



# SA Divisions of General Practice IT/IM Forum

Day 1 – 21<sup>st</sup> May 200  
Summary

## Welcome – Dr Tori Wade (SADI Medical Director)

### Future Divisional Funding

Gary Holzer provided an overview of the funding status for Divisions nationally. In essence the funding proposal was not successful. Gary stated that there was funding for the practice level (HIC Online /PIP/Broadband), for vendors (HIC online) and national project such as Health Connect. See <http://www.sadi.org.au/viewpage.php?id=1> - Downloads, for the proposal & government responses. A representative from the DoHA was asked to attend the meeting but no suitable person was available.

### Phase 2 – SA GP Registry

Gary Holzer provided an overview via a presentation (see <http://www.sadi.org.au/viewpage.php?id=1> - Downloads). In essence it covered the inclusion of specialists, PKI, interstate GPs and practice access. Gary restated that the GPRy is not designed to be an e-messaging system but is simply a facilitator to help enable it i.e. provide certificates. A copy of the template for the annual validation was handed out. The only suggestion was to emphasise confidentiality and that the GPs have already consented.

### Access to Broadband Technology Initiative

The Federal Department of IT, Communications and Arts have allocated \$9.2 million to fund practices in RRMA 4-7 in the uptake of broadband. At a meeting today with Carol McQueeney I was made aware of future funding for eligible practices as a once of payment as an incentive to install broadband.

The amounts for the 'connectivity' payment are yet to announced (late May), however they are likely to be tiered around networked, home (baseline) and security levels (enhanced). The latter with a likely link to the new PIP incentives. The practices will also be encouraged to utilize the HBIS scheme ([www.dcita.gov.au/](http://www.dcita.gov.au/)) to get reduced ISP charges. Practices with broadband will still be able to get the payment. There is no indication of auditing or assessment of use by the practices.

The taskforce has produced a report resulting from the recent survey, a copy of the report can be downloaded from [www.adgp.com.au](http://www.adgp.com.au)

The Commonwealth have also budgeted to fund SBOs to the tune of \$50-60K FTE between June 04 and May 03 to support the rollout. This needs to

carefully managed as Divisions will be an essential mechanism for information dissemination. The Commonwealth will be shortly sending SADI a draft contract.

## **Argus Foundation Forum Overview**

Gary provided a brief overview via a printed powerpoint presentation and handed out a summary by a Dr David Guest. These can be downloaded from See <http://www.sadi.org.au/viewpage.php?id=1> - Downloads. Gary was asked if SADI endorsed Argus and the answer was no.

## **E-messaging Discussion Paper**

The attendees workshopped each question in the discussion paper. The result of which can be seen by downloading the full document via <http://www.sadi.org.au/viewpage.php?id=1> - Downloads.

### The main points are

- Yes Divisions have a role to play.
- No, Divisions should not endorse a particular product.
- Free market forces will win i.e. practices will choose.
- Yes Divisions should have a shared set of requirements (see Downloads) and that these should be communicated to GPCG, ADGP, Vendors, SA Division Eos.
- SAMCUG (SA Medical Computing User Group) to be reconvened to focus on e-messaging with Health Connect & HIC Online being invited.

### Action

1. For individual Divisions and other stakeholders to seek formal endorsement of the shared set of requirements. See the last page of the discussion paper marked final for the final set and fackback.

## **Health Connect – SA Implementation**

A copy of the draft set of requirements for Divisions and Practices was handed out. There was much vigorous and productive debate about these requirements, there were various models being debated, these being

1. By Division (Hub model)
2. By Division with lead practices around state (hub and spoke model)
3. Clustered around a major hospital
4. Select practices on the likelihood of succeeding in the first phase (tender process against selection criteria) i.e. capacity to deliver.

The last option seemed to be the preferred model.

### Actions

1. With the removal of IM/IT funding from Divisions the Health Connect implementation will need to support the roll out. SADI will need to clearly identify this to the DHS when planning the implementation.
2. Seek a clarification from the DoHA and SA DHS as to their position on geographical scope for phase 1

See Day 2 – Health Connection presentation on functional scope.

### **SA Divisional Network Collaboration**

The question was put to the Divisions on how SADI could facilitate greater collaboration between Divisions in IT/IM

It was noted that the number of dedicated IT/IM staff are very few and that the rural Divisions had much less capacity. Besides the SA-IT list there was little opportunity to network.

### Recommendations

- Distribute a list of who's who on the sa-it list
- Convene quarterly meetings (metro based)
- Provide greater professional development to lift capacity.