Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2011-2012, 19 October

Question: E11-481

OUTCOME 10: Health System Capacity and Quality

Topic: eHEALTH - STANDARDS AND NEHTA

Written Question on Notice

Senator Boyce asked:

- (a) is NEHTA intending to bypass the normal process set by Standards Australia?
- (b) what could potentially be the consequences of doing that?
- (c) One industry source has described the possible consequences this way, "if you depart from the standards framework, you introduce a cascading series of costs and barriers" the source said. "If the specs are changed for one project the vendor has to do a specialty implementation, but then you need a special conformance process and adjust the interoperability framework as well" Is this not correct?
- (d) If you proceed down this path doesn't everyone have to change their software, and the costs spread like a ripple on a pond.

Answer:

(a) (b) (c) and (d)

The personally controlled ehealth records (PCEHR) system is being built on existing international and Australian standards. A number of new industry standards, Australian technical specifications and Australian Standards are required to meet the unique characteristics of the PCEHR. Work on the specifications have been underway for over a year.

NEHTA engaged in extensive research and conducted an independent study to examine existing standards and advise on the appropriate architecture standards for the PCEHR. This process is articulated in the NEHTA Specifications and Standards Plan. This plan aims to have specifications at a level of maturity for software vendors to commence the development of their software while these specifications are taken through the formal Standards Australia processes. For example, the PCEHR will use HL7's Clinical Document Architecture which is used by software vendors within Australia and internationally. By following appropriate international standards wherever possible, software vendors will be able to leverage any investments internationally.

NEHTA advises that 23 bundles of specifications are needed, 11 of which will become standards over time. As at 31 January 2012, 16 areas of specifications are complete and have been tested. These are available on the NEHTA site for vendors, along with guidance material on how to implement the specifications. Through a quality assurance process an issue was identified with the guidance material for 5 of the specification bundles. This guidance material has been removed and is currently being updated.

The specifications are under change control to provide stability and certainty for vendors who build systems based on these specifications. If there are changes required to the specifications before the Standards Australia process is concluded, the vendor community will be consulted on the nature and the timing of any required changes.

Work on all of the standards has been maturing through the experience and feedback from the eHealth sites. The PCEHR will utilise and leverage appropriate existing proven international standards.

NEHTA has committed to working together with Standards Australia to deliver specifications which are suited to form the basis for development within the Standards Australia's IT-014 Health Informatics community. This close working relationship is supported by the Department of Health and Ageing.

Additionally, there has been extensive consultation throughout 2011 regarding the PCEHR, with a national series of Four Corner Roundtables, focused reference groups and Tiger Teams working on technical aspects of the design.

This work formed the basis of requirements for the PCEHR Tender Processes, and consultation regarding specification development has been underway using this approach all year. More than 500 people from many different sectors including clinical, consumer, vendor and government have been consulted during this process.