

National Partnership Agreement on the Digital Regions Initiative: Implementation Plan

PROJECT NAME: CDM-NET AUSTRALIA

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 Barwon Health, trigger payment from the Commonwealth.
3. This Implementation Plan deals with the roll out of the successful Clever Networks CDM-Net project across regional, rural and remote regions of Victoria, Queensland, Tasmania and WA. The project will improve the delivery of chronic disease management and expand the collaborative care services by aligning with other major national and state initiatives.

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 Barwon Health.

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 Barwon Health 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 project will roll out a broadband based, collaborative chronic disease management system (based on the Clever Networks CDM-Net system) across regional, rural and remote regions of Victoria, Queensland, Tasmania, and WA. The objective is to:
 - a. significantly improve the delivery of chronic disease management services to regional, rural and remote regions;
 - b. expand collaborative care services by linking with other major national and state initiatives; and
 - c. provide data sets of previously unavailable health and service-use information in the primary care setting.
10. Barwon Health 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 \$18,025,276.00. The total Commonwealth financial contribution is \$4,000,000.00. The project budget summary is detailed at Annexure C. Barwon Health 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 Barwon Health bears all risk should the cost of the project exceed the agreed estimated cost.
15. Under the Agreement, the Commonwealth will make payments to Barwon Health through the Victorian 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. Barwon Health 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. Barwon Health 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: Executive Director

Organisation: Barwon Health

Address: PO Box 281, GEELONG VIC 3220

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



May 2010

Signed for and on behalf of Barwon Health by Paul Cohen, Executive Director, Central Services.



May 2010

Annexure A
(Paragraphs 10,12, 15 & 16)

The Milestones

CDM-Net Australia

- This Annexure specifies each reporting period for the project and milestones (including indicators of completion / evidence for payment requirements) that Barwon Health 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. Barwon Health 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	Cwealth Funding \$	Barwon Health and Partner Contributions \$	Total Cost \$
Establishment Payment	Implementation Plan signed		Implementation Plan signed	\$429,000	\$250,000	\$679,000
On-site Consultation	Project Overview		Project consultation Expected progress: Key partnership agreements negotiated, targets and schedules for rollout agreed	-	-	-
Written Report 1 (period from beginning of project to 5 July 2010) Date Due: 2 August 2010	Project planning and communication strategy complete and initiated	5 July 2010	Project plan and supporting documentation complete	\$1,102,625	\$50,000	\$1,152,625
Consultation	Progress since Report 1		Project consultation	-	-	-

Implementation Plan Digital Regions Initiative

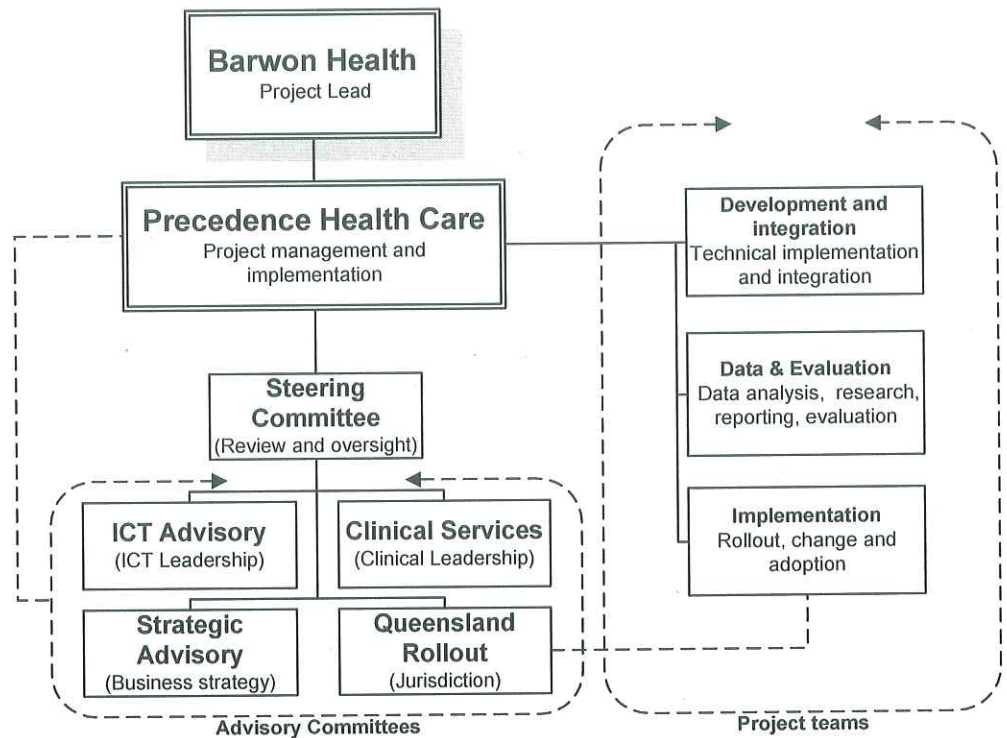
Reporting Period	Milestones	Completion date	Evidence of completion	Cwealth Funding \$	Barwon Health and Partner Contributions \$	Total Cost \$
-Written Report 2 (period from 6 July 2010 to 10 Jan 2011) Date Due: 7 Feb 2011	Rollout agreements established Rollout support staff engaged Induction and training programs for chronic disease coordinators developed Change and Adoption programs commenced Training programs for chronic disease coordinators complete	10 Jan 2011	Targets and schedules for rollout agreed Rollout support staff engaged Change and adoption action plans developed and agreed Change and adoption activity reports Training evaluation report	\$1,069,625	\$2,804,319	3,873,944
Consultation	Progress since Report 2		Project consultation	-	-	-

Implementation Plan Digital Regions Initiative

Reporting Period	Milestones	Completion date	Evidence of completion	Cwealth Funding \$	Barwon Health and Partner Contributions \$	Total Cost \$
Written Report 3 (period from 11 Jan 2011 to 4 July 2011) Date Due: 8 August 2011	Up to 25% of national rollout of CDM-Net completed High priority solutions development phase 1 complete Development of integrated reporting tools for practices and care teams complete Mental Health best practice guidelines included in CDM-Net Interface to EPRX services directory implemented	4 July 2011	Rollout report: GP and Allied Health recruitment numbers and location details. Testing and acceptance report for phase 1 development Testing and acceptance report for integrated reporting tools Testing and acceptance report for Mental Health Testing and acceptance report for EPRX directory interface	\$839,000	\$2,804,319	\$3,643,319
Consultation	Progress since Report 3		Project consultation			

Reporting Period	Milestones	Completion date	Evidence of completion	Cwealth Funding \$	Barwon Health and Partner Contributions \$	Total Cost \$
Written Report 4 (period from 5 July 2011 to 9 Jan 2012) Date Due: 6 Feb 2012	High priority solutions development phase II complete CDM-Net integrated with telehealth case conferencing NeHTA foundation elements integrated Up to 50% of national rollout of CDM-Net complete	9 Jan 2012	Testing and acceptance report for phase 2 development Testing and acceptance report for telehealth integration Testing and acceptance report for NeHTA foundation elements integration Rollout report: GP and Allied Health recruitment numbers and location details	\$359,750	\$2,843,319	\$3,203,069
Consultation	Progress since Report 4		Project consultation			
Final Report * (for the entire project period) Date due: 2 Nov 2012	Up to 75% of national rollout of CDM-Net complete National rollout of CDM-Net complete Initial dataset collated for evaluation Draft evaluation report complete Project evaluation and final report complete	28 September 2012	Rollout report: GP and Allied Health recruitment numbers and location details Rollout report: GP and Allied Health recruitment numbers and location details Draft evaluation report Final report accepted	\$200,000	\$5,273,319	\$5,473,319
	* Note: Additional time allowed to incorporate last reporting period with completion of project and final report		Total Funding	\$4,000,000	\$14,025,276	\$18,025,276

Management Structure
CDM-Net Australia



Barwon Health will take overall responsibility for the CDM-Net Australia project and will be responsible for reporting to the Commonwealth. The management of the project will be provided by Precedence Health Care under contract to Barwon Health.

Governance

The project will be governed by a Steering Committee comprising the funding partner organisations, an ICT Advisory Committee, a Clinical Services Advisory Committee and a Queensland Rollout Committee.

The **Steering Committee** will provide advice to Precedence Health Care as to how the project can best be carried out in accordance with this Implementation Plan. The Steering Committee will review all project reports and documents prior to submission, and will receive regular reports on project risks and issues. It is not intended that the advice of the Steering Committee will be binding upon Precedence Health Care, which will be bound under contractual arrangements with Barwon Health, but Precedence Health Care will take reasonable account of all advice offered. The Steering Committee will be composed of each of the funding partners of CDM-Net Australia. Barwon Health will chair the Committee.

Precedence Health Care will be responsible for overall project coordination, planning, management (including financial management), resourcing, evaluation and reporting to DBCDE according to this

Implementation Plan. Precedence Health Care will also be responsible for the overall business architecture of the ICT systems and networks and the operation of the CDM service (CDM-Net).

Precedence Health Care will establish best-practice processes to ensure that Digital Regions Initiative funding is spent appropriately and that funds are managed appropriately. They will include rigorous business controls and quarterly reporting of financial information (including cash and in-kind expenditure), project performance, and project risks. Each partner organisation will be required to submit quarterly reports of progress and performance against budget. Funds will be made available in stages according to the project plan. Any variations from the plan will be reported to the Steering Committee, where appropriate in consultation with DBCDE.

The **ICT Advisory Committee** will be responsible for providing guidance and advice on (a) planning ICT integration, development and implementation activities, (b) setting the technical objectives to meet the ICT needs of the project, (c) ensuring interoperability to meet national and international standards, (d) strategies for data analysis, (e) reporting on progress and (f) endorsing the completion of milestones. It will include the leading ICT experts from the partner organisations.

The **Clinical Services Advisory Committee** will be responsible for providing guidance and advice on (a) the delivery of clinical content required for the project, (b) strategies for leading change, promoting adoption and obtaining the cooperation of relevant healthcare professionals, (c) monitoring the implementation of the disease management services from a healthcare delivery perspective, (d) obtaining ethics approvals and addressing security and privacy concerns, (e) the clinical components of evaluation, and (f) alignment with National and International data collection standards. This committee will consist of all the partners involved in the rollout of CDM-Net and in change management and adoption, as well as the research partners.

A **Strategic Advisory Committee** will be established to advise on business strategy, involving external business experts. Other experts and local stakeholders will be invited to participate in these committees during project implementation. The Steering Committee may, at its discretion, establish other advisory committees to provide advice on how best to use and develop the capability for the benefit of Australia.

A **Queensland Rollout Committee** will be constituted in close consultation with Queensland Health, with representation from the Queensland based stakeholders and Precedence Health Care. It will monitor and advise on: (a) strategies for leading change, promoting adoption and obtaining the cooperation of relevant healthcare professionals, (b) monitoring the implementation of the disease management services from a healthcare delivery perspective; and (c) addressing security and privacy concerns relevant to the Queensland jurisdiction. This committee will oversee Queensland based project rollout activity.

Key Management Personnel

Chair of Steering Committee (overall project responsibility): (Barwon Health)

Project Director (overall strategic direction): (Precedence Health Care)

Project Manager (project planning, tracking, risk management, and change management): (Precedence Health Care)

Business Development and Operations Manager (partner and end-user relations, adoption and uptake, commercialisation and sustainability): (Precedence Health Care)

Chief Technology Officer (lead of technology and development team): (Precedence Health Care)

Partners and roles

- Barwon Health: Project responsibility and coordination, integration with healthcare services, mental health expertise, adoption
- Precedence Health Care: Program management, technology and integration, adoption, change management, business development
- Fred Health: technology and integration, adoption
- Cisco Systems: technology and integration
- Monash University: clinical models of care, evaluation
- Deakin University: evaluation, adoption
- Diabetes Australia - Vic: clinical models of care, call centre
- General Practice Victoria: adoption, change management
- Queensland Health: adoption, change management, integration with healthcare services
- GP Association of Geelong: adoption, change management (Victoria)
- West Vic Division of General Practice: adoption, change management (Victoria)
- Ballarat and District Division of General Practice: adoption, change management (Victoria)

The following Divisions of General Practice will participate in adoption and rollout of CDM-Net in Victoria, Queensland, Tasmania and Western Australia under contractual arrangements with Precedence Health Care but are not signatories to the partnership agreement:

- Murray Plains Division of General Practice (Victoria)
- Goulburn Valley Division of General Practice (Victoria)
- Goldfields Esperance GP Network (Western Australia)
- GP Network Wheatbelt (Western Australia)
- Central Old Rural Division of General Practice (Queensland)
- Rhealth (Queensland)
- GP Links Wide Bay (Queensland)
- General Practice South (Tasmania)

The Department of Health and Human Services (Tasmania) will also provide support for adoption, change management, and integration with healthcare services in Tasmania.

The Australian Institute of Health and Welfare will provide support for data evaluation and data analysis expertise.

Budget Summary

CDM-Net Australia

	2009/2010	2010/2011	2011/2012	2012/2013
Digital Regions Initiative funding (excl GST)	\$429,000	\$2,172,250	\$1,198,750	\$200,000
Lead Applicant	Barwon Health			
Cash	\$0	\$37,500	\$75,000	\$37,500
Other Contributions	\$0	\$37,500	\$75,000	\$37,500
Subtotal	\$0	\$75,000	\$150,000	\$75,000
Project Partner	Fred Health			
Cash	\$0	\$25,000	\$50,000	\$25,000
Other Contributions	\$0	\$12,500	\$25,000	\$12,500
Subtotal	\$0	\$37,500	\$75,000	\$37,500
Project Partner	Cisco Systems Australia			
Cash	\$0	\$0	\$0	\$0
Other Contributions	\$0	\$37,500	\$75,000	\$87,500
Subtotal	\$0	\$37,500	\$75,000	\$87,500
Project Partner	GP Association of Geelong			
Cash	\$0	\$12,500	\$25,000	\$12,500
Other Contributions	\$0	\$0	\$0	\$0
Subtotal	\$0	\$12,500	\$25,000	\$12,500

Project Partner		Monash University	
Cash	\$0	\$12,500	\$37,500
Other Contributions	\$0	\$12,500	\$37,500
Subtotal	\$0	\$25,000	\$75,000
			\$100,000

Project Partner		Queensland Health	
Cash	\$0	\$603,319	\$1,206,638
Other Contributions	\$0	\$1,450,000	\$2,900,000
Subtotal	\$0	\$2,053,319	\$4,106,638
			\$4,103,319

Project Partner		Diabetes Australia Victoria	
Cash	\$0	\$12,500	\$25,000
Other Contributions	\$0	\$25,000	\$50,000
Subtotal	\$0	\$37,500	\$75,000
			\$87,500

Project Partner		West Vic Division of General Practice	
Cash	\$0	\$0	\$0
Other Contributions	\$0	\$40,000	\$80,000
Subtotal	\$0	\$40,000	\$80,000
			\$120,000

Project Partner		Deakin University	
Cash	\$0	\$12,500	\$37,500
Other Contributions	\$0	\$12,500	\$37,500
Subtotal	\$0	\$25,000	\$75,000
			\$100,000

Project Partner	Ballarat and District Division of General Practice		
Cash	\$0	\$0	\$0
Other Contributions	\$0	\$11,000	\$11,000
Subtotal	\$0	\$11,000	\$11,000

Project Partner	Precedence Health Care		
Cash	\$50,000	\$250,000	\$350,000
Other Contributions	\$200,000	\$200,000	\$450,000
Subtotal	\$250,000	\$450,000	\$800,000

Project Partner	General Practice Victoria		
Cash	\$0	\$50,000	\$100,000
Other Contributions	\$0	\$0	\$0
Subtotal	\$0	\$50,000	\$100,000

TOTAL OTHER CONTRIBUTIONS	\$200,000	\$1,838,500	\$3,741,000	\$3,682,500
TOTAL CASH	\$479,000	\$3,188,069	\$3,105,388	\$1,790,819
TOTAL PROJECT COST	\$679,000	\$5,026,569	\$6,846,388	\$5,473,319

OVERALL Digital Regions Initiative Funding				\$4,000,000
OVERALL Other Contributions (Lead Applicant)				\$150,000
OVERALL Other Contributions (Others)				\$9,312,000
OVERALL Cash Contributions (Lead Applicant)				\$150,000
OVERALL Cash Contributions (Others)				\$4,413,276
OVERALL PROJECT VALUE				\$18,025,276

Annexure D

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

Major Purchasing Activity**CDM-Net Australia**

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

Sub-Contracts

	Description
Year (2009-10)	Precedence Health Care Pty Ltd
Year (2010-11)	Precedence Health Care Pty Ltd
Year (2011-12)	Precedence Health Care Pty Ltd
Year (2012-13)	Precedence Health Care Pty Ltd

Annexure E
(Sub-paragraphs 17.f & 18.c)

Performance Indicators and Baseline Data Measures
CDM-Net Australia

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

Performance Indicator	Measure
<p>Performance Indicator 1</p> <p>The extent to which regional, rural and remote communities are positively impacted by Digital Regions Initiative</p>	<p>(PI 1.1) Physical location and classification of communities that will benefit from funded projects as identified in rollout schedule.</p> <p>(PI 1.2) Physical location and classification of communities that have benefited from funded projects as measured by postcodes of CDMS registered users and postcodes of communities serviced by registered users.</p> <p>(PI 1.3) 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.</p>
<p>Performance Indicator 2</p> <p>Improvements in the delivery of health, education and/or emergency services enabled by digital technologies supported by Digital Regions Initiative projects</p>	<p>(PI 2.1) Description of service delivery benefits by sector at the project end.</p> <p>(PI 2.2) Growth of new or improved services/applications at project end as measured by</p> <ul style="list-style-type: none"> • Number of new electronic care plans and reviews. • Number of CDMS web page accesses by providers. <p>(PI 2.3) Impact of new or improved applications and service delivery outcomes presented in project progress reports and/or project end as measured by:</p> <ul style="list-style-type: none"> • Number and type of health care services delivered under care plans.

<p>Performance Indicator 3</p> <p>Extent to which Australian Government investment is leveraged by Digital Regions Initiative projects</p>	<p>(PI 3.1): The level of investment by project partners as a result of funded projects as per financial reports.</p> <p>(PI 3.2): Description of how the project builds on other government projects or adopts models of service delivery:</p> <ul style="list-style-type: none"> - National e-Health Strategy - Use of NeHTA foundation infrastructure and standards - The National Primary Health Care Strategy - The National Health and Hospitals Reform Commission report <p>(PI 3.3)The number, location (name of town or nearest town, postcode or latitude and longitude) and type of additional activities/applications that have occurred through the project beyond the scope of the implementation plans tracked for (PI1.1 and PI 1.2 above) and reported at end of project.</p> <p>(PI 3.4) The level of additional investment and benefits that has occurred beyond the scope of implementation plans and as a result of funded projects over the life of the DRI program as measured by project other contributions and cash expenditure reports at project end.</p> <p>(PI 3.5) 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 CDMS using broadband and mobile services at project end.</p> <p>(PI 3.6) Description of how the longer term sustainability of the project will be assured</p> <p>The above performance indicators will be addressed by one or more of:</p> <p>The level of revenues received by regions from Medicare, including Medical Benefits Schedule Chronic Disease Management</p>
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	<p>item rebates, allied health rebates and practice incentive payments.</p> <p>The longer term sustainability of CDM-Net and other high priority solutions as measured by:</p> <ul style="list-style-type: none"> - cash flow positive at end of project - future predicted revenue streams.
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Baseline data measure	Measurement as at project commencement
(PI 1.1) Physical location and classification of communities that will benefit from funded projects as identified in rollout schedule	To be identified in rollout agreements and identified in project rollout schedule. (Milestone in Report 2)
<p>(PI 2.2) Growth of new or improved services/applications as measured by</p> <p>Number of new electronic care plans and reviews.</p> <p>Number of CDMS web page accesses by providers.</p> <p>(PI 2.3) Impact of new or improved applications and service delivery outcomes as measured by:</p> <p>Number and type of health care services delivered under care plans</p> <p>(PI 3.5) 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 CDMS using broadband and mobile services.</p>	<p>Baseline data for existing registered users, electronic care planning and collaboration activity will be available from the CDMS database reporting system at project commencement.</p> <p>Baseline for other regions is zero.</p>