinical community, through the appointment of a network of clinical leads and via consultation with the nation's foremost clinician organisations<sup>1</sup>. The clinical leads will provide an

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<sup>1</sup> Including the Australian Medical Association, Royal Australian College of General Practitioners, Australian Association of Pathology Practices, various Divisions of General Practice and the Rural Doctors Association of Australia

important sounding board for the development of NEHTA's work. Clinical leads will be assigned to the development of NEHTA's national specifications packages, to provide input and guide the specification development team on likely issues and appropriate mechanisms for engaging with clinical stakeholders.

NEHTA will also improve its processes for disseminating its work to industry, and receiving industry feedback. Learning tools (such as educational seminars, implementation guides, etc) will be developed alongside the specifications, so that the completed specifications can be delivered with implementation support. NEHTA's industry engagement leaders will also identify likely design and implementation issues and establish further mechanisms for obtaining industry feedback.

NEHTA will establish a single point of accountability to lead engagement with, and promote adoption by, key health business CEOs and managers (within the public and private sectors) on the national e-health reform agenda. Through this function, new implementation partnership opportunities (particularly for referral, medication management and "greenfield" sites such as new hospitals) can be identified and established. The business adoption team will also work with the specification development teams to identify likely issues and to plan appropriate mechanisms for engaging business.

The engagement outlined above, and the adequacy of feedback incorporation, will be assessed in NEHTA's internal specification development review and testing processes.

NEHTA will increase its engagement with healthcare consumer audiences. The focus of this program is on raising awareness of the proposed personal e-health record, and will establish a basis for a significant increase in engagement once the business case for the personal e-health record is approved<sup>2</sup>. A Health Consumer Advocate position will be established, to lead engagement with key health consumer organisations on the national e-health reform agenda, and to interact with other stakeholders as required. This position will be filled after consultation with peak consumer lobby organisations.

#### **Recommendation 4: Accelerate resourcing through outsourcing, offshore recruiting and more creative contractual arrangements.**

NEHTA's organisational development to date has been characterised by intense recruitment activity and a rapid build-up of staff numbers. Despite this growth, recruitment difficulties reflect capacity constraints in the Australian market. NEHTA has responded by establishing major offices in Sydney and Brisbane, with staff located in smaller numbers in Adelaide, Canberra and Melbourne. The availability of alternative cities in which staff can be based has ameliorated some of the impact of a tight labour market with low unemployment and in the midst of a national IT skills shortage. The constraints have inevitably driven up salaries and made it harder to attract suitable candidates. Recruitment agencies report that there are more jobs than there are candidates in the market. Further, the short contract terms NEHTA is able to offer has also impeded candidates taking up NEHTA roles and has had an impact on NEHTA's retention rates.

Apart from NEHTA's current focus on overseas recruitment to deliver more experienced staff, NEHTA continues to look at outsourcing and other contractual arrangements to obtain the resources needed. In relation to outsourcing NEHTA has embarked on a range of procurement processes in the past to secure deliverables (and the associated knowledge) through external

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<sup>2</sup> The business case will be finalised for submission to the first Council of Australian Governments meeting to be held in 2008.

parties. However, NEHTA will now consider the following areas as potential candidates for outsourcing:

- Build, operate and transfer the technical Reference Platform that will be used to support the implementation process; and
- Build, operate and transfer the Conformance, Compliance and Accreditation system.

Other areas of the work plan will also be considered for opportunities to outsource.

In relation to the use of more creative contractual arrangements, BCG refer to the possibility of establishing capacity contracts with large systems integrators to utilise their staff on a set basis to deliver a set of capability (e.g. business analysts, developers, architects) across NEHTA's specification packages. Before NEHTA can actively consider this option it will be necessary to review the revised work plans and to see where such actions will best assist. It is expected that this detailed work can be completed by February 2008.

### **Recommendation 5: Reshape the NEHTA organisation structure to address revised work plan priorities**

NEHTA has made the structural changes as recommended including a clinical-lead function reporting to the CEO, and the establishment of dedicated work streams focusing on the delivery of:

- the priority national specification packages;
- approved national infrastructure programs (Unique Healthcare Identifiers Services, the National Authentication Service for Health and Clinical Terminologies); and
- the Conformance, Compliance and Accreditation program.

NEHTA will reshape the organisation to create:

- Accountable national specification development teams.
- A core connectivity team focusing on the development of common architecture, secure messaging, identifiers, authentication and service instance directory elements for the packages.
- A conformance, compliance and accreditation team to develop requirements for the packages in the first instance, and a national integration centre capability in the longer term.
- A program support team to provide the necessary project coordination and planning functions to be applied across the work streams.
- An engagement team to provide guidance and expertise in engagement, knowledge dissemination and feedback mechanisms.
- An implementation partnership team to liaise directly between NEHTA work streams and implementation partners.
- The existing approved national infrastructure projects work streams will be maintained to ensure they continue to focus on infrastructure delivery.

In addition, the existing supply chain initiative will move to support the Australian medicines terminology, as the National Product Catalogue is now established and industry take-up is being determined through jurisdictional purchasing policies.

While the personal e-health record initiative remains in the business case development phase, it will retain a separate focus under the direct oversight of the leadership team.

The above organisational changes will be substantively implemented by February 2008.

**Recommendation 6: Add a number of independent directors to the NEHTA board to be broader advocates of e-health, and to counter stakeholder perceptions of conflict of interest.**

NEHTA's Board is committed to seeing NEHTA's work implemented in both the private and public sector and is very pleased to be negotiating partnerships with both public and private sector organisations.

The independent review concluded that the fact that all Board members are jurisdictional heads limits the ability of the Board to support the engagement of non-jurisdictional stakeholders. It pointed out that having the heads of the jurisdictional health departments as Directors helped ensure government support for NEHTA. However, it reported stakeholder feedback that that the dual roles of Directors created a perception of bias against the private sector and primary care needs.

Although no evidence of bias was detected in the review, this perception may inhibit uptake of NEHTA's work. NEHTA's Board has therefore moved immediately to begin to identify suitable candidates with the goal of three appointments by early 2008.

## Attachment

### Recommendations arising from the independent review of NEHTA

#### 1. Create a more outwardly-focused culture

*The independent review recommended:*

“To support a broader program of engagement, NEHTA will need to significantly change its culture to become far more transparent regarding interim outputs and workplans. NEHTA will also need to be more accessible for informal opinions and advice. This was intentionally avoided early on in NEHTA’s existence in order to focus on rapid delivery. However, we believe the organisation and its managers now have sufficient knowledge, insight and confidence to positively incorporate and respond to any resulting feedback and build more constructive links with stakeholders as a result. NEHTA should develop communication materials to articulate the scope of its brief and concrete and practical descriptions of the end-products. These should be communicated by conducting periodic briefing sessions with broader eHealth industry. Culture change will require far more than simply improvement in external communications. Changes in core organisational objectives, performance disciplines and staff motivations will be essential to achieving the desired culture changes.”

***This recommendation is accepted.***

#### 2. Reorient the work plan to deliver tried and tested outputs through practical ‘domains’

*The independent review recommended:*

“NEHTA’s original workplan was focused largely on the delivery of completed standards and infrastructure. It is now becoming clear, however, that these will be incomplete without taking the next steps to implement them in ‘proofs-of-concept’, incorporate feedback regarding implementation in local contexts, refine the designs and only then finalise the specifications. Two activities are important to make NEHTA standards implementable:

- a. Establish end-to-end proofs of concept - NEHTA has already taken initial steps to do this through ‘package domains’, but these need to be considerably strengthened and accelerated to make a difference. Some of the elements of NEHTA’s current workplan, such as interoperability and clinical Information, should be integrated into domain package workstreams.
- b. Establish a software integration testing and accreditation function – In order to engage with software vendors and enable them to incorporate standards and identifiers, we recommend that NEHTA set up an authoritative software testing and accreditation capability . Experience in the UK Connecting for Health Program, and in Australia (e.g. Medicare’s online billing initiatives) suggest that significant integration and accreditation support will be needed. eHealth implementation will be delayed if this is not available to test solutions on behalf of jurisdictions who want to implement them.”

***The NEHTA Board recommends that this be accepted.***

### **3. Raise the level of proactive engagement through clinical and technical leads**

*The independent review recommended:*

“While transparency will go some way to easing tensions with external stakeholders, obtaining useful input, co-operation and building trust will require additional efforts. We believe this should be targeted at specific influential stakeholder groups, and operate at two levels:

- a. Establishing a group of clinical leads, where around four to five senior individuals with the appropriate background are hired to act as primary liaison points for high priority stakeholder groups, as well as internal sounding boards for NEHTA design teams. These groups should include:
  - Primary care practitioners – doctors and paramedical staff
  - Specialist physicians and diagnostics providers (these might need a separate lead)
  - Pharmacists
  - Health care institution managers/CEOs.
- b. Fostering a technical community that will disseminate standards and best practice amongst IT practitioners. This would be coordinated by a technical lead, but rely heavily on increasing informal contact between lower level technical practitioners through question and answer sharing, interest group moderation and a few resources committed to solving common technical problems.”

***This recommendation is accepted.***

### **4. Accelerate resourcing through outsourcing, offshore recruiting and more creative contractual arrangements**

*The independent review recommended:*

“Almost all of the NEHTA workstreams (excluding UHI [Unique Healthcare Identifiers]) are operating between 20 and 50 percent under budget because of recruiting delays. It is critical that NEHTA commence alternative approaches to sourcing skilled staff if it is to meet COAG-funded deadlines. Approaches to investigate should include outsourcing where work programs are suitable and have clearly defined scope, insourcing of expert teams from systems integrators, hiring of higher-paid and skilled temporary contractors who typically shun salaried appointments, and offshore recruiting.

These recruiting initiatives will be considerably assisted by some form of underwriting of contacts by one or more of NEHTA's Members (subject to performance) for a period at least up to mid-2009.”

***This recommendation is accepted.***

### **5. Reshape the NEHTA organisation structure to address revised work plan priorities**

*The independent review recommended:*

“Despite wanting to minimise disruptions to the organisation, especially for COAG-deliverable workstreams (UHI [Unique Healthcare Identifiers] and Clinical Terminologies) some organisation change is needed to achieve a more outwardly focused, implementation-oriented NEHTA:

- A clinical-lead function reporting to the CEO should be established.

- Domain workstreams with appropriate leads and teams will need to be established for at least the top four priority domain workstreams:
  - Referrals
  - Discharge summaries
  - Prescribing
  - Pathology
- Shared EHR [personal e-health record] should be reconstituted as a domain workstream. Staff on a number of the smaller workstreams such as clinical information and interoperability should be reassigned to these domain workstreams. Developing and testing domain solutions is too important to exist only as a 'virtual' overlay structure and warrants its own dedicated workstreams.
- An integration and accreditation centre should be established. This would be the main interface with the medical software industry and would perform both a support function (through a comprehensive testing environment) as well as a certification function for products that meet requirements. This is necessary to enable jurisdictions to stipulate and then manage compliance in their contracts with vendors. NEHTA is the only body that currently has the in-depth knowledge of health IT standards to perform this function."

***This recommendation is accepted.***

**6. Add a number of independent directors to the NEHTA board to be broader advocates of e-health, and to counter stakeholder perceptions of conflict of interest.**

*The independent review recommended:*

"We recommend the addition of two to three independent directors, with more available time and different expertise, who would improve engagement by:

- Providing additional senior advocates who can connect with stakeholders in support of the role played by NEHTA management
- Improving continuity
- Potentially providing a more direct voice for the private sector into NEHTA's strategy
- Increasing confidence in NEHTA's impartiality."

***This recommendation is accepted.***