Digital Transformation

Sector Partners

Co-Design Meeting (6)

Digital Transformation and Delivery Division

Corporate Group | Department of Health and Aged Care

Australian Government
Department of Health and Aged Care

www.health.gov.au

Meeting date: 2022-08-05
Meeting: #6

Welcome &

Introductions

Fay Flevaras

Digital Transformation and Delivery Division
Corporate Group | Department of Health and Aged Care

Sector Partners Engagement

Agenda

Sector Partners Co-Design Meeting

- 5 mins – **Welcome & introductions** (Fay Flevaras)
- 15 mins – **State of Play** (Fay Flevaras & Mel Metz)
- 10 mins – UX Co-design: **Update & Findings** (Garth McDonald)
- 10 mins – Co-design: **Projects Up Next & B2G Preview** (Dale Naughton)
- 15 mins – Discussion: **Conformance** (Fay Flevaras & John Groome)
- 5 mins – **Close & Next Steps** (Fay Flevaras)

Digital Transformation:

State of Play

Fay Flevaras & Mel Metz

DTDD & Aged Care Division
Department of Health and Aged Care

State of Play

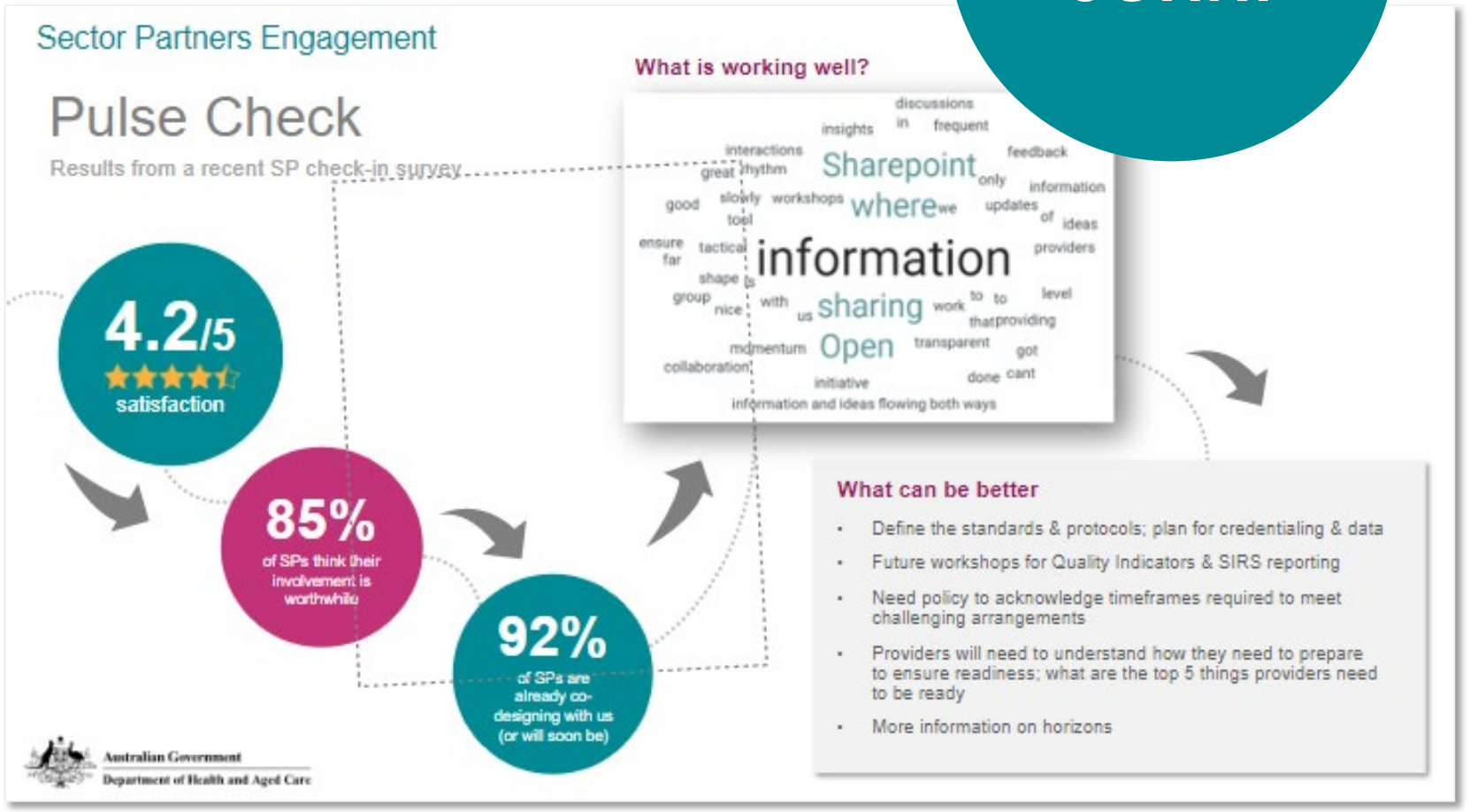
Current news

- Housekeeping:

  Recording Our Sessions

- Recap:
  - Tech Talk #3
  - Sector Partners Pulse Check

THANKS JOHN!



Aged Care Amendment (Implementing Care Reform) Bill 2022

Aged Care and Other Legislation Amendment (Royal Commission Response) Bill 2022

Overview

Overview of Implementing Care Reform Bill

Schedule 1 Registered Nurses	Schedule 2 Capping home care charges	Schedule 3 Transparency of information
Rec. 86 Fulfills an election commitment	Fulfills an election commitment	Rec. 88 Fulfills an election commitment
The Schedule will require approved providers of residential care and kinds of flexible care specified in the *Quality of Care Principles 2014* to ensure that a registered nurse (within the meaning of the *Health Insurance Act 1973*) is on site and on duty at all times (that is, 24 hours each day, 7 days each week) at each residential facility they operate.	The Schedule introduces a power to cap charges that approved providers of home care can charge care recipients and removes the ability to charge exit amounts.	The Schedule will require the Secretary to publish certain information about aged care providers and their services that will be specified in subordinate legislation. It will including information about how much providers spend on care, nursing, food, maintenance, cleaning, administration and profits.

Overview of Royal Commission Response Bill Measures

Schedule 1 Amendments relating to residential aged care funding (AN-ACC)	Schedule 2 Star Ratings	Schedule 3 Code of Conduct and banning orders	Schedule 4 Extension of incident management and reporting	Schedule 5 Governance of approved providers	Schedule 6 Enhanced information sharing and regulatory alignment of social care and support	Schedule 7 Increased financial and prudential oversight	Schedule 8 Changes to the functions of the Independent Hospital Pricing Authority to advise on aged care pricing	Schedule 9 Restrictive practices consent arrangements
Rec. 120	Rec. 24	Recs. 77 and 103	Rec. 100	Recs. 88, 89, 90	Noted importance of improved information sharing	Rec. 134	Recs. 6, 11, 115 & 139	Rec. 17
Amends the *Aged Care Act 1997* and the *Aged Care (Transitional Provisions) Act 1997* to link the calculation of each residents' subsidy to the Australian National Aged Care Classification (AN-ACC) level and turn off the Aged Care Funding Instrument (ACFI).	Provides a clear duty for the Secretary to publish Star Ratings for all residential aged care service providers. Provides that no cause of action lies against the Commonwealth as a result of the publication of the information.	Provides authority for a Code of Conduct (Code) to be established in legislation that will apply to all staff of approved providers of aged care. Supports the development of an agreed and enforceable code of conduct for the care and support sector.	Extends the Serious Incident Reporting Scheme (SIRS) to in-home aged care services, including flexible care delivered in a home and community setting. Introduces new responsibilities for in-home care providers to manage and prevent incidents, and includes protections for whistle-blowers.	Introduces new governance responsibilities for approved providers regarding membership of their governing bodies, the establishment of new advisory bodies and measures to improve leadership & culture.	Aligns regulation across the care and support sector – aged care, disability support (including the National Disability Insurance Scheme), and veterans' care – to improve quality and safety for consumers and participants while reducing the regulatory burden on cross-sector providers and workers.	Will enable the Secretary or Aged Care Quality and Safety Commissioner to request information or documents from a provider or borrower of a loan made using a refundable accommodation deposit or bond. The period of liability will be extended from two to five years.	Amends the *National Health Reform Act 2011* and the *Aged Care Act 1997* to expand the functions of a renamed Independent Health and Aged Care Pricing Authority (Pricing Authority). Includes new governance arrangements to reflect the expanded role.	Amends the *Aged Care Act 1997* to allow for the giving of informed consent to the use of restrictive practices where a care recipient does not have capacity. This includes the authorisation of a person to consent on a care recipient's behalf.

UX Co-Design

UX Co-design:

Update & Findings

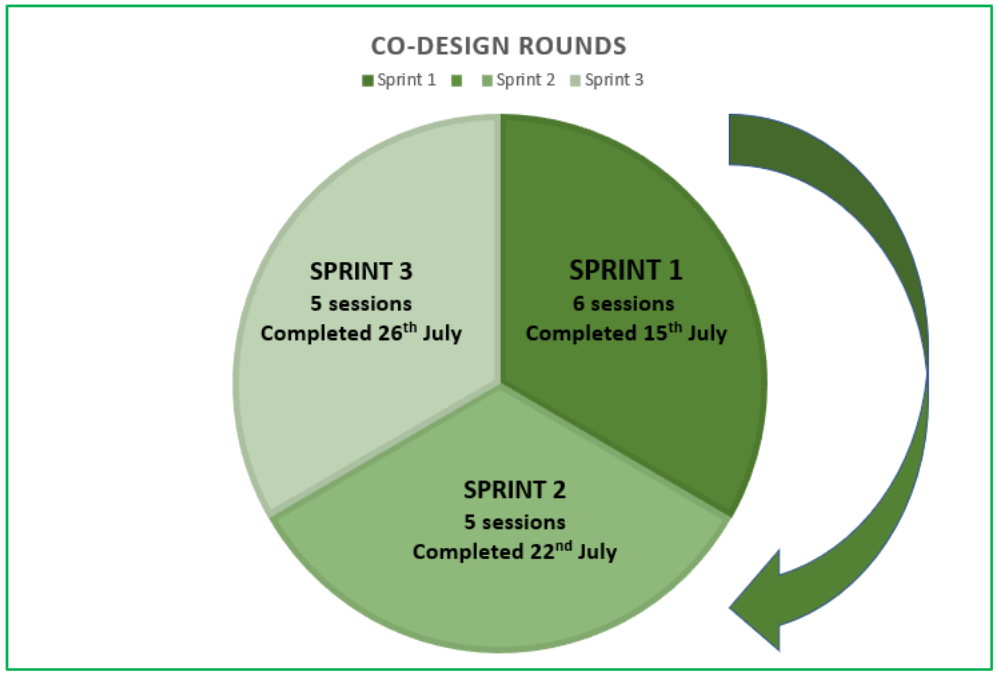
Garth McDonald

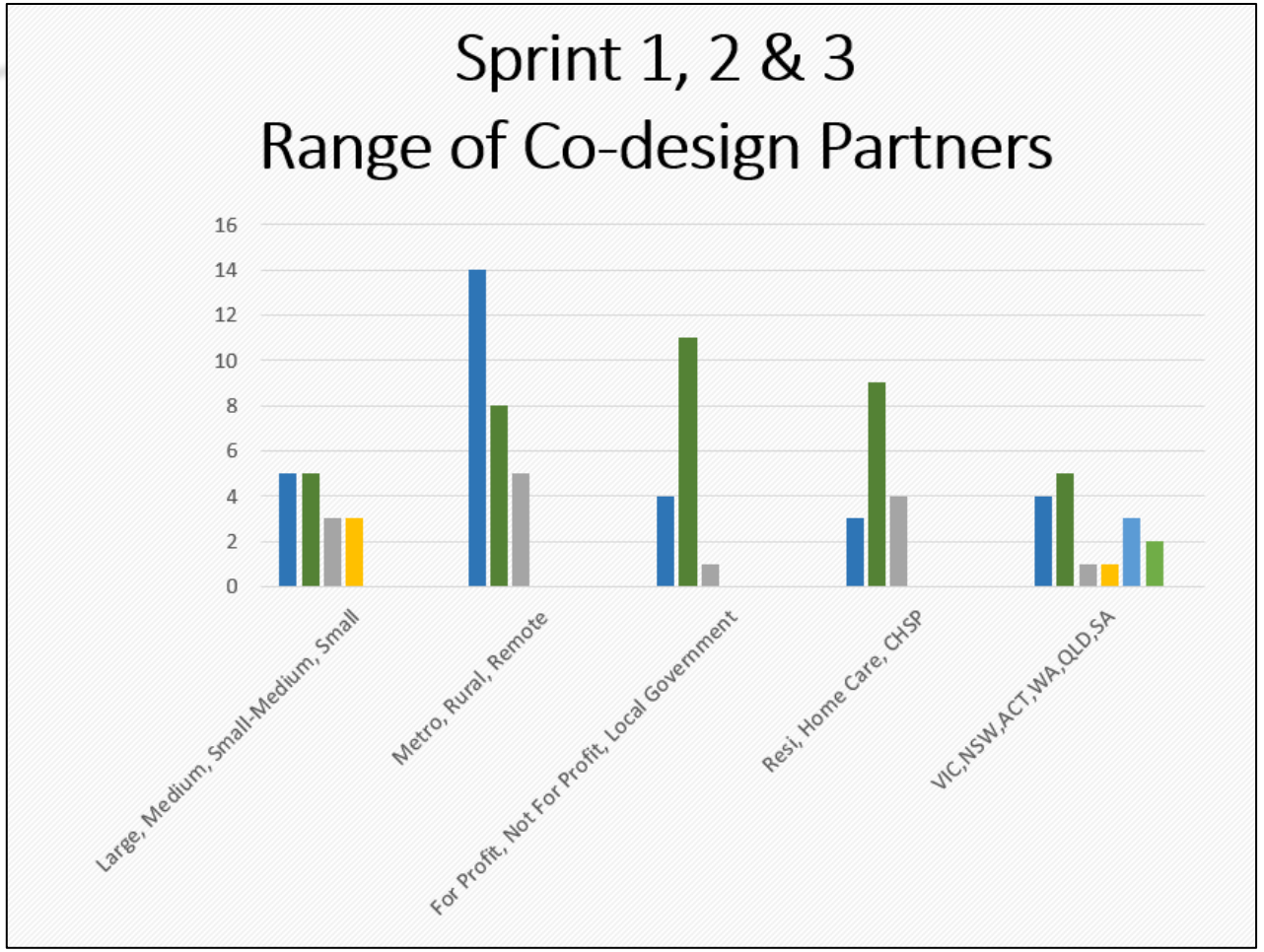
Digital Transformation and Delivery Division
Corporate Group | Department of Health and Aged Care

GPMS: UX Co-design Recap

UX Co-design: DIGITISED stream

Co-design Sprints Completed





Sector Partners Engagement

GPMS: UX Co-design Findings – Sprints 2 & 3

UX Co-design: DIGITISED stream

Viewing their details to ensure they're correct and up to date

Simple & easy online editing of organisation and key personnel details

Fine grained **task-based navigation** options on the home page

Editing & submitting sections / personnel separately as needed (as opposed to a combined form flow)

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Co-designers liked…

Sector Partners Engagement

GPMS: UX Co-design Findings – Sprints 2 & 3

UX Co-design: DIGITISED stream

Clarifying what's needed for the *Other Changes* section of a Material Change form

Merging organisation details & provider details

Surfacing what **roles & permissions people in their organisation have**, to be clear on *who can do what*

API integration to streamline data handling (reduce copy & paste between systems)

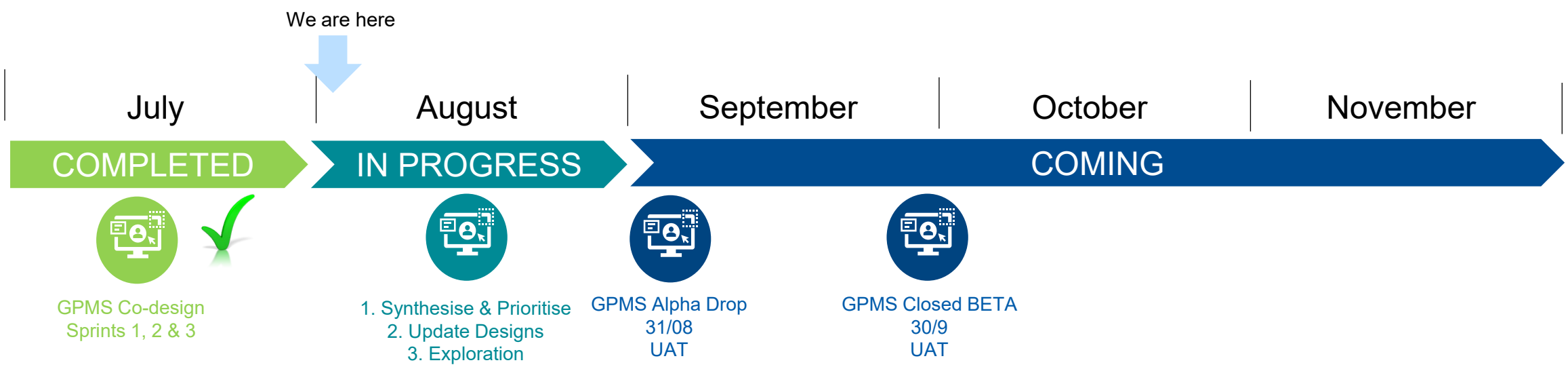
Clarifying what *Service Information* is and how it relates or is different to other sections

Co-designers suggested…

Sector Partners Engagement

GPMS: UX Co-design

UX Co-design: DIGITISED stream



What's next for GPMS Co-design findings?

1. Synthesise findings & prioritise proposed changes
2. Update designs with immediately actionable items
3. Consider how larger items might be explored and potentially implemented
4. Re-engage co-design partners for further feedback on updated designs and/or functional demos

UX:

Projects Up Next

Dale Naughton

Digital Transformation and Delivery Division

Corporate Group | Department of Health and Aged Care

UX co-design projects coming up next…

- Quarterly Financial Report (QFR)
- Star Ratings and Quality Indicators

API Co-Design

API Co-design:
B2G Preview

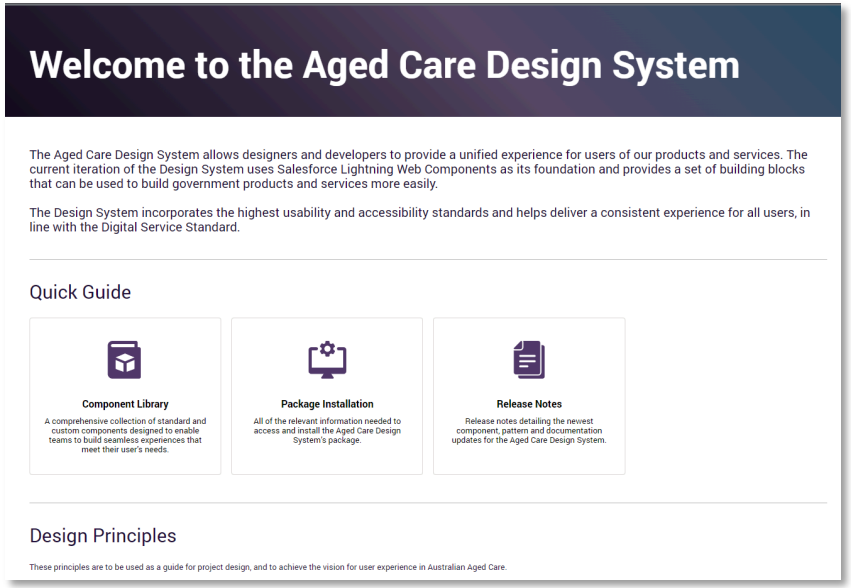
Dale Naughton

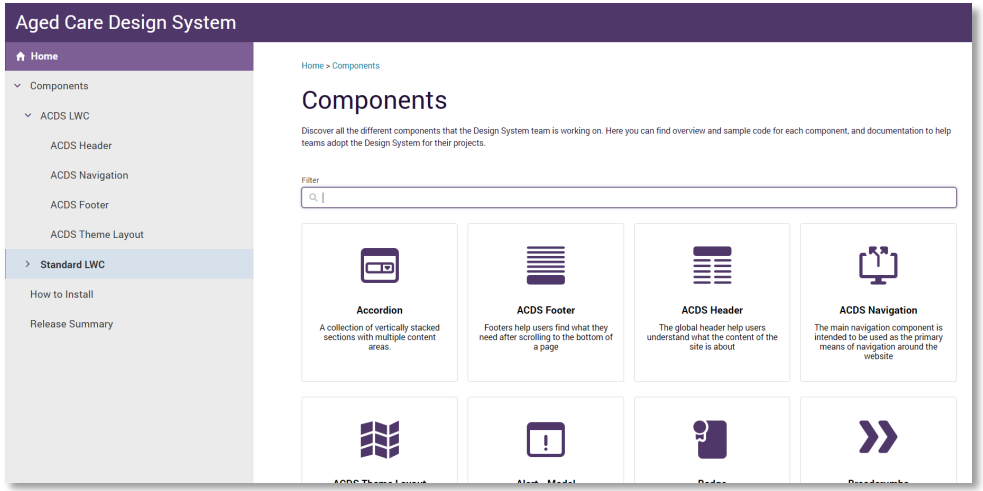
Digital Transformation and Delivery Division
Corporate Group | Department of Health and Aged Care

Design continuity across project streams

API Co-Design

- Multiple streams which will be building means design can get unwieldy and inconsistent.
- We have created an MVP design system with all of the current branding and components that both GPMS and B2G will use.
- The design system is used for the end to end process from design through to dev-ops and testing.
- All components and branding elements have been tested for accessibility. Updates are performed collaboratively and QA'd before they are released.
- The key benefits are reduced build time and with multiple project streams, it ensures everyone is on the same page for design.





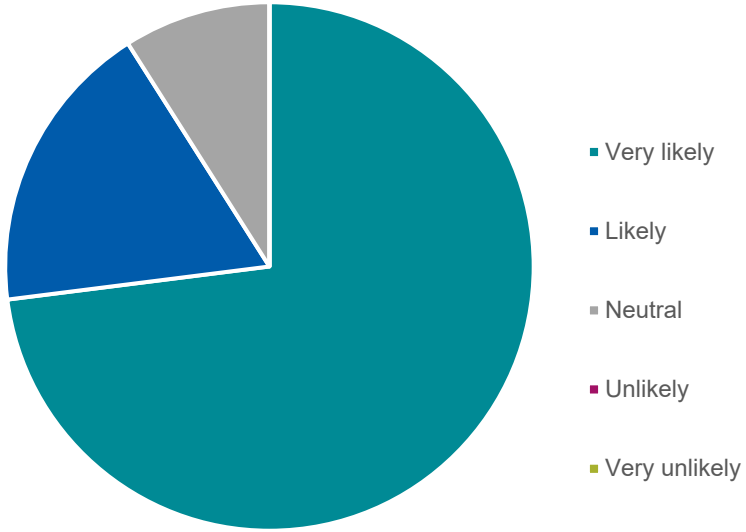
Co-design Collaboration Workshop

API Co-Design

- The workshops sessions were 60-90 minutes depending on number of participants.
- We had 6 activities covering the developer portal prototype and portal registration.
- Opportunity for us to validate assumptions we had made while creating the proof of concept.
- Inputs were well thought through and will be crucial to take into our design and build phase.

POLL from session:

How likely are you, or someone from your organisation, to attend a future B2G co-design workshop?

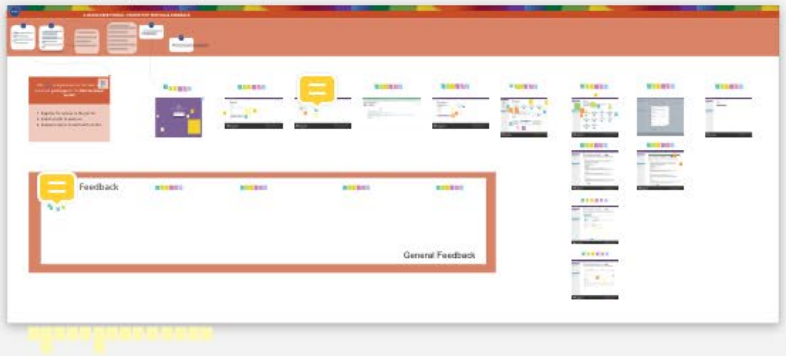


1. Warm up and intro

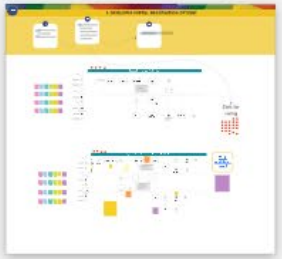
2. About B2G & Co-Design

3. Provider and Vendo...

4. Developer portal: prototype



5. Developer portal: Registr...



6. Final Share an...

Please see appendix for detailed version

5 early learnings from co-design workshop

Our team has started synthesising the information for the workshop, this feedback will be fed into the design and build of the next phase

API Co-Design

1

The Developer Portal must be geared towards developers at aged care service providers as well as software vendors.

"Available to all who want to digitally connect"

2

Access to the developers' portal could use an SSO login or other standard system that developers are already signed up to.

3

Different points/kinds of access request need to be clearly differentiated, using more specific terms/labels.

4

Email to set-up access password has to appear legitimate and trustworthy.

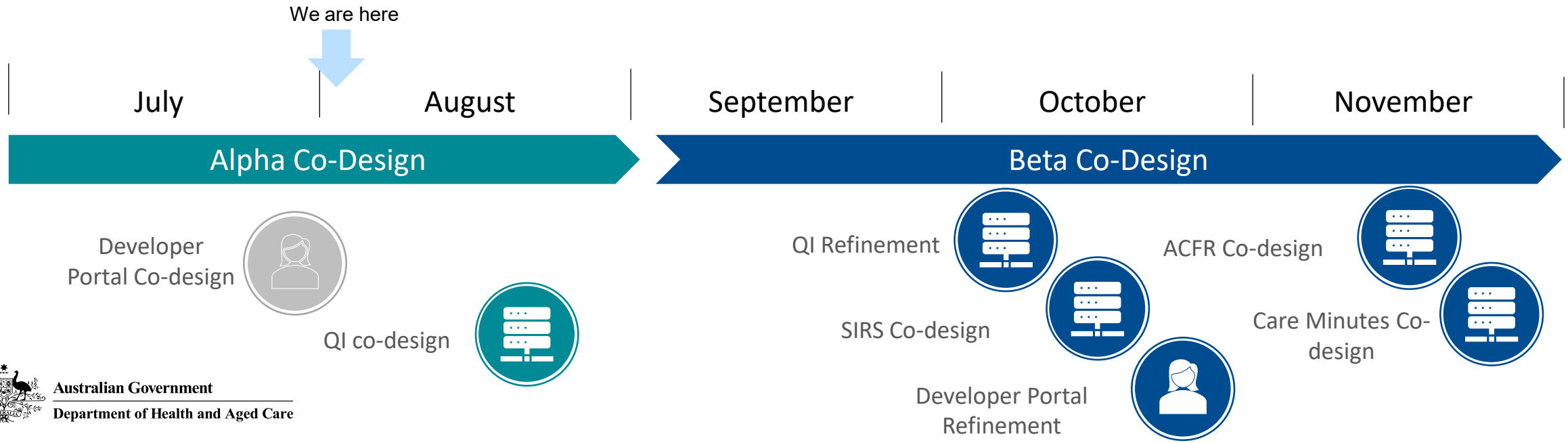
5

API catalogue usability can improve with different kinds of layouts

Coming up for B2G co-design

- Using feedback from recent co-design workshops to refine the developer portal, these updates will be shown
- To complete the Alpha, the plan is to now focus on **finalising the APIs in August**
- QI co-design workshop is planned for end of August. Invites sent next week.

Co-design collaboration workshops:



API Co-Design

Digital Transformation:

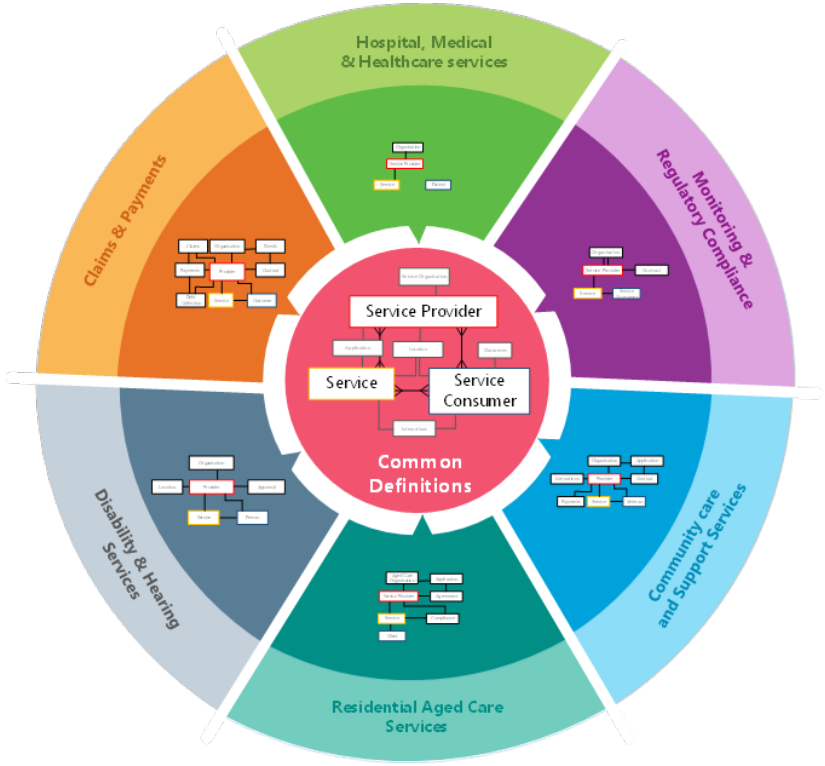
Conformance

Fay Flevaras & John Groome

Department of Health and Aged Care
Australian Digital Health Agency

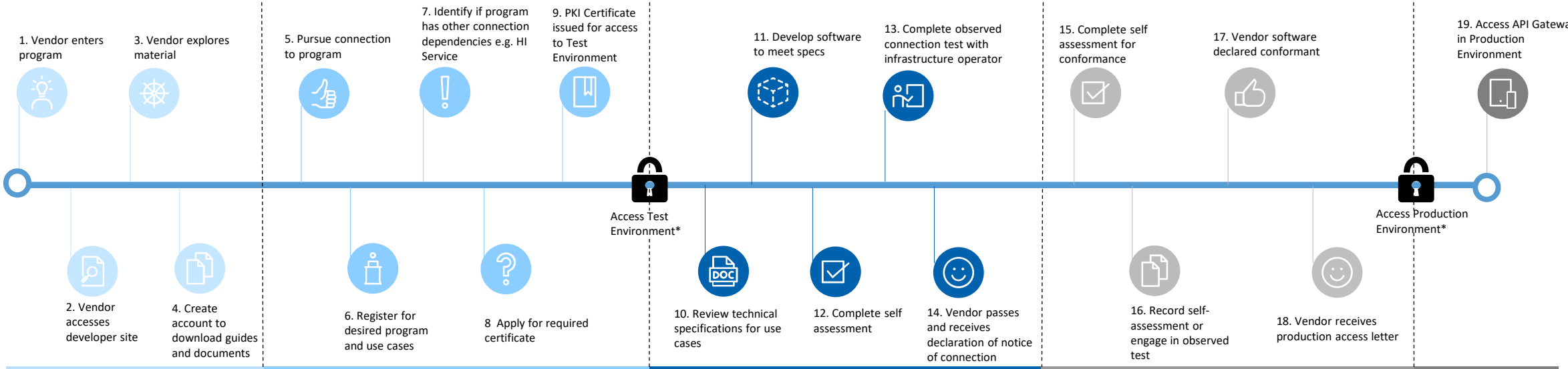
Our goals for conformance

- A one-Government approach – delivering as much efficiency as possible for the sector
- Working closely with partners (like ADHA) to build a conformance process that is fit-for-purpose
- Building a model that understand not all APIs are the same – with differing conformance requirements
- Supporting a step-up/step-down model to ease the conformance burden on vendors
- Using B2G to test a model for increasing conformance efficiency



One size will NOT fit all;
Use Cases for conformance will **differ**

ADHA Vendor Connection and Conformance Process



Discover

1. Vendors enter ADHA program through commercials or industry offers.
2. Access ADHA Developer site by either link from Digital Health Site or using the "Contact Us" function.
3. Explore introductory material available on ADHA Developer Site.
4. Create account with ADHA Developer website to download and view developer guides and documents.

Register

5. The Vendor Organisation makes a business decision to pursue connection to the program.
6. Register for the desired Program and respective use cases on the ADHA website
7. Identify if program has other connection dependencies and follow the relevant process. e.g. for HI Service follow HI Service connection process.
8. Apply for required Public Key Infrastructure (PKI) Certificate for access to the Software Vendor Test Environment for the program required.
9. Public Key Infrastructure (PKI) Certificate issued to Vendor for access to the Test Environment.

Test for Connection

10. Download and Review Technical Specifications for relevant use cases.
11. Develop software to meet the specifications for use cases selected.
12. Complete self-assessment using specifications provided by Infrastructure Operator.
13. Infrastructure Operator conducts an observed testing session of the vendor software connecting to the infrastructure.
14. Vendor passes observed testing session and receives the notice of connection for the specific program.

Conformance Assessment

15. Vendor conducts a self-assessment using conformance test specifications applicable to scope from developer centre.
16. Depending on the Conformance Framework, Vendors will either:
    a) Record evidence of self-assessment.
    b) Engage in observed test for conformance with ADHA.
17. Vendors software is declared conformant and is added to a register of conformant software.
18. Vendor has now completed all connection and conformance requirements and so receives a production access letter.

Production

19. Access API Gateway in Production Environment

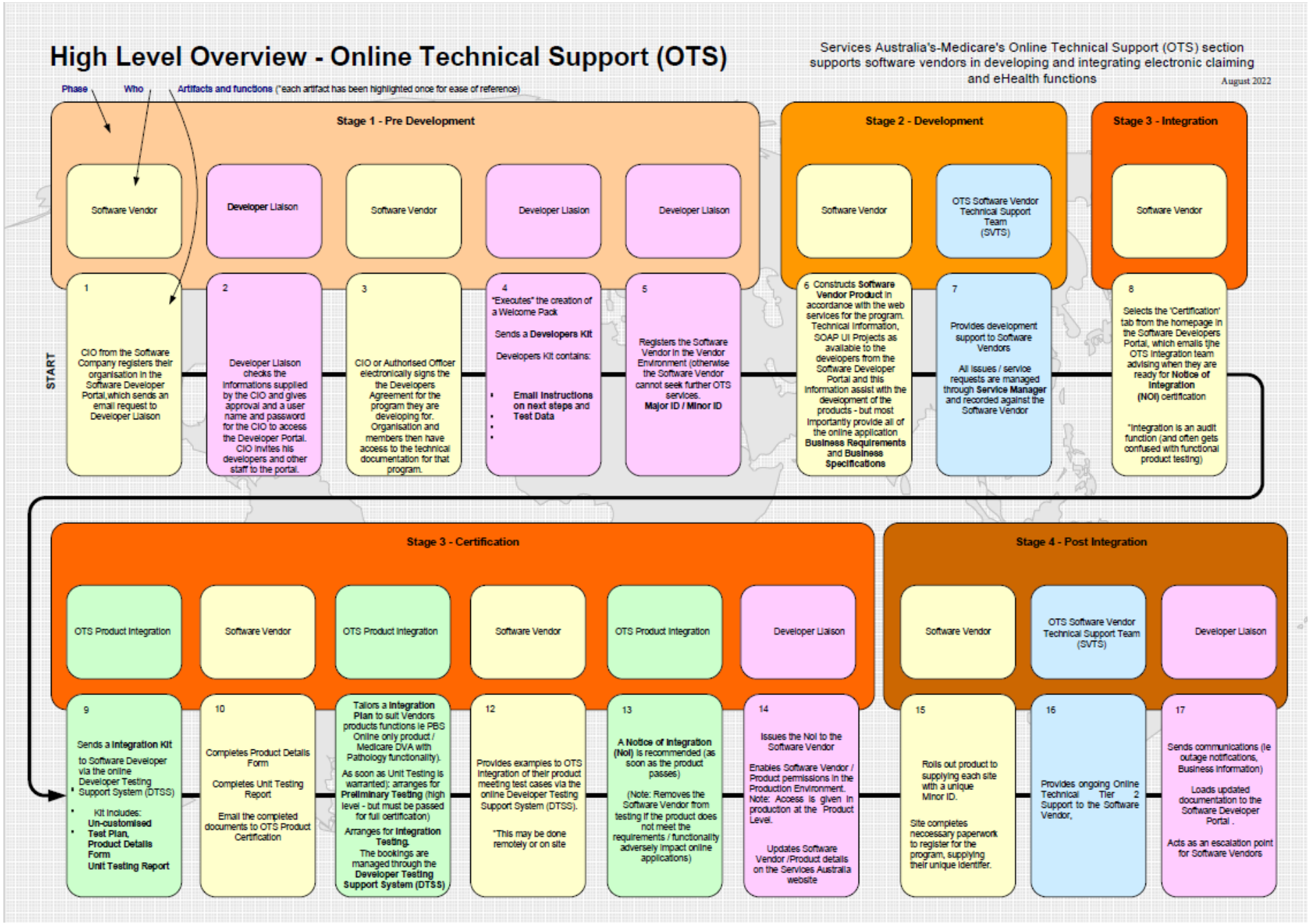
*Production and Test Environments are hosted by third parties:

My Health Record - Accenture
HI – Services Australia
ePrescribing – Proprietary

Contact ADHA for help if required

Australian Government
Australian Digital Health Agency

Services Australia's Vendor Process



Sector Partners Engagement

Next Steps

Industry Partners Welcome Meeting

Reminder

- Upcoming B2G (API Co-design) Workshop this month
- Co-design activities being added to SharePoint
- *Conformance Preview* available online

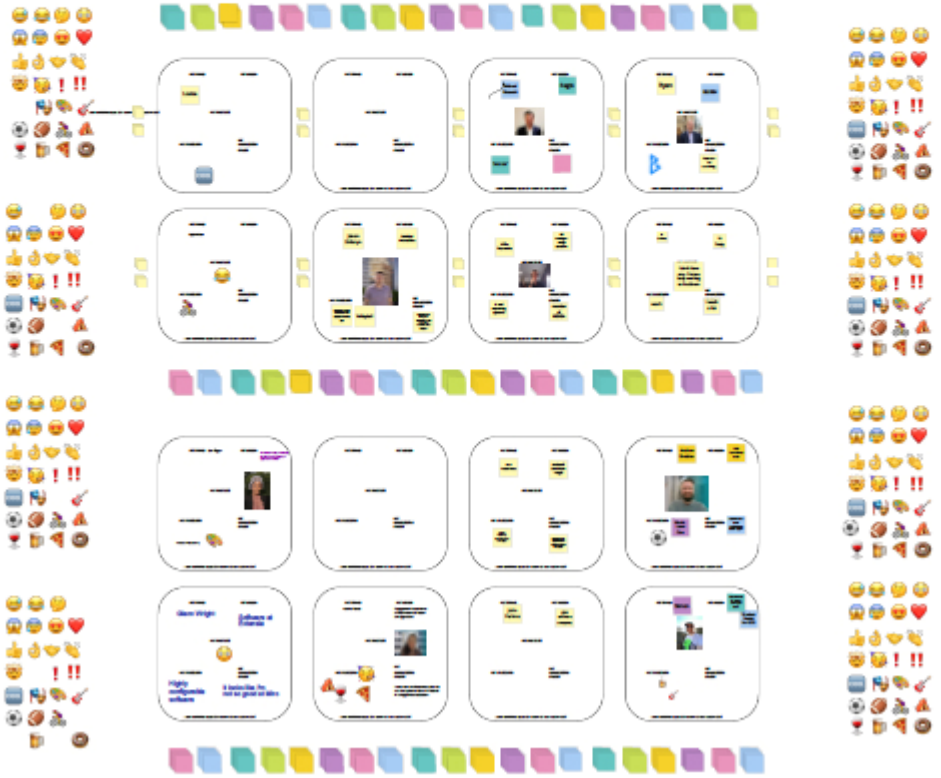
Upcoming:

- Post-meeting wrap-up email before Friday next week
- Next meeting: **19 August 11am AEST**

API Co-Design

Appendix: B2G Co-design Workshop Activities

Activity 1: Let’s meet and Miro



Activity 2: About B2G and Co-design

10 min.

2. ABOUT B2G & CO-DESIGN

B2G Co-design Session 1

Agenda

- B2G vision
- Introduction to B2G
- Design and delivery approach
- What is co-design
- Principles of co-design

API Co-design

Australian Government
Department of Health and Aged Care

B2G looks to improve the provider's experience with the Department of Health and Aged Care

API Co-design

Department of Health and Aged Care Vision :
Improve the wellbeing for senior Australians through targeted support, access to appropriate, high-quality care, and related information services

Problem Statement:
Due to information being managed separately in aged care and health care provider systems, as well as My Aged Care systems, significant administrative overhead is required to maintain multiple systems and manually re-key information

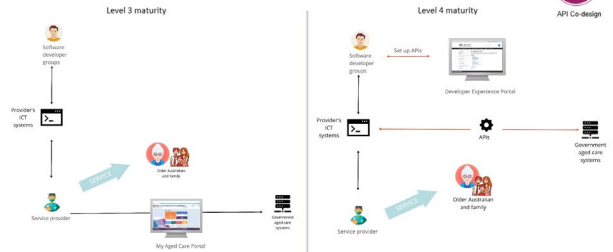
Solution Approach:
Implement a Business to Government (B2G) direct connection to provider and assessor systems to deliver a modern and easy to access integration gateway that enables providers to seamlessly submit reporting data and receive service data to enable improved service delivery.

Benefits:

- Data from Providers is Up-To-Date
- Providers are automatically notified when there is a change in a consumer's circumstances
- Government has faster access to the right data at the right time
- Providers have reduced administrative burden and improved data accuracy
- Providers have access to information needed to ensure they can comply with and report on government regulations.

B2G is a Business to Government API solution that aims to reduce the amount of data the providers have to manually provider

API Co-design



As part of the design/delivery lifecycle, co-design will look to draw insights from end users of the product

API Co-design

Co-design brings government, providers, vendors and stakeholders together to design new products, services and systems.

- **Understand and explore** any unknowns in how providers use existing systems, and challenges they currently face.
- **Immerse and align** on system design with people that have experience of the problem ensuring the final solution meets your needs.
- **Iteratively build together** by bringing end users from both providers and vendors together with project teams.
- **Test and refine** with end users to perform testing in realistic conditions, providing real –time feedback for updates.

Image sourced: person writing on printing paper (unsplash.com)

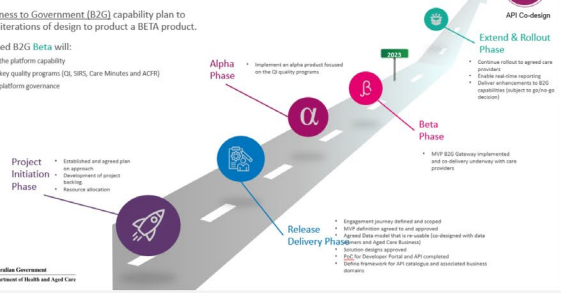
The project team aim to utilise co-design to inform the solution provided through an iterative delivery approach

API Co-design

The Business to Government (B2G) capability plan to perform iterations of design to product a BETA product.

The limited B2G Beta will:

- Establish the platform capability
- Focus on key quality programs (QI, SIRS, Care Minutes and ACFR)
- Establish platform governance

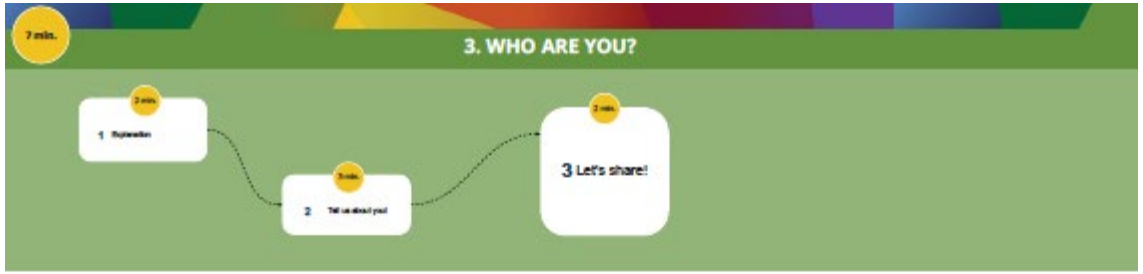


We've identified a number of principles for co-design to ensure everyone gets the most out of each session

API Co-design

- Make sure the process includes mutual exchange between sector and department, and is more than consultation.
- Be respectful of different ideas and suggestions.
- Look for solutions that are functional, mutually beneficial and sustainable.
- Use a listening approach and be empathetic, flexible and supportive.
- Build capability and knowledge within the Department of Health and Aged Care by sharing information and learnings.

Activity 3: Persona overview



Developers

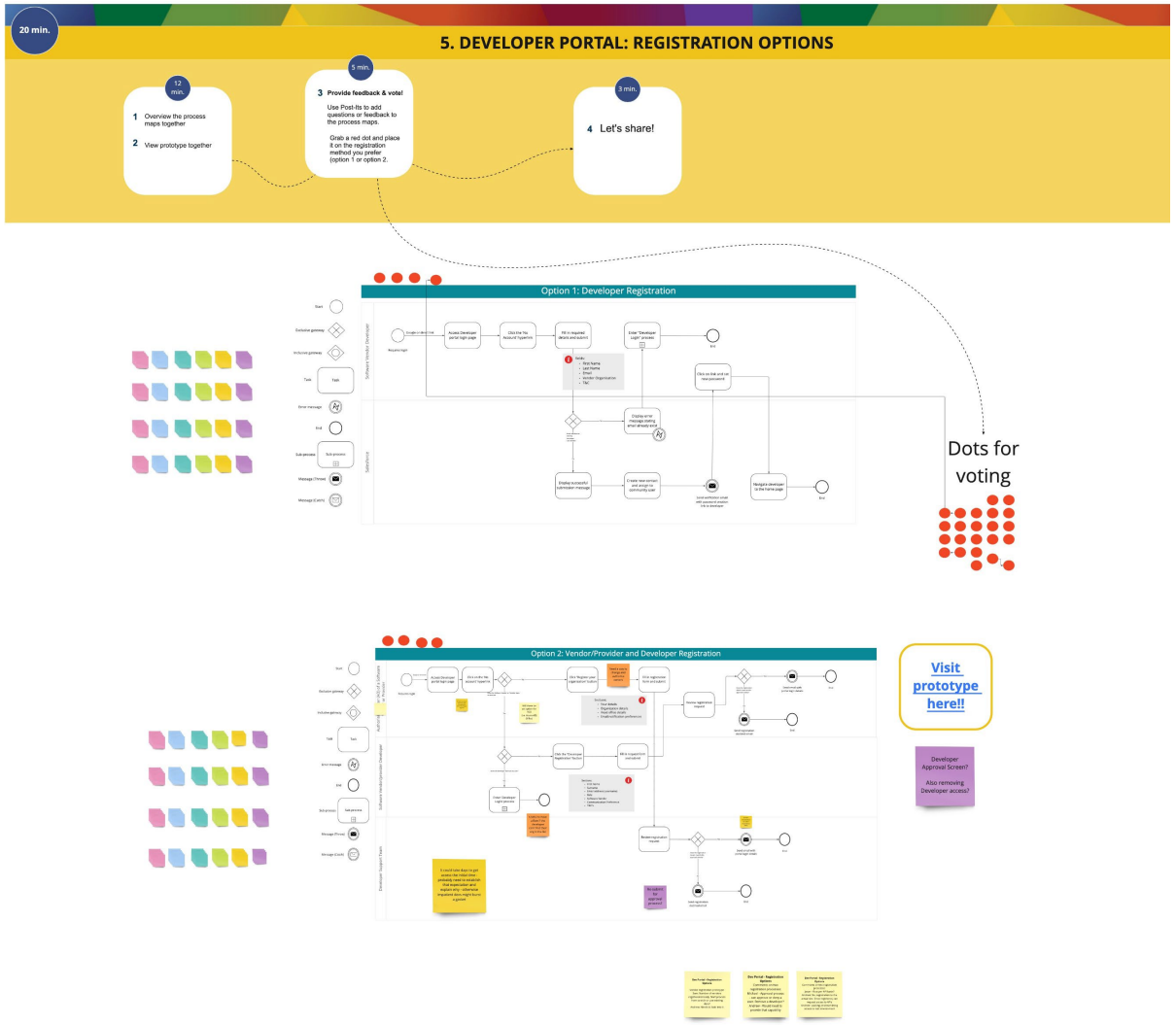
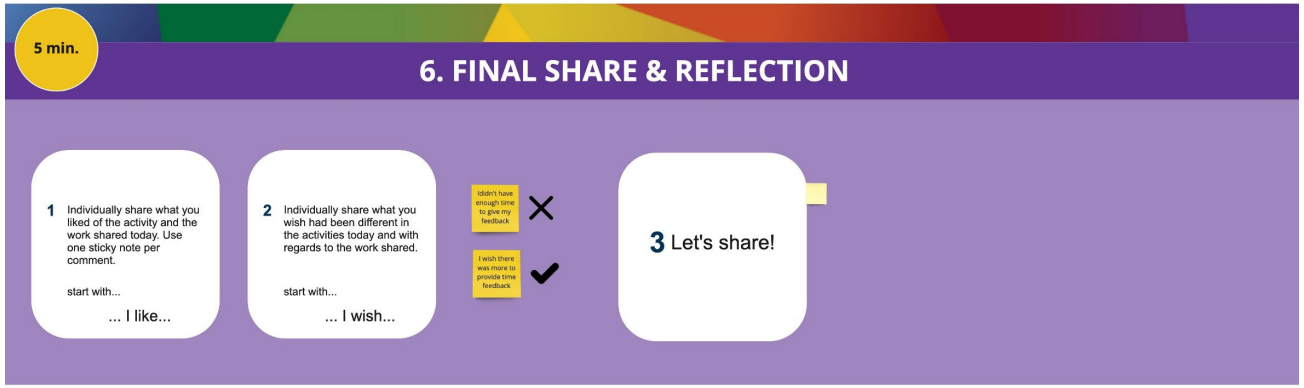
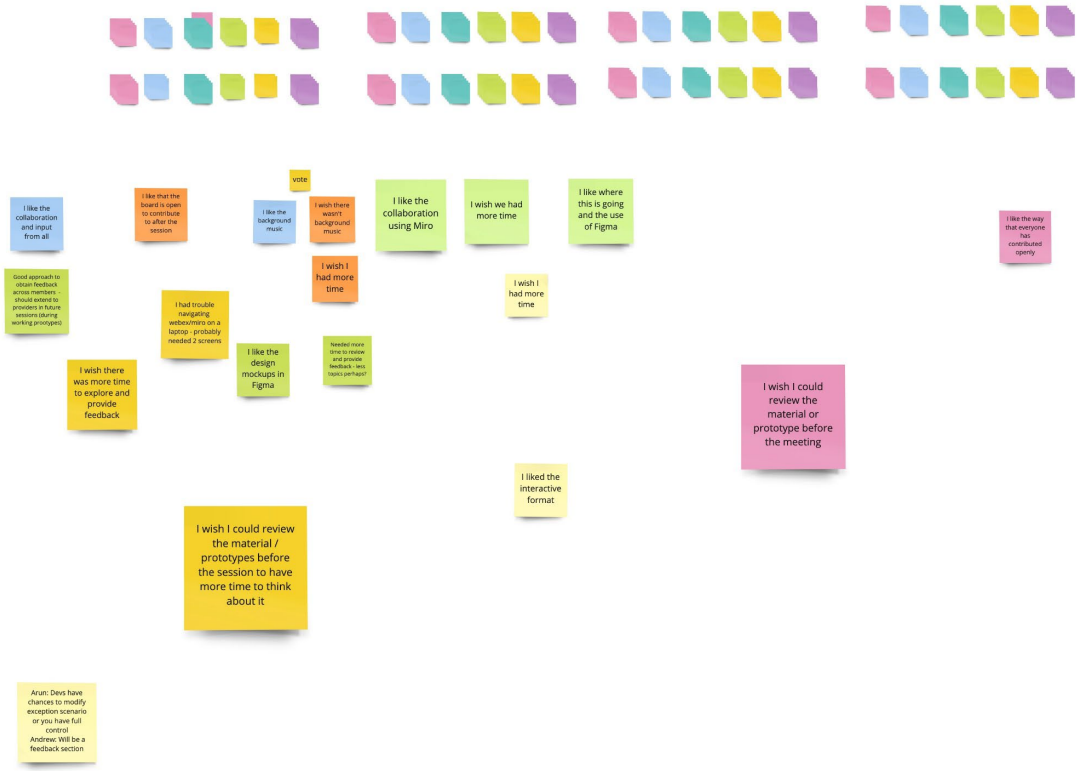
Software Vendor reps.

Aged Care Services Provider - Manager

Aged Care Provider reps.

Activity 4: Developer Portal

Activity 5: Developer Portal Process Maps



Activity 6: Final share and reflection activity