

30 March 2012

Dr Ian Holland
Secretary
Community Affairs Committee
Parliament House
CANBERRA ACT 2600

Dear Dr Holland

Thank you for your correspondence dated 16 March 2012 inviting NEHTA to respond the comments and issues raised by the Medical Software Industry Association (MSIA) in its supplementary submission to the Inquiry into the Personally Controlled Electronic Health Record Bill 2011.

NEHTA responded in detail to many of the issues raised in the MSIA's supplementary response in its supplementary response to the Committee dated 16 February 2012. In these documents, NEHTA provided a formal response to the MSIA's written submission to the Inquiry and its Inquiry testimony, as well as a comprehensive response to the MSIA 'white paper' on the Healthcare Identifiers Service.

In particular, the claims made by the MSIA in its supplementary response concerning the Healthcare Identifiers Service, the Australian Medicines Terminology, NEHTA's communication and NEHTA's consultation process with industry are covered in detail in NEHTA's response.

Regarding the comments made concerning a lack of delivery of the software specifications, NEHTA provides an update and response in the attached table, which is based on the table provided by the MSIA in Appendix 1 of their supplementary response. NEHTA has made important progress in delivering the key specifications that the vendor community rely on to update their products.

By way of a general comment on the claims made by the MSIA that NEHTA engages in "unacceptable business practices", I can only respond by rejecting these accusations in the strongest possible terms. The NEHTA Chair, Board, Executive and indeed all NEHTA staff strive to operate to the highest possible business standards and behaviour, and any suggestion otherwise I find offensive.

NEHTA has already devoted significant resources and effort in trying to constructively engage with MSIA around these issues in good faith. Meetings, documents and relationships are conducted by NEHTA in a spirit of respect and cooperation. NEHTA and all stakeholders are very busy working to deliver these critical eHealth programs to benefit the entire Australian community. At times this creates workload and time pressures, which while unfortunate, are also unavoidable. NEHTA endeavours to minimise the impact of these pressures wherever possible.

NEHTA is in the business of advancing Australia's eHealth agenda, based on national foundations and standards. NEHTA is not in the business of "interfering" in the market place, and works with all organisations and businesses who share that same goal. Our work programme already has many medical software vendors (including members of the MSIA) actively engaged in building the NEHTA specifications into their software.

I would like to thank the Committee for providing NEHTA with an opportunity to respond and provide further information to the Inquiry.

Yours sincerely

Peter Fleming
Chief Executive
National E-Health Transition Authority

APPENDIX 1

NEHTA commentary on the appendix table is made in **BOLD-RED** below. No other MSIA comments have been changed in the table.

	Bundle	Claimed Status	MSIA Comment	Actual Status
1	Advanced Care Directive	Existing as of December 2011	No clinical content	Delivered Complete. Final.
2	Consolidated View	July 2012 (seven months late)*	Depends on terminology bound data in CDA documents –descope until at least 2013	Not delivered Re-Scheduled.
3	Consumer Entered Information Name Change: “Consumer Entered Notes”, and “Consumer Entered Health Summary”	Existing as of December 2011	No useful clinical content – not accessible by clinicians	Delivered, no clinical utility Complete. Final. Changed¹.
4	Discharge Summary	Existing as of December 2011	Withdrawn until “Late March”# to correct specification errors	Not delivered Complete. Final.
5	Electronic Medication Management	Existing as of October 2011	ETP; legacy spec from 2010, for information only; not related to spec currently going through standards process; Delivered specification is not fit for use	Legacy specification delivered, not fit for use. Complete. Info Only.
6	eReferrals	Existing as of December 2011	Withdrawn until “Late March” to correct specification errors	Not delivered Complete. Final.
7	Event Summary	Existing as of December 2011	Withdrawn until “late March” to correct specification errors	Not delivered Complete. Final.
8	Shared Health Summary	Existing as of December 2011	Withdrawn until “Late March” to correct specification errors	Not delivered Complete. Final.
9	Specialist Letter	Existing as of December 2011	Withdrawn until “Late March” to correct specification errors	Not delivered Complete. Final.
10	B2B Gateway	Existing as of January 2012	Inadequately reviewed; likely to require modifications during implementation	Delivered, but not of standards quality. Complete. Final.
11	Call Centre Services	No status	De-scoped	Not delivered De-Scoped.
12	PCEHR Core Security (Security Policy)	July 2012 (seven months late)		Not delivered Re-Scheduled
13	Participation and Authorisation Service	Existing as of January 2012	Tiger team review process is unclear; unlikely to have been adequately reviewed	Delivered? Fit for use? Complete.

¹ Specification Name Change based on engagement feedback. New name noted in “Bundle” column.

				Final. Changed².
14	Conformant Portal	July 2012 (seven months late)	One Tiger Team phone meeting to date; only reviewed by 2 or 3 people	Not delivered Complete. Final. Changed³.
15	PCEHR Portlet Catalogue Service	Existing as of January 2012	De-scoped according to the NEHTA Vendor web site	Not delivered De-Scoped.
16	PCEHR Repository Service	Existing as of January 2012	Covered by B2B and XDS? Probably not adequately reviewed.	Delivered? Fit for use? Complete. Final. Changed⁴.
17	Conformant Repository	Existing as of January 2012	No test framework available	Delivered but critical areas such as document deletion still not finalised. Complete. Final. Changed⁵.
18	Template Service	Existing as of January 2012	Minimal discussion at Tiger Team	Role and functionality in PCEHR remains unclear – not adequately reviewed. Complete. Final.
19	eHealth Architecture	Existing as of November 2011	DOHA is attempting to force healthcare practices and vendors to not adhere to this architecture (attempts to exclude conformant repositories)	Delivered. Complete. Final.
20	Foundation Clinical Informatics	No status	De-scoped	Not delivered De-Scoped.
21	National Authentication Service for Health	July 2012, five months late	Already looking like it will be later than July 2012	Not delivered Re-Scheduled.
22	Secure Message Delivery	Existing as of October 2011	Developed by joint MSIA /NEHTA working group in 2009 and a Standards Australia Technical Standard since 2010. Test process delivered by IHE in 2009. Multiple vendor implementations awaiting dependent and critical infrastructure – NASH and ELS (Endpoint locations	Delivered but key infrastructure required from NEHTA before it can be used as designed. Complete. Final.

² This specification is now a “Functional Overview”, with capability provided through the B2B Gateway Service.

³ This capability is provided through the B2B Gateway Service, and described in Technical Specifications.

⁴ This capability is provided through the B2B Gateway Service, and described in the B2B Repository Overview.

⁵ This capability is provided through the B2B Gateway Service, and described in the B2B Repository Overview.

			service.	
23	Healthcare Identifier Service	Existing as of October 2011	One of three services available and that one is incomplete/not fully functional	Partially. Not suitable for use with the PCEHR. Complete. Final.

Summary of Delivery:

Complete: 17

De-Scoped: 3 (Foundation Clinical Informatics, Call Centre, Portlet)

Re-Scheduled: 3 (NASH, Security Policy, Consolidated View)

TOTAL = 23