

10 December 2009

OUTCOMES STATEMENT

Meeting Summary 10 December 2009

The fourth meeting of the Identification and Access Reference Group (IARG) was held in Sydney on 10 December 2009 at Rydges Capital Hill ACT.

Representation at the meeting included:

Bernard Kealey	Consumer Health Forum
Chris Pearce	NEHTA Clinical Lead
Chris Royle	MSIA Representative
Chris Wagner	NEHTA Clinical Lead
Colin Mclean	Medicare Australia
Marina Fulcher	Australian Association of Practice Managers
Nerida Lawrentin	eHealth Branch, Department of Health and Ageing
Nicola Dunbar	Australian Safety and Quality Commission
Robert Whitehead	Northern Territory Department of Health & Community Services
Sheila Bird	Medicare Australia
Stephen Burmester	NEHTA
Steven Parrish	Mater Health Services (Representing Mal Thatcher)
Angus Collingwood-Boots	NEHTA
Peter Padd	NEHTA
Carla Glavonjic	Slattery IT
John McMillan	NEHTA
Nathan Pinskiar	NEHTA Clinical Lead
Julia Donohue	NEHTA

The meeting was chaired by:

Marina Fulcher	Australian Association of Practice Managers
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Apologies were received from:

Roger Milton	Dept of Health SA
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The meeting had the following objectives:

- Receive an update on the HI Service and NASH Program.
- Presentation by Medicare Australia on the channels that Medicare Australia will be using to deliver the HI Service.
- Receive an update on the Model Healthcare Community.
- Presentation on Secure Messaging.
- Update on HI Concept of Operations.
- Update on Tiger Team.

Summary of Actions:

- Peter Padd is establishing a team to draft use cases. The team will also have an architect embedded. Estimated to take six weeks to put together the draft use cases and then a Tiger Team will review them. Aim is to have a Tiger Team starting in January.
- Dr Nathan Pinskiere to provide a debrief on the Model Healthcare Community at the next meeting.
- NEHTA to circulate the solution blueprint for NASH to the group.
- Discussion around the solution blueprint for NASH and the need to get some high level policy in place. There are currently a number of policies that are operating and these all need to be aligned before the HI Service is rolled out. DoHA to take this feedback on board and take through the appropriate purposes.
- NEHTA to circulate the high level business requirements contained in the blueprint to the group.
- Discussion around the channels that Medicare Australia will be using to deliver the HI service. A number of channels already exist within Medicare Australia which will be used to deliver the HI Service. These include: a consumer portal, health professional online service and HPOS. The intention is to have one portal that healthcare providers can use to access information from Medicare Australia. Medicare Australia to present at the next meeting and to take the group through the business atlas to provide detail on the different functions that Medicare Australia provides.
- Agreement to allocate a Tiger Team meeting over two days – one day for NASH Business Use Cases and the second day for Australian Health Practitioner Regulation Agency (AHPRA) and HI Services. Three group members agreed to work on business use cases, produce a list, then a conversation with AHPRA will need to take place to ensure they have clarity on the operational scenarios. This information will then be given to the Tiger Teams to prepare for the session.

Summary of Outcomes:

- Agreed that the group be now called '*Identification, Authentication and Access Reference Group*' or *IAARG*.