### Digital Health Transformation Improving Patient Outcomes (2022-2032)

Industry Briefing – 31 October 2022



Health ICT Department of Health

# Acknowledgement of Country

In recognition of the deep history and culture of this Island, we would like to acknowledge and pay our respects to all Tasmanian Aboriginal people; the traditional owners of the Land upon which we meet.

### **Topic 1: Industry Briefing 2 Introduction**

Warren Prentice Chief Information Officer Health ICT, Department of Health

### **Presenting Team**

#### **Warren Prentice**

Chief Information Officer

Lisa Hagstrom

Program Management Office Director

Sam Brodribb

Program Manager

Karen Ryan

Program Change Manager

Shaun Weber Principal Procurement Consultant

# What We Do

We work to look after the health, safety and wellbeing of the Tasmanian community.

We do this by planning, managing and delivering high quality health services.

Our services include:

- Ambulance
- Inpatient
- Outpatient
- Community Health (disability, mental health, multicultural health)
- Child Community Health for children aged 0-5
- Residential Aged Care
- Public Health

### How We Service Tasmania



# Activity Snapshot – 2020-21



**105 000** ambulance responses with **51 000** classified as emergency

**170 000** Emergency

590 000 outpatients

attendances

**Department presentations** 

140 000 hospital admissions



**178 000** community nursing occasions of service



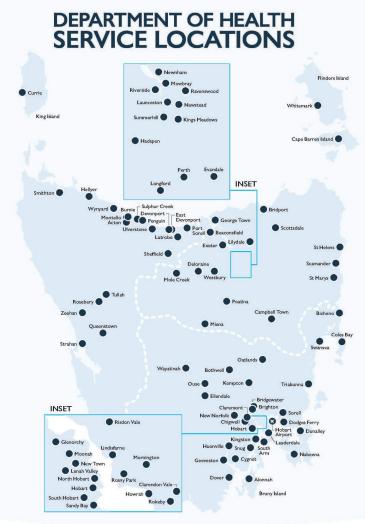
**101 000** oral health attendances



**36 000** women screened for breast cancer



**18 000** elective surgery admissions





AT

AD

AC

Acton

Alonnah

Bicheno

Bothwell

Bridport

Brighton

Burnie

Chigwell

Coles Bay

Currie

Cygnet

Dover

Dunalley

Ellendale

Evandale

Exeter

Glenorchy

Hadspen

Hellyer

Deloraine



Queenstown Ravenswood Risdon Vale Riverside Rokeby Rosebery Rosny Park AD CP CN Sandy Bay Scamander Scottsdale Sheffield Smithton Snug AD BS CP CH Sorell South Arm South Hobart St Helens St Marys Strahan Sulphur Creek Summerhill Swansea Triabunna Tullah AC AD CP CH CN MH OH YH Ulverstone Wayatinah Westbury Whitemark Wynyard Zeehan

\*Includes Outreach dinics \*Mobile units visit this location

August 2021 v11

# Department Strategic Priorities 2021-23



Continuing to respond to the COVID-19 Pandemic



Improving Access and Patient Flow across our Health System



Delivering care in clinically recommended times



Reforming the delivery of care in our Community



Prioritising Mental Health and Wellbeing

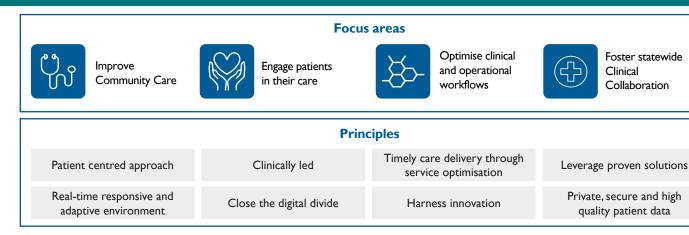


Building the Infrastructure for our Health Future

### **Topic 2: Program Overview**

Lisa Hagstrom Director Program Management Office Health ICT, Department of Health

### **Strategy Overview**



#### Horizon I

Horizon I makes the most of what we have now by increasing access to systems and expanding key capabilities.

In parallel, foundations will be built to prepare for the major change and investment phase of Horizon 2.

#### **Strategy Foundations**

Stand-up program

Set standards - data, interoperability

ICT infrastructure uplift

Workforce capability uplift

Horizon 2 planning and readiness

#### **Enhancements**

Increase access to clinical information

eReferral & Separation Summaries

First responders digital foundations

Expand telehealth & virtual care

#### Health information sharing HI

Clinical information viewer

Leverage national standards

#### Outcomes

- Increased visibility of clinical information across all settings; improved patient handover and outcomes
- Digital transformation readiness, including true interoperability foundations

#### **Horizons and Key Initiatives**

#### Horizon 2

Horizon 2 builds a digital health record that spans acute, outpatients and community care, integrates speciality and diagnostic systems and supports primary care and consumer interactions. Horizon 2 also enhances patient flow, diagnostic and support services.

#### **EMR & Integration**

Patient administration uplift

Patient flow optimisation

Acute, outpatients, community

**Electronic Medication Management** 

Specialty system & diagnostics integration

Integrated patient record

#### **Diagnostic services**

#### Support services

#### **Decision support**

#### Health information sharing H2

Patient engagement

Extended clinical information viewer

#### Outcomes

- Modern EMR capability
- Improved patient flow, scheduling and demand management
- Consumer portals
- Well integrated clinical systems
- Information sharing across care settings

#### Horizon 3

Horizon 3 draws on the rich data and digital capabilities established in Horizon 2 to optimise clinical decisions and patient outcomes, anticipate and manage service demands and support innovative, personalised approaches to care.

#### **Outcomes measurement**

Patient outcomes & experience

Care team reported outcomes

Care co-ordination and transitions of care

#### Advanced Data Analytics / Service Optimisation

Predictive analytics

Optimised demand management

Advanced decision support

#### **Clinical Innovation**

Personalised and precision medicine

Al and machine learning / Digital twins

#### Health information sharing H3

Integrated Care Platform

#### Outcomes

- Integrated care planning and management across all care settings
- Effective consumer participation in care
- Predictive and responsive services
- Advanced analytics and personalised/ precision medicine

# **Program Achievements**

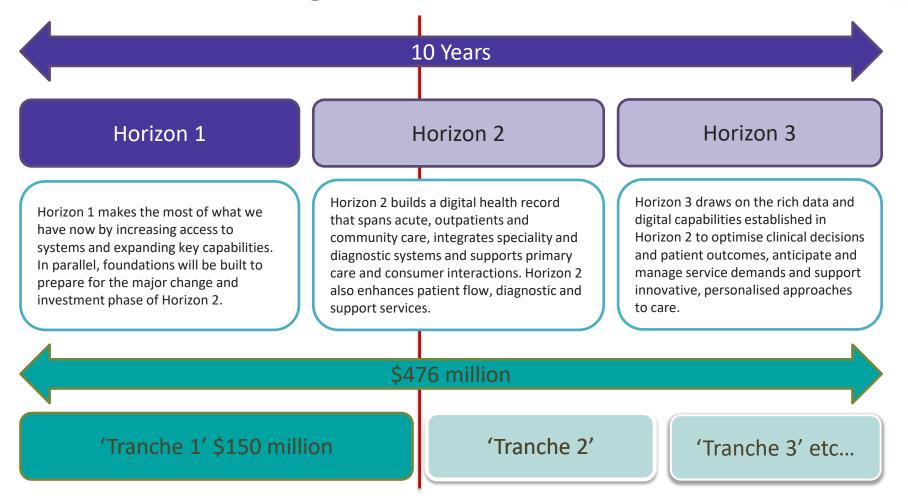
### **3-month Program Status**

- Program Master Schedule
- Program Management Plan Drafted
- Establish Program Team
- Establish Procurement Approach
- Design Program Governance
- Terminology and Definitions Drafted
- Health Capability Model Initial Draft Documented

### **Topic 3: Program**

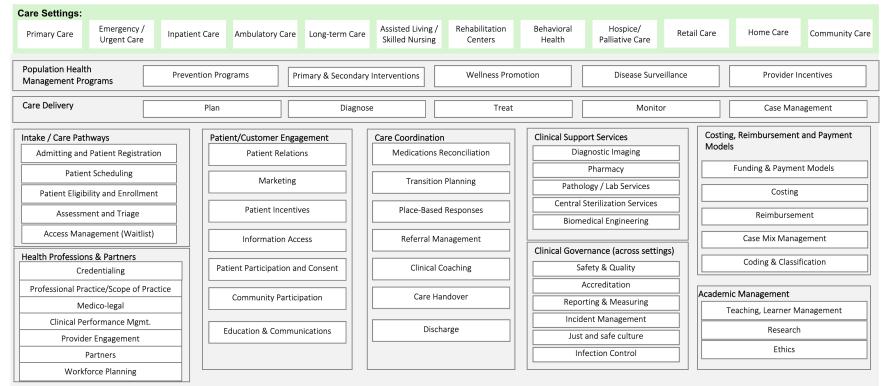
Sam Brodribb Program Manager Digital Health Transformation Health ICT, Department of Health

### Introducing 'Tranche 1'



# **Capability Model**

#### Core Business Practices of an Integrated Delivery Health System



\*Please Note: This is an example only. Our formal Capability Model is a work in progress.

### **Current State**

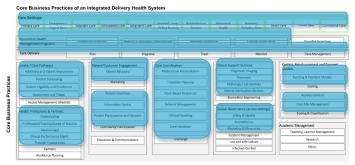
- Map our current solutions to capabilities
  - Note that these may be digital or analogue/paper solutions
- Map our current capabilities to the Capability Model
- Note: we won't have solutions for all capabilities currently

Care Settings:										
Primary Care Emergency / Urgent Care	Inpatient	Care Ambulatory (	Care Long-term C	are Assisted Li Skilled Nu		Behavioral Health	Hospice/ Palliative Care	tail Care	Home Care	Community
Population Health Management Programs	ion Programs Primary & Second		lary Interventions Wellness Pror		otion Disease Surveillanc		Provider Incentives			
Care Delivery		Plan Dia		nose Treat			Monitor	Case Management		
Intake / Care Pathways Admitting and Patient Registration Patient Scheduling Patient Elipibility and Enrollment		Patient Relations Marketing		Care Coordination Medications Reconciliation Transition Planning		Diagnostic Imaging Pharmacy Pathology / Lab Services		Costing, Reimbursement and Payment Models		
								Funding & Payment Models		
Assessment and Triage		Patient Incentives		Place-Based Responses		Central Sterilization Services Biomedical Engineering		Reimbursement		
Access Management (Waitlist)		Information Access		Referral Management		Clinical Governance (across settines)		Case Mix Management		
Health Professions & Partners Credentialing		Patient Participation and Consent		Clinical Coaching			Safety & Quality		Coding & Classification	
Professional Practice/Scope of Practice		Community Participation		Care Handover		Accreditation		Academic Management		
Medico-legal							Reporting & Measuring Incident Management Just and safe culture		Teaching, Learner Management	
Clinical Performance Mgmt. Provider Engagement		Education & Communications			Discharge				Research	
Partners				-		Infection Control		Ethics		
Workforce Planning										

\*Selections are for example purpose only

# **Target Operating Model**

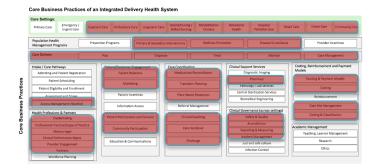
- Define what level of capability coverage we are looking to achieve
- This is not necessarily aligned to HIMMS EMRAM Stages
- Whether we have an existing capability is not considered
- The Target Operating Model may be referenced as a 'TOM'



\*Selections are for example purpose only

# **Procurement Scope**

- What do we have that we want to keep?
- What do we have that we **do not** want to keep?
- What do we not have that we want to get?
- What do we not need to worry about getting (yet)?

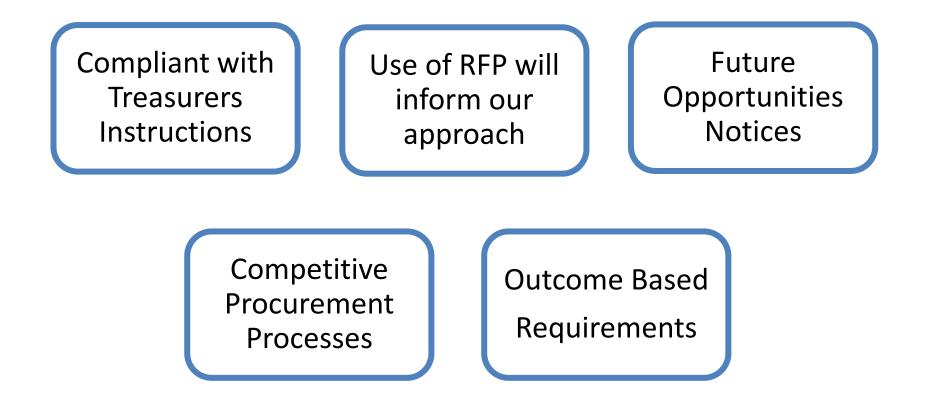


\*Selections are for example purpose only

### **Topic 3: Market Engagement and Procurement**

Shaun Weber Principal Advisor Procurement Digital Health Transformation Program Health ICT, Department of Health

### Procurement



# **Procurement Approach**

Multi-Stage Procurement Approach

- Stage 1 Open Request for Proposal (RFP)
- Stage 2 Limited Request for Tender (RFT)

### **Request for Proposal**

- Targeting January 2023 Release
- Open to all vendors
- Scope represented as capability requirements/statements
- Artefacts to be provided in RFP pack likely to include;
  - Tasmanian Health Capability Model
  - Overview of current information systems
- Will inform or finesse the detail of the RFT
- Will be used to shortlist vendors for RFT

### **Request for Tender**

- Targeting June 2023 Release
- Limited to vendors shortlisted from RFP
- Same scope as RFP
- Artefacts to be provided in RFT pack likely to include;
  - More detailed or refined requirements
  - Tasmanian Health Capability Model
  - Tasmanian Health Target Operating Model
  - Overview of current information systems
- May include need for vendor demonstrations, scenarios, proof of concept

# Other Elements of Procurement

- Bespoke contracting framework
  - Robust Data Privacy and Security provisions
- Competitive tension maintained throughout entire process

### Market Engagement

All contact through:

digitalhealth.transformation@health.tas.gov.au

Future notices / RFT's published https://www.tenders.tas.gov.au/

More information

https://www.purchasing.tas.gov.au/winning-government-business

# Questions?

Please use raise hand function if attending virtually.

Limit questions to presentation scope only.

If we don't get to your question, submit to <u>digitalhealth.transformation@health.tas.gov.au</u>

Next industry briefing date will be in March 2023. Topics can be submitted for consideration to <u>digitalhealth.transformation@health.tas.gov.au</u>

