Tech Talk

Digital Transformation for the Aged Care sector

Webinar series

Digital Transformation and Delivery Division

Corporate Group | Department of Health and Aged Care



www.health.gov.au Tech Talk #10 12/07/2023



WELCOME

& housekeeping



2-9 JULY 2023

Digital Transformation for the Aged Care sector

AGENDA

Tech Talk #10



Welcome & housekeeping

Janine Bennett

Digital Transformation update

Fay Flevaras

Popular Questions

Fay Flevaras Thea Connolly Amanda Smith Joshua Maldon Aged
Care Roadmap

Thea Connolly

GPMS Update

Amanda Smith Emma Cook B2G Onboarding and Conformance

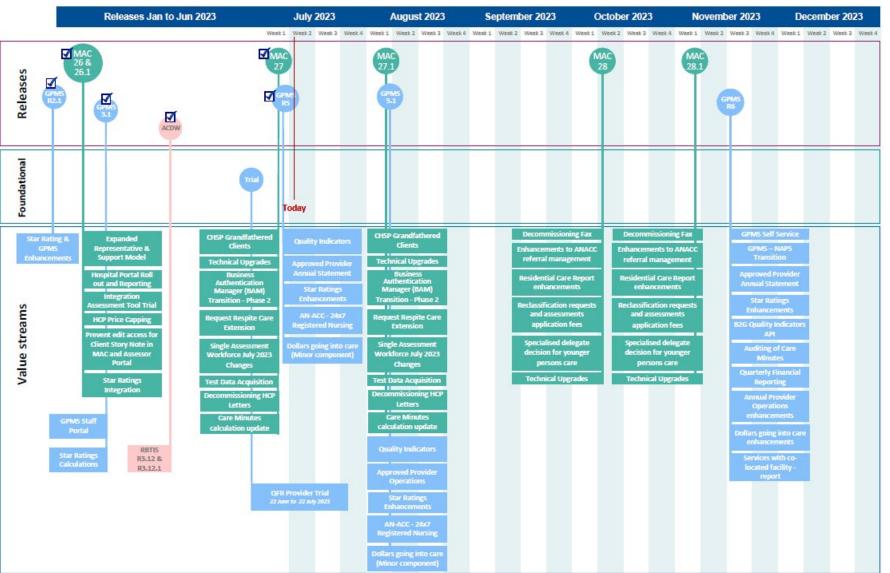
John Sidey Shaeyen Mackay **Q&A** and close

Fay Flevaras
Janine Bennett
Thea Connolly
Emma Cook
Amanda Smith
John Sidey





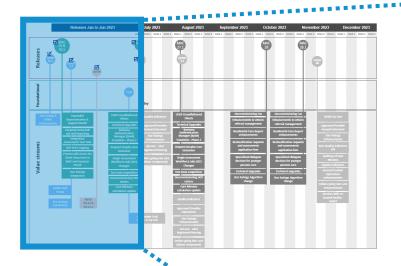
Digital Transformation (DT) portfolio release view



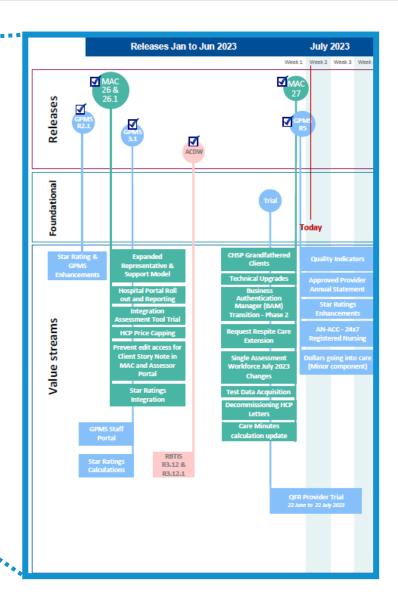


Disclaimer: This is a CURRENT STATE view, shared to provide early visibility of the expected work ahead (a 'working timeline'). The timeline is **NOT** a Government commitment. Formal decisions – regarding the scope, sequence, and timeframes of the department's portfolio delivery will be determined by the Government - and therefore this timeline is subject to change as policy decisions and planning evolves.

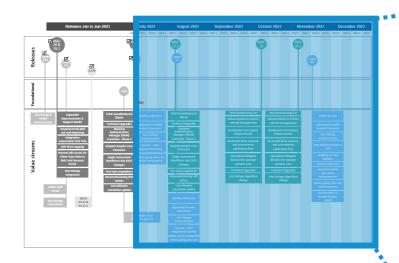
DT portfolio release: Recent delivery



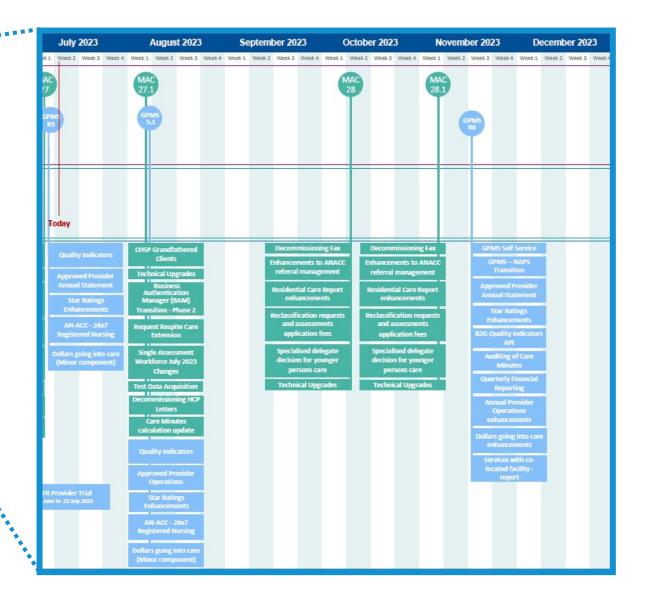
Disclaimer: This is a
CURRENT STATE view,
shared to provide early visibility
of the expected work ahead (a
'working timeline'). The timeline
is NOT a Government commitment.
Formal decisions – regarding the scope,
sequence, and timeframes of the
department's portfolio delivery will be
determined by the Government – and
therefore this timeline is subject to change
as policy decisions and planning evolves.



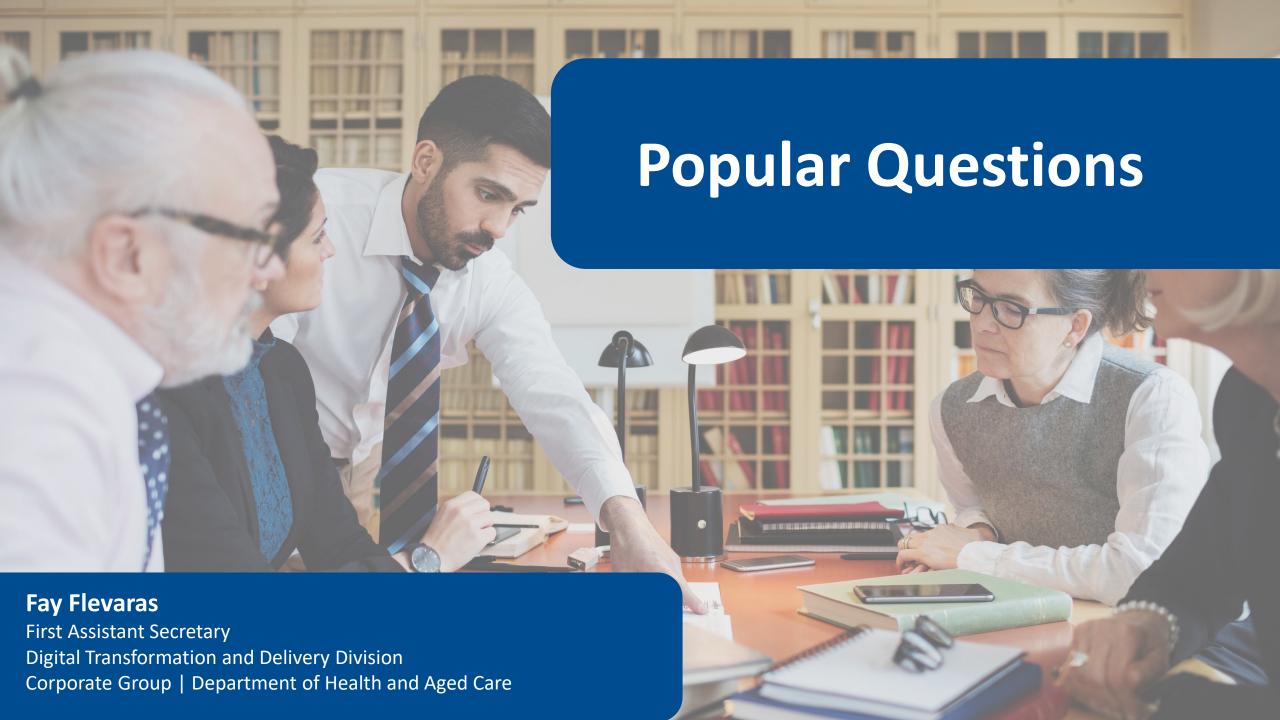
DT portfolio release: Upcoming delivery



Disclaimer: This is a
CURRENT STATE view,
shared to provide early visibility
of the expected work ahead (a
'working timeline'). The timeline
is NOT a Government commitment.
Formal decisions – regarding the scope,
sequence, and timeframes of the
department's portfolio delivery will be
determined by the Government – and
therefore this timeline is subject to change
as policy decisions and planning evolves.







Can you confirm which vendors you are working with in relation to B2G?
Which systems are you testing integration with MAC?



Question 1a: B2G volunteers

- Alayacare
- Anglicare
- Aspire4Life
- Best PracticeSoftware
- BESTMED
- CarePage
- CarersACT
- Civica
- Compact
- ConceptSix
- Corum Health
- CSIRO

- Dedalus
- Digital Health
 Cooperative
 Research Centre
 (DHCRC)
- DoctorWare
- DOHAC
- Extensia
- Five Faces
- FRED
- Grandaids
- HammondCare
- Healthlink
- Humanetix
- Integrated Living

- Leecare
- MediRecord
- MediSecure
- MEDRefer
- Melbourne Genomics
- MIMS
- MPS Connect
- MSIA
- Oracle
- Oridashi
- Pen CS
- Precedence Health
 Care
- Provider Assist
- RLDatix

- S4S
- Silverchain
- Sonic Healthcare
- Surgical Partners
- Telstra Health
- The Lookout Way
- Uniting Care
- WebsterCare

Question 1b: MAC integration testing

Which systems are you testing integration with MAC?



Not all users of aged care services are comfortable using online booking services etc.

Is this being factored into the IT strategies?



At our facility here in SA we have introduced robots to assist our workforce. Is there someone at this level I can talk to encourage more discussion at a policy level about robots in the aged care setting?



Is there any update on the GPMS issue not allowing users into the system?



Congratulations on the QI initiatives and hearing of the use of evidence. What institutions are active in this research and how can providers and vendors collaborate with them?



Can QI data be uploaded via a file e.g. a spreadsheet?



Is QI being looked at for MPS flexible residential care places?





24/7 nurses in aged care homes

Star Ratings available

Capped home care package admin fees

Extended the
Serious Incident
Response Scheme
to in-home care

15% wage increase

for aged care workers

Office of the Interim Inspector-General of Aged Care

In the past year

New Code of Conduct for Aged Care

Residents'
Experience
Surveys

AN-ACC funding model

Additional Quality Indicators

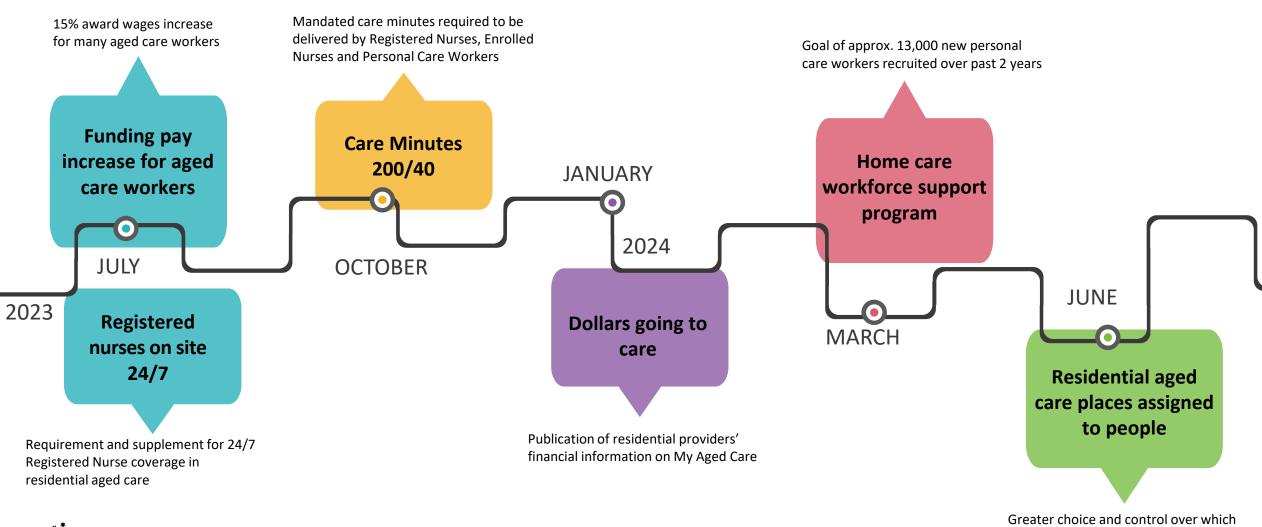
Government
Provider
Management
System
available

Improved
transparency and
accountability
around home care
pricing and fees

australian Government

Department of Health and Aged Care

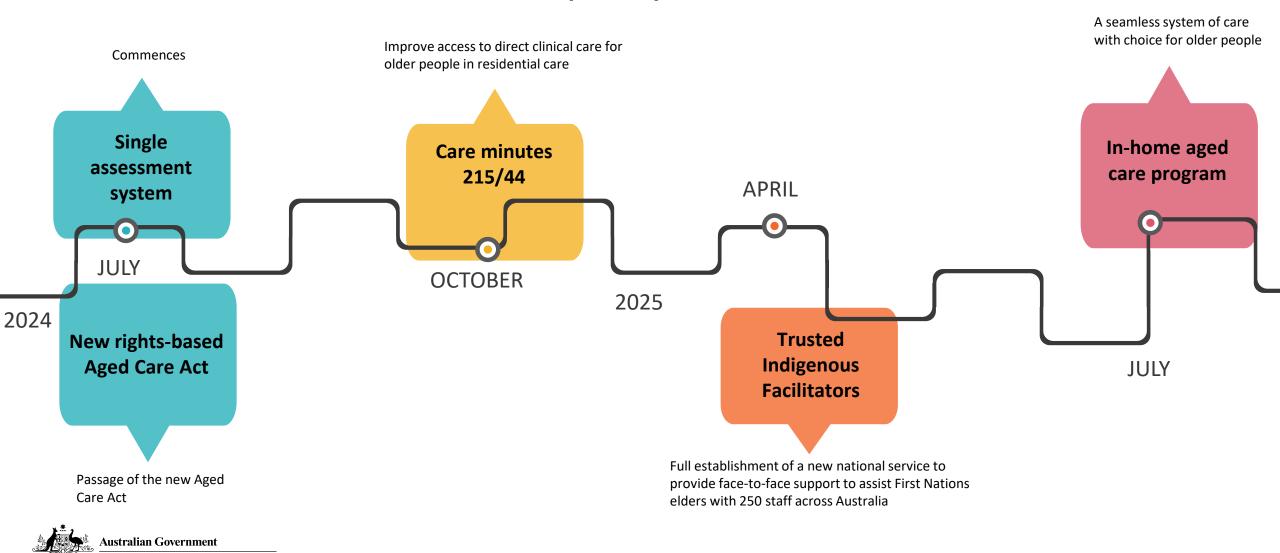
Reform roadmap: key activities 2023-24



approved provider delivers their care

Department of Health and Aged Care

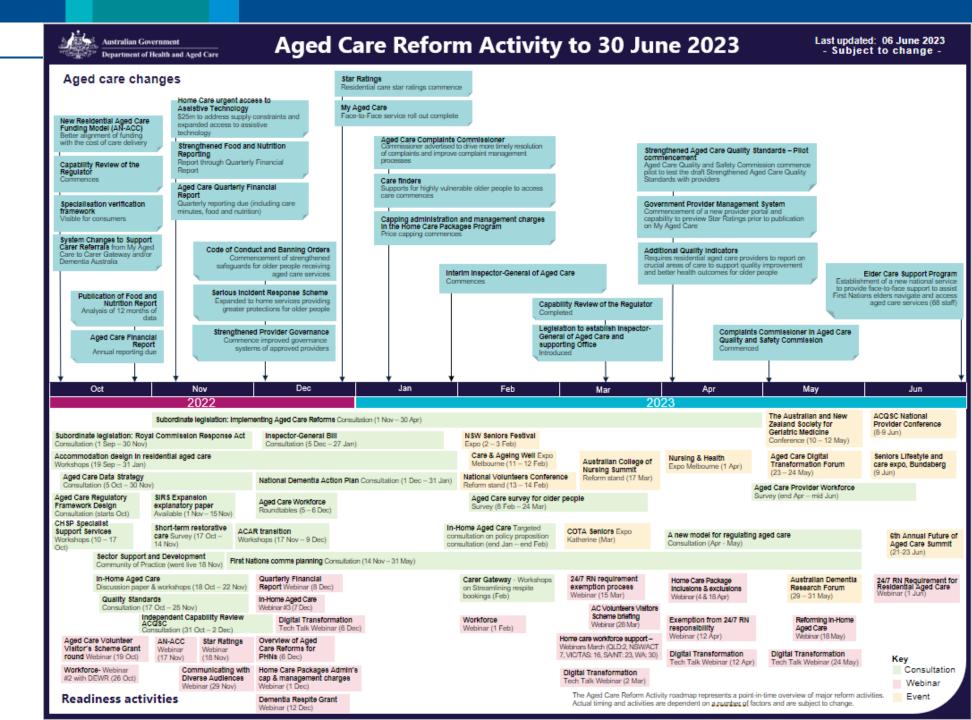
Reform roadmap: key activities 2024-25



Aged care reform roadmap



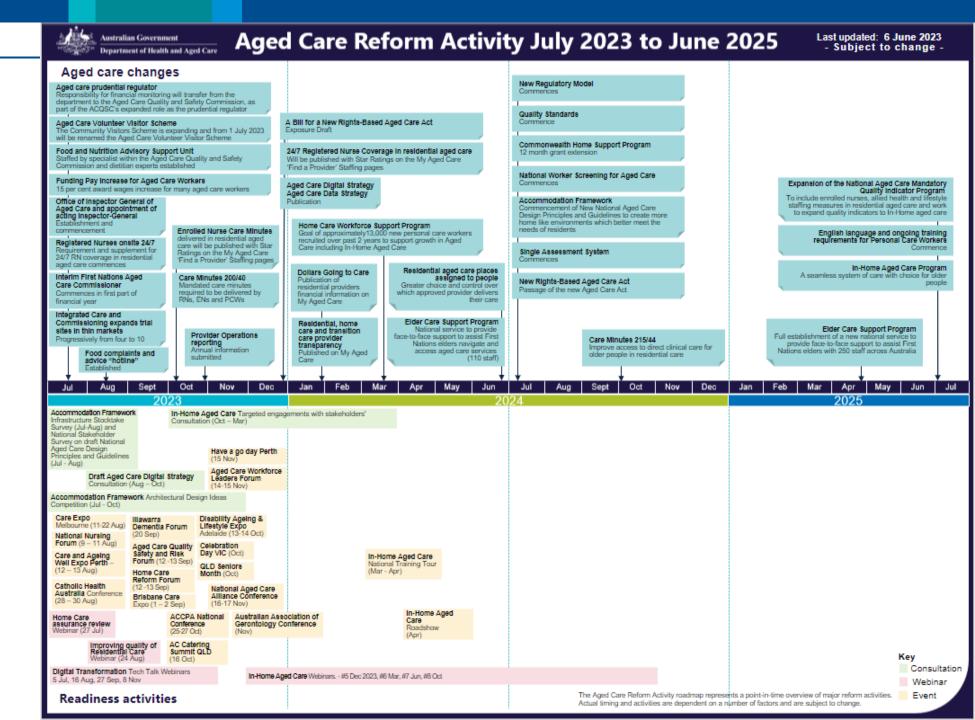




Aged care reform roadmap







Stay in touch

<u>Subscribe to the aged care sector newsletters and alerts</u> to stay up to date with news for the aged care sector.

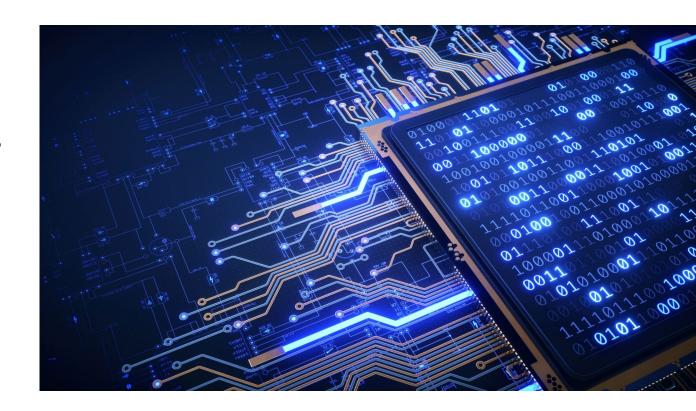
The <u>Aged Care Engagement Hub</u> provides regular updates on upcoming consultations and opportunities to be involved in the aged care reforms.





The new Government Provider Management System (GPMS) is foundational to future IT and aged care reforms, providing a modern platform to:

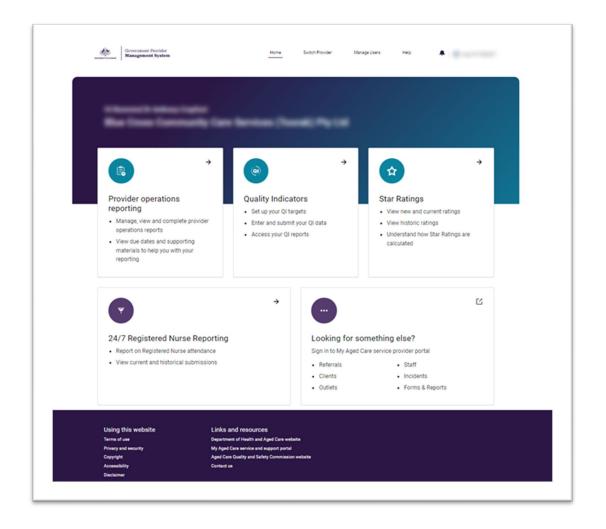
- Take on existing and new provider reporting functionality
- Provide a streamlined single access point for aged care providers
- Improve the quality and utility of aged care data
- Support automation and interoperability



GPMS Enhancement

GPMS has expanded to support aged care reform and provider reporting across:

- Quality Indicators
- 24/7 nursing responsibility
- Approved Provider Operations
- Quarterly Financial Reporting in preparation for future release





GPMS portal

Demonstration Video

Walk-through of the latest release on the Government Provider Management System (GPMS) online portal

GPMS What's Next

Release 6 – 20 November 2023

New Functionality

NAPs Replacement
GPMS Self Service
B2G Quality Indicators API

Enhancements

Nurses 24/7
Star Ratings
Common Portal
Data Migration
QFR

QFR Salesforce Provider & Management Portal Trials



Next Steps

- Continued engagement with the sector
- Iterative releases to support future reforms, including:
 - NAPS Replacement
 - Self Service Portal (Approved provider forms and reporting)
- To be involved further, visit <u>Aged Care Engagement Hub</u> at https://agedcareengagement.health.gov.au
- For more info on GPMS, visit https://www.health.gov.au/our-work/government-provider-management-system-gpms







Overview

Strategic context and background

Providers of care and support services currently navigate a complex landscape to access services and meet their obligations to government, reducing time spent on providing care to the community, increasing security risk and cost to both government and provider organisations.

The Department of Health and Aged Care (the department) undertook a discovery activity to engage with the care and support sector to identify existing, and preferred authentication methods, gather use cases, and develop a recommended solution for the sector.

Stakeholder engagement and preferences

Leveraging a combination of existing forums such as the Sector Partners, and Tech Talks, along with one-on-one engagements, surveys, and workshops, we engaged broadly across the provider, peak body and the vendor community to understand preferences for authentication methods to access B2G APIs.

Providers indicated a strong preference for a simplified ecosystem across the breadth of their government interactions, with fewer credentials being a critical priority, while vendors expressed a strong interest for standardisation of systems and processes, and greater adoption of industry standards.



We developed a high-level target state ecosystem to identify options, inform recommendations, and articulate how options will address provider needs and interoperate more broadly across government.

Three options were developed leveraging insights gathered from stakeholder engagement and understanding of the current state to address authentication options for:

- · accessing online portals; and
- accessing B2G APIs

Recommendations and next steps

The recommended authentication solution option is being socialised and endorsed internally within the Department of Health and Aged Care prior to broader socialisation across the sector.

The care and support sector, including providers, software vendors, and peak bodies will be engaged as part of next steps, alongside further design of the proposed solution architecture, strategic planning, and whole of government co-ordination and alignment.



Approach

To identify preferred options and a recommended solution we adopted the department's Co-Create, Co-Design, Co-Deliver approach, targeting the provider experience and their priorities while considering existing solutions and whole-of-government capability

Engage

Ensure sector has an opportunity to communicate pain points and solution preferences

Surveys



Distributed a tailored questionnaire to understand current sentiment across the care and support sector

Workshop



Facilitated a co-design workshop with the broader care and support sector

Targeted engagements



Engaged stakeholders individually to understand their preferences in detail

Scan

Identify suitable options which meet the department's needs

Available solutions



Explored viable options in the market, considering how options can be informed by global leading practice examples

Existing investments

Considered existing authentication solutions, strategic roadmaps, and program requirements

Analyse

Explore sector preferences against available options

Stakeholder preferences



Considered how available solutions align with sector preferences

Assess

Develop framework to critically analyse options against preferences and requirements

Criteria



Created a framework for assessing available solutions

Weighting

Weighted criteria based on stakeholder preferences and priority, as well as program requirements



Options and

Recommendations

Solution Options

					Sulution Dyllion R.	Salution Cyden S	Balution Option C
				4	Richards sured spherolatin and spherolatin spherolating region (). (Reputating well of which submission is to have the state of the solid injuryon attitude automated to appear a reproduction and the solid or in a special region (MIS) and resident products or in appear.	Otto POOM for automission and automission. The new previous artificities allow for the artificial economic control, to proportional and interfection or a size expression than immediate activities and exact a control POOM and immediate of the reserved is control using 1950 to 1950 to 1950 to 1950 or and a size of the control 1950 to 1950 to 1950 to 1950 or and a size of the control	Many process in case for denily adultim of their obtain. No leafterfacility of a only account processing a engle consolidate of the long region and advantage and object contribute of the specified accounts for depart consolidate of the contribute by all processing and PROSE AND intributes in processing and processing and processing and processing accounts on a PROSE AND intributes in the contribute of the contribute of the contribute of the processing and processing and processing and processing and processing and processing and processing and processing and processing and processing and processing and processing and processing and processing and processing and processing proce
		Evaluation criteria	T		Non a segmentation	may have Proper a good gray or to the	countries aparties to introduction
)	Sector experience criteria	Simplification of the lambscape	14	0	Often facility for our of agricult or Stilligeness (10), wasn'ny resolve (1000).	() Sales Of College Contempor contemporary (CCC)	© Streets replain to the amount of a second con-
		Inclusiveness	10	٥	NAME AND DESCRIPTION OF THE PARTY.	(i) Index prospice unand complete, for ESS understood at its white bird acquire for analist expectations.	O The county specials reprinted
		Impact of sector transition	10	0	Same offer required to Implement VEV and orbits in Foreign (expl) at the	() to be before process assuming (1935). Analysis of the best of the process of the best o	(i) Adaption of piled conductive relative construct in part of the for piled to the and bend conducted. These regions only of the adaptive transfer conducted
		User experience	16	0	(any polymonal to transport by $\mathcal{G}(t)$ and appelled	O service structure of the control o	(a) Section are opposed to be provided to the section of the secti
)	Constituted priorities criteria	Exhaubility and modelity	10	0	Serie penglise the 15 SSA consideral legacy technology, 10% consider these set segment autoritation or register contents providedly	O SECURE OF SECURE SHAPE SECURE SECUR	© Mark Interly standards support cross marks or compression
		Alignment to re use policy	10	0	Nigra to whole of prosecutarity was a required to an interest to the contract of the contract	O Process adopts and a process of a side of	() representations of the control of
		Sustainability and suspersionity	10	0	Substantion persons (Cligate) Fell as impro- tectioning	Nation one submiddly freewalths	Otro scriptors white, condept decrease and administration or control requirements being consider prices
	Program specific criteria	Adjustment to policy association requirements	10	0	Project #1 contact activates to contact. (#100 to only our ware and assured to a re- atometre-florests protein)	© Philipson Ci have represented	Θ . Of the contrastion restated by $H(G)$ with option for the exp $(\phi(G))$
		Individual authentication	10	٥	AN obtain counts intelled advantation and advantages based reducted.	() have desired the adminish of	© Togethol couldby a port in deliberated of the state of
	Gence				79100	49100	61100

Options Assessment



Recommended Solution

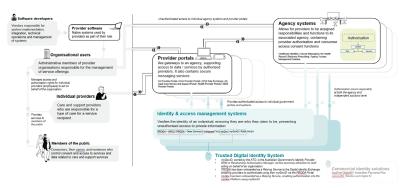


A day in the life of a provider

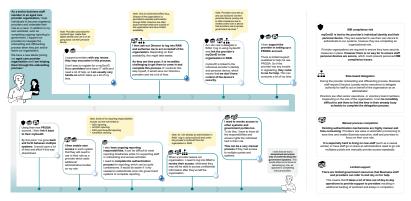
Disparate authentication and identity access management across government systems has resulted in significant administrative overhead for providers

Provider organisations are required to navigate a complex authentication and identity access management ecosystem to interact digitally with Government. This is in addition to their administrative and reporting workload, additional onboarding and offboarding activities for staff members, and managing the provision of care to members of the public.

Current Provider Experience



Care and support sector current state ecosystem



Provider day in the life of (DILO)

Provider day in the Australian Government

Department of Health and Aged Care

Key Observations

- Complexity: Business administrators are required to use multiple authentication credentials (e.g., enterprise credentials, myGovID, PRODA) to access various portals and systems when completing reporting and accessing government services online. Additional complexity is added when managing authorisation and access for other staff members (e.g., RAM).
- **Delegation & Access:** To establish access, senior staff members and business administrators require an authorised officer (usually a Director) to delegate authority to act on behalf of the organisation, who are often time poor and have limited availability to complete the process.
- Manual Processes: Establishing access is a manual and duplicative process across all authentication and authorisation services used (e.g., RAM, PRODA). This is particularly time-intensive in provider organisations with a casual workforce, requiring repetitive access provisioning and revocations.
- **Limited Support:** With variability in provider IT skills and limited support available from Government authentication services, business administrators dedicate significant time and effort in guiding and supporting staff members when establishing their authentication accounts and on an ongoing basis when authenticating to access government services, particularly with PRODA.

Stakeholder engagement

Significant stakeholder engagement has been undertaken across the aged care ecosystem to understand the identity and access needs and priorities for the provider and vendor community



Care and support providers

Care and support providers have identified a range of pain points:

- Accessing government services and meeting their reporting obligations
- The myriad of credentials required across different government systems
- The insufficient support provided across current authentication systems
- The inefficiency created across the sector using many credentials

Providers want to:

Focus on their core business of providing care and support to the community

Their key driver:

• Simple and efficient access to services

"Can we homogenise these things? So many government systems, each with different identities and different identity methods."

"I find the reporting poor and, while fully understanding the data safety considerations, think it's difficult to reconcile with core systems"

> "The process to onboard a new user into multiple systems is lengthy, manual and error prone. This means we cannot effectively leverage a highly fluid workforce as we cannot automate large sections of our onboarding process"

In considering these perspectives from providers, vendors and peak bodies, there are only a subset of options that can be considered.

1 myGovID

3 PRODA

2 RAM

4 Enterprise credentials

These options need to be considered against the explicit pain points such as the provider experience, cost implications for software vendors, and technical complexity

Software vendors & peak bodies

Software vendors and peak bodies have indicated they are:

Open to further investment in their platforms, particularly where it will drive increased value for their customers.

Software vendors want to:

- Adopt industry standards versus bespoke solutions
- Standardise the way they need to interact with government agencies

From a financial perspective, they want to be able to:

Leverage and capitalise on investments to date (e.g. conformance with PRODA)

Any solutions that require significant additional investment should be carefully considered.

"Working across multiple funding types is a struggle to ensure compliance with all required security standards"

> "The biggest piece of feedback we hear is that [providers and software customers] are big on SSO and MFA. It has become more a need than a want."

"Inconsistency in integration and authentication methods make it difficult for SME's to know where to commit limited funds to build into the product"



Stakeholder engagement

Seven priorities were identified across survey results, collaborative co-design, and targeted 1:1 engagement with the care and support sector

Stakeholder engagement activities

200+ stakeholders were engaged across 25+ activities over 10 weeks across the care and support sector and government landscape



Presented to **75+** stakeholders at Sector Partners forum to raise awareness of discovery activities

Distributed a survey across the care and support sector, receiving **50+** responses





Engaged **80+** attendees¹ at the B2G co-design workshop through a series of interactive activities

Connected with **10+** stakeholders¹ for tailored 1:1 discussions to further understand specific pain points





Engaged with **50+** stakeholders¹ across the Department of Health and Aged Care and broader Commonwealth



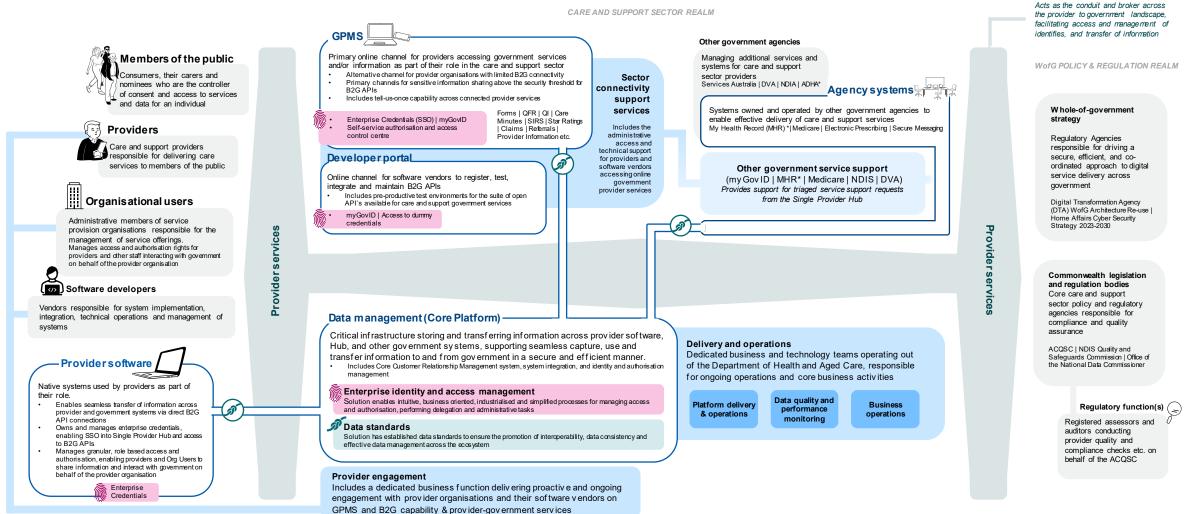
What matters most for stakeholders

Authentication can't be assessed in isolation; addressing stakeholder priorities requires consideration of the end-to-end provider experience

- 1 Seamless experience when accessing and interacting with B2G services
- **Easily established** and built on common industry standards (e.g. OIDC, OAuth)
- 3 Minimises the number of credentials needed to interact with government
- 4 Reliable and available to provide confidence in the solution
- 5 Follows a recommended security configuration that organisations can adhere to
- 6 Leverages existing solutions used to interact with government
- Cost-effective for development and sustainment

Care and support sector provider target state ecosystem (1/2)

The target state ecosystem outlines the core components and their interactions to deliver a simplified, omni-channel provider authentication and identity access management experience, while delivering robust support as B2G API capability scales

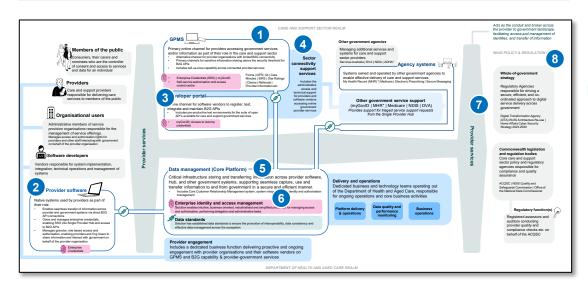


Care and support sector provider target state ecosystem (2/2)

The target state ecosystem outlines the core components and their interactions to deliver a simplified, omni-channel provider authentication and identity access management experience, while delivering robust support as B2G API capability scales

Target Provider Experience

The target state ecosystem extends beyond authentication and identity access management to outline broader strategic intent for the end-to-end provider experience



Care and support sector target state ecosystem



Key Components

- **GPMS** acts as the primary online channel to access government services for care and support providers, and an alternative channel for provider organisations without B2G API capability.
- **2 Provider software** is the primary channel for information sharing to, and from, government services, enabled by seamless B2G API connectivity.
- 3 A **developer portal** providers software vendors and/or in-house developers with online access to register, test and integrate B2G APIs with provider software
- 4 Support services provide a standard channel for access to administrative access and technical support for providers and software vendors, triaged to other government service support channels where required
- 5 Data is transferred and centrally managed across provider software, single provider hub, and other agency systems through the **core platform**
- **Enterprise identity and access management** houses the identity federation hub, linking various authentication credentials and managing access and delegations across B2G APIs and online services
- **Provider services** wrap around provider-to-government services, acting as the conduit and broker across the provider to government landscape, facilitating access and management of identities, and transfer of information
- 8 Whole of Government policy and regulation drives strategic direction of digital service delivery while overseeing compliance and quality assurance across the care and support sector.

Delivering an authentication approach that puts the experience of providers first required consideration beyond just authentication for B2G APIs



To deliver a provider-centric future state, it is important to consider the identity and access needs across the entire care and support sector.

Authentication solutions that support access to B2G APIs are a critical component of the target state for providers to access services and meet their obligations. However, authentication in B2G does not exist in isolation.

To address the critical in scope question of what authentication options should be available for accessing B2G APIs, we needed to consider the end-to-end identity and access lifecycle including provision, usage, management and deprovisioning.

However, consideration needs to be given to the broader experience and common functions and processes required across different government interactions, in particular self service such as authorisation management.

Focusing questions

Note: Solution options have been developed to consider both focusing questions 1 and 2, and evaluated against the criteria defined through stakeholder engagement.



What authentication options should be available for accessing online portals?



What authentication options should be available for accessing B2G APIs?



What **options** should be available to **enable** providers to **self-service** their identity and access management needs **when interacting with government**?



Note: Some analysis and consideration has been given to self management, particularly for authorisations, however, further work is needed beyond the scope of this report to best understand the solution options and inform longer term recommendations.

B2G Onboarding & Conformance

Immediate next steps

The recommendation is being socialised and endorsed internally within the Department of Health and Aged Care before proceeding with broader engagement across the care and support sector.



Socialise options internally within the department for endorsement of the preferred approach (in progress)

2

Engage with the care and support sector to test and validate the preferred approach and **'Day 1 Solution',** and identify candidates to support **detailed design activities** (e.g., 1-2 vendors, 1-2 providers)

3

Socialise proposed approach across **government landscape** (e.g., via cross-government forums and 1:1 engagement)



Q&A

- 1 Type your question into Slido
- Click 'Submit' so your input can workflow its way through to being a public question
- If you see a question you like on Slido, 'vote it up'

Happy to ask your question directly to the panel?

Simply use your name when submitting your question in Slido & we'll invite you to join us on our 'virtual' stage





appendix

Digital Transformation for the Aged Care sector

AGENDA

Tech Talk #10



CURRENT TOTAL: 90 mins

5 mins

10 mins

10 mins

10 mins

15 mins

30 mins

Welcome & housekeeping

Janine Bennett

Digital Transformation update

10 mins

Fay Flevaras

Popular Questions

Fay Flevaras
Thea Connolly
Joshua Maldon

Aged
Care Roadmap

Thea Connolly

GPMS Update

Amanda Smith Emma Cook B2G Onboarding and Conformance

John Sidey Shaeyen Mackay **Q&A** and close

Fay Flevaras
Janine Bennett
Thea Connolly
Emma Cook
Amanda Smith
John Sidey

