National Partnership Agreement on the Digital Regions Initiative: Implementation Plan

PROJECT NAME: CHRONIC DISEASE MANAGEMENT FOR
REGIONAL AND RURAL COMMUNITIES

Preliminaries

1. The Digital Regions Initiative will co-fund digital enablement applications to improve services in the key sectors of health, education and/or emergency services in regional, rural and remote communities across Australia in partnership with state, territory and local governments.

2. The National Partnership Agreement (the Agreement) provides the overarching administrative arrangements for the Digital Regions Initiative. The Agreement provides for the development of an Implementation Plan for each Digital Regions Initiative funded project, which contains details of the project, including but not limited to milestones, which may, when attained by the Hunter New England Area Health Service, trigger payment from the Commonwealth.

3. This Implementation Plan deals with the implementation of a chronic disease management system that operates across communities, disease groups and providers to standardise care and improve the reporting and delivery of medical services across the Hunter New England Health Service area.

PART 1 — FORMALITIES

Parties

4. This Implementation Plan has been agreed between the Commonwealth of Australia ('the Commonwealth') represented by the Minister for Broadband, Communications and the Digital Economy and the relevant representative for Hunter New England Area Health Service.

Term of the Implementation Plan

5. This Implementation Plan will commence on the date both Parties agree in writing to the plan and will expire on 30 June 2013, unless otherwise agreed in writing by the Parties.

6. Either Party may terminate this Implementation Plan by providing 40 business days notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments under this Implementation Plan is limited to payments associated with performance milestones achieved by Hunter New England Area Health Service by the date of effect of termination of this Implementation Plan.

7. The Parties to this Implementation Plan do not intend any of the provisions to be legally enforceable. However, that does not lessen the Parties' commitment to this Implementation Plan.

PART 2 — THE PROJECT

Purpose of the project

8. The project will contribute to the objectives and outcomes in the Agreement.

9. The purpose of the project is to develop infrastructure and systems to enable the equitable and effective provision of care to consumers in regional and remote areas. The objective is to:

    - implement a chronic disease management system that operates across communities, disease groups and providers to standardize care and improve outcomes;
    - increase coverage of facility based telehealth services, and linking chronic disease sufferers in their homes to monitoring, educational and support services;
    - increase network capacity services to isolated sites; and
    - improve the reporting and delivery of medical imaging tests.

10. Hunter New England Area Health Service agrees to deliver the project in accordance with the milestone schedule at Annexure A.

Project management

11. The project will be managed in accordance with the Management Structure specified at Annexure B.

Project delay and changes

12. The Parties as represented by the Project Representatives (as at paragraphs 24 and 25) agree to take all reasonable steps to minimise changes or delay in progressing the project in accordance with the milestone schedule at Annexure A.

13. If a Party as represented by the Project Representatives becomes aware that completion of the project or project milestones will or may be delayed or significant changes occur, that Party must notify the other Party and both will work together in good faith to minimise the delay. Commonwealth funding is allocated to projects approved by the Commonwealth Minister for Broadband, Communications and the Digital Economy. Minor adjustments within projects can be approved through agreement of the Project Representatives subject to any necessary policy and Budget approval processes.

PART 3 — FINANCIAL ARRANGEMENTS

Commonwealth funding for the project

14. The total estimated cost of the project is $11,874,683.00. The total Commonwealth financial contribution is $4,948,248.00. The project budget summary is detailed at Annexure C. Hunter New England Area Health Service is not required to pay a refund to the Commonwealth if the actual cost of the project is less than the agreed estimated cost. Similarly Hunter New England Area Health Service bears all risk should the cost of the project exceed the agreed estimated cost.

15. Under the Agreement, the Commonwealth will make payments to Hunter New England Area Health Service through the New South Wales State Treasury in accordance with the Implementation Plan and the achievement of the specified Milestones in Annexure A, to the satisfaction of the Commonwealth.

Reporting

16. Hunter New England Area Health Service agrees to a three monthly reporting cycle (made up of alternating written reports and project consultations) plus a final written project report to the Commonwealth in accordance with the milestone schedule at Annexure A.

17. Each written report will be based on an agreed template to be provided by the Commonwealth separate to this Implementation Plan and will include:

    a. an overview of the project progress as at the date of the report. Where applicable, this overview should include, but not be limited to, a brief description of general progress of the project and whether or not the project is proceeding on time and within budget;

    b. a statement of achievements against the milestones;

    c. where applicable, any problems encountered, including technical and administrative;

    d. an income and expenditure statement for the relevant reporting period;

    e. a statement of the major purchasing activity undertaken during the relevant reporting period consistent with Annexure D; and

    f. a statement on each of the performance indicators and baseline data measures set out in Annexure E.

18. Each project consultation will be a conversation around:

    a. an overview of the project progress as at the date of the consultation;

    b. where applicable, any problems encountered, including technical and administrative; and

    c. as required, any updates on performance indicators or baseline data measures set out in Annexure E.

19. Hunter New England Area Health Service agrees to provide a final project report to the Commonwealth based on the agreed template that will be provided by the Commonwealth separate to this Implementation Plan.

Major Purchasing Activity

20. Assets contributing towards the project are listed at Annexure D. Details of asset purchases of $10,000 or more will be provided with each written project report.

21. Proposed sub-contracts (if any) of $10,000 or more to be entered into for the project are listed at Annexure D.

Promotion, Acknowledgment and Publicity

22. The Parties will reach prior agreement on the nature and content of any events, announcements, promotional material or publicity relating to activity under this

Implementation Plan, and how the roles and contributions of the Parties will be acknowledged and recognised appropriately.

Project Representatives

23. The officers responsible for undertaking the management of the activities in accordance with the terms of this Implementation Plan are:

Commonwealth officer

24. Position: Assistant Secretary, Digital Initiatives Branch

    Organisation: Department of Broadband, Communications and the Digital Economy

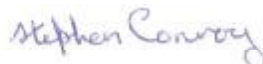   Address: GPO Box 2154, Canberra ACT 2601

Participating Authority officer

25. Position: Chief Executive

    Organisation: Hunter New England Area Health Service

    Address: Locked Bag 1, NEW LAMBTON NSW 2305

Signed *for and on behalf of the Commonwealth of Australia by the Minister for Broadband, Communications and the Digital Economy, Senator Stephen Conroy.*

Stephen Conroy

May 2010

Signed *for and on behalf of Hunter New England Area Health Service by the Chief Executive, Nigel Lyons.*

14 th May 2010

The Milestones

CHRONIC DISEASE MANAGEMENT FOR REGIONAL AND RURAL COMMUNITIES

This Annexure specifies each reporting period for the project and milestones (including indicators of completion / evidence for payment requirements) that Hunter New England Area Health Service must achieve.

See table on following page. Note - the shaded row indicates a payment is due against the achievement of the milestone.

The key elements are:

- **Reporting period** - is the simplest way for the Commonwealth to monitor the activity and the funding. Hunter New England Area Health Service is required to agree to a three monthly reporting cycle made up of alternating written reports (three months) and project consultations (next three months) in accordance with this milestone schedule.

- **Milestone** - is a significant event that indicates progress towards meeting the aims and objectives of the Implementation Plan.

- **Completion date** - is the date that each stage of the project has to be completed in order to meet the milestones of the project.

- **Evidence of completion** - is a measurement of the performance of each stage of the project during the reporting period.

- **Funding** - the total cost for each deliverable/milestone should add up to form the project budget.

Annexure A continued

Milestones

Reporting Period	Milestones	Completion date	Evidence of completion	C'wealth Funding $	Hunter New England Area Health Service and partner Contributions $	Total Cost $
Establishment Payment	Implementation Plan signed		Implementation Plan signed	$404,426	$621,077	$1,025,503
Consultation			Project consultation			
Written Report 1 (period from beginning of project to 5 July 2010) Date Due: 2 August 2010	DRI Program staff employed	5 July 2010	Confirmation of Staffing Offers and Acceptances	$1,500,000	$2,022,493	$3,522,493
	Chronic Disease Management (CDM) project staff employed and vendor staff commenced work					
	Contract signed with CDM vendor		Copy of contract with CDM vendor			
	Multipoint Conferencing Unit and Management System ordered		Copy of Order for conferencing unit			
	Quotations received for Telecommunication upgrades and works ordered		Copies of quotations for upgrades and works			
Consultation	Project Update since Report 1		Project consultation			
Written Report 2 (period from	Undertake CDM Planning Study	10 Jan 2011	CDM Planning Study completed	$2,026,509	$113,868	$2,140,377
	CDM Servers installed		Copy of Server install certificate			

Reporting Period	Milestones	Completion date	Evidence of completion	C'wealth Funding $	Hunter New England Area Health Service and partner Contributions $	Total Cost $
6 July 2010 to 10 Jan 2011)	CDM Licences for 10,000 users purchased		Copy of Purchase Order for Licences			
Date Due: 7 Feb 2011	Multipoint teleconferencing Unit and Management System installed		Install documentation for conferencing unit and management system			
	Secure clinical messaging officers employed Medical Imaging Project Officer employed Home telehealth staff employed		Confirmation of Staffing offers and acceptance for clinical messaging officer, medical imaging project officer and home telehealth staff			
	Medical Imaging and PACS servers ordered		Copy of Order for Imaging Servers			
	Quotations for Medical Imaging network extensions received and work ordered		Copies of quotations for medical imaging network extensions and work			
Consultation	Project Update since Report 2		Project consultation			
Written Report 3	CDM Program #1 live with up to 200 consumers enrolled	4 July 2011	CDM demonstration and/or reports	$2/5,577	$1,042,249	$2,337,826
(period from 11 Jan 2011 to 4 July 2011)	Home telehealth planning study complete		Copy of telehealth planning study			
Date Due: 8 August 2011	Up to 9 sites live with new telehealth equipment		Telehealth Demonstration and/or Report			
	Up to 20 desktop telehealth units		Telehealth Demonstration and/or Report			

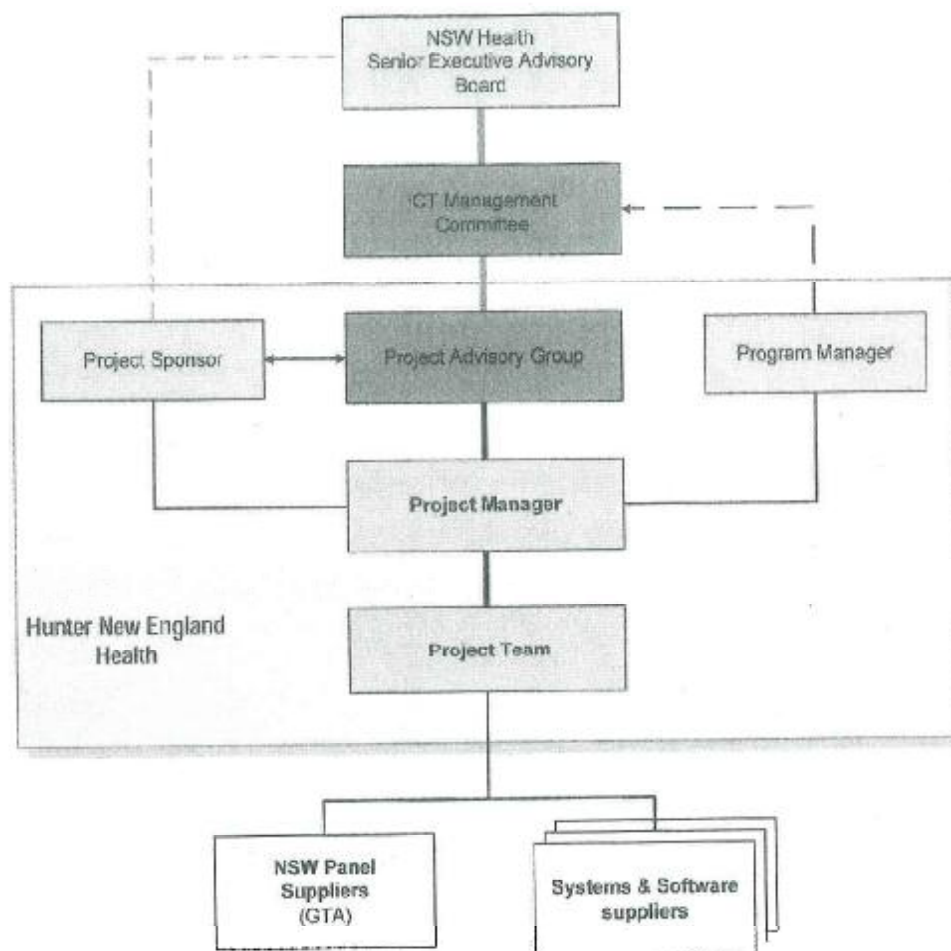| Reporting Period	Milestones	Completion date	Evidence of completion	C'wealth Funding $	Hunter New England Area Health Service and partner Contributions $	Total Cost $
	deployed in major hospitals					
	Up to 100 GPs and specialists set up for secure clinical messaging		Secure messaging demonstration and/or reports			
	Home telehealth program live with up to 25 consumers enrolled		Home telehealth demonstration and/or report			
	Up to 10 sites live with upgraded 4MBPS network connections		Network Report on upgraded connections			
	Medical Imaging and PACS Servers Installed		Copy of Server install certificate			
	Medical Imaging network extensions to 4 private providers live		Medical Imaging Network Report			
Consultation	Project Update since Report 3		Project consultation			
Written Report 4 (period from 5 July 2011 to 9 Jan 2012) Date Due: 6 Feb 2012	Up to 400 consumers enrolled in CDM Program 1	9 Jan 2012	CDM demonstration and/or reports	$275,577	$1,042,249	$1,317,826
	CDM Program #2 live with up to 200 consumers enrolled		CDM demonstration and/or reports			
Consultation	Project Update since Report 4		Project consultation			

Reporting Period	Milestones	Completion date	Evidence of completion	C'wealth Funding $	Hunter New England Area Health Service and partner Contributions $	Total Cost $
Written Report 5 (period from 10 Jan 2012 to 2 July 2012) Date Due: 6 August 2012	Up to 400 GPs and specialists set up for secure clinical messaging	2 July 2012	Secure messaging demonstration and/or reports	$0	$2,084,499	$2,084,499
	Up to 100 consumers enrolled in home telehealth program		Home telehealth demonstration and/or report			
	GPs and specialists with secure clinical messaging transitioned to new report and image delivery		Secure messaging demonstration and/or reports			
Consultation	Project Update since Report 5		Project consultation			
Final Report (for the entire project period and including period from 3 July 2012 to 14 Jan 2013) Date Due: 8 April 2013	Up to 10 disease or patient based programs live in CDM	11 March 2013	CDM demonstration and/or reports	$466,159	$0	$466,159
	Up to 2,000 consumers enrolled in CDM programs		CDM demonstration and/or reports			
	Up to 200 consumers enrolled in home telehealth programs		Home telehealth demonstration and/or report			
	Final Report is due 60 days after completion of the project activity.		Final report accepted			
Total Funding				$4,948,248	$6,926,435	$11,874,683

Management Structure

CHRONIC DISEASE MANAGEMENT FOR REGIONAL AND RURAL COMMUNITIES

Hunter New England Area Health Service will be responsible for managing the overall project.

The Commonwealth Government and NSW Government are funding partners. There are no operational/delivery partners.

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                    │      NSW Health         │
                    │ Senior Executive Advisory│
                    │        Board            │
                    └─────────────────────────┘

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                    │    ICT Management        │
                    │      Committee           │
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 │Project Sponsor│◄─►│ Project Advisory Group  │   │Program Manager│
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                    │     Project Manager     │
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 Hunter New England ┌─────────────────────────┐
      Health        │     Project Team        │
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        │  NSW Panel   │        │Systems & Software │
        │  Suppliers   │        │    suppliers      │
        │    (GTA)     │        │                   │
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Please note that there is a secondary project manager for the Digital Imaging Extensions.

The key personnel who will undertake major roles within this project are:

Role	Name	Responsibility / Accountability
Project Sponsor:	Chief Information Officer, HNEH	A very senior NSW Health stakeholder who can provide strategic direction and integration between the system being implemented and other strategic initiatives underway or planned.
Program Manager and Clinical Coordinator:	Director Clinical IT Support and Development, HNEH	Has governance oversight of all projects within the Program and will be accountable to the ICT Management Committee and the Project Sponsor for milestone achievement and deliverables as relevant to the Program. The Program Manager will have accountability for budget and resourcing decisions, and will ensure that appropriate project methodologies are applied.
Project Manager:	Manager Clinical Systems Team, HNEH	Is responsible for: - Managing the project on a day-to-day basis, including its scoping and delivery against performance standards, key milestones, timeframes and within designated budget and resourcing constraints. - Managing the project team and assigning project tasks. Is accountable to their Project Advisory Group, the Corporate Systems Program Manager and the Project Sponsor.
Project Manager (Digital Imaging Extensions Only)	Operations Manager, Hunter New England Imaging	Is responsible for: - Managing the project on a day-to-day basis, including its scoping and delivery against performance standards, key milestones, timeframes and within designated budget and resourcing constraints. - Managing the project team and assigning project tasks. Is accountable to their Project Advisory Group, the Corporate Systems Program Manager and the Project Sponsor.
NSW Health Coordinator	Network Architect Strategic Information Management Branch NSW Health Service	Liaison with NSW Health SIM and other NSW Government Agencies.

Budget Summary

CHRONIC DISEASE MANAGEMENT FOR REGIONAL AND RURAL COMMUNITIES - HUNTER NEW ENGLAND AREA HEALTH SERVICE

	2009/2010	2010/2011	2011/2012	2012/2013
Digital Regions Initiative funding (excl GST)	$404,426	$3,526,509	$551,154	$466,159
Lead Applicant	HUNTER NEW ENGLAND AREA HEALTH SERVICE			
Cash		$1,000,000	$1,278,839	$1,278,839
Other Contributions	$9,277	$248,161	$55,659	$55,660
Subtotal	$9,277	$1,248,161	$1,334,498	$1,334,499
Project Partner	NSW DEPARTMENT OF HEALTH			
Cash	$611,800	$888,200	$750,000	$750,000
Other Contributions	$0	$0	$0	$0
Subtotal	$611,800	$888,200	$750,000	$750,000
TOTAL OTHER CONTRIBUTIONS	$9,277	$248,161	$55,659	$55,660
TOTAL CASH	$1,016,226	$5,414,709	$2,579,993	$2,494,997
TOTAL PROJECT COST	$1,025,503	$5,662,870	$2,635,652	$2,550,658

OVERALL Digital Regions Initiative Funding	$ 4,948,248
OVERALL Other Contributions (Lead Applicant)	$ 368,757
OVERALL Other Contributions (Others)	$ 0
OVERALL Cash Contributions (Lead Applicant)	$ 3,557,678
OVERALL Cash Contributions (Others)	$ 3,000,000
OVERALL PROJECT VALUE	$11,874,683

Annexure D

(Sub paragraph 17.e, Paragraphs 20 & 21)

Major Purchasing Activity

CHRONIC DISEASE MANAGEMENT FOR REGIONAL AND RURAL COMMUNITIES

The following major purchasing activity in regard to expenditure of $10,000 or more provides details of what Hunter New England Area Health Service will purchase, install or enhance in order to meet the aims and objectives of the project.

Major Purchase Items

	Description
Year (2009-2010)	Orion Software Licence Costs
	Teleconference Multipoint Unit
	Teleconference Management Software
	Teleconference Hardware Maintenance
Year (2010-2011)	Orion Software Licence Costs
	HNEH Servers
	Travel
	Videoconference endpoints mobile
	Videoconference endpoints desktop
	Home Telehealth Devices
	Home Telehealth Interface
	Home Telehealth Maintenance
	Next G Wireless Device and Service
	Network Enablement Services
	Network Hardware
	Network Install
	Telecommunication Costs

	Network Hardware Costs
	VR Licence Cost
	Workstations
	Inbound Interfaces
	Image Server for Non HNE images
	Configuration
	Telecommunication Costs (Dedicated Internet Connection)
	Network Hardware Costs
	CS DMZ server
	Integration costs
Year (2011-2012)	Orion Software Licence Costs
	Travel
	Orion Software Maintenance
	HNEH End User Devices and Data Services
	Teleconference Hardware Maintenance
	Home Telehealth Devices
	Home Telehealth Interface
	Home Telehealth Interface Maintenance
	Home Telehealth Maintenance
	Next G Wireless Device and Service
	Network Hardware Maintenance
	Network Services
	Telecommunication Costs
	Network Hardware Costs
	VR Licence Cost

	Workstations
	Inbound Interfaces
	Image Server for Non HNE images
	Telecommunication Costs (Dedicated Internet Connection)
	Network Hardware Costs
	CS DMZ server
Year (2012-2013)	Travel
	Orion Software Maintenance
	HNEH End User Devices and Data Services
	Teleconference Hardware Maintenance
	Home Telehealth Devices
	Home Telehealth Interface Maintenance
	Home Telehealth Maintenance
	Next G Wireless Device and Service
	Network Hardware Maintenance
	Network Services
	Telecommunication Costs
	Network Hardware Costs
	VR Licence Cost
	Workstations
	Inbound Interfaces
	Image Server for Non HNE images
	Telecommunication Costs (Dedicated Internet Connection)
	Network Hardware Costs

	CS DMZ server

Sub-Contracts   (if any)

	Description
Year (2009-10)	
Year (2010-11)	Orion Implementation Services
Year (2011-12)	
Year (2012-13)	

Performance Indicators and Baseline Data Measures
CHRONIC DISEASE MANAGEMENT FOR REGIONAL AND RURAL COMMUNITIES

Agreed performance indicators in accordance with the Digital Initiatives Guidelines are:

Performance Indicator	Measure
Performance Indicator 1 The extent to which regional, rural and remote communities are positively impacted by Digital Regions Initiative	(PI 1.1) Physical location and classification of communities that will benefit from funded projects as identified in rollout schedule. (PI 1.2) Physical location and classification of communities that have benefited from funded project as measured by postcodes of communities serviced by chronic disease management programs in project progress reports and/or at end of the project. (PI 1.4) Description of benefits and impacts in relation to original proposal – presented as brief case studies in project progress reports and/or at the project end.

Performance Indicator 2	(PI 2.1) Description of service delivery benefits by sector at the project end.
Improvements in the delivery of health, education and/or emergency services enabled by digital technologies supported by Digital Regions Initiative projects	(PI 2.2) Growth of new or improved services/applications (if appropriate describe the technology) at project end as measured by:

(PI 2.2) content:

- Number of sites with upgraded 4MBPS network connections

- Number of sites with new mobile videoconference endpoints

- Number of desktop videoconference endpoints installed

- Number of consumers enrolled in Chronic Disease Management Programs

- Number of GPs and Specialists with dedicated secure clinical messaging

- Number of GPs and specialists with dedicated medical report service with direct image access

- Number of private imaging providers with direct network access to digital imaging

- Number of consumers enrolled in home based telehealth program

(PI 2.3) Impact of new or improved applications and service delivery outcomes for client groups presented in project progress reports and project end as measured by:

- Description of health care services delivered by GPs and Specialists.

- Description of support services delivered to consumers enrolled in chronic disease management programs and home based telehealth programs.

- Improvements (time efficiencies) in reporting and delivering of medical imaging tests.

Performance Indicator 3	(PI 3.3) The number, location and type of additional activities/applications that have occurred through the project beyond the scope of the implementation plan as measured at the project end.
Extent to which Australian Government investment is leveraged by Digital Regions Initiative projects	
	(PI3.4) The level of additional investment and benefits that have occurred beyond the scope of the implementation plan and as a result of project over the life of the DRI program as measured by cash and other contributions expenditure reports at project end.
	(PI3.5) Description of additional benefits achieved by project through the opportunities created by the National Broadband Network as measured by the number and type of users interacting with the chronic disease management system using broadband and mobile services at project end.
	(PI6) Description of how the longer term sustainability of the project will be assured at the project end.

Baseline data measure	Measurement as at project commencement
(PI1.1) Physical location of towns/postcodes.	Baseline for regions is zero.
(PI2.2) Growth of new or improved services/applications measured by:	Baseline is zero

Number of sites with 4MBPS network connections Number of sites with mobile videoconference endpoints Number of desktop videoconference endpoints Number of consumers enrolled in Chronic Disease Management Programs Number of GPs and Specialists with secure clinical messaging Number of consumers enrolled in home based telehealth program Rural communities with upgraded broadband capability Number of private imaging providers with direct network access to digital imaging Number of GPs and specialists with dedicated medical imaging report service with direct image access (PI2.3) Description/impact of new or improved applications and service delivery outcomes: • Provided in case studies at the end of project.	