

21 September 2010

OUTCOMES STATEMENT

Meeting Summary 21 September 2010

The tenth meeting of the Clinical Terminology and Information Reference Group was held at the Stamford Plaza, Sydney Airport on 21 September 2010.

Representation at the meeting included:

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| Ian Bull | Department of Health ACT |
| David Evans | NEHTA Clinical Lead |
| Jo Foster | Nursing Informatics Australia |
| Catherine Garvey | Department of Health South Australia |
| Tony Greville | Consumer Health Forum |
| Hayley Koberg | QLD Department of Health |
| Richard Madden | National Centre for Classification in Health (NCCH) |
| Graeme Miller | Royal Australian College of General Practitioners (RACGP) |
| Rowena Sierant | Department of Health and Ageing |
| Andrew Singer | Department of Health and Ageing |
| Gordon Tomes | Australian Institute of Health and Welfare (AIHW) |
| Graeme Pegler | NSW Health (proxy) |
| Tony Robertson | NEHTA |
| Michelle Laing | NEHTA |
| Paul Frosdick | NEHTA |
| Liz Jones | NEHTA |
| Kate Ebrill | NEHTA* |
| Rupert Lee | NEHTA* |

* Workshop only

The meeting was chaired by:

Michael Legg Health Informatics Society of Australia (HISA)

Apologies were received from:

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| Mike Rillstone | NSW Department of Health (Co-Chair) |
| Sharmila Biswas | NEHTA Clinical Lead |
| Paul Williams | NEHTA |
| Chris Williams | Private Hospital CIO Forum Representative, Sydney Adventist Hospital |

The meeting had the following objectives:

- Update on National Clinical Terminology and Information Service (NCTIS) Service Levels.
- Update on Australian Institute of Health and Welfare (AIHW) / NEHTA Collaboration Update.
- Review of the NCTIS Approach to Reference Set Development
- Conduct an 'Opportunities Workshop'.

Summary of Actions:

- NCTIS Service Levels
 - NEHTA to ensure that the Service Desk has information regarding experts in other terminologies to improve the first level support.
 - NEHTA is developing a portal which will provide access to current issue status and progress information.
 - NEHTA is developing a framework which will enable reporting and monitoring to ensure that volumes are tracked. This will help ensure resources on the Service Desk are available when required.
 - A survey was sent out by the Service Desk which had a good level of response and good intelligence was obtained from it. This survey will provide a baseline to measure against in the future. The response rate to this survey with a summary of the results will be provided to the CTIRG.0
 - NEHTA advised the group that the Service Level Agreement (SLA) used by the Service Desk covers the majority of cases for use as a generic template.
 - NEHTA informed the group that there is a schedule for service releases which includes major releases of the CTI products. AMT has a monthly release cycle. There is a mechanism for making changes very quickly (i.e. within days/weeks) if required.
 - Agreed that a simple flow diagram be included to show how issues and information flows for service requests.
 - NEHTA reported that an SLA covers a use period and is in force whilst the customer is using the product. There will be the ability to negotiate a greater level of service for a defined period of time (this is currently being reviewed). A customer satisfaction survey will cover the SLAs to ensure that there is satisfaction with the contract.
 - Agreed that the SLA to be sent to the MSIA to be reviewed by vendors.
 - Agreed that NEHTA include a 12 month review cycle within the SLA agreement.

- AIHW / NEHTA Collaboration update
 - Reported by AIHW that a strategic committee is now looking at the Personally Controlled Electronic Health Record (PCEHR), Blueprint and Use Cases.
 - The Emergency Department Reference Set (EDRS) is being divorced from activity based funding as this will otherwise delay progress.
 - AIHW to provide an update on the strategic meeting being held on 20 October, at the next CTIRG in November.

- Review of the NCTIS Approach to Reference Set Development
 - NEHTA presented the new 'Content Strategy Approach' outlining that CTI will provide nationally standardised, Australian healthcare community driven, detailed clinical information models with terminology integration that enable semantic interoperability of healthcare information. These are created as a library of reusable *building blocks* from which specific solutions can be constructed, such as a Discharge Summary or Referral and configured to suit both the needs of the local and national healthcare community.
 - Agreed that part of strategy should be marketing, training and education recognising the need to start explaining to clinicians and consumers.
 - NEHTA confirmed that whilst NEHTA has endorsed CDA the reality is it will be a mixed economy using both CDA and HL7 Version 2.x for the foreseeable future.
 - NEHTA advised the group that an indicative work plan around the refset development is being developed, which can be validated by the CTIRG.

- Agreed that an impact analysis be undertaken regarding the change in the approach to refset development and to revisit some aspects of this new approach in November's CTIRG meeting.
- Opportunities workshop
 - NEHTA representatives facilitated a session to provide an update on the opportunities which the NEHTA Collaborations team is working on with respect to Clinical Terminology and Information (CTI) products. Aim was also to discuss with the group any additional opportunities which should be on the list and to prioritise the work.
 - Agreed that the following areas were considered highest priority by the group: AMT, allergies, alerts with further investigation and discussion required.
- Other business
 - NEHTA reported that an initial meeting was held between CTI and the Dietetics Association Australia (DAA). The DAA is looking to leverage eHealth to progress some professional standards and some standardisation of some other aspects including terminology.

Summary of Outcomes:

- The CTIRG indicated they were pleased with the NCTIS Service Levels to date, with the above actions to be followed through as part of ongoing Service Level management.
- The overall NCTIS approach to Reference Set Development was endorsed however it was agreed that it is the detail of execution that will impact on existing standards and practice and that this will need to be worked through over time.