



Australian Government
Australian Digital Health Agency



Specialist Software Industry Offer

9 May 2019 1.0

Approved for external use

Australian Digital Health Agency

ABN 84 425 496 912

Level 25, 175 Liverpool Street

Sydney, NSW 2000

www.digitalhealth.gov.au
Acknowledgements**Council of Australian Governments**

The Australian Digital Health Agency is jointly funded by the Australian Government and all state and territory governments.

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OFFICIAL

Document information

Key information

Owner Chief Operating Officer

Contact for general enquiries Ian Davies
Email: SpecialistSoftwareIndustryOffer@digitalhealth.gov.au

Document version history

Document version	Date	Release comments
1.0	9 May 2019	Public release

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1 Introduction

Digital health is a core enabler of a productive and safer health system. Over the years, significant investments have been made by the IT industry and healthcare providers to design, build and purchase new technologies in healthcare, and the sector is now realising significant productivity and safety improvements.

In recent years, Commonwealth, state and territory governments in Australia have invested significantly in the creation of national digital health infrastructure. This infrastructure includes the Healthcare Identifiers Service (HI Service), the My Health Record system, the National Authentication Service for Health (NASH), and clinical information and terminology standards.

In August 2017, the Australian Digital Health Agency (the Agency) published Australia's National Digital Health Strategy. One of the priority outcomes of this strategy is to ensure that, by 2022, all healthcare providers will be able to contribute to and use health information in My Health Record on behalf of their patients.

Since the inception of the My Health Record system, clinicians have had the option to use the National Provider Portal to view their patients' My Health Record information. However, most clinicians prefer to access the My Health Record system via the clinical information systems (CISs) that they use on a day-to-day basis. Over the years, the Agency and its predecessor organisations have worked closely with developers of those CISs to support them in integrating their software with the My Health Record system. General practice and hospital CISs were a particular focus initially, while more recently the Agency has concentrated on enabling CISs serving the community pharmacy, pathology, and radiology sectors.

Presently, the Agency wishes to facilitate the development and enhancement of My Health Record functionality in CISs used by private specialists. This document outlines the objectives of this initiative, as well as the process for the Agency to enter into agreements with software developers to begin this process.

2 Industry offer overview

2.1 Background

In 2018, the Agency's My Health Record national expansion program educated Australians about the system and the fact that all Australians would soon be given a My Health Record unless they chose to opt out. As of early 2019, over 90% of Australians have a My Health Record, and awareness and use of the system has increased significantly amongst clinicians.

Although many specialists have the option of accessing the My Health Record system via CISs deployed in public and private hospitals where they may sometimes work, the Agency has a goal to significantly increase the number of specialists who access the the My Health Record system when working in their private practices.

Many of the CISs used by specialists in their private practices are not integrated to the My Health Record system. Those that are integrated tend to be CISs that are used by GPs as well as specialists. In these cases, the CIS's My Health Record functionality tends to be GP-oriented, often because it was developed as a result of early government-led initiatives to equip GPs to participate in the My Health Record system by, for example, uploading Shared Health Summaries.

The Agency believes that enhancing private specialists' CISs with tailored functionality will help capitalise on these specialists' increasing interest in the My Health Record system. In November 2018, research conducted by McNair yellowSquares on behalf of the Agency found that 89% of surveyed specialists agreed that the My Health Record system had the potential to support team-based chronic disease management through sharing information between clinicians. Furthermore, 82% agreed that My Health Record had the potential to save time involved in requesting and gathering patient information.

One of the challenges in developing specialist-centric My Health Record functionality in CISs is that specialists comprise an extremely diverse user group. Different types of specialists are likely to have different information needs, and follow somewhat different workflows in accessing and sharing patient information. This industry offer has been designed to help meet that challenge.

2.2 Objective

The objective of this industry offer is to facilitate the development and enhancement of My Health Record functionality in CISs used by private specialists. The Agency wishes to do this in a way that recognises the diversity of private specialists and leverages the deep understanding that software developers who service this sector have of their customers.

This industry offer provides financial assistance to software developers to participate in a collaborative design exercise with the Agency. The Agency believes that the best way to design functionality that will maximise uptake of the My Health Record by specialists is through a flexible, collaborative process that combines the software developer's knowledge and experience

of their product and their users with the Agency's expertise regarding the My Health Record system itself.

The outcome of this activity will be a detailed software design document, authored by the software developer and informed by input from the Agency, that describes how the software developer would incorporate My Health Record functionality, or enhance pre-existing My Health Record functionality, in their CIS in such a way as to best serve their private specialist users.

The Agency is offering financial assistance in the form of an up-front contract execution payment, that will support the software developer in devoting the necessary resources to this design exercise. A second payment will be made upon the Agency's approval of the detailed software design document.

2.3 Plans for a subsequent supplemental industry offer

It is the Agency's intention to follow this industry offer with a supplemental industry offer in the 2019/20 fiscal year. This supplemental industry offer would provide financial assistance to software developers to build the My Health Record functionality agreed in the detailed design document, and to support uptake of this new functionality by their users. The Agency's expectation is that only software developers who participated in this initial industry offer, and whose detailed software design documents were approved by the Agency, would be eligible to take part in this supplemental industry offer.

The reason for separating the software design work into an initial standalone industry offer is to increase flexibility and spur innovation. The Agency wishes to be open-minded in considering software developers' ideas about enhancing their products with My Health Record functionality. The Agency believes that, when seeking to support My Health Record uptake in a user group as diverse as the specialist sector, it would be counterproductive to define, in a single industry offer, the exact CIS technical requirements ahead of time. Instead, the learnings from the software design work involved in this initial industry offer (including insights about the extent of proposed software development and the benefits that are likely to accrue to end-users) can be used to inform plans for a supplemental industry offer.

The decision whether or not to proceed with a supplemental industry offer, and decisions about the eligibility criteria and other terms, will be made at the Agency's sole discretion.

It would be a sub-optimal outcome for both software developers and the Agency to invest in the creation of CIS software designs that were not soon implemented. For this reason, software developers should only participate in this initial industry offer if they are reasonably confident that they would be able to prioritise the development of My Health Record functionality in fiscal year 2019/20.

2.4 Eligibility

This offer is targeted at software developers whose CISs are used by private specialists in Australia. The following definitions apply for the purposes of this offer:

- A **CIS** (clinical information system) is a system that collects, stores, retrieves, and communicates health related data, information and knowledge; and,
- A **specialist** is a medical practitioner that belongs to any one of the speciality types defined by the Medical Board of Australia¹, excepting General Practice, Pathology, and Radiology.

Expressions of interest (EOIs) are sought from organisations that:

- are the developer of a CIS that, as of 1 May 2019, is installed and being used in production in at least 10 private specialist practices in Australia; and,
- are not a state or territory health department.

CISs that were, or are in the process of being, enhanced with My Health Record-related functionality as part of the pathology, diagnostic imaging, or community pharmacy industry offers administered by the Agency since 2017 are not eligible for this industry offer.

The maximum number of CISs that will be selected for inclusion in this offer is 10. Refer to Section 3.17 for more details.

2.5 Statement of requirements

The developer will be required to deliver to the Agency a detailed software design document specifying how it would enhance its CIS with new or modified My Health Record-related functionality to better serve its users in private specialist practices. Unless otherwise agreed with the Agency, the developer must deliver this document to the Agency by 30 September 2019.

The developer must have at least two staff members attend a kick-off workshop with the Agency. The purpose of this workshop will be for the Agency and the developer to share ideas on potential software enhancements and discuss how they might collaborate in arriving at an optimised software design in regards to My Health Record-related functionality. While the Agency may, at its discretion, offer input and assistance in the software design process, the responsibility for producing the detailed software design document will rest exclusively with the developer.

Unless otherwise agreed with the Agency, this workshop will occur in an Agency office in either Sydney or Brisbane and the staff from the developer will attend in-person. This workshop will not exceed one business day in length and any travel expenses associated with having their staff attend this workshop will be borne by the developer.

The primary objective of the detailed software design document will be to specify how users will be able to view and contribute clinically relevant My Health Record information in a user-friendly manner. The Agency's default expectation is that this will include the development or enhancement of the following high-level capabilities:

- The ability to query the Healthcare Identifier Service to look up and validate healthcare identifiers
- The ability to present content from the My Health Record system, through:

¹ Refer to the document "List of Specialties, Fields of Specialty Practice and Related Specialist Titles" available at <https://www.medicalboard.gov.au/registration/types/specialist-registration/medical-specialties-and-specialty-fields.aspx>

- Accessing and downloading clinical documents via a document list
- Presentation of the Medicines view
- Presentation of the Pathology view
- Presentation of the Diagnostic Imaging view
- Presentation of the Prescription and Dispense view
- The ability to upload Specialist Letters to the My Health Record system
- The ability to upload eHealth Prescription Records to the My Health Record system
- The ability to use National Authentication Service for Health (NASH) SHA-1 and SHA-2 organisational PKI certificates

To the extent that the CIS already has most or all of the above capabilities, the software design exercise may focus instead on ways to make pre-existing My Health Record functionality more useful for private specialists. For example, this could involve integrating the functionality more tightly into existing workflows and minimising any disruption that users would feel in incorporating the meaningful use of My Health Record into their practice operations.

The developer may propose to deviate from the above list of capabilities in their software design, which the Agency may approve if it deems that the deviation is justified.

Following its receipt of the detailed software design document, the Agency will advise the developer in writing whether or not it has been approved. This decision will be made at the Agency's sole discretion.

Although it is the Agency's hope that it will collaborate with the developer to support the prompt implementation of an approved software design and the rollout of enhanced functionality to the market, the delivery of the detailed software design document will not imply a commitment by the developer that it will proceed with such an implementation. Similarly, the approval of the document by the Agency will not imply a commitment by the Agency that it will enter into any further contract with the developer to facilitate such an implementation and rollout.

2.6 Contracting approach

Money is available to developers under contract for services arrangements to support this software design exercise.

To access this offer, developers will need to submit an EOI, have it approved by the Agency, and enter into a contract with the Agency.

A total payment of \$40,000 (ex GST) is available for each CIS that is subject to this design exercise. Of this amount, \$35,000 (ex GST) will be payable upon contract execution. The remaining \$5,000 (ex GST) will be payable if and when the Agency approves the detailed software design document submitted by the developer.

If the developer offers multiple distinct CISs that service the private specialist sector, then the developer may seek to undertake a design exercise for each CIS and qualify for multiple \$40,000 (ex GST) payments. Note that two versions of what is substantively the same CIS would not be considered distinct and therefore would not both be eligible for the offer. The Agency will, as required, assess whether two CISs are in fact distinct, based on factors such as whether the software packages have different brands, release cycles, and codesets. The Agency's determination regarding whether two CISs shall be considered distinct for the purposes of this offer will be final.

Appendix A is a template that is indicative of the contract to which developers will be required to agree.² Developers will be advised by mid-June whether or not their EOI has been successful and, if so, will be presented with a contract for signature. To participate in this offer, developers will need to sign that contract and return it to the Agency no later than **27 June 2019**.

2.7 Support from the Agency

The Agency will conduct a webinar on 22 May 2019 to discuss this offer and answer questions from developers. The details of this webinar will be published on the Agency website.

Developers who have any questions or concerns regarding this offer can email SpecialistSoftwareIndustryOffer@digitalhealth.gov.au.

² This contract template includes a license deed that governs the use of the Agency's trade marks for use in CISs. The purpose of this deed is to allow the developer to incorporate these trade marks in screen mock-ups contained in the detailed software design document. The Agency believes that My Health Record logos could be effective as user interface elements in CISs (e.g. to help indicate whether a patient has a My Health Record or not) and, subject to agreeing the license deed, would be willing to provide these logos to a developer to assist in exploring such design options. The contract template also includes a draft Confidentiality Deed. The Agency does not propose to disclose confidential information to software providers who participate in this industry offer but may require the Confidentiality Deed if it does.

3 Offer process

3.1 Issuance of the offer

This offer is being published on the Agency's website (www.digitalhealth.gov.au) and is also being communicated by email to prospective participants that are known to the Agency.

3.2 Conditions for participation

This offer is subject to the terms and conditions outlined in this section, and ultimately to a contract that will be put in place between the Agency and each participant. Please refer to the contract template in Appendix A, which is indicative of the contract to which participants will be required to agree.

3.3 Submissions for all or part of the services

The Agency reserves the right to accept EOIs in relation to some but not all of the scope of activity described, or select one, more than one, or no organisation on the basis of the submissions received.

3.4 Contact person

All communications with the Agency relating to this offer should be made with the following contact person:

Contact person: Ian Davies
Email: SpecialistSoftwareIndustryOffer@digitalhealth.gov.au

3.5 Respondent contact person

Respondents should nominate a person to answer queries that may arise during the offer. The name, position, address, email address and telephone numbers of that person should be provided in the EOI response template.

The email that the respondent has nominated will receive email notifications of any alterations, corrections and notices.

3.6 Timeline

Key milestones of the offer process are given below.

Milestone	Dates (subject to change)
Offer open	Thursday 9 May 2019
Industry briefing (webinar)	Wednesday 22 May 2019
Support for EOIs	Thursday 9 May 2019 – Monday 3 June 2019
Deadline for submitting EOIs	Monday 3 June 2019 at 5pm AEST
Notification of acceptance	Commencing from Monday 10 June 2019
Deadline for contract execution	Thursday 27 June 2019

3.7 Lodgement of EOIs

Prospective participants should submit a written response, using the EOI response template provided in Appendix B.

Any questions about the lodgement of an EOI, or any issues in relation to lodgement, should be directed by email to the contact person (see Section 3.4).

Respondents will be sent a confirmation email within two working days of submitting their EOI by email. If respondents do not receive this confirmation email, they should call the Agency on 1300 901 001 to confirm receipt.

3.8 Closing time

Respondents should submit one electronic copy of the EOI by 5pm (Australian Eastern Standard Time) on Monday 3 June 2019.

An EOI which is received after 5pm (Australian Eastern Standard Time) on Monday 3 June 2019 is a late submission.

The Agency will make efforts to accommodate all submissions, but reserves the right to refuse any EOIs submitted after the closing time, in order that the contacting process and support for timely respondents can proceed efficiently.

3.9 Variation to this offer

If the offer varies during the course of the offer period, the Agency will update the details on the Agency website, and issue such advice to the prospective participants invited to apply.

3.10 Requests for further information and clarification by the Agency

The Agency may seek further information from prospective participants at any stage during the offer process. EOIs that are incomplete may be excluded from consideration at any time during the process. In the case of apparently unintentional errors contained in an EOI, the Agency will seek clarification from respondents.

If there are major gaps in the information provided in an EOI, the Agency may discontinue any further evaluation of the EOI. If there are minor gaps in the information, then the Agency may, at its absolute discretion:

- determine not to seek further information from the respondent; or
- ask the respondent to provide the missing information within a reasonable time period.

Any changes to the EOI should be made within a reasonable proximity to the offer deadline, so that the intent of the arrangement is not compromised.

3.11 Requests for further information by respondents

Respondents may seek additional information or clarification about this offer via the SpecialistSoftwareIndustryOffer@digitalhealth.gov.au email up until the closing date of Monday 3 June 2019.

The Agency may publish answers to questions to all respondents on a non-attributable basis. Questions received from one respondent may be reworded to provide greater clarity or relevance to other respondents. While the Agency will not indicate which respondent submitted the questions, the Agency will not be required to take any particular steps to disguise the identity of those respondents.

3.12 Communication of outcome

All respondents will be notified of their application success in writing. The Agency may offer unsuccessful respondents a debriefing session as required.

3.13 Composition of submissions

EOIs should be prepared using the template provided in Appendix B. EOIs should be clear, concise, complete and relevant. Respondents are advised to avoid extensive use of cross-references and, if cross-referencing is used, references should be clearly marked.

Submissions must be written in English, measurement must be expressed in Australian legal units, and any references to currency must be expressed in Australian dollars.

3.14 Contracting with legal entities

The Agency will contract only with entities that are legal entities having full legal capacity under the governing law of New South Wales to enter into a contract to provide the services requested under this offer.

3.15 Foreign companies

The Agency supports the Australian software industry, however it will accept a submission from a foreign company if it is registered under Part 5B.2 of the *Corporations Act 2001*.

3.16 Respondent submissions

Each respondent authorises the Agency to collect any information from the respondent and from relevant third parties, including customers and referees, and to use such information in evaluating the respondent's submission. Should the Agency wish to contact a third party, the Agency will notify the respondent before making contact.

Respondents should submit a single EOI for their organisation using the EOI response template. If a respondent has more than one CIS it wishes to submit for consideration, the response should provide details of each CIS.

While a respondent's EOI submission is confidential, the terms of any subsequent contract, including parts of that contract drawn from the respondent's submission, are not confidential.

3.17 Participant selection

The Agency seeks to attract a range of developers to this offer, and to support them in making a successful application and delivering against the offer requirements. Therefore the Agency welcomes any developers who satisfy the eligibility criteria specified in Section 2.4 to submit an EOI. The Agency's preferred approach will be to select all respondents who meet the eligibility criteria to proceed to contract with the Agency.

However, given capacity constraints and the imperative to ensure value for taxpayer money, the Agency will limit the number of CISs that can be included in this offer to 10. If, in the EOIs submitted by developers, there are more than 10 CISs that would otherwise qualify for the offer (noting that a developer with multiple distinct CISs may nominate more than one CIS in their EOI), the Agency will select in favour of those CISs that are installed in the greatest number of private specialist practices in Australia. In this situation, respondents who otherwise met the eligibility criteria but whose CIS was installed in fewer private specialist practices than at least 10 other eligible CISs would not be invited to proceed.

The selected respondents will be invited to contract with the Agency in accordance with the approach described in Section 2.6.

The Agency reserves the right to withdraw any invitation to proceed if a selected respondent does not execute a contract with the Agency by **27 June 2019**.

At any stage during the offer process, any respondent may withdraw. Withdrawal requests should be made in writing to the Agency contact person.

Appendices A and B are included as separate documents

- **Appendix A: Contract template**
- **Appendix B: EOI response template**