ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2010-11, 20 October 2010

Question: E10-335

OUTCOME 10: Health System Capacity and Quality

Topic: eHEALTH

Written Question on Notice

Senator Fierravanti-Wells asked:

I refer to the Budget allocation of $446.7 million over two years to establish the key components of the personally controlled electronic health record. In relation to the funding allocated to three primary care-led PCEHR pilot programs in Queensland, New South Wales and Victoria (around $12.5m over two years), please advise:

a) Has any of the money been allocated yet?

b) NeHTA has let a tender for the National Authentication Service for Health – is this what some of these funds will be used for? If so, how much of it will go to this project?

c) Do you have criteria for funding other projects?

d) What process are you running to allocate funding to other projects?

e) How will the three projects that have already been funded progress to a personally controlled health record?

Answer:

a) Funding has been provided to the personally controlled electronic health record (PCEHR) system eHealth sites in Queensland, New South Wales and Victoria.

b) No. The National Authentication Service for Health (NASH) is funded until 30 June 2012 as part of the $218 million allocated by COAG to National eHealth Transition Authority in November 2008. $28.28 million was allocated over three years (FY 2009-2012) for developing foundation infrastructure for security and authentication, including the design, build and delivery of the NASH.

c) Yes, the following criteria will be used when evaluating applications:

Organisation
1. A track record for successful delivery of eHealth projects, ideally involving formal collaborative partnership arrangements and change management programs;
2. Capacity to undertake the proposed project in 2010-11;
3. Demonstrated financial viability of the project; and
4. Quality of the proposed delivery team.
Solution
1. Sustainability following cessation of the Commonwealth funding period;
2. Ability to improve information flows within patient communities with priority needs such as mothers with their newborns, those with chronic and complex diseases, older Australians, and Aboriginal and Torres Strait Islander peoples;
3. Ability to scale project solutions and outcomes so that they can be deployed to other related parts of the Australian health sector;
4. Able to deploy and comply with agreed national eHealth standards and services which will ultimately enable connection to the national PCEHR infrastructure;
5. Support of information exchange across different parts of the health sector (e.g. primary care, acute care, aged care);
6. Able to demonstrate strong clinical governance and clinical safety management; and
7. Able to demonstrate national demographic coverage, and/or deep sectoral coverage; and/or early benefits, and/or innovation in the e-health site.
Delivery
1. Includes a change management program within the project and across other organisations;
2. Demonstrated clinical support and readiness and acceptance within the projects target care community; and
3. Ability to deliver tangible and measurable project outcomes within a 6-18 month period.

d) A competitive Invitation to Apply process is being run by the Department to select 'second wave' sites.

e) The outcome of work funded under the PCEHR Program to the 'first' three projects will progress towards a personally controlled health record through:

- Deploying and testing national eHealth infrastructure and standards in the real world health care settings;

- Demonstrating tangible outcomes and benefits from funded eHealth projects;

- Building stakeholder support and momentum behind the national PCEHR system work program; and

- Providing a meaningful foundation for further enhancement and roll-out of the national PCEHR system.

Within the agreed national framework of governance, standards, workforce etc, these three projects will focus on implementing PCEHR components that support sharing of electronic health information through demonstrable tangible eHealth outcomes on the ground.